

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/SAMHS/Christie Goodman			
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Jennifer Levesque			
(If applicable) Department Reference #:		Multiple: See attached			
Amount: (Contract/Amendment/Grant)	Multiple: See attached	Advantage CT / RQS #:	Multiple: See attached		
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date:	6/30/2021	
AMENDMENT	Original Start Date:		Effective Date:		
	Previous End Date:		New End Date:	9/30/2021	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Multiple: See attached			
Brief Description of Goods/Services/Grant:		Veteran's Case Management			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

The Agreements for Veteran's Case Management are a direct result H.P.853-L.D. 1231: To Assess the Need for Mental Health Care Services for Veterans in Maine and to Establish a Pilot Program to Provide Case Management Services to Veterans for Mental Health Care.

The purpose of this amendment is to ensure a 3-month extension during the period of the RFP for this service.

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2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Two providers will continue to pilot this program and provide Community Integration Services to eligible Veterans who are not currently eligible to receive Community Integration Services via MaineCare reimbursement. The provider will work with Veterans to enroll in the Veterans Administration system and help in the navigation of the assessment for eligible Veterans.

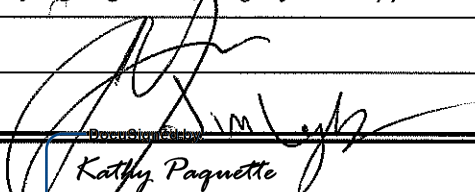
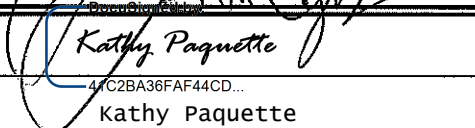
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The amounts were determined by averaging the first six months of invoice totals for FY20. Rates are consistent with the MaineCare rate and established by rate setting.

4. Describe the plan for future competition for the goods or services.

The Department has RFP, OSAMHS20211, in process with an intended contract start date of 10/1/2021.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	22-Jun-21
Signature of DAFS Procurement Official:			
Printed Name:	47C2BA36FAF44CD... Kathy Paquette	Date:	6/30/2021

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Office: Behavioral Health Services

Agreement Number	Service Group	Vendor Name	Contract Start Date	Contract Revised End Date	Amendment Amount	Revised Agreement Total
MH4-21-2000A	Case Management	EASTER SEALS MAINE INC	8/1/2020	9/30/2021	\$ 48,777.00	\$ 227,628.00
MH4-21-2001A	Case Management	HEALTH AFFILIATES MAINE	7/1/2020	9/30/2021	\$ 23,217.00	\$ 116,090.00