

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

### PART I: OVERVIEW

Department Office/Division/Program:		MDOL/ Bureau of Rehabilitation Services	
Department Contract Administrator or Grant Coordinator:		Christine Robinson	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$93,352	Advantage CT / RQS #:	CT 12A 20190522*3519
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	07/01/2019	Effective Date:
	Previous End Date:	06/30/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		MaineHealth dba Maine Medical Center 22 Bramhall St., Portland, ME 04102	
Brief Description of Goods/Services/Grant:		Benefits Counseling	

### 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
	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	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:

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

The Bureau of Rehabilitation Services (BRS) serves many individuals with disabilities each year who need assistance in understanding the impact of earnings on critical benefits, such as SSI, SSDI, Food stamps, Housing and MaineCare, as they participate in employment planning. Benefit information and changes can be extremely detrimental to the individual if not understood and also have a negative effect on BRS client service expenditures if inaccurate or unavailable. BRS VR counselors are highly

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### PART III: SUPPLEMENTAL INFORMATION

skilled in the area of disability and rehabilitation, but the technical expertise of Social Security Administration (SSA) approved benefits counselors is needed for individuals to make informed choices about employment and increasing self-sufficiency from public assistance. Through this contract, BRS has collaborated with its partners at the Department of Health and Human Services to increase the capacity of the program, entitled Work Incentives Planning and Assistance (WIPA), beyond the SSA grant funding. The use of General Funds for this contract allows BRS to draw down \$4 of federal funds for every \$1 of state funds expended on the delivery of services to BRS clients.

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

It is imperative that BRS work with MMC to deliver these services as no other contractor in Maine has these qualifications or access to SSA training and technical assistance.

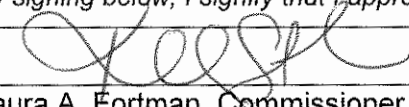
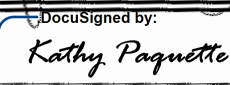
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The negotiated costs, fees, or rates are in line with those negotiated with SSA. In addition, the contract total has increased by less than 1.1% in the past 5 years.

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

When the Social Security Administration (SSA) next goes through an RFP process for Benefits Counseling Maine BRS will contract with whatever entity in Maine is awarded the contract with SSA.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
<b>Printed Name:</b>	Laura A. Fortman, Commissioner	<b>Date:</b>	7/23/2020
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> 		
<b>Printed Name:</b>	Kathy Paquette	<b>Date:</b>	7/24/2020