



PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Michael D Freysinger/Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:		MH4-24-1026		
Amount: (Contract/Amendment/Grant)	\$ 20,000.00	Advantage CT / RQS #:	CT 10A 20230406**2570	
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2025
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Consumer Council System of Maine Augusta, ME		
Brief Description of Goods/Services/Grant:		Fiscal Agent for Quality Improvement Council		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

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

The Department is providing funding in the amount of \$10,000 each year for (2) years (Federal Mental Health block grant monies) to support the state-wide Quality Improvement Council (QIC). The QIC is a federally mandated planning and advisory council for the State of Maine related to the Mental Health Block Grant, required to include members with lived experience in the system of care. QIC funds shall be used to pay the appropriate expenses of the QIC including mileage reimbursement, childcare, meeting facilitators and other technical assistance, room rental, interpreters, and other costs. Invoices for these expenses are approved by the DHHS designee and are submitted to the Provider for payment. The Provider shall provide a report on the status of the budget and each payment made upon request. The provider shall process IRS1099 forms for each person who receives over \$600 in payments from a QIC, separating travel reimbursement payments from stipend payments.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

This is a sole source Agreement. The previous provider of fiscal agent duties for the QIC opted not to continue providing these services in 2021. OBH staff consulted with the Consumer Council System of Maine (CCSM) (<https://legislature.maine.gov/legis/statutes/34-B/title34-Bsec3611.html>), who's statutory role as a public instrumentality is to, in part, "provide guidance and advice from consumers of adult mental health services provided or funded by the State regarding the delivery of effective and appropriate adult mental health services consistent with the State's comprehensive mental health services plan". To achieve this work, CCSM must "Assist the department in program design and implementation, including assessment of the quality of services and delivery systems and prioritization of programming" and "Provide consumers with a recognized mechanism for collaboration with State Government". Further, CCSM organizes a Statewide Council and local councils for which it must "Reimburse members...who are not otherwise fully reimbursed for expenses of participating in council system meetings from the council system budget in an amount up to the legislative per diem rate for participation in Statewide Consumer Council and local council meetings, plus reimbursement for reasonable and necessary expenses actually incurred, including but not limited to costs incurred for travel, child care for the member's child and substitute care for dependent adults". Given the similarity in roles of the two advisory bodies, and the similar structure of member reimbursement responsibilities of CCSM and the needs of the QIC, with special consideration for the inclusion of individuals with lived experience, it was determined that the CCSM is in a unique position to support the QIC in the role of fiscal agent.

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

The Department determined the cost was fair and reasonable through the competitive process of obtaining quotes.

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

The Department will continue to review quotes from potential vendors as needed.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

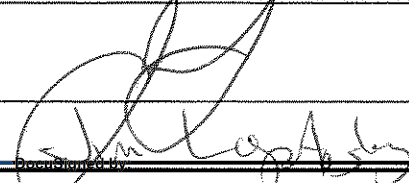

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	28-Jun-23
Signature of DAFS Procurement Official:			
Typed Name:	Sue H. Garcia	Date:	7/13/2023