

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS–OBH Theresa Witham / Danielle Dill	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Patricia Wall	
(If applicable) Department Reference #:		MH1-22-650	
Amount: (Contract/Amendment/Grant)	\$ 21,000.00	Advantage CT / RQS #:	CT 10A 20210628*3824
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date: 6/30/2023
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:		MAINE ASSOC OF PSYCHIATRAIC PHYSICIANS Manchester Maine 04351-0190	
Brief Description of Goods/Services/Grant:		Provide administrative support to Maine Front Line Warm Line for COVID response.	

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
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:

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

The purpose of this Agreement is to utilize a Statewide network of volunteer Psychiatrists who are associated with the Provider and link them to Primary Care Providers to meet the mental health needs of consumers. Quality medication management for recipients of mental health services is critical for health and safety of the mental health care recipients. This Agreement, by utilizing volunteers, will result in substantial cost savings to the Department.

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

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The Provider shall ensure that an ongoing, consultative relationship is developed in which the rural Primary Care Providers utilize the education and experience of volunteer Psychiatrists as needed for the treatment and medication management of mental health care recipients. This ongoing relationship develops a shared body of experience and the opportunity to consult, over time, on a given case. In addition, the Provider shall maintain Listserv communications for Psychiatrists and Primary Care Providers to share information, and host at least one (1) educational conference per year featuring information germane to psychiatric care.

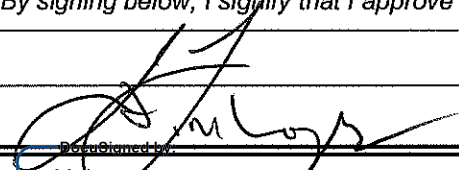
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

These costs were negotiated with the vendor.

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

The Department does not intend to RFP this service.

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:	27-11-21
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	8/17/2021