

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:		DHHS/SAMHS/Jessica Gerrish		
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Debbie Weston		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 178,851.00	Advantage CT / RQS #:	CT 10A 202005050*3085	
CONTRACT	Proposed Start Date:	8/1/2020	Proposed End Date:	6/30/2021
AMENDMENT	Original Start Date:		Effective Date:	
	End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Easter Seals Maine, Inc. Portland, ME		
Brief Description of Goods/Services/Grant:		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
	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 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.

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PART III: SUPPLEMENTAL INFORMATION

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.

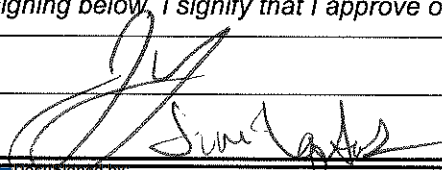
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Amounts were determined using the first six months of invoice totals for FY20 and finding the average invoice amount. 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 plans to RFP with an intended start date of 7/1/2021.

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:	3 Jun - 20
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD...	Date:	9/23/2020