



**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/Transportation Services-MHS/Angie Newhouse		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Stacy Martin		
(If applicable) Department Reference #:		Multiple: see attachment		
Amount: (Contract/Amendment/Grant)		Service Group Total: \$ 351,874.68	Advantage CT / RQS #:	Multiple: see attachment
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2024
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:		Multiple: see attachment		
Brief Description of Goods/Services/Grant:		Direct Transportation Expenses for Consumers who receive Section 17 Services		

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.

It is essential that consumers who are ineligible for the MaineCare non-emergency medical transportation services, receive transportation to medical, employment and social services as identified in their treatment plan. Such services include only those which are not covered by the MaineCare non-emergency medical transportation services, which assists qualified consumers with mental health needs with access to medical, educational and social services.

On December 27, 2004, Governor John Baldacci signed an Executive Order ordering that DHHS, DOT and DOL, and other appropriate agencies continue to regularly collaborate to improve the overall coordination of passenger transportation. The Departments shall join to form an ongoing Interagency Transportation Coordinating Committee whose purpose will be to regularly coordinate the efforts of each agency as follows: 1) to improve methods of delivery of passenger transportation; 2) to be more effective and financially efficient; and 3) to improve universal mobility for Maine citizens and visitors.

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

The providers were selected based on existing infrastructures, who could cover areas of need in the Northern Region of the state. The agencies selected have a history of providing transportation services to Section 17 waiver members in this region. These vendors are the only known entities that have volunteer drivers to transport clients in the Northern regions of the state.

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

The cost has been negotiated with the provider based on comparisons to other providers and has been consistent with prior years. This year, there was a 4.94% COLA added to the direct staffing costs for each provider.

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

The Department does not intend to RFP this service due to the Executive Order ("An Order Increasing The Coordination Of State Government's Passenger Transportation Sector").

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

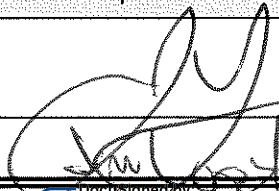

Does this request utilize ARPA/MJRP funds?

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:	<i>John Baldacci</i>	Date:	8-Sep-22
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	9/23/2022

Agreement Number	Contract Start Date	Contract End Date	Agreement Amount	Service Group	Vendor Name
MH3-23-104	7/1/2022	6/30/2024	\$ 23,066.50	Transportation Services - MHS	PENQUIS COMM ACTION PROG INC
MH3-23-216	7/1/2022	6/30/2024	\$ 227,018.18	Transportation Services - MHS	AROOSTOOK MENTAL HLTH SERV INC
MH3-23-377	7/1/2022	6/30/2024	\$ 65,790.00	Transportation Services - MHS	DOWNEAST COMMUNITY PARTNERS