



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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/OCFS		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		CFS-23-4021		
Amount: (Contract/Amendment/Grant)		\$688,616.33	Advantage CT / RQS #:	CT 10A 20221003000000000984
CONTRACT	Proposed Start Date:	10/01/2022	Proposed End Date:	06/30/2023
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:		RideSource, Inc. Norway, ME		
Brief Description of Goods/Services/Grant:		Transportation Services – Low Income and Child Welfare		

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 purpose of this Agreement is to provide Transportation to children involved in open Child Protective Services cases, to individuals who have Low-incomes, and to individuals who have no other reasonable means of transportation to reach necessary destinations.

The Provider will determine eligibility, coordinate pickups and drop-offs, and transport each eligible client utilizing private and/or public vehicles.

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

The current contracted Provider for this area has given notice of their intent to discontinue their transportation services and end their contract with OCFS. Department staff has met with a number of providers, including currently contracted transportation providers, who are unable to assist in meeting this urgent need. The selected vendor, RideSource, is the only Provider in the area to meet the urgent need for this service.

RideSource is a Maine based transportation company that currently provides non-emergency medical transportation, and transportation to non-profit organizations. They have provided over 2.75 million passenger miles of transport in the last 12 months in Southern, Western, Central, and Mid-Coast Maine. Their extensive work for the Maine NET program (brokered by ModivCare) has made them one of the largest private transportation companies in the state. Additionally, RideSource provides significant transportation support to area school districts for dozens of students daily, both in and out of district.

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

The rates for these services are fair and reasonable. The proposed rate structure is based on current MaineCare reimbursement rates within the NET structure. OCFS staff discussed the proposed rate structure with the MaineCare transportation manager and was informed that these rates are consistent with MaineCare rates. A cost proposal was reviewed and approved by the Department and funding was re-allocated to this grantee based on the total amount that was originally awarded for this coverage area in the 2022-2023 transportation contracts and deducted an estimated amount owed to the outgoing Provider.

The rate for State mileage reimbursement is \$0.46 per mile, effective 10/01/2022.

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

The Department does not intend to RFP Transportation services at this time. The Department awarded a contract as the result of RFP# 202003059, Evaluation of the Department of Health and Human Services Transportation Programs. The evaluators report and recommendations resulting from the evaluation will inform the most effective and cost-efficient method of procuring these services in the future.

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):	DocuSigned by: 		
Typed Name:	Jim Lopatosky	Date:	oct-07-2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Kathy Paquette	Date:	10/17/2022