



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:		Labor/ Bureau of Rehabilitation Services	
Department Contract Administrator or Grant Coordinator:		Christopher Montagna	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 140,864.00	Advantage CT / RQS #:	20230905*0614
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date: 9/30/2024
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:		Maine Health DBA Maine Medical Center Portland Maine	
Brief Description of Goods/Services/Grant:		This contract funds employment services for individuals with mental illness in Maine. The services are provided by employment specialists based out of community mental health clinics across the state.	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 unemployment rate of people with disabilities in Maine (and across the country) is far higher than that of people without disabilities. And the disability population with the highest unemployment tends to be individuals with mental illness. The purpose of this contract is to fund Maine Medical Center's Department of Vocational Services to provide employment services to individuals who are eligible for MaineCare Section 17 Community Integration Services or Section 92 Behavioral Health Homes and are either actively receiving services from the Bureau of Rehabilitation Services, Division of Vocational Rehabilitation (DVR) or the Division for the Blind and Visually Impaired (DBVI) or are in the BRS DVR/DBVI eligibility determination process.

This contract funds seven employment specialists to provide employment services across the state. The employment specialists are based in community mental health agencies and as a result are able to collaborate with mental health providers. This model is considered best practice and is one that historically has produced good outcomes.

This contract is part of a cooperative project between DOL Bureau of Rehabilitation Services and DHHS Office of Behavioral Health that has been in place several years. These services are a requirement of the AMHI Consent Decree plan and is funded by two separate contracts with Maine Medical Center's Dept. of Vocation Services. The DOL Bureau of Rehabilitation Services contract is linked with a larger contract (CT-10A-20221208000000001629) administered by the DHHS Office of Behavioral Health.

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

This vendor was originally selected through an RFP process conducted by the DHHS/OBH. The RFP number is #202107099 and is in the first renewal.

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

The negotiated costs were determined through an RFP process.

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

There are no plans for future competition for the goods and services.

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>Kimberly Smith</i>	Date:	10/23/2023
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	11/2/2023