



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 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 #:	N/A		
Amount: (Contract/Amendment/Grant)	\$ 568,857.00	Advantage CT / RQS #:	20240926*0837
CONTRACT	Proposed Start Date:	11/1/2024	Proposed End Date: 9/30/2025
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:	Benefits Counseling Services		

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 checked="" 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 Bureau of Rehabilitation Services (BRS) serves many individuals with disabilities each year who need assistance in understanding the impact of earnings on critical benefits, such as SSI, SSDI, Food stamps, Housing and MaineCare, as they participate in employment planning. Benefit information and changes can be extremely detrimental to the individual if not understood and also have a negative effect on BRS client service expenditures if inaccurate or unavailable. BRS VR counselors are highly skilled in the area of disability and rehabilitation, but the technical expertise of Social Security Administration (SSA) approved benefits counselors is needed for individuals to make informed choices about employment and increasing self-sufficiency from public assistance. Through this contract, BRS has collaborated with its partners at the Department of Health and Human Services to increase the capacity of the program, entitled Work Incentives Planning and Assistance (WIPA), beyond the SSA grant funding. The use of General Funds for this contract allows BRS to draw down \$4 of federal funds for every \$1 of state funds expended on the delivery of services to BRS clients.

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

Maine Medical Center's Department of Vocational Services was chosen through RFP by the Social Security Administration (SSA) to deliver WIPA services in Maine. This ensures that benefits counselors, called Community Work Incentive Coordinators, are well-trained and fully qualified to provide complicated benefits information with no training and certification costs for the state. It is imperative that BRS work with MMC to deliver these services as no other contractor in Maine has these qualifications or access to SSA training and technical assistance.

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

The negotiated costs, fees, or rates are in line with those negotiated with SSA. This year the contract increased by 9.6% due to increase indirect costs instituted by Maine Health.

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

When the Social Security Administration (SSA) next goes through an RFP process for Benefits Counseling Maine BRS will contract with whatever entity in Maine is awarded the contract with SSA.

The vendor's status is "currently working"

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

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

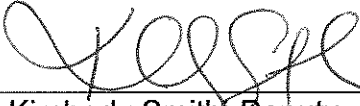
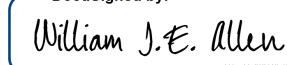
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Kimberly Smith, Deputy Commissioner	Date:	12/10/2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	William J.E. Allen	Date:	12/11/2024