

## State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH/Stephanie Kallio/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Nancy Tan		
(If applicable) Department Reference #:	OSA-19-3004E		
Estimated Contract or Grant Amount:	Current Amt: \$119,634.87 Amend Amt: \$6,646.41 Revised Amt: \$126,281.28	Advantage CT / RQS #:	10A 20180711*0080
AMENDMENT	Original Start Date:	7/1/2018	New Start Date:
	Original End Date:	3/31/2020	New End Date: 4/30/2020
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:		Proposed End Date:
Vendor/Provider/Grantee Name, City, State:	Crisis & Counseling CTR Inc		
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.			
	A. Competitive Process		G. Grant
X	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 QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
This Agreement is to support women with a substance use disorder and/or co-occurring condition in accessing substance abuse treatment, maintaining recovery, minimizing the health risk to themselves and their children and reducing the risk of babies being born drug affected or with fetal alcohol spectrum disorder. Women are an underserved population in regard to substance abuse treatment as they often face barriers that prevent them from seeking help for themselves. These barriers include stigma, childcare, transportation, economic issues, and family obligations. It is crucial that pregnant and parenting women receive services expediently to protect

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### PART III: SUPPLEMENTAL QUESTIONS

the health and well-being of the infant/child. Case Management services for pregnant and parenting women assist women in overcoming these barriers and support them in getting into appropriate treatment, prenatal care and ancillary services. Case Management Services for this population are described in the MaineCare Benefits Manual Section 13.03 B. Substance using pregnant and parenting women are also a priority population under the Substance Abuse Prevention and Treatment Block Grant.

The purpose of the amendment is to extend the end date to 4/30/2020 to further negotiate the awarded RFP.

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

These providers were currently providing the services through a sub-recipient agreement with Tri-County Mental Health who was the awardee for RFP#201210413. Tri-County no longer wants to provide oversight of the services and to ensure that there is not a gap of service the Department will contract directly with these providers. These providers are currently providing the service and are licensed to provide this service, they employ qualified licensed practitioners.

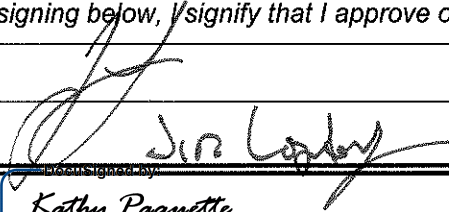

#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost and fees are consistent with the current contract.

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

Awards were made through RFP 201908146 which is currently being negotiated between the Department and the awarded Bidders and expected to have a contract start date of 5/1/2020.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	14-APR-20
<b>Signature of DAFS Procurement Official:</b>			
<b>Printed Name:</b>	Kathy Paquette	<b>Date:</b>	4/17/2020