

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/ OBH/ Cameron Bailey/ Stephanie Kallio	
Department Contract Administrator or Grant Coordinator:		DHHS/ DCM/ Nancy Tan/Arlene Jones	
(If applicable) Department Reference #:		OSA-21-316	
Amount: (Contract/Amendment/Grant)	\$ 1,045,314.00	Advantage CT / RQS #:	10A 20180412*3111
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2022
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:		MAINEGENERAL COMMUNITY CARE WATERVILLE, ME	
Brief Description of Goods/Services/Grant:		SA Residential Extended Care	

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

State of Maine Procurement Justification Form

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Due to increase of substance abuse and addiction, these services will provide access to treatment so that people are able to enter into recovery. This is a renewal agreement to continue residential substance abuse extended care services to the clients in this geographic area. The agency is responsible for provision of individual, group and family substance abuse treatment in a residential "Milieu" setting. This is a higher level service to treat substance use acuity.

As the Single State Authority (SSA), it is the responsibility of this office to allocate SAPT Block Grant and state dedicated and matching funds/ resources to non -profit agencies who have the organizational structure and ability to implement evidenced based treatment to the clients in Maine.

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

DHHS, Office of Behavioral Health services has determined that Maine General Community Care is a willing and qualified to provide this service as they are designed to provide substance abuse extended care services. Maine General Community Care is licensed to operate a substance abuse program. They have the facility, infrastructure, staff and capacity to deliver this service as well as a history of success in doing so.

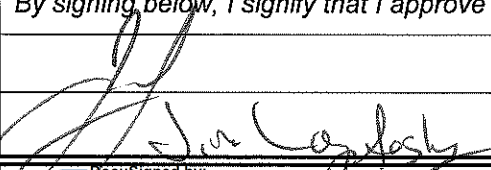
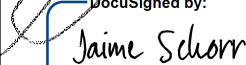
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Operating costs to run MaineGeneral Community Care's extended care facilities exceed one million annually. The historical funding sources for residential programs have reduced significantly over the past 5 years. SAMHS funding has remained flat even as operating expenses increase. The OSA agreement funding is essential in filling the gap for the cost of service.

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

The Department does not intend to competitively procure these services.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	3-Jun-20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	Jaime Schorr 6D6437754DD0459...	Date:	6/15/2020