

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/ SAMHS/ Cameron Bailey/ Stephanie Kallio		
Department Contract Administrator or Grant Coordinator:	DHHS/ DCM/ Nancy Tan/ Jennifer Levesque		
(If applicable) Department Reference #:	OSA-21-309		
Estimated Contract or Grant Amount:	\$ 831,558.00	Advantage CT / RQS #:	10A 20180516000000003629
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2022
Vendor/Provider/Grantee Name, City, State:	Catholic Charities Portland, ME 04104-6060		
Brief Description of Goods/Services/Grant:	Residential Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>This agreement 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 individually substance use acuity.</p> <p>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</p>

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PART III: SUPPLEMENTAL QUESTIONS

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

Department Office of Substance Abuse and Mental Health services have determined that this provider is willing and qualified to provide these services because they have specialized licenses and certifications as required by Federal and State regulations. They have specially qualified and licensed medical and clinical staff to provide these services.

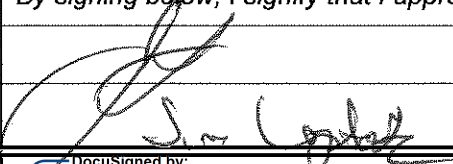
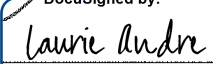
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates are standardized and consistent with the MaineCare rate as stated in the MaineCare Benefits Manual, Chapter III Section 97 appendix B (Residential).

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

The department does not intend to RFP this willing and qualified service.

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:	15-June-2020
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	A4D4AF6018C54EC... Laurie Andre	Date:	7/20/2020