

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Cynthia McPherson & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Kristen King	
(If applicable) Department Reference #:		Multiple, see attached list	
Amount: (Contract/Amendment/Grant)	\$ 998,307.00	Advantage CT / RQS #:	Multiple, see attached list
CONTRACT	Proposed Start Date:	7/1/21	Proposed End Date: 6/30/22
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:		Multiple, see attached	
Brief Description of Goods/Services/Grant:		Wrap Services	

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	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 INFORMATION

Please respond to ALL of the following:

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

OBH is responsible for services and unmet needs for persons with serious and persistent mental health disorders. These individuals are often poor and at times because of their poverty or in part because of their disorder have individual emergent/ unmet needs that cannot be met by other resources. WRAP funds assist in meeting basic emergent/unmet needs and the organization that manages those funds.

The Providers are required to assemble Wrap committee that includes a peer with lived experience to meet on a weekly basis to review applications, to ensure that Wrap applicants must be Section 17 eligible in order to qualify for Wrap funding, to insure the Wrap applications are complete and accurate, and provide quick turnaround from application submission to approval /denial of Wrap funding with written notice to the applicant.

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### PART III: SUPPLEMENTAL INFORMATION

**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 this provider is willing and qualified to provide these WRAP services. They are also licensed with the Division of Licensing and Regulatory Services and have a contract with OBH. These Providers have the expertise and knowledge to ensure that the Wrap services are met.

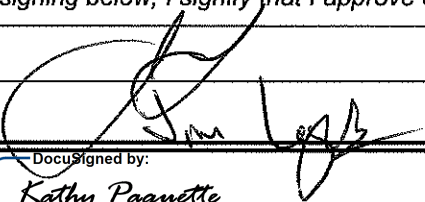
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The amount of allocation for each Region was based upon the historical allotment and resulting utilization for the area plus an administrative fee (20% of monthly activity that is reported).

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

OBH does not intend to RFP this service because any willing and qualified provider can offer this service.

### 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>	256-July-21
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	7/7/2021

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Office: <b>Office of Behavioral Health</b>			
Service Group: <b>WRAP</b>			
Service Group Total: <b>\$998,307.00</b>			
No. of Vendors: <b>6</b>			
Agreement Number	Vendor Name	AdvantageME CT #	Agreement Amount
MH1-22-4005	THE OPPORTUNITY ALLIANCE	10A 20210514*3237	\$ 250,000.00
MH2-22-4003	MAINEHEALTH	10A 20210514*3238	\$ 93,075.00
MH2-22-4004	SWEETSER	10A 20210514*3239	\$ 66,696.00
MH2-22-4011	JMPB INC	10A 20210514*3240	\$ 215,000.00
MH3-22-4001	AROOSTOOK MENTAL HLTH SERV INC	10A 20210514*3241	\$ 154,671.00
MH3-22-4002	COMMUNITY HEALTH & COUNSELING SERVICES	10A 20210514*3242	\$ 218,865.00
		<b>Service Group Total:</b>	<b>\$ 998,307.00</b>