



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/ OBH/Stephanie Kadnar/Corinna O'Leary		
Department Contract Administrator or Grant Coordinator:		DHHS/Nancy Tan/ Stacy Martin		
(If applicable) Department Reference #:		OSA-23-383		
Amount: (Contract/Amendment/Grant)	\$3,361,408.00	Advantage CT / RQS #:	20220425000000002620	
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2024
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:		Wellspring, Inc. Bangor, Maine 04401		
Brief Description of Goods/Services/Grant:		Halfway House, Non-Hospital Detox, Women's Halfway House		

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

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 purpose of this Agreement is to provide the following services:

Women's Halfway House: The American Society of Addiction Medicine (ASAM) Level 3.1 Clinically Managed Low-Intensity Residential Services is provided to pregnant women and parenting women with Dependent Children. These women must be assessed as having a moderate to severe Substance Use Disorder defined by the Diagnostic and Statistical Manual (DSM-5) and meet the criteria for ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services. The Provider shall serve and house ten (10) women eighteen (18) years of age and above and up to ten (10) children birth through age five (5) at any given time. Services will be provided in a residential facility located in the Bangor-Maine area.

Halfway & Detox: There has been a steady increase of substance use in the State, particularly in regard to heroin and opioids and their associated problems. A continuum of treatment is needed to address the growing need. Residential halfway house services are along this continuum and are a higher-level service to treat substance use acuity. Medical Detoxification Program (Clinical Managed Residential Detoxifications, American Society of Addiction Medicine (ASAM) Level III.2-D) services to adult men and women in an effort to combat opiate use, heroin use and alcohol dependence, pursuant to P.L. 2016, ch. 378, Part C.

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. Reference the RFP number, if applicable.

DHHS, Office of Behavioral Health has determined that this provider is willing & qualified because they are licensed to provide these service, employs qualified licensed practitioners and is a provider of these services under MaineCare with a contract with the Department.

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.

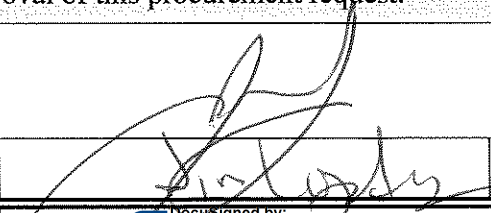
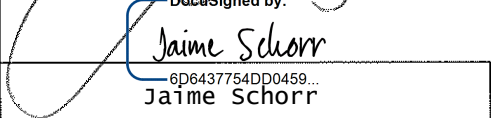
The Department does not intend to RFP these Willing & Qualified Services.

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

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	15-June-22
Signature of DAFS Procurement Official:			
Typed Name:	DocuSigned by: Jaime Schorr 6D6437754DD0459... Jaime Schorr	Date:	7/7/2022