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PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OBH/Corinna O'Leary			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell			
(If applicable) Department Reference #:	OSA-27-383			
Agency Department Code:	10A	Advantage CT / RQS #:	202603250000OSA27383	
Amount: (Contract/Amendment/Grant)	$1,680,704.00			
CONTRACT	Proposed/Original Start Date:	**7/1/2026**	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Wellspring, Inc. Bangor, Maine			
Brief Description of Goods/Services/Grant:	Halfway House, Non-Hospital Detox, Women's Halfway House			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	L. Other Authorization

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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.

Women's Halfway House: The purpose of this Agreement is to provide American Society of Addiction Medicine (ASAM) Level 3.1 Clinically Managed Low-Intensity Residential Services 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 solicitation (RFP/RFA/RFQ) number if applicable.

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

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 & Qualified Service.

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PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)
Does this request utilize ARPA/MJRP funds?
☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.
☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.
☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS			
Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	10-Jun-26
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: David Morris 2A644AF5681F482...		
Typed Name:	David Morris	Date:	7/1/2026