

## 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.

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/ OBH/ Cameron Bailey/ Stephanie Kallio	
Department Contract Administrator or Grant Coordinator:		Mary Alderman & Nancy Tan	
(If applicable) Department Reference #:		OSA-21-383	
Amount: (Contract/Amendment/Grant)	\$ 897,346.00	Advantage CT / RQS #:	CT-10A-20200518000000003349
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:		Wellspring, Inc. Bangor, Maine 04401	
Brief Description of Goods/Services/Grant:		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

### 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.**

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. These services will provide access to treatment so that people are able to address their substance use disorder and enter into recovery.

This is a renewal agreement to continue residential substance abuse halfway house 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.

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### PART III: SUPPLEMENTAL INFORMATION

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 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 SAMHS/DHHS.

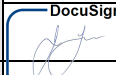
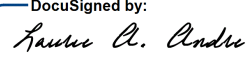
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

### 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>		
	DocuSigned by: 		
<b>Printed Name:</b>	Jim Lopatosky	<b>Printed Name:</b>	Jim Lopatosky
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: 		
<b>Printed Name:</b>	81084A22906E4FB... Laurie A. Andre	<b>Printed Name:</b>	8/5/2020