

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/ OBH/ Stephanie Kallio/Theresa Witham	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Ryan Roberts	
(If applicable) Department Reference #:		OSA-22-4038	
Amount: (Contract/Amendment/Grant)	\$ 823,000.00	Advantage CT / RQS #:	CT-10A- 20210415000000002794
CONTRACT	Proposed Start Date:	7/1/2021	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, ME	
Brief Description of Goods/Services/Grant:		Residential Social Model Detoxification Center	

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.**

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.

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

DHHS, Office of Behavioral Health has determined that his provider is Willing and Qualified as determined by the licensing requirements by Federal and State regulations with specifically qualified and licensed staff to provide these services.

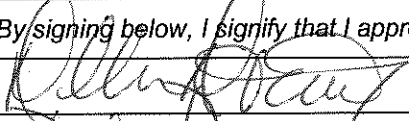
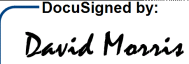
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Cost for services aligns with the MaineCare rate for detox services \$210.96 per day.

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

The Department does not intend to RFP this service as the vendor is willing and qualified to provide the service for this agreement period.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
			
Printed Name:	Debra Droner	Date:	8/13/2021
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	DAVID MORRIS	Date:	8/16/2021