

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/Stacy Martin	
(If applicable) Department Reference #:		OSA-22-377	
Amount: (Contract/Amendment/Grant)	\$366,000.00	Advantage CT / RQS #:	20210505000000003062
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date: 6/30/2023
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:		Aroostook Mental Health Services, Inc Presque Isle, Maine 04769	
Brief Description of Goods/Services/Grant:		Residential Services	

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.
<p>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 treatment services Type I services are along this continuum and are a higher level service to treat substance use acuity.</p> <p>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.</p> <p>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.</p>

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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 has determined that this provider is qualified to provide these services because they are licensed to provide these services, they employ qualified licensed practitioners and they are a provider of these services under MaineCare with a contract with SAMHS/DHHS.

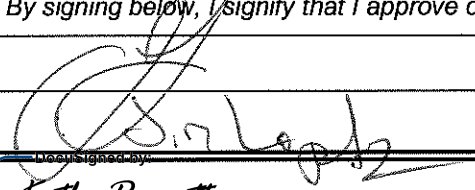
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates are standardized and consistent with the MaineCare rate as set by MaineCare as stated in the MaineCare Benefits Manual, Chapter III Section 97 appendix B.

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

The Department does not intend to RFP these willing and qualified services.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	29-21-21
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	8/18/2021