

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/ OBH/ Theresa Witham/Katherine Coutu	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Ryan Roberts	
(If applicable) Department Reference #:		OSA-22-301	
Amount: (Contract/Amendment/Grant)	\$ 409,031.00	Advantage CT / RQS #:	CT-10A-20210813*0347
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, Maine	
Brief Description of Goods/Services/Grant:		Women's Residential - Clinically Managed Low-Intensity Residential Services for Pregnant and Parenting Women (aka halfway house)	

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.

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.

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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 as determined that this Provider is Willing and Qualified to provide the service and is licensed with the Division of Licensing and Regulatory Services and have a contract with OBH.

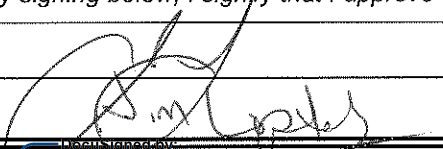
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs were negotiated and based on costs to provide similar services. Costs are reasonable to this level of clinical residential care. Costs include salaries, training, technology, food and residential operational costs needed to provide this direct care.

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

The Department does not plan to RFP for this service at this time.

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:	23 - Aug - 21
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	9/30/2021