

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Katherine Coutu/Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Leah Bennett	
(If applicable) Department Reference #:		OSA-22-600	
Amount: (Contract/Amendment/Grant)	\$84,000.00	Advantage CT / RQS #:	CT 10A 20210428*2965
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:		The Opportunity Alliance (TOA) South Portland, ME	
Brief Description of Goods/Services/Grant:		Case Management	

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
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		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 offer a parent coaching program to parents and families through Northern Light Mercy Hospital's McAuley Residence, a comprehensive transitional housing program for women who are in recovery from drug and alcohol dependency. This program is to assist families in reunification with their children. A parent coach assists parents in creating parental goals and plans and then supports parents as they put this plan into practice. The parent coaches will be provided by The Opportunity Alliance who will be working onsite with the women and their families.

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PART III: SUPPLEMENTAL INFORMATION

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

The provider is a licensed behavioral health organization with the breadth and depth to provide this specific service. They employ qualified licensed practitioners and they have been the sole provider of this parent coaching program with the women at McCauley residence.

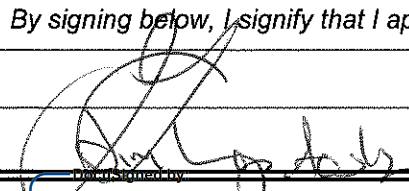
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rate is the Department negotiated rate with TOA and includes staff time to deliver and document the service with like services. The service is not billable with Mainecare.

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

The Department does not intend to competitively procure these 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:	18 - Oct - 21
Signature of DAFS Procurement Official:	<i>Sue H. Garcia</i>		
Printed Name:	Sue H. Garcia	Date:	12/21/2021