

State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH/Maddison Kadnar/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Eliza Fielding		
(If applicable) Department Reference #:	OSA-21-344A		
Estimated Contract or Grant Amount:	Original: \$ 96,000.00 Amend: \$ 96,000.00 Revised: \$192,000.00	Advantage CT / RQS #:	10A 20200608000000003779
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2020	New Start Date:
	Original End Date:	12/31/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:		Proposed End Date:
Vendor/Provider/Grantee Name, City, State:	Aroostook Mental Health Services, Inc. Caribou, Maine		
Brief Description of Goods/Services/Grant:	Detox Management Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
X	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 QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>As the Single State Authority (SSA), it is the Department's responsibility 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. This renewal agreement continues detoxification management services to the clients in this geographic area. The agency is responsible for provision of referral resources to the geographic regions for hospital-based detoxification services. This is a higher-level service to treat individually a person's substance use acuity.</p> <p>The purpose of this amendment is to extend the end date to 6/30/2021.</p>

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL QUESTIONS

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

The Provider, licensed from the Department according to 14-118 C.M.R. ch.5., provides safe Detoxification Management Services and other related substance use services to individuals who meet eligibility requirements. The Provider, as the lead agent in part of the collaboration with hospitals, provides all fiscal, utilization management, network management, claims payment, quality management, reporting and other administrative duties required under the contract. The subcontractors provide network development and contracting support, provider training, technological support and direct service to include community-based substance use services—which provides biopsychosocial assessment, concurrent review, discharge planning, and outpatient substance use counseling and case management.

The Provider is the lead agent for both administrative and direct services in the northern region of Maine and has long established partnerships with the regional providers. There would be a significant gap in services as it would take a substantial amount of time to start up this service if a new Provider was chosen. This Provider has various agreements and MOUs with detox facilities and providers and is responsible for the provision of referral resources including a hotline and website that is currently being developed. This provider currently oversees these agencies and services provided and is familiar with the treatment models of each subcontract. This provider is unique as it has a 24-hour on call system for detox management services.

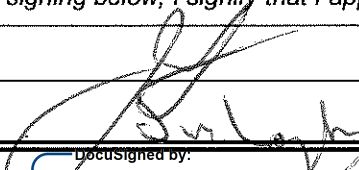
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This service has historically been performance based. The specific measures were based on rates from the National Outcome Measures data. This information is captured at intake and discharge on our WITS (Web Infrastructure for Treatment Services) and reports were generated.

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

The Department does not intend to RFP 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:	16 - Dec - 2021
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	1/25/2021