

State of Maine Procurement Justification Form

Department Office/Division/Program:		DHHS/OBH/Mike Freysinger/Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Eliza Fielding	
(If applicable) Department Reference #:		OSA-21-4075	
Amount: (Contract/Amendment/Grant)	\$79,548.00	Advantage CT / RQS #:	20210211000000002233
CONTRACT	Proposed Start Date:	4/1/2021	Proposed End Date: 3/31/2022
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:		Milestone Recovery Portland, Maine 04101	
Brief Description of Goods/Services/Grant:		Peer Navigator	

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.

The purpose of the agreement is to provide the support of two Navigator positions to aid in transition between medical detoxification treatment and other applicable services. The department has identified a gap in the array of services related to the frequency with which individuals return to Non-Hospital-Based Detoxification Services (NHBDS) level of care. Providers of NHBDS have identified that while their high-utilizers frequently meet the criteria for further treatment at time of discharge following medical detoxification, they struggle to engage and enroll in appropriate treatment. This service is intended to close the gap between NHBDS and the next appropriate level of care, thus reducing relapse and return to this high-intensity and high-cost service by providing a 'warm hand-off' between treatment providers.

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PART III: SUPPLEMENTAL INFORMATION

The target population of this agreement is individuals who engage in medical detoxification, with special focus on high utilizers of this service. The direct service will facilitate patient connections with substance use treatment including appropriate medication assistant treatment (MAT), mental health services, and case management services for connections to housing and other necessary resources. The goal of this agreement is to increase access to and engagement in necessary services following medical detox, thereby reducing rate of return to detoxification care and generating better long-term outcomes for patients receiving these services.

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 is a Willing & Qualified provider who has a working agreement with the Non-Hospital Based Detoxification (NHBD) providers. The service is a provision of peer navigation within NHBDs.

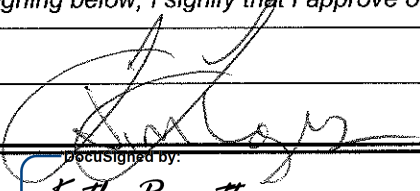
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department negotiated the hourly rate with the provider for the Peer Navigators and determined the rate of \$16.82 an hour including fringe benefits was fair because it also included staff time to deliver and document the service.

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

The Department does not intend to RFP 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:	10 - Nov - 21
Signature of DAFS Procurement Official:	<i>DocuSigned by: Kathy Paquette</i>		
Printed Name:	kathy Paquette ^{41C2BA36FAF44CD...}	Date:	4/21/2021