

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/ OBH/ Cameron Bailey/ Stephanie Kallio			
Department Contract Administrator or Grant Coordinator:		Nancy Tan /Elizabeth Heath			
(If applicable) Department Reference #:		OSA-21-320			
Amount: (Contract/Amendment/Grant)	\$ 3,096,393.00	Advantage CT / RQS #:	10A 20200414000000002853		
CONTRACT	Proposed Start Date:	7/1/2020	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:		Milestone Foundation Portland, Maine			
Brief Description of Goods/Services/Grant:		SA Residential Treatment Services: Emergency Shelter, Extended Care & Non Hospital Based Detox			

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.

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 halfway house services are along this continuum and are a higher-level service to treat substance use acuity.

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.

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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 Milestones is willing and qualified to provide this service as they are designed to provide 24/7 residential detoxification services within the southern part of the state. Milestones is licensed to operate a substance abuse program. They have the facility, infrastructure and capacity to deliver this service as well as a history of success in doing so.

Milestones is currently the only provider in this region (Portland) that is interested and able to provide this service through MaineCare reimbursement methods. Other providers continue to remain within the private pay model.

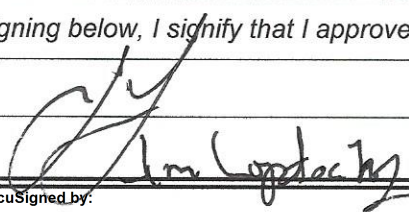
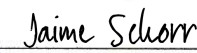
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Operating costs to run Milestones detoxification, shelter services and extended care programs exceed \$2.5M annually. The historical funding sources for the programs have reduced significantly over the past 5 years. OBH funding has remained flat even as operating expenses increase.

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

As a willing and qualified service, the Department does not intent 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:	10-Jun-20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	6D6437754DD0459... Jaime Schorr	Date:	6/15/2020