

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH/Maddison Kadnar/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Elizabeth Heath		
(If applicable) Department Reference #:	OSA-21-344		
Estimated Contract or Grant Amount:	\$96,000.00	Advantage CT / RQS #:	10A 20200608000000003779
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 12/31/2020
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		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
	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.
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.

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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 abuse 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 abuse services—which provides biopsychosocial assessment, concurrent review, discharge planning, and outpatient substance abuse counseling and case management. This provider currently oversees these agencies and services provided and are 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.

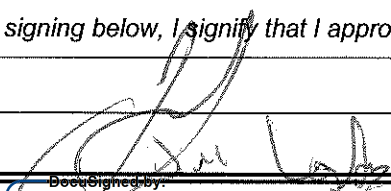
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

This service will be a six (6) month agreement until the RFP process is complete (T2018077). The RFP for this service is currently being written with an expected start date for the awarded services of 1/1/2021.

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:	08-27-20
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	8/27/2020