

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/Stacy Martin | | |
| (If applicable) Department Reference #: | OSA-22-344 | | |
| Estimated Contract or Grant Amount: | \$100,000.00 | Advantage CT / RQS #: | 20210414000000002789 |
| CONTRACT | Proposed Start Date: | 7/1/2021 | Proposed End Date: 6/30/2022 |
| 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. |
| <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> |

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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 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.

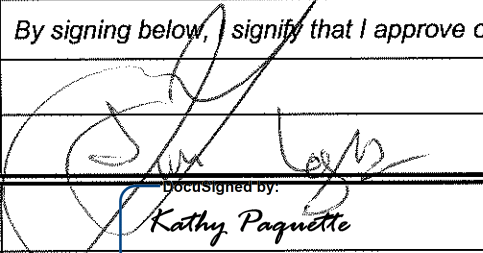
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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: | 3-Aug-21 |
| Signature of DAFS Procurement Official: | <small>Digitally signed by:</small> <i>Kathy Paquette</i> | | |
| Printed Name: | <small>41C2BA36FAF44CD...</small> Kathy Paquette | Date: | 8/18/2021 |