



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.*

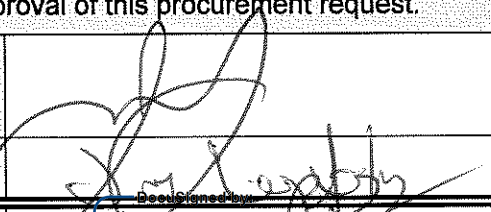
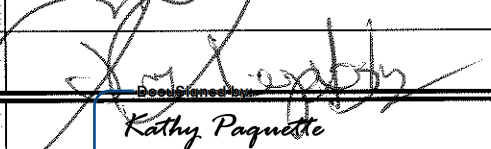
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS OBH: Mike Freysinger    Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		OSA-23-4075A		
Amount: (Contract/Amendment/Grant)		Original: \$79,548.00 Amend A: \$28,229.00 New: \$107,777.00	Advantage CT / RQS #:	CT 10A 20230307000000002261
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	4/1/2023	Effective Date:	8/23/2023
	Previous End Date:	3/31/2024	New End Date:	6/30/2024
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Milestone Recovery Portland, ME		
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 checked="" 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

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	<p>The purpose of this Amendment is to extend the Agreement to align with the existing Milestone Agreement as this service will merge into a single agreement when renewed 7/1/2024.</p> <p>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 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.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>DHHS, Office of Behavioral Health has determined that this is a Unique provider. They are uniquely positioned, and the only current provider in Maine, to provide both Peer Navigator services and the Non-Hospital Based Detoxification (NHBD) service. The Peer Navigator is an essential part of the Care Coordination team that manages the Detox service and discharge planning for patients. Establishing this position as a fully integrated member of the Milestone team increases coordination and removes barriers to collaboration and discharge planning within NHBDs full spectrum of services.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>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.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to competitively procure these services.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)
Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> No – If No, proceed to Part V

PART V: APPROVALS	
The signatures below indicate approval of this procurement request.	
Signature of requesting Department's Commissioner (or designee):	
Typed Name:	Date: 3-04-23
Signature of DAFS Procurement Official:	 <small>Decided by: Kathy Paquette</small>
Typed Name:	Date: 10/25/2023
	<small>41C2BA36FAF44CD...</small>