



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:		Nancy Tan		
(If applicable) Department Reference#:		OSA-22-4075		
(Contract/Amendment/Grant) Amount: \$ 79,548.00		Advantage CT/ RQS #: CT10A2022031100000002055		
CONTRACT	Proposed Start Date:	4/1/2022	Proposed End Date:	3/31/2023
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:		Milestone Recovery		
City, State:		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 apply 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	181	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.

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.

2. Provide a brief justification for the selected vendor to supplement the response in Part 11. Reference the RFP number, if applicable.

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: AMERICAN RESCUE PLAN ACT (ARPA)/ MAINE JOBS & RECOVERY PLAN (MJRP)

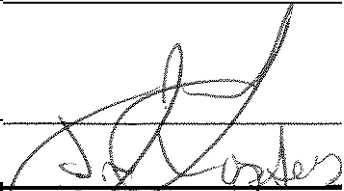
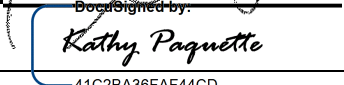
Does this request utilize ARPA/MJRP funds?

Yes- If Yes, please attach the approved Business Case(s).

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):		Date:	<u>31-Mar-23</u>
Typed Name:			
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette</small>	Date:	10/31/2022
Typed Name:	Kathy Paquette		