



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 –/Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Debbie Weston	
(If applicable) Department Reference #:		OSA-25-320	
Amount: (Contract/Amendment/Grant)	\$3,322,117.00	Advantage CT / RQS #:	CT 10A 20240322*2571
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2026
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 Recovery Portland, ME.	
Brief Description of Goods/Services/Grant:		SA Residential Treatment Services: Emergency Shelter, Extended Care & Non Hospital Based Detox.	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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

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>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.</p> <p>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.</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 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.</p> <p>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.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>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.</p>
4. Describe the plan for future competition for the goods or services.	<p>As a willing and qualified service, the Department does not intent 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, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

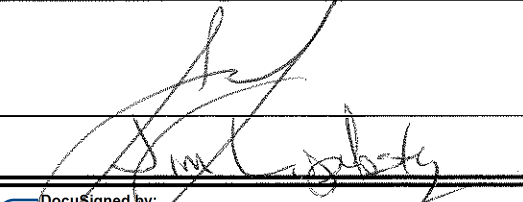
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Morris	Date:	28-Oct-24
Signature of DAFS Procurement Official:	DocuSigned by: David Morris		
Typed Name:	David Morris	Date:	10/31/2024

NOI W&Q 1020241285