

State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH Katherine Coutu / Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Nancy Tan / Patricia Wall		
(If applicable) Department Reference #:	OSA-21-3019		
Estimated Contract or Grant Amount:	\$124,895.00	Advantage CT / RQS #:	10A-20210107*1988
CONTRACT	Proposed Start Date:	12/1/2020	Proposed End Date: 6/30/2021
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:
Vendor/Provider/Grantee Name, City, State:	County of Penobscot dba Penobscot County Jail		
Brief Description of Goods/Services/Grant:	Medication Assisted Treatment (MAT)		

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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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>Maine is in the midst of a substance abuse epidemic. Treatment services and interventions are needed to combat opiate use, heroin use, and alcohol dependence.</p> <p><u>Re-Entry Jail</u> The purpose of this agreement is to provide Medication Assisted Treatment Services to a cohort of uninsured inmates who have an Opioid Use Disorder that will be released from Jail. This agency is contracted to provide medication management services to individuals diagnosed with an opioid use disorders. Assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II.

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PART III: SUPPLEMENTAL QUESTIONS

DHHS, The Office of Behavioral Health Services have determined that these providers are willing and qualified providers who have specialized licenses and certifications as required by Federal and State regulations. They have specially qualified and licensed medical and clinical staff to provide these services.

These provider has specific federal and state certifications according to 42 CFR Chapter 1, Subchapter A Part 8, and compliance with Maine Criminal Code and Maine State Pharmacy Act. Chapter 45 of the Maine Criminal Code (17-AM.R.S.A§1101 et seq.) as amended and the Maine State Pharmacy Act (32 M.R.S.A §13731(2)), as amended and are able to provide Medication Assisted Treatment with Methadone in an Opioid Treatment Program. They have the required resources and specifically trained staff to meet an evidenced-based standard of care.

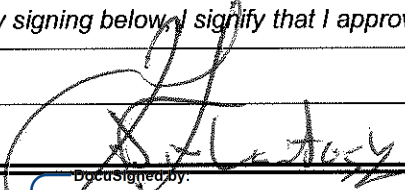
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of these services was negotiated based on MaineCare Reimbursement rates and actual cost of services.

4. Describe the plan for future competition for the goods or services.

The Department does not intend to RFP these willing and qualified services.

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:	27-Jan-21
Signature of DAFS Procurement Official:	<small>Digitally signed by Kathy Paquette</small>		
Printed Name:	41C2BA36FAF44CD Kathy Paquette	Date:	2/9/2021