

# State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/Office of MaineCare Services			
Department Contract Administrator or Grant Coordinator:	Shawn Belanger Ryan Roberts			
(If applicable) Department Reference #:	OMS-19-4030B			
Estimated Contract or Grant Amount:	Original: \$175,520 Amend: \$72,000 Revised: \$247,520	Advantage CT / RQS #:	CT-10A-20190424*3128	
AMENDMENT	Original Start Date:	5/13/19	New Start Date:	4/15/20
	Original End Date:	6/30/20	New End Date:	6/30/20
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
ALL OTHER	Proposed Start Date:		Proposed End Date:	6/30/2020
Vendor/Provider/Grantee Name, City, State:	Maine Health- Lincoln Medical Partners Damariscotta, ME			
Brief Description of Goods/Services/Grant:	Opioid Health Home			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
X	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.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
The purpose of this agreement is to provide Opioid Health Home Services to individuals who are not currently eligible to receive these services through MaineCare reimbursement. The provider shall provide Opioid Health Home services to individuals who meet eligibility for care requirements as stated in 10-144 C.M.R. Ch. 101, Ch. 2, §§17.02 or specific eligibility requirements as stated in 10-144 C.M.R., Ch.101, Ch. 2, § 93.03, but are not currently eligible to receive Opioid Health Home services via MaineCare reimbursement.

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### PART III: SUPPLEMENTAL QUESTIONS

The focus of this effort is on expanding access to treatment in an integrated care setting. This will involve more clinicians prescribing medication-assisted treatment and behavioral therapy along with addressing other physical and mental health needs.

This amendment provides funds for additional Opioid Health Home services to adequately serve the service needs in this area.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

The Department will engage in a contract for Opioid Health Home Services with providers that have the appropriate license from the Division of Licensing and Regulatory Services and that have been approved by MaineCare Services to provide these services.

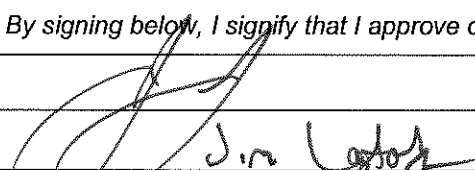
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The rates are standardized and consistent with the MaineCare rate as stated in the MaineCare Benefits Manual, Ch.101, Ch.2, §93.08.

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

The Department does not intend to RFP for these services as this is a willing/qualified service.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	16-Apr-20
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	4/21/2020