

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/ SAMHS/ Cameron Bailey/ Danielle Dill	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/ Lora Blackwell	
(If applicable) Department Reference #:		Medication Management – SFY21 CTMV	
Amount: (Contract/Amendment/Grant)	\$1,532,693.00	Advantage CT / RQS #:	Multiple: See list below
CONTRACT	Proposed Start Date:	07/01/20	Proposed End Date: 6/30/2021
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:		Multiple: See list below	
Brief Description of Goods/Services/Grant:		Medication Management Services	

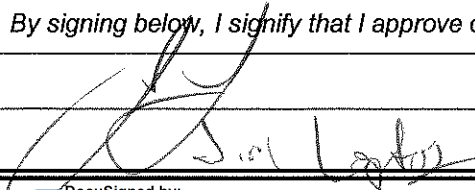
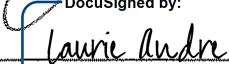
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:

State of Maine Procurement Justification Form

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
<p>SAMHS is responsible for services to persons with serious and persistent mental health disorders. These individuals in most instances require medication prescribed by a competent licensed practitioner to alleviate a number of symptoms.</p> <p>Paragraph 103 of the Bates Consent Decree states that the Department "shall fund, develop, recruit and support and array of treatment services" The Decree also states that "the services shall include but not limited to psychopharmacological therapy".</p> <p>According to the Court Master's findings of October 29, 2008, "Pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with their plan of October 13, 2006 and resume state funding, seeking any necessary appropriations to provide mental health services included in the State's Medicaid Plan (i.e. community integration, ACT, daily living support, skills development, outpatient services, medication management and residential treatment) for all persons who are clinically eligible, even though they may be financially ineligible for MaineCare.</p> <p>SAMHS is responsible under the decree to provide this service to non-MaineCare individuals.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II.
<p>DHHS, Behavioral Health Services has determined that these providers are willing and qualified. These providers are qualified to provide this service because they are licensed by DLRS to provide this service, employs qualified licensed practitioners and is a provider of this service under MaineCare.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
<p>Rate are standardized and consistent with the MaineCare rate.</p>
4. Describe the plan for future competition for the goods or services.
<p>The Department does not intend to RFP these services.</p>

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:	10-JUN-20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	A1D4AF6918C54E8... Laurie Andre	Date:	6/18/2020

**State of Maine
Procurement Justification Form**

Office: **Behavioral Health Services (OBH)**CTMV Agreement No.: **MH4-21-0003**CTMV **10A- 20200602000000000007**Service Group: **Medication Management Services** Service Group Total: **\$1,532,693**No. of Vendors: **11**

Agreement Number	Vendor	Vendor Customer Code	Service	Rate Per Unit	Unit of Measure	Projected Monthly Units	Authorized Monthly Units	Projected Total Agreement Amount
MH3-21-836	Aroostook Mental Health Services, Inc.	VC1000005876	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	14	37	\$28,560
MH3-21-836	Aroostook Mental Health Services, Inc.	VC1000005876	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	18	42	
MH3-21-106	Community Health & Counseling Services	VC1000017720	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	8	18	\$14,280
MH3-21-106	Community Health & Counseling Services	VC1000017720	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	9	21	
MH2-21-601	Crisis & Counseling Centers, Inc.	VC1000018712	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	23	52	\$40,459
MH2-21-601	Crisis & Counseling Centers, Inc.	VC1000018712	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	26	59	
MH2-21-710	Kennebec Behavioral Health dba Kennebec Valley Mental Health Center	VC1000049769	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	559	1,677	\$1,000,377
MH2-21-710	Kennebec Behavioral Health dba Kennebec Valley Mental Health Center	VC1000049769	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	639	1,916	

**State of Maine
Procurement Justification Form**

Agreement Number	Vendor	Vendor Customer Code	Service	Rate Per Unit	Unit of Measure	Projected Monthly Units	Authorized Monthly Units	Projected Total Agreement Amount
MH1-21-7103	Maine Behavioral Healthcare	VC0000197260	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	112	257	\$199,917
MH1-21-7103	Maine Behavioral Healthcare	VC0000197260	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	128	294	
MH2-21-2003	Oxford County Mental Health Services	VC1000069937	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	23	52	\$40,459
MH2-21-2003	Oxford County Mental Health Services	VC1000069937	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	26	59	
MH1-21-4008	Smart Child & Family Services	VC1000084916	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	7	26	\$12,693
MH1-21-4008	Smart Child & Family Services	VC1000084916	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	8	19	
MH1-21-4006	Spurwink Services, Inc.	VC1000085465	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	14	32	\$24,593
MH1-21-4006	Spurwink Services, Inc.	VC1000085465	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	16	36	
MH2-21-417	Sweetser	VC1000088400	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	70	162	\$126,138
MH2-21-417	Sweetser	VC1000088400	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	81	185	
MH2-21-4028	Tri-County Mental Health Services	VC1000092940	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	6	14	\$11,104
MH2-21-4028	Tri-County Mental Health Services	VC1000092940	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	7	16	
MH1-21-4009	York County Shelter Programs, Inc.	VC1000097559	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	19	44	\$34,113
MH1-21-4009	York County Shelter Programs, Inc.	VC1000097559	Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour	22	50	