

## 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/OBH		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger Lora Blackwell		
(If applicable) Department Reference #:	Multiple (see list below)		
Amount: (Contract/Amendment/Grant)	\$ 541,842.00	Advantage CT / RQS #:	Multiple (see list below)
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	09/01/18	Effective Date: 05/20/20
	Previous End Date:	6/30/2020	New End Date: 06/30/20
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 Assisted Treatment (MAT)		

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
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 INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
<p>The purpose of this amendment is to add funds to the MAT-OTP agreements. This is in response to the MaineCare rate increase for Methadone treatment.</p> <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>

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### PART III: SUPPLEMENTAL INFORMATION

#### OTP Methadone Only

The purpose of this Agreement is to provide Opioid Treatment Services to individuals who meet the general eligibility requirements and are uninsured. Services are provided as a part of a package of services to include the cost of providing: medication (Methadone), counseling services, drug screening, required laboratory testing, and medical services.

#### OTP Suboxone-Methadone

The purpose of this Agreement is to provide Medication Assisted Treatment (MAT) utilizing Methadone and Suboxone in an Opioid Treatment Program to individuals who meet the general eligibility requirements and are uninsured.

#### OTP – Suboxone Only

The purpose of this agreement is to provide Medication Assisted Treatment utilizing Suboxone in an OTP setting to individuals diagnosed with an opioid use disorders and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

#### OBOT – Medical Setting – Incarcerated

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 the 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. This agreement covers the cost of the following if not reimbursable by MaineCare: medications Naltrexone, Suboxone, and Naloxone, medically necessary lab testing, drug screen testing, Intensive Outpatient and/or Outpatient Services at the Jail prior to release.

#### OBOT-Medical Setting (Homeless)

The purpose of this Agreement is to provide Medication Assisted Treatment, Case Management and Intentional Peer Supports at a bundled rate to individuals who have been identified as high-risk, are experiencing homelessness and are diagnosed with an Opioid Use Disorder. Participants must meet the general eligibility requirements and be uninsured.

#### Re-Entry Jail

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.

#### Re-Entry Community

The purpose of this Agreement is to provide Medication Assisted Treatment Services to uninsured individuals diagnosed with an Opioid Use Disorder who were incarcerated and released through the community based MAT program. The Provider is to concurrently provide MAT utilizing Buprenorphine, Buprenorphine/Naloxone and evidence-based counseling services. This Agreement covers the cost of the following: medications; Buprenorphine, Buprenorphine/Naloxone, drug screen testing, behavioral therapies, as well as community medical provider related cost.

#### MAT – OBOT Behavioral Health

The purpose of this agreement is to provide Medication Assisted Treatment utilizing Suboxone in an Office Based Opioid Treatment setting to individuals diagnosed with an opioid use disorders and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

#### MAT – Medication Only

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### PART III: SUPPLEMENTAL INFORMATION

The purpose of this agreement is to provide Medication to individuals diagnosed with an opioid use disorders and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

#### MAT – OBOT Medical Center/Rapid Access

The purpose of this Agreement is to provide Medication Assisted Treatment (MAT) utilizing Buprenorphine through an Office Based Medical Center to individuals who are inducted through the Emergency Department, meet the general eligibility requirements and are uninsured. Services include physician fees, medication, drug screening and clinically appropriate behavioral therapies.

#### Recovery Coach

This agreement seeks to provide Recovery Coaching through an Office Based Medical Center to individuals who are inducted through the emergency department and meet the general eligibility requirements. Recovery Coach tasks will include Patient Navigation, Outreach, and efforts to increase retention and engagement in treatment and recovery services. The purpose of this Agreement is to improve rates of opioid overdose and risk of death by overdose via improving access to treatment, recovery-oriented supports, and workforce development for individuals with opioid use disorder. This is a pilot project working with the treatment provider.

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

The Department's Office of Behavioral Health determined that these Providers are willing and qualified Providers who have specialized licenses and certifications as required by Federal and State regulations. The Providers have specially qualified and licensed medical and clinical staff to provide these services.

The Providers have 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. The Providers have the required resources and specifically trained staff to meet an evidenced-based standard of care.

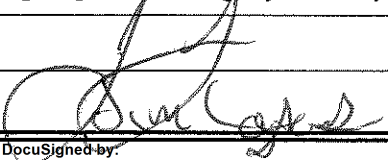
### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of these services were negotiated based on MaineCare Reimbursement rates and actual cost of services. The Department considers these costs and rates to be fair and reasonable.

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

The Department does not intend to RFP these services.

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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>	17-Jun-20
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Laurie Andre</i>		
<b>Printed Name:</b>	<small>A4D4AF6018C54EC...</small> Laurie Andre	<b>Date:</b>	6/25/2020

## State of Maine Procurement Justification Form

**DHHS Office:** OBH  
**Service:** Medication Assisted Treatment (MAT)  
**Start Date:** 9/1/18

Vendor/Provider Name	Contract (CT) Number	DHHS Agreement #	Amendment Amount	Agreement Total
Merrimack River Medical	CT 10A 20190501*3216	OSA-20-4067A	\$94,960.00	\$278,089.00
CapQuality Care inc	CT 10A 20190501*3221	OSA-20-4068A	\$48,734.00	\$143,134.00
Discovery House BR Inc	CT 10A 20190501*3227	OSA-20-4069B	\$531,648.00	\$2,065,621.04
Colonial Management	CT 10A 20190501*3223	OSA-20-4071A	\$25,000.00	\$84,160.00
Acadia Healthcare Inc	CT 10A 20190501*3226	OSA-20-4072B	\$96,140.00	\$270,600.00
Smart Child & Family Services	CT 10A 20180815*0550	OSA-19-3006D	N/A	\$71,843.55
Mercy Hospital	CT 10A 20180815*0552	OSA-19-3007D	N/A	\$346,083.34
ENSO, LLC	CT 10A 20180815*0555	OSA-19-3009D	N/A	\$370,000.00
ENSO, LLC	CT 10A 20181113*1633	OSA-19-3012C	N/A	\$320,000.00
Aroostook Mental Health Services, Inc	CT 10A 2019062*3899	OSA-20-3013B	N/A	\$91,161.00
Aroostook Mental Health Services, Inc	CT 10A 2019062*3900	OSA-20-3014B	N/A	\$80,000.00
Hancock, County Of	CT 10A 20191003*1182	OSA-20-3017A	N/A	\$60,266.67

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Mid Coast Hospital	CT 10A 20180514*3549	OSA-19-331B	N/A	\$172,000.00
Mainegeneral Medical Ctr - DBA Nutrition & Food, Waterville	CT 10A 20180514*3553	OSA-19-340B	N/A	\$63,721.46
Aroostook Mental Health Services, Inc	CT 10A 2018053*3757	OSA-19-362B	N/A	\$120,000.00
Penobscot Community Health Center	CT 10A 20190430*3215	OSA-20-4035A	N/A	\$377,802.00
Crooked River Counseling PA	CT 10A 20180515*3616	OSA-19-4053B	N/A	\$680,750.00
York County Shelter Programs INC	CT 10A 20180515*3619	OSA-19-4055C	N/A	\$262,434.83
Recovery Connections of Maine LLC	CT 10A 20190725*0304	OSA-20-4057A	N/A	\$70,000.00
Portland Community Health Center	CT 10A 20190319*2630	OSA-19-4074C	N/A	\$319,455.87
Mainehealth - DBA Maine Behavioral Healthcare	CT 10A 20190502*3229	OSA-20-4080A	\$(255,000.00)	\$417,000.00
Catholic Charities Maine	CT 10A 20180514*3555	OSA-19-430B	N/A	\$352,995.81
ENSO LLC	CT 10A 20190927*1056	OSA-20-4077A	N/A	\$119,519.47
<b>Total</b>		<b>23</b>	<b>\$541,842.00</b>	<b>\$7,136,638.04</b>