

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 – Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Ryan Roberts		
(If applicable) Department Reference #:		Multiple (see list below)		
Amount: (Contract/Amendment/Grant)	Multiple (see list below)	Advantage CT / RQS #:	Multiple (see list below)	
CONTRACT	Proposed Start Date:	07/01/2021	Proposed End Date:	06/30/2022
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 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.)

<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

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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.

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

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

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

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

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

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

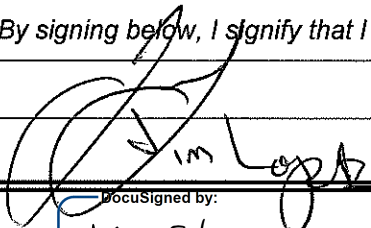
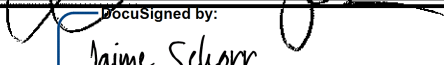
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of these services 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:	3-Jun-21
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	Jaime Schorr 6D6437754DD0459...	Date:	6/18/2021

State of Maine Procurement Justification Form

Office: Behavioral Health Services

Service Group: Medicated Assisted Treatment

Service Group Total: \$5,250,562.00

Agreement Number	Dollar Amount	Provider	CT Number
OSA-22-3007	\$ 170,000.00	MERCY HOSPITAL	CT-10A-20210507*3118
OSA-22-3008	\$ 50,000.00	DAY ONE	CT-10A-20210507*3119
OSA-22-3009	\$ 360,000.00	ENSO LLC	CT-10A-20210507*3124
OSA-22-3012	\$ 15,000.00	ENSO LLC	CT-10A-20210507*3126
OSA-22-3013	\$ 181,161.00	AROOSTOOK MENTAL HLTH SERV INC	CT-10A-20210511*3182
OSA-22-3014	\$ 10,000.00	AROOSTOOK MENTAL HLTH SERV INC	CT-10A-20210511*3171
OSA-22-3017	\$ 90,400.00	HANCOCK CTY OF	CT-10A-20210511*3183
OSA-22-3018	\$ 136,259.00	Cumberland County	CT-10A-20210511*3184
OSA-22-3019	\$ 137,500.00	PENOBSCOT CTY OF	CT-10A-20210511*3185
OSA-22-332	\$ 48,000.00	MAINEHEALTH dba Mid-Coast	CT-10A-20210511*3172
OSA-22-340	\$ 30,000.00	MAINEGENERAL MEDICAL CTR	CT-10A-20210511*3174
OSA-22-362	\$ 20,000.00	AROOSTOOK MENTAL HLTH SERV INC	CT-10A-20210511*3175
OSA-22-4009	\$ 119,106.00	YORK CTY OF	CT-10A-20210511*3186
OSA-22-4035	\$ 100,000.00	PENOBSCOT COMMUNITY HEALTH CENTER	CT-10A-20210511*3187
OSA-22-4053	\$ 290,000.00	CROOKED RIVER COUNSELING PA	CT-10A-20210511*3164
OSA-22-4056	\$ 10,000.00	YORK CNTY SHELTER PROGRAMS INC	CT-10A-20210511*3165
OSA-22-4057	\$ 70,000.00	Recovery Connections of Maine LLC	CT-10A-20210511*3166
OSA-22-4067	\$ 286,000.00	MERRIMACK RIVER MED SERV INC	CT-10A-20210511*3176
OSA-22-4068	\$ 143,000.00	CAPQUALITY CARE INC	CT-10A-20210511*3177
OSA-22-4069	\$1,452,000.00	DISCOVERY HOUSE BR INC	CT-10A-20210504*3035
OSA-22-4071	\$ 143,000.00	Colonial Management Group, LP	CT-10A-20210511*3179
OSA-22-4072	\$ 429,000.00	ACADIA HEALTHCARE INC	CT-10A-20210511*3180
OSA-22-4077	\$ 30,536.00	ENSO LLC	CT-10A-20210511*3167
OSA-22-4080	\$ 360,000.00	MAINEHEALTH	CT-10A-20210511*3169
OSA-22-5053	\$ 120,000.00	CENTRAL ME FAMILY COUNSELING	CT-10A-20210511*3170