

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/ Sara Wade, Stephanie Kallio	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/ Ryan Roberts	
(If applicable) Department Reference #:		OSA-21-219	
Amount: (Contract/Amendment/Grant)	\$599,545.00	Advantage CT / RQS #:	CT-10A-20210526000000003394
CONTRACT	Proposed Start Date:	1/1/21	Proposed End Date: 6/30/22
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:		MaineHealth DBA MidCoast Hospital	
Brief Description of Goods/Services/Grant:		Intensive Outpatient and Outpatient services	

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 use epidemic. Treatment services and interventions are needed to combat Opioid Use Disorder (OUD), Substance Use Disorder (SUD) and alcohol dependence. Intensive Outpatient (IOP) and Outpatient services are lower levels of care and aid in the prevention of an individual needing a higher more costly level of care such as Residential treatment. These services include individual, group and family counseling and are widely available across the State.

Outpatient Services: represent a point of entry initiating treatment and recovery. It is a community-based service on the care continuum.

Intensive Outpatient (IOP): Is a step above Outpatient services on the continuum of care. This intensive service is designed to meet the more complex needs of people with addiction and co-occurring conditions.

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PART III: SUPPLEMENTAL INFORMATION

The purpose of this agreement due to the merger of Midcoast with MaineHealth, and the provider will continue to provide services under MaineHealth dba Midcoast.

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

DHHS, Office of Behavioral Health has determined that these providers are willing and qualified to provide these services because they are licensed to provide these services, they employ qualified licensed practitioners and they are the providers of these services under MaineCare with a contract with SAMHS/DHHS.

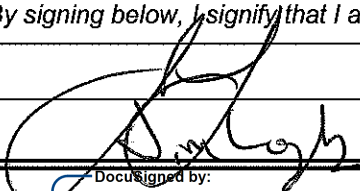
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates are standardized and consistent with the MaineCare rate as set by MaineCare as stated in the MaineCare Benefits Manual, Chapter III Section 65.

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

These services will continue as any willing & qualified provider and will not be RFP'd.

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:	17-Jun-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Jaime Schorr</i>		
Printed Name:	Jaime Schorr <small>6D6437754DD0459...</small>	Date:	6/30/2021