



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH – Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Nancy Tan & Melanie Boucher	
(If applicable) Department Reference #:		Multiple (see list below)	
Amount: (Contract/Amendment/Grant)	Service Group total: \$4,236,045.00	Advantage CT / RQS #:	Multiple (see list below)
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2023
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

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

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 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.

PART III: SUPPLEMENTAL INFORMATION**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

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. Reference the RFP number, if applicable.

DHHS, The 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. They 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.

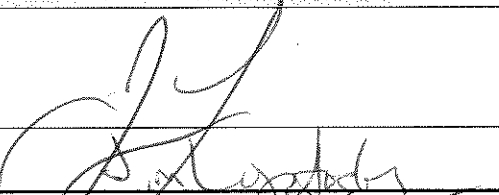
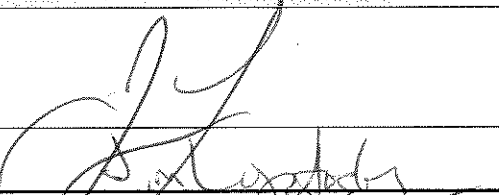
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).
- No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	2-May-22
Signature of DAFS Procurement Official:			
Typed Name:	DocuSigned by: Jaime Schorr 6D6437754DD0459...	Date:	6/6/2022

Office: Behavioral Health Services
Service Group: Medicated Assisted Treatment
Service Group Total: \$4,236,045.00
No. of Vendors: 28

Vendor Name	Agreement	CT 10A	Agreement Amount	Slots	Location
ACADIA HEALTHCARE INC	OSA-23-4072	20220421000000002574	\$ 556,120.00	FFS 71	
ANDROSCOGGIN CITY OF	OSA-23-3015	20220415000000002500	\$ 80,000.00	CS	
AROSTOOK CITY OF	OSA-23-3024	20220419000000002521	\$ 80,000.00	CS	
AROSTOOK MENTAL HLTH SERV INC	OSA-23-362	20220421000000002567	\$ 30,000.00	FFS	
CAPQUALITY CARE INC	OSA-23-4068	20220419000000002529	\$ 143,000.00	FFS 25	
CENTRAL ME FAMILY COUNSELING	OSA-23-5053	20220421000000002577	\$ 100,000.00	FFS	Augusta, Biddeford, Lewiston
COLONIAL MANAGEMENT GROUP, LP	OSA-23-4071	20220421000000002573	\$ 114,400.00	FFS 20	
CROOKED RIVER COUNSELING PA	OSA-23-4053	20220421000000002569	\$ 200,000.00	FFS	Bridgton & Rumford
CUMBERLAND COUNTY	OSA-23-3018	20220414000000002486	\$ 136,259.00	CS	
DAY ONE	OSA-23-3008	20220415000000002498	\$ 25,000.00	FFS	South Portland
DISCOVERY HOUSE BR INC	OSA-23-4069	20220412000000002436	\$ 1,189,760.00	FFS 208	
ENSO LLC	OSA-23-3012	20220415000000002499	\$ 10,000.00	FFS	
ENSO LLC	OSA-23-4077	20220421000000002575	\$ 20,000.00	FFS	Sanford & Augusta
HANCOCK CITY OF	OSA-23-3017	20220419000000002534	\$ 90,400.00	CS	
KENNEBEC CITY OF	OSA-23-3022	20220420000000002546	\$ 80,000.00	CS	
LINCOLN/SAGAD MULTICOUNTY JAIL	OSA-23-3023	20220420000000002543	\$ 80,000.00	CS	
MAINEGENERAL MEDICAL CTR	OSA-23-340	20220421000000002566	\$ 38,500.00	FFS	
MAINEHEALTH	OSA-23-332	20220421000000002565	\$ 35,000.00	FFS	
MAINEHEALTH	OSA-23-4080	20220421000000002576	\$ 180,000.00	FFS	South Portland, Springvale, Rockland Portland
MERCY HOSPITAL	OSA-23-3007	20220421000000002563	\$ 170,000.00	CSI	
MERRIMACK RIVER MED SERV INC	OSA-23-4067	20220421000000002572	\$ 286,000.00	FFS 50	
PENOBSCOT COMMUNITY HEALTH CENTER	OSA-23-4035	20220421000000002568	\$ 100,000.00	CSI	Bangor
PENOBSCOT CITY OF	OSA-23-3019	20220420000000002550	\$ 137,500.00	CS	
RECOVERY CONNECTIONS OF MAINE LLC	OSA-23-4057	20220421000000002571	\$ 70,000.00	FFS	Lewiston & Portland
TRI-CITY MENTAL HLTH SERV	OSA-23-3026	20220421000000002564	\$ 80,000.00	FFS	
WASHINGTON CITY OF	OSA-23-3025	20220420000000002553	\$ 80,000.00	CS	
YORK CNTY SHELTER PROGRAMS INC	OSA-23-4056	20220421000000002570	\$ 5,000.00	FFS	Alfred
YORK CITY OF	OSA-23-4009	20220421000000002560	\$ 119,106.00	CS	
Grand Total					