

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH – Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Nancy Tan – Patti Wall	
(If applicable) Department Reference #:		Multiple (see list below)	
Estimated Contract or Grant Amount:	\$6,764,533.00	Advantage CT / RQS #:	Multiple (see list below)
AMENDMENT	Original Start Date:	7/1/2020	New Start Date:
	Original End Date:	6/30/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:		Proposed 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.			
	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 QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<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> <p>OTP Methadone Only</p> <p>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.</p>

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PART III: SUPPLEMENTAL QUESTIONS

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

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.

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PART III: SUPPLEMENTAL QUESTIONS

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.

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 provider has 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.

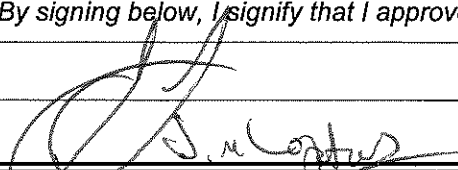
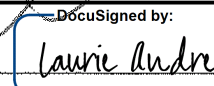
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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: 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:	<i>J. M. Coates</i>	Date:	<i>16-Jun-20</i>
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
	Printed Name:	<small>A4D4AF8018C54EC...</small> <i>Laurie Andre</i>	Date:

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Office: Behavioral Health Services
Service Group: Medicated Assisted Treatment
No. of Vendors: 25
Service Group Total: \$6,764,533

Agreement Number	CT NUMBER	Vendor Name	Service Description in CADB 2.0	Agreement Amount
OSA-21-4072	20200507*3126	ACADIA HEALTHCARE INC	MAT-OTP-Methadone Only	\$ 572,000.00
OSA-21-362	20200507*3117	AROOSTOOK MENTAL HLTH SERV INC	MAT - Medication Only	\$ 60,000.00
OSA-21-3014	20200507*3113	AROOSTOOK MENTAL HLTH SERV INC	MAT Community	\$ 80,000.00
OSA-21-3013	20200507*3112	AROOSTOOK MENTAL HLTH SERV INC	MAT Jail - Re-Entry	\$ 91,161.00
OSA-21-4068	20200507*3123	CAPQUALITY CARE INC	MAT-OTP-Methadone Only	\$ 188,760.00
OSA-21-430	20200507*3130	CATHOLIC CHARITIES MAINE	MAT-Medication Only	\$ 176,498.00
OSA-21-5053	20200507*3132	CENTRAL ME FAMILY COUNSELING	MAT-OBOT-Behavioral Health	\$ 170,724.00
OSA-21-4071	20200507*3125	COLONIAL MANAGEMENT GROUP, LP	MAT-OTP-Methadone Only	\$ 257,400.00
OSA-21-3018	20200602*3651	CUMBERLAND COUNTY	MAT Jail Re-Entry	\$ 136,259.00
OSA-21-3017	20200507*3114	HANCOCK CTY OF	MAT Jail Re-Entry	\$ 90,400.00
OSA-21-4053	20200507*3119	CROOKED RIVER COUNSELING PA	MAT-OBOT-Behavioral Health	\$ 290,000.00
OSA-21-4069	20200507*3124	DISCOVERY HOUSE BR INC	MAT-OTP-Suboxone & amp; Methadone UPDATE CADB	\$ 2,145,000.00
OSA-21-3009	20200507*3110	ENSO LLC	MAT Jail - Re-Entry	\$ 280,000.00
OSA-21-3012	20200507*3111	ENSO LLC	MAT Community	\$ 120,000.00
OSA-21-4077	20200507*3128	ENSO LLC	MAT-OBOT-Behavioral Health	\$ 60,000.00
OSA-21-340	20200507*3116	MAINEGENERAL MEDICAL CTR	MAT - Medication Only	\$ 20,000.00
OSA-21-4080	20200507*3129	MAINEHEALTH	MAT-OBOT-Behavioral Health	\$ 417,000.00
OSA-21-3007	20200507*3109	MERCY HOSPITAL	MAT-OBOT-Behavioral Health and Recovery Coach	\$ 175,000.00
OSA-21-4067	20200507*3122	MERRIMACK RIVER MED SERV INC	MAT-OTP-Methadone Only	\$ 400,400.00
OSA-21-331	20200507*3115	MID COAST HOSPITAL	MAT - Medication Only	\$ 86,000.00

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OSA-21-4035	20200507*3118	PENOBSCOT COMMUNITY HEALTH CENTER	Should be MAT-OBOT etc. Program will update CADB2.0	\$	377,802.00
OSA-21-4074	20200507*3127	PORTLAND COMMUNITY HEALTH CENTER	MAT-OBOT-Medical Setting (Homeless)	\$	319,000.00
OSA-21-4057	20200507*3121	RECOVERY CONNECTIONS OF MAINE LLC	MAT-OBOT-Behavioral Health	\$	70,000.00
OSA-21-3006	20200507*3108	SMART CHILD & FAMILY SERVICES	MAT-OBOT-Behavioral Health	\$	50,000.00
OSA-21-4056	20200507*3120	YORK CNTY SHELTER PROGRAMS INC	MAT-OBOT-Behavioral Health	\$	131,129.00