

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/Katherine Coutu/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Elizabeth Heath		
(If applicable) Department Reference #:	OSA-20-739A		
Estimated Contract or Grant Amount:	Orig: \$457,446.00 Amend: \$ 830,000.00 Revised: \$1,287,446.00	Advantage CT / RQS #:	20190627000000003981
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/18/2019	New Start Date:
	Original End Date:	6/30/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Correct Care Solutions DBA WellPath Care		
Brief Description of Goods/Services/Grant:	Medication Assisted Treatment (MAT) - Prison		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		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.
This agreement provides funding for Medication Assisted Treatment (MAT) in conjunction with the Maine Department of Correction (MDOC) for prisoners who suffer from Opioid Use Disorder.
The purpose of this amendment is to add funds and extend the agreement until 6/30/2021.

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PART III: SUPPLEMENTAL QUESTIONS

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

MDOC chose the Provider and OBH is providing funding. Below is the explanation MDOC uses: Due to the complexities involved with onboarding a new healthcare provider during heavy construction (a significant challenge by itself), the MDOC seeks to maintain the current healthcare provider until the completion of the construction-renovation project at the MCC facility in Windham. MDOC believes the incumbent provider is uniquely situated to deliver said services based on the following considerations:

The professional rapport MDOC has established with the incumbent provider over the last seven years. Specialized programming and outreach activities at various MDOC locations (including evidence-based rehabilitative programs and strategies)

- Statewide, community based provider network (required for offsite medical services)
- MDOC use of provider's proprietary Electronic Medical Records system (ERMA)
- Staffing recruitment and retainment strategies (what works and what doesn't) – Provider has initiated a "Visiting Nurses" program to fill nursing vacancies at hard-to-fill locations
- New program initiatives currently underway, such as Medication-Assisted Treatment (MAT) to combat opioid addiction

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

Nursing Service: These rates were negotiated through MDOC, are considered cost-effective based on industry standard, and are comparable to rates offered by the Provider for similar services.

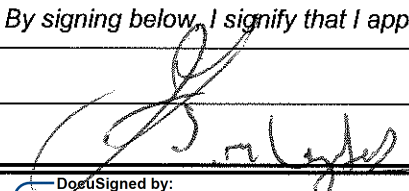
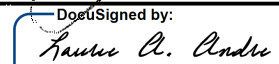
Medication: Drug pricing is based on current prices obtained from Wellpath's pharmacy vendor.

Vendor Services: provide transitional care to incarcerated individuals released back into the community

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

The MAT portion of program through the MDOC will be funded an additional year. OBH and MDOC will evaluate the program at the end of the agreement to determine further services. If services are to continue, an RFP will be issued for a 7/1/2021 contract start date.

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:	22 June 20
Signature of DAFS Procurement Official:	Do not sign by: 		
Printed Name:	81084A22906E4FB... Laurie A. Andre	Date:	8/5/2020