

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:		Patti Wall & Nancy Tan	
(If applicable) Department Reference #:		OSA-21-4009	
Estimated Contract or Grant Amount:	\$119,106.00	Advantage CT / RQS #:	CT 10A 20200409*2828
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2021
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		York County Of (York County Jail)	
Brief Description of Goods/Services/Grant:		MAT Jail-Re-Entry	

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>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 county jails. 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: Buprenorphine, Buprenorphine/Naloxone, medically necessary lab testing, drug screen testing, behavioral health therapy, and nursing staff related cost at county jails prior to release.</p>

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PART III: SUPPLEMENTAL QUESTIONS

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

DHHS, Office of Behavioral Health Services has determined that this provider is a willing and qualified provider who has 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.

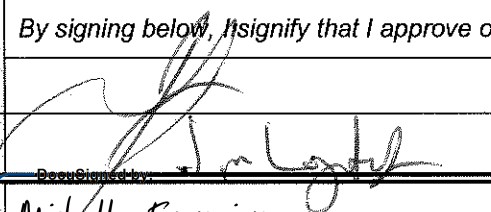
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 & 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:	16 July 20
Signature of DAFS Procurement Official:	Michelle Fournier		
Printed Name:	Michelle Fournier	Date:	8/7/2020