



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:		Chris Moiles / Matt Galletta		
(If applicable) Department Reference #:		Multiple (see list below)		
Amount: (Contract/Amendment/Grant)		\$1,539,564.00	Advantage CT / RQS #:	Multiple (see list below)
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2024
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 use 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 disorder and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

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 disorder. Assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

Contingency Management

The purpose of this Agreement is to use Contingency Management (positive reinforcements and voucher system) to improve the clinical outcomes for individuals with a diagnosed Stimulant Use Disorder and co-occurring Substance Use Disorder.

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 disorder and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

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.

PART III: SUPPLEMENTAL INFORMATION

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

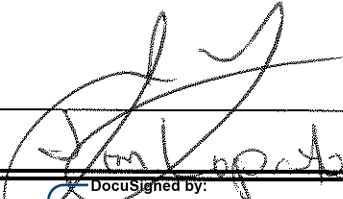

Does this request utilize ARPA/MJRP funds?

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:	Tom V. Roberts	Date:	31-Jul-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	8/8/2023

DHHS Office: OSAMHS
 Service: Medication Assisted Treatment (MAT)

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
MERCY HOSPITAL	OSA-24-3007	20230418000000002715	7/1/2023	6/30/2024	\$170,000.00
ANDROSCOGGIN CTY OF	OSA-24-3015	20230418000000002716	7/1/2023	6/30/2024	\$80,000.00
HANCOCK CTY OF	OSA-24-3017	20230418000000002717	7/1/2023	6/30/2024	\$90,400.00
CUMBERLAND COUNTY	OSA-24-3018	20230418000000002718	7/1/2023	6/30/2024	\$136,259.00
PENOBSCOT CTY OF	OSA-24-3019	20230418000000002719	7/1/2023	6/30/2024	\$137,500.00
SOMERSET CTY OF	OSA-24-3021	20230418000000002720	7/1/2023	6/30/2024	\$80,000.00
LINCOLN CTY OF	OSA-24-3023	20230418000000002721	7/1/2023	6/30/2024	\$80,000.00
AROOSTOOK CTY OF	OSA-24-3024	20230418000000002722	7/1/2023	6/30/2024	\$80,000.00
WASHINGTON CTY OF	OSA-24-3025	20230418000000002723	7/1/2023	6/30/2024	\$80,000.00
YORK CTY OF	OSA-24-4009	20230418000000002724	7/1/2023	6/30/2024	\$119,106.00
ACADIA HEALTHCARE INC	OSA-24-4072	20230418000000002725	7/1/2023	6/30/2024	\$486,299.00

Total Items 11 **Totals** \$1,539,564.00