

State of Maine Waiver of Competitive Bidding Request Form

DHHS/DCM Contract Administrator:	Nancy Tan/Lisa Munster	Office/Division/Program of Contract Administrator:	SAMHS/Katherine Coutu/Stephanie Kadnar
Est. Contract Amount:	\$181,083.34 AMEND \$346,083.34 TOTAL	Contract or RQS Number:	10A 20180815*0552
		Purchasing Maine ID:	
		DHHS Agreement Number:	OSA-19-3007C
Proposed Start Date:	10/11/2018	Proposed End Date:	6/30/2020
Vendor/Provider Name, City, State	Mercy Hospital DBA Northern Light Mercy Hospital Portland, ME		
Short Description of Good or Service:	Medication Assisted Treatment/Recovery Coach		
Please note, for transparency purposes, Waivers of Competitive Bidding will be publicly posted. Public postings are placed on the Division of Procurement Services website for a period of seven consecutive calendar days.		<i>To be completed by the Division of Procurement Services</i> Posting dates on Division of <i>Procurement Services</i> website: From: <u>9/10/2019</u> To: <u>9/16/2019</u>	
Notice of Intent to Waive Competitive Bidding Number:		NOI# 0920191490	
1. Statutory Justification			
State of Maine statute (5 M.R.S. §1825-B(2)) allows waivers of competitive bidding only for the specific reasons listed below. Please mark the appropriate box (X) next to the justification which applies to this specific request.			
	A. The procurement of goods or services by the State for county commissioners pursuant to Title 30-A, section 124, involves the expenditure of \$2,500 or less, and the interests of the State would best be served;		
	B. The Director of the Bureau of General Services is authorized by the Governor, or the Governor's designee, to make purchases without competitive bidding because, in the opinion of the Governor or the Governor's designee, an emergency exists that requires the immediate procurement of goods or services;		
	<i>If citing the above justification for this Waiver of Competitive Bidding request, please have the requesting Department's Commissioner or Chief Executive (as the Governor's "designee") sign and date on the right.</i>	<i>By signing below, I signify as the Governor's designee there is an emergency that necessitates this non-competitive procurement.</i> Signature:	
		Printed Name:	Date:
	C. After reasonable investigation by the Director of the Bureau of General Services, it appears that any required unit or item of supply, or brand of that unit or item, is procurable by the State from only one source;		
	D. It appears to be in the best interest of the State to negotiate for the procurement of petroleum products;		
	E. The purchase is part of a cooperative project between the State and the University of Maine System, the Maine Community College System, the Maine Maritime Academy, or a private, nonprofit, regionally accredited institution of higher education with a main campus in this State involving: (1) An activity assisting a state agency and enhancing the ability of the university system, community college system, Maine Maritime Academy, or a private, nonprofit, regionally accredited institution of higher education with a main campus in this State to fulfill its mission of teaching, research, and public service; (2) A sharing of project responsibilities and, when appropriate, costs;		
	<i>If citing the above justification for this sole source request, please note that the specific approval of the Governor's Office is required, in accordance with Executive Order 26 FY 11/12, "An Order to Enhance Competitive Bidding". The approval must be documented on DAFS/BGS/Division of Procurement Services "GOVCOOP" form, found here: http://www.maine.gov/purchases/info/forms/govcoop.doc.</i>		
	F. The procurement of goods or services involves expenditures of \$10,000 or less, in which case the Director of the Bureau of General Services may accept oral proposals or bids;		
	G. The procurement of goods or services involves expenditures of \$10,000 or less, and procurement from a single source is the most economical, effective and appropriate means of fulfilling a demonstrated need.		

State of Maine Waiver of Competitive Bidding Request Form

X	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:	Any willing & qualified
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Please note that the following four points below (#2 through 5) all require a response.

2. Description of Specific Need

Please identify, and fully describe, the specific problem, requirement, or need the resulting non- competitive contract would address and which makes the goods or services necessary. Explain how the requesting Department determined that the goods or services are critical and/or essential to agency responsibilities or operations.

The purpose of this amendment is to extend the end date to 6/30/2020 and add funds to align this agreement to the other MAT-OBOT templated agreements. The amendment will also add another Recovery Coach position.

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.

MAT - OBOT Medical Center

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.

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.

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.

3. Availability of other Public Resources

Please explain how the requesting Department concluded that sufficient staffing, resources, or expertise is not available within the State of Maine's government, or other governmental entities (local, other state, or federal agencies) external to the requesting Department, which would be able to address the identified need more efficiently and effectively than the identified vendor.

The Department currently does not have the resources to provide this service.

4. Cost

Since a waiver of competitive bidding is being requested for this procurement, please explain how the requesting Department concluded the negotiated costs, fees, or rates are **fair and reasonable**.

State of Maine Waiver of Competitive Bidding Request Form

MAT - The cost of these services was negotiated based on MaineCare Reimbursement rates and actual cost of services.

Recovery Coach - The Department negotiated the hourly rate with the provider for the Recovery Coach and determined the rate of \$19.23 an hour (plus 18% fringe benefits and \$3,000 for travel totally \$50,000) was fair because of the current challenging job market/high demand area. This also included staff time to deliver and document the service.

5. Future Competition

Please describe potential opportunities which may be available to foster competition for these goods or services in the future.

These services are all MaineCare services provided by "willing and qualified providers" who are 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.

The Recovery Coach service is a pilot project in which the outcome will determine if the Department will seek to RFP the service. SAMHS is funding the contract through FY20 and will reassess to determine if the service will continue.

Please note that only one of the two points below ("Uniqueness" or "Timeframe") requires a response. Requesting Departments are not required to respond to both points.

6. Uniqueness

Please explain if the goods or services required are unique to a specific vendor. Describe the unique qualifications, abilities, and/or expertise of the vendor and how those particular unique factors address the specific need identified above. If the vendor has unique equipment, facilities, or proprietary data, also explain the necessity of these particular unique assets.

These services are all MaineCare services provided by "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.

The Recovery Coach is a new approach to treatment services for clients who have been inducted through the emergency department and referred to treatment. This service connects clients experiencing overdose and using Mercy's emergency department with peer-to-peer recovery support. This Recovery Coach will offer the assistance and resources necessary to provide linkages into and between the systems of care. Mercy's Recovery Coach, who is specifically trained and qualified, will work directly with clients within the Emergency Department to properly assist clients through this guided recovery.

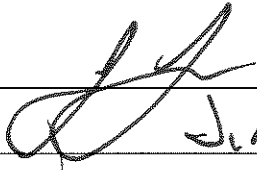
7. Timeframe (Complete only if B. is the Statutory Justification marked on Page 1)

Please explain if time is of the essence and an emergency exists which requires the immediate procurement of goods or services. Describe the nature of this emergency, provide the date by which the goods or services must be delivered, and explain how that date was determined and its significance (i.e. impact if delayed beyond this date). Also, provide information as to how it was determined this vendor is the best option to address this time-sensitive procurement.

**Signature of requesting
Department's Commissioner**

By signing below, I signify that my Department requests, and I approve of, this Waiver of Competitive Bidding.

State of Maine Waiver of Competitive Bidding Request Form

or Chief Executive (or designee within the Commissioner's Office):	
Printed Name:	Jim Legatos
Date:	12 - Jul - 19