

# State of Maine Waiver of Competitive Bidding Request Form

<b>DHHS/DCM Contract Administrator:</b>	Ryan Roberts Shawn Belanger	<b>Office/Division/Program of Contract Administrator:</b>	DHHS/SAMHS/Katherine Coutu/Stephanie Kadnar
<b>Est. Contract Amount:</b>	\$950,00.00 Amendment \$1,533,973.04 New Total	<b>Contract or RQS Number:</b>	CT-10A-20190501*3227
		<b>Purchasing Maine ID:</b>	PM-20063
		<b>DHHS Agreement Number:</b>	OSA-20-4069A
<b>Proposed Start Date:</b>	<b>7/1/2019</b>	<b>Proposed End Date:</b>	6/30/2020
<b>Vendor/Provider Name, City, State</b>	Discovery House, BR Providence, RI		
<b>Short Description of Good or Service:</b>	Medication Assisted Treatment		
<b>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.</b>		<i>To be completed by the Division of Procurement Services</i> Posting dates on Division of <i>Procurement Services</i> website: From: <u>10/15/2019</u> To: <u>10/21/2019</u>	
<b>Notice of Intent to Waive Competitive Bidding Number:</b>		NOI# 1020191722	
<b>1. Statutory Justification</b>			
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.			
<input type="checkbox"/>	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;		
<input type="checkbox"/>	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> <b>Signature:</b>  <b>Printed Name:</b> _____ <b>Date:</b> _____	
<input type="checkbox"/>	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;		
<input type="checkbox"/>	D. It appears to be in the best interest of the State to negotiate for the procurement of petroleum products;		
<input type="checkbox"/>	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: <a href="http://www.maine.gov/purchases/info/forms/govcoop.doc">http://www.maine.gov/purchases/info/forms/govcoop.doc</a>.</i>		
<input type="checkbox"/>	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;		
<input type="checkbox"/>	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.		
<input checked="" type="checkbox"/>	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:	Any Willing and 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 add funds to the agreement that was not in the initial allocation plan.

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.

### 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 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.

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## 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.

## 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.

Outpatient Services (OP) represent a point of entry into initiating treatment and recovery. They are the lowest level of treatment in the system of care for the treatment of substance use disorders. Focus is usually on motivation and recovery. Outpatient services are also appropriate as continuing care for individuals who have completed a higher level of treatment.

Intensive Outpatient Services (IOP) represent the next level of care in the system of care and are designed to meet the more complex needs of people with addiction and co-occurring conditions. Services are structured and are scheduled in such a way that they allow individual to participate in Intensive treatment while continuing to work and live at home. This gives clients the opportunity to try out their newly acquired skills in the real world. Initiation of a Fee for Service contract to provide outpatient and intensive outpatient substance abuse services to the clients in this geographic area enable uninsured Maine residents receive substance use disorder treatment services.

### **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 does not have the resources to provide these services.

### **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**.

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

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**5. Future Competition**

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

The Department does not intend to RFP these services.

**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 delivered 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.

These providers have 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.

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

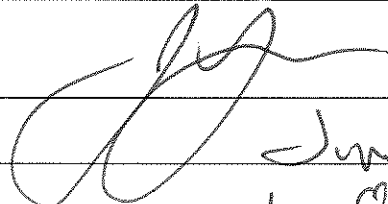
Please explain if time is of the essence and an emergency exists which requires the immediate procurement of goods or services. Describe the nature of this emergency, provide the date by which the goods or services must be delivered, and explain how that date was determined and its significance (i.e. 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.

N/A

**Signature of requesting Department's Commissioner or Chief Executive (or designee within the Commissioner's Office):**

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

**Printed Name:**



Julie Caputo  
1 - Oct - 19

**Date:**