

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/ OBH/ Danielle Dill & Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Jeanna Garza & Nancy Tan		
(If applicable) Department Reference #:		Medication Management – SFY22 MH4-22-0003		
Amount: (Contract/Amendment/Grant)	Multiple: See attached list	Advantage CT / RQS #:	CTMV 10A- 20210518000000000016	
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2022
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 attached list		
Brief Description of Goods/Services/Grant:		Medication Management Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	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 INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Office of Behavioral Health supports a complete behavioral health service continuum and has an obligation to fulfill certain requirements of the Bates v. DHHS Consent Decree (Consent Decree) by providing Medication Management Services to individuals with Serious Mental Illness (SMI). The Provider shall provide Medication Management Services to individuals who meet the eligibility criteria as outlined in Section IV, C, but who are not currently eligible to receive Medication Management Services via MaineCare reimbursement.

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

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

DHHS, Behavioral Health Services has determined that these providers are willing and qualified. These providers are qualified to provide this service because they are licensed by DLRS to provide this service, employs qualified licensed practitioners and is a provider of this service under MaineCare.

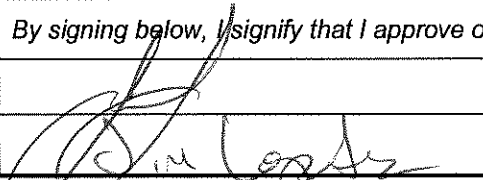
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Rate are standardized and consistent with the MaineCare rate.

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: 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:	13-Sep-21
Signature of DAFS Procurement Official:	<i>docu signed by: Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	11/5/2021

State of Maine Procurement Justification Form

Office: **Behavioral Health Services (OBH)**

CTMV Agreement No.: **MH4-22-0003**

CTMV **10A- 20210518000000000016**

Start: **7/1/2021** End: **6/30/2022**

Service Group: **Medication Management Services** Service Group Total: **\$1,143,070**

No. of Vendors: **10**

Vendor	Agreement Number	Service	Rate Per Unit	Unit of Measure	Projected Monthly Billable Dollars	Authorized Monthly Billable Dollars
Aroostook Mental Health Services, Inc.	MH3-21-836	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 416.67	\$ 479.17
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
Community Health & Counseling Services	MH3-21-106	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 416.67	\$ 479.17
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
Crisis & Counseling Centers, Inc.	MH2-21-601	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 416.67	\$ 479.17
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
Day One	MH1-21-3008	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 1,057.75	\$ 1,216.41
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
Kennebec Behavioral Health dba Kennebec Valley Mental Health Center	MH2-21-710	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 83,364.75	\$95,869.46
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		

State of Maine Procurement Justification Form

Vendor	Agreement Number	Service	Rate Per Unit	Unit of Measure	Projected Monthly Billable Dollars	Authorized Monthly Billable Dollars
MaineHealth dba Maine Behavioral Healthcare	MH1-21-7103	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 7,083.33	\$8,145.83
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
Spurwink Services, Inc.	MH1-21-4006	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 1,250.00	\$ 1,437.50
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
Sweetser	MH2-21-417	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 416.67	\$ 479.17
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
Tri-County Mental Health Services	MH2-21-4028	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 416.67	\$ 479.17
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
York County Shelter Programs, Inc.	MH1-21-4009	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$ 416.67	\$ 479.17
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		
MaineHealth dba Maine Medical Center	MH1-22-616	Medication Management - MHS Provided by Physician	\$74.56	1/4 Hour	\$25,000.00	\$28,750.00
		Medication Management - MHS Provided by Non-Physician	\$65.26	1/4 Hour		