

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:	Prescription Monitoring Program Policy/Sybil Mazerolle/Christie Goodman		
Department Contract Administrator or Grant Coordinator:	Nancy Tan / Patricia Wall		
(If applicable) Department Reference #:	OSA-21-371		
Estimated Contract or Grant Amount:	\$303,020.00	Advantage CT / RQS #:	CT 10A 20200921*1013
ALL OTHER	Proposed Start Date:	9/1/2020	Proposed End Date: 8/31/2021
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:	Schmidt Institute dba Penobscot Community Health Center Bangor, ME		
Brief Description of Goods/Services/Grant:	Prescription Monitoring Program Policy		

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
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		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 Department is prioritizing the support of providers that prescribe opiates and other addictive pharmaceuticals. With the goal of improving prescribing practices and supporting the providers/prescribers to adhere to evidence-based practice, the Department seeks to implement a model for multi-disciplinary teams to provide case reviews of patients that are prescribed Opioids and Benzodiazepines. The state is working to</p>

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PART III: SUPPLEMENTAL QUESTIONS

improve the system of care for those with addiction due to prescribing habits, increase patient engagement and empowerment, shared decision-making around alternative approaches to pain management, etc.

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

This provider is the only one in the state that has a developed expert interdisciplinary team, to include a clinical pharmacist, a psychiatrist, a Chief Medical Officer (MD), etc. with a developed case review process and can provide well-informed recommendations around reducing amount of opioids and benzodiazepines prescribed to vulnerable patients. Maine Board of Physicians also utilizes this Provider to provide the service. Currently 400 cases within the last agreement period were reviewed with a 500% reduction in Morphine Milligram Equivalents (MME).

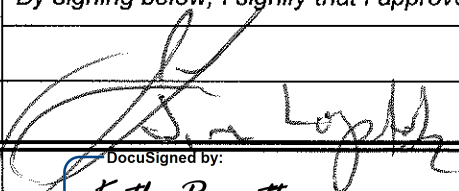
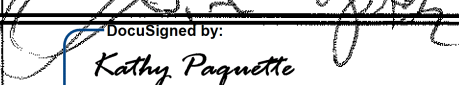
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

In this technical assistance model, the fees for Case Reviews of prescribing habits that are evaluated by licensed medical professionals are determined by the Department to be fair and reasonable based on their level of expertise.

4. Describe the plan for future competition for the goods or services.

The department does not intend to RFP this service.

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:	17 - Nov - 20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	12/29/2020