

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH		
Department Contract Administrator or Grant Coordinator:	Nancy Tan & Lisa Munster		
(If applicable) Department Reference #:	OSA-21-3008		
Amount: (Contract/Amendment/Grant)	\$37,500	Advantage CT / RQS #:	CT 10A 20201021000000001276
CONTRACT	Proposed Start Date:	10/1/2020	Proposed End Date: 6/30/2021
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:	Day One		
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.)			
	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	<b>X</b>	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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>

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## PART III: SUPPLEMENTAL INFORMATION

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

The Office of Behavioral Health has determined that these providers are willing and qualified and have specialized licenses and certifications as required by Federal and State regulations. The providers 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. The providers have the required resources and specifically trained staff to meet an evidenced-based standard of care.

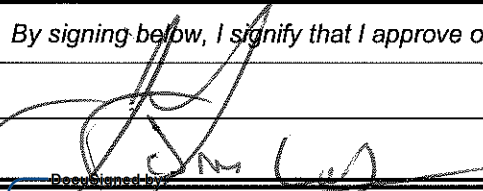
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

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: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	2 Dec-20
<b>Signature of DAFS Procurement Official:</b>	<i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	12/30/2020