



# Sole Source CONTRACT Filing Justification Template

Use the following justification template for preparing to file sole source contracts in the [Sole Source Contracts Database \(SSCD\)](#). Once completed, copy and paste the answers into the corresponding SSCD question and answer fields. You will also need to include a copy of this completed form in the documents you post to your agency website and in [WEBS](#).

## What is a sole source contract?

"Sole source" means a contractor providing goods or services of such a unique nature or sole availability that the contractor is clearly and justifiably the only practicable source to provide the goods or services. (RCW 39.26.010)

Unique qualifications or services are those which are highly specialized or one-of-a-kind.

Other factors which **may** be considered include past performance, cost-effectiveness (learning curve), and/or follow-up nature of the required goods and/or services. **Past performance alone does not provide adequate justification for a sole source contract.** Time constraints may be considered as a contributing factor in a sole source justification, however will not be on its own a sufficient justification.

## Why is a sole source justification required?

The State of Washington, by policy and law, believes competition is the best strategy to obtain the best value for the goods and services it purchases, and to ensure that all interested vendors have a fair and transparent opportunity to sell goods and services to the state.

A sole source contract does not benefit from competition. Thus the state, through RCW 39.26.010, has determined it is important to evaluate whether the conditions, costs and risks related to the proposal of a sole source contract truly outweigh forgoing the benefits of a competitive contract.

**Providing compelling answers to the following questions will facilitate DES' evaluation.**

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## Specific Problem or Need

- **What is the business need or problem that requires this contract?**

The effects of substance, opioid, and stimulant use pose a public health challenge that touches the lives of every Washingtonian. Communities across the State demanded a



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coordinated response to the persistent and evolving epidemic of drug-related harms<sup>1</sup>. As a result of national opioid litigation, Washington State received Opioid Abatement Settlement funds. The Health Care Authority (HCA) is steward of the [State Opioid and Overdose Response Plan \(SOORP\)](#)<sup>2</sup>, with support from other state agencies. Because of this, HCA is the lead agency for processes related to use and distribution of the funds<sup>3</sup>. The State will use these funds to address the opioid public health emergency<sup>4</sup>.

Individuals who could benefit from methadone are often unable to tolerate the pace of outpatient titration to therapeutic doses particularly in the context of fentanyl where stabilizing doses are higher than they were for heroin. Inpatient admission is an opportunity to rapidly titrate methadone while in a highly monitored setting. Rapid methadone initiation may help retain patients in the hospital to complete care for their admitting diagnosis and provide a more supportive context for longer term methadone treatment.

The intent of this proposed contract work is to create sample hospital policies and workflows that identify patients admitted to the hospital for medical or surgical care who have a concurrent and/or underlying opioid use disorder and would benefit from rapid methadone initiation, and to provide education and clinical guidance that supports providers and systems in successfully providing rapid methadone initiation services.

ESSB 5950 Sec. 215 (143)<sup>5</sup> mandates HCA do the following:

\$2,000,000 of the opioid abatement settlement account—state appropriation is provided solely for the authority to implement a rapid methadone induction pilot program. The pilot program must provide rapid methadone induction services to clients in hospitals electing to provide these services on an inpatient basis. Of these amounts, \$250,000 is provided solely for the authority to contract technical assistance to the hospitals participating in the pilot. The authority must contract the amounts provided for technical assistance to a Washington state chapter

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<sup>1</sup> Washington State, 2021-2022 WA State Opioid and Overdose Response Plan; <https://www.hca.wa.gov/assets/program/WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf>

<sup>2</sup> Washington State, 2021-2022 WA State Opioid and Overdose Response Plan; <https://www.hca.wa.gov/assets/program/WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf>

<sup>3</sup> Healthier Washinton Collaboration Portal; Frequently Asked Questions; Which Agency is leading the allocation and distribution of settlement funds to address the opioid epidemic?; <https://waportal.org/partners/washington-state-opioid-settlements/frequently-asked-questions>

<sup>4</sup> Healthier Washinton Collaboration Portal; Washington Opioid Settlements; <https://waportal.org/partners/washington-state-opioid-settlements>

<sup>5</sup> Certificate of Enrollment, Engrossed Substitute Senate Bill 5950; 68th Legislature 2024 Regular Session; pg.417 <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Passed%20Legislature/5950-S.PL.pdf?q=20241031111830>



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of a national organization that provides a physician-led professional community for those who prevent, treat, and promote remission and recovery from the disease of addiction and whose comprehensive set of guidelines for determining placement, continued stay, and transfer or discharge of enrollees with substance use disorders and co-occurring disorders have been incorporated into Washington state Medicaid managed care contracts.

## Sole Source Criteria

- **Describe the unique features, qualifications, abilities or expertise of the contractor proposed for this sole source contract.**

The Washington Society for Addiction Medicine (WSAM) is a state chapter of the American Society for Addiction Medicine (ASAM), a leading medical society that encompasses more than 7,500 physicians, clinicians, and related professionals who specialize in addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction<sup>6</sup>.

ASAM's Mission statement is "To be the physician-led professional community for those who prevent, treat, and promote remission and recovery from the disease of addiction [...]"<sup>7</sup> which is verbatim of the proviso language included below. WSAM's expertise is unique to this contract and as directed in the proviso language due to demonstrated ability to deliver subject matter expertise on a diverse set of issues ranging from mental health and addiction parity to pharmacy regulation, ASAM state chapters are instrumental in shaping addiction policy conversations in state capitals across the country.

ASAM national staff track addiction-related state legislation and regulations to keep state chapters, including WSAM, informed of state policy developments and provide consultation and technical assistance on important state-level issues<sup>8</sup>. WSAM exists to advance counteractive action and treatment of addictions, as per cutting edge

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<sup>6</sup> American Society of Addiction Medicine, About Us; <https://www.asam.org/about-us>

<sup>7</sup> American Society of Addiction Medicine, Strategic Plan, Our Mission; <https://www.asam.org/about-us/about-asam/strategic-plan>

<sup>8</sup> American Society of Addiction Medicine, State Advocacy; <https://www.asam.org/advocacy/state-advocacy#:~:text=On%20a%20diverse%20set%20of,State%20Advocacy%20News>



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guidelines<sup>9</sup>. They are the only Washington state chapter of a national professional organization that has members who have researched, developed, and pioneered rapid methadone initiation. Rapid methadone initiation is an emerging practice and there are no published standards for this care, so their expertise is invaluable and one of a kind. WSAM will save the state money because they already have knowledge of and expertise on Rapid Methadone Initiation, an emerging and non-standard clinical practice.

In addition, WSAM is the only state chapter of a “national organization that provides a physician-led professional community for those who prevent, treat, and promote remission and recovery from the disease of addiction and whose comprehensive set of guidelines for determining placement, continued stay, and transfer or discharge of enrollees with substance use disorders and co-occurring disorders have been incorporated into Washington state Medicaid managed care contracts”<sup>10</sup> as directed in the proviso language.

WSAM’s collective strength and expertise in collaboration with other subject matter experts in the field, coupled with the proviso language make it the only contractor capable of performing the work in the proposed contract.

- **What kind of market research did the agency conduct to conclude that alternative sources were inappropriate or unavailable? Provide a narrative description of the agency’s due diligence in determining the basis for the sole source contract, including methods used by the agency to conduct a review of available sources. Use DES’ Market Research Template if assistance is needed.**

HCA conducted market research by conducting online research into national addiction medicine societies. HCA’s research located a few societies that specialize in addiction medicine but only one that included state chapters, and that was ASAM<sup>11</sup>. Likewise, a search of “Washington State societies for addiction medicine” resulted in WSAM, which was the only society within the State that fit the description in the proviso language<sup>12</sup>. The Washington State Medical Association also lists WSAM as the State Specialty Society

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<sup>9</sup> OMICS International;

<https://www.omicsonline.org/societies/washington-society-of-addiction-medicine/#:~:text=The%20Washington%20Society%20of%20Addiction,as%20per%20cutting%20edge%20guideline>  
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<sup>10</sup> Certificate of Enrollment, Engrossed Substitute Senate Bill 5950; 68th Legislature 2024 Regular Session; p.417; <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Passed%20Legislature/5950-S.PL.pdf?q=20241031111830>

<sup>11</sup> American College of Academic Addiction Medicine (ACAAM); Addiction Medicine’s Array of Organizations Simplified; <https://acaam.memberclicks.net/addiction-medicine-s-array-of-organizations-simplified>

<sup>12</sup> Certificate of Enrollment, Engrossed Substitute Senate Bill 5950; 68th Legislature 2024 Regular Session; p.417; <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Passed%20Legislature/5950-S.PL.pdf?q=20241031111830>



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for Addiction Medicine.<sup>13</sup> An additional google search of statewide addiction medicine organizations did not locate any other relevant organizations.

Since HCA's market research indicated that WSAM is the only Washington State chapter of a "national organization that provides a physician-led professional community for those who prevent, treat, and promote remission and recovery from the disease of addiction and whose comprehensive set of guidelines for determining placement, continued stay, and transfer or discharge of enrollees with substance use disorders and co-occurring disorders have been incorporated into Washington state Medicaid managed care contracts,"<sup>14</sup> HCA does not believe there are other responsive vendors.

WSAM's current president is Dr. Vania Rudolf, MD, MPH, DFASAM, an international expert on substance use disorder (SUD) and medications for opioid use disorder (MOUD) treatment. Dr. Rudolf is a primary care and addiction medicine physician who works at the Addiction Recovery Services, Swedish Medical Center, Seattle, WA. She is the immediate past Chair of the National Women and Addiction Group (WAG), part of ASAM, the president of the Washington Society of Addiction Medicine (WSAM) and the medical director for addiction services at Swedish. Dr. Rudolf is a lifelong learner with training in family medicine, completed fellowships in addiction, high risk OB, integrative medicine and public health, skills that help her be an advocate for transformative frameworks and value-based, gender, culturally and racially equitable services with focus on the whole person. She is dedicated to offer compassionate, trauma-responsive care to birthing parents, children and families, and to support people with SUD to live full and satisfied lives<sup>15</sup>.

Lastly, WSAM will continue to be pioneers in this field and could offer ongoing expertise if future work was directed by the state.

- **As part of the market research requirements, include a list of statewide contracts reviewed and/or businesses contacted, date of contact, method of contact (telephone, mail, e-mail, other), and documentation demonstrating an explanation of why those businesses could not or would not, under any circumstances, perform the contract; or an explanation of why the agency has determined that no businesses other than the prospective contractor can perform the contract.**

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<sup>13</sup> Washington State Medical Association, State Specialty Societies;  
[https://wsma.org/wsma/about/partner\\_organizations/state-specialty-societies.aspx?hkey=df249f5e-6385-417e-ba44-426ac03fa84d&WebsiteKey=c182ff6d-1438-4899-abc5-614681b54927](https://wsma.org/wsma/about/partner_organizations/state-specialty-societies.aspx?hkey=df249f5e-6385-417e-ba44-426ac03fa84d&WebsiteKey=c182ff6d-1438-4899-abc5-614681b54927)

<sup>14</sup>Certificate of Enrollment, Engrossed Substitute Senate Bill 5950; 68th Legislature 2024 Regular Session; p.417;  
<https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Passed%20Legislature/5950-S.PL.pdf?q=20241031111830>

<sup>15</sup> American Association for the Treatment of Opioid Dependence, INC., Presentations;  
<https://aatod.eventscribe.net/fsPopup.asp?PresenterId=1721438&mode=presenterinfo>



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HCA conducted a search and did not locate any relevant statewide contracts matching the criteria for “a state chapter of a national organization that provides a physician-led professional community for those who prevent, treat and promote remission and recovery from the disease of addiction.”

- **Per the Supplier Diversity Policy, DES-090-06: was this purchase included in the agency’s forecasted needs report?**

Yes.

- **Describe what targeted industry outreach was completed to locate small and/or veteran-owned businesses to meet the agency’s need?**

HCA’s research indicated that no small and/or veteran-owned businesses meet the contractor requirements of the legislative directive.

- **What considerations were given to unbundling the goods and/or services in this contract, which would provide opportunities for Washington small, diverse, and/or veteran-owned businesses. Provide a summary of your agency’s unbundling analysis for this contract.**

HCA conducted unbundling analysis on the DES Unbundling Analysis Worksheet, which revealed that this contract cannot be unbundled. The contract covers a nonspecific area, as many hospitals within Washington state can choose to participate in the pilot program. This contract is for specific and simple work that relies heavily on the expertise of WSAM as the leading experts on addiction medicine. The contract is to create a process for implementing Rapid Methadone Induction that relies on that expertise and training stakeholders in that process. This contract also has tight deadlines, and would not be able to fit the required timelines if additional research time was needed for other contractors to have the level of expertise necessary that WSAM can immediately provide. Unbundling this contract would create a significant increase in time, costs and create a huge learning curve for additional contractors, which would be a disproportionate burden to the State.

WSAM is the only state chapter of a national organization that provides the required services that has also created the comprehensive set of guidelines that have been incorporated into Washington State Medicaid managed care contracts, as outlined in ESSB 5950 Sec. 215 (143). This contract is meant to use the existing knowledge and experience that WSAM has from establishing guidelines, in order to create and provide implementation guidance to hospitals electing to provide rapid methadone induction services.



- **Provide a detailed and compelling description that includes quantification of the costs and risks mitigated by contracting with this contractor (i.e. learning curve, follow-up nature).**

There is a steep learning curve because another contractor would need to first complete research and develop clinical experience with Rapid Methadone Initiation. Given time constraints of 12 months to perform the work in the proposed contract, HCA needs to use a contractor with existing relevant experience, because another contractor without such expertise could not overcome this learning within that same timeframe.

- **Is the agency proposing this sole source contract because of special circumstances such as confidential investigations, copyright restrictions, etc.? If so, please describe.**

No.

- **Is the agency proposing this sole source contract because of unavoidable, critical time delays or issues that prevented the agency from completing this acquisition using a competitive process? If so, please describe. *For example, if time constraints are applicable, identify when the agency was on notice of the need for the goods and/or service, the entity that imposed the constraints, explain the authority of that entity to impose them, and provide the timelines within which work must be accomplished.***

No.

- **What are the consequences of not having this sole source filing approved? Describe in detail the impact to the agency and to services it provides if this sole source filing is not approved.**

There are several consequences associated with not having this sole source filing approved, as follows:

- HCA would not be able to facilitate individual contracts with pilot hospitals to facilitate and support physician experts in creating and institutionalizing hospital policies and workflows that identify patients admitted to the hospital for medical or surgical care who have a concurrent / underlying opioid use disorder and would benefit from rapid methadone initiation, and support providers and systems in the successful provision rapid methadone initiation services.
- HCA would not be able to comply with its legislative mandate, including a requirement to complete and issue a legislative report ("The authority must develop procedures for incorporating this service through the apple health



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program including development of an amendment to the state Medicaid plan or waiver if required. The authority must submit a preliminary report to the office of financial management and the appropriate committees of the legislature by June 30, 2025, which provides the status of the pilot project, identifies the mechanism that will be required to implement these services statewide through the apple health program, and provides estimates regarding the cost to implement the program statewide”).<sup>16</sup>

- Without the pilot programs, WSAM expertise, and subsequent legislative report, the Legislature and HCA would be unable to determine the costs and practicality of implementing these services statewide. This failure may ultimately impact HCA's ability to implement more life-saving services to these impacted communities.
- The State continues to engage with the ever-changing nature of the opioid and overdose epidemic. The overall drug overdose death rate continues to climb and have accelerated due to the COVID 19 pandemic. According to the SOORP, since 2010, the rate of stimulant-related overdose deaths has increased 388%<sup>17</sup>. Knowing this, if this contract is not awarded to WSAM, it is foreseeable that there could be an increase in Washington residents at risk of Opioid Use Disorder (OUD) and overdose.

## Sole Source Posting

- **Sole Source Posting on Agency Website - Provide the date in which the sole source posting, the draft contract, and a copy of the Sole Source Contract Justification Template were published on your agency's website.**

November 8, 2024

- **If failed to post, please explain why.**

- **Provide the date in which the sole source posting, the draft contract, and a copy of the Sole Source Contract Justification Template were published in WEBS.**

November 7, 2024

- **If failed to post, please explain why.**

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<sup>16</sup> Certificate of Enrollment, Engrossed Substitute Senate Bill 5950; 68<sup>th</sup> Legislature 2024 Regular Session; p.417; <https://lawfilesext.leg.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Passed%20Legislature/5950-S.PL.pdf?q=20241031111830>

<sup>17</sup> Washington State Opioid and Overdose Response Plan, Epidemic Overview, pg. 4 ;

<https://www.hca.wa.gov/assets/program/WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf>





- **Were responses received to the sole source posting in WEBS?**

To be determined after the posting period. This document will be updated if any responses are received.

- **If one or more responses are received, list name of entities responding and explain how the agency concluded the contract is appropriate for sole source award.**

## Reasonableness of Cost

- **Since competition was not used as the means for procurement, how did the agency conclude that the costs, fees, or rates negotiated are fair and reasonable? Please make a comparison with comparable contracts, use the results of a market survey, or employ some other appropriate means calculated to make such a determination.**

Approximate costs of the contract include a specialist physician contracting rate of \$500/hour. Average specialty physician consultant rates begin at approximately \$400 an hour, however, can peak up to \$700/hour for physicians with over a decade of experience, who are subject matters in their niche area of study, or have experience with medical innovation outside of widespread clinical care<sup>18</sup>. All these specifications apply to WSAM.

At a rate of \$500 an hour the \$250,000 breaks down into 500 hours of work. Over the course of this contract that would be approximately 70 hours a month, between all WSAM physician members combined. Much of this work will require collaborative review and collection of multiple members expertise. The work of the contract, not to mention incidental and administrative costs and subcontracting with Outpatient Therapy medical directors, will require that time to complete the required deliverables.

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<sup>18</sup> PhysicianSideGigs.com; Hourly Consulting Rates for Physicians by Specialty and How Much to Charge; <https://www.physiciansidegigs.com/hourly-consulting-rate-for-physicians#:~:text=The%20overall%20range%20of%20minimum,%2Fhour%20-%20%241%2C000%2B%2Fhour.>