



PROCUREMENT JUSTIFICATION FORM (PJF)

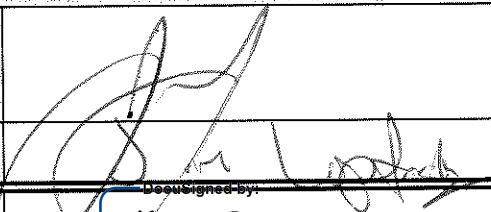

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Maddison Bourassa/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Patricia Wall		
(If applicable) Department Reference #:		OSA-23-4100		
Amount: (Contract/Amendment/Grant)		\$333,610.00	Advantage CT / RQS #:	CT 10A 20221025 ** 1206
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	9/30/2023
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:		SaVida Health PC Belfast ME 04915		
Brief Description of Goods/Services/Grant:		MAT/MOUD Bridge Pilot		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>	<p>This Pilot program was created to establish an outreach for Medications for Opioid Use Disorder (MOUD) bridge service that aligns with the principles of harm reduction, trauma-informed care, and low barrier access to MOUD. The program is only intended to provide bridge services temporarily until the participant can be firmly linked to an ongoing provider.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>	<p>Providers were selected based on their existing OHH certification, good standing with Office of MaineCare Services, previously expressed interest in mobile services, and not currently involved in other pilot programs.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>	<p>The rates were negotiated with the Providers after the submitted budgets and proposals were reviewed and determined by Program to be fair and reasonable.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>	<p>This is a one-time, limited funded pilot project: The Department does not plan on competitively procuring this service in the future.</p>
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
<p>Does this request utilize ARPA/MJRP funds?</p>	
<p><input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).</p>	
<p><input checked="" type="checkbox"/> No – If No, proceed to Part V</p>	
PART V: APPROVALS	
<p>The signatures below indicate approval of this procurement request.</p>	
<p>Signature of requesting Department's Commissioner (or designee):</p>	
<p>Typed Name:</p>	<p>Date: 5-Dec-22</p>
<p>Signature of DAFS Procurement Official:</p>	<p><small>Designated by:</small>  Kathy Paquette</p>
<p>Typed Name:</p>	<p><small>41C2BA36FAF44CD...</small> Kathy Paquette</p> <p>Date: 1/4/2023</p>