



## 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/Office of MaineCare Services			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Chris Moiles			
(If applicable) Department Reference #:		OMS-22-604D			
Amount: (Contract/Amendment/Grant)	Original: \$377,500 Amend: \$97,500 Revised: \$475,000	Advantage CT / RQS #:	CT 10A 20210423000000002922		
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	<b>7/1/2021</b>	Effective Date:	1/1/2023	
	Previous End Date:	<b>12/31/2024</b>	New End Date:	N/A	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		MaineHeath Westbrook ME			
Brief Description of Goods/Services/Grant:		MMOM Care Delivery Partner			

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input checked="" type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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.

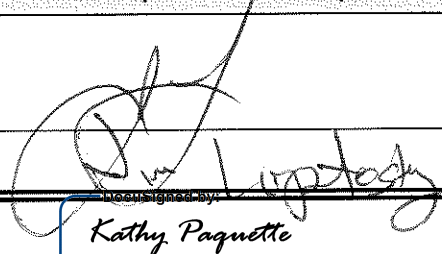

**PART III: SUPPLEMENTAL INFORMATION**

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
The purpose of this Agreement is to establish a contract between the Department and the Care Delivery Partner (CDP) to develop and implement the Maternal Opioid Misuse (MOM) model in Maine (called "MaineMOM") funded by the Centers for Medicare and Medicaid Innovation (CMMI) under Section 1115A of the Social Security Act (Maternal Opioid Misuse Model, <u>CFDA#93.687</u> ).
The Provider shall act as the CDP and support the design and implementation of the MaineMOM model which will improve the quality of care and services provided to pregnant and post-partum women with opioid use disorder (OUD) and their infants, resulting in improved maternal and infant outcomes.
This amendment provides funding to provide technical assistance for the Peer Support/Recovery Coaching Role.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
This work is funded by a CMS grant, and the Provider is a sub-awardee in the grant application.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
Each CDP receives a baseline funding level plus additional funding for each clinical delivery site for which they are maintaining.
4. Describe the plan for future competition for the goods or services.
This work is supported by a Federal grant award and is not expected to continue beyond the grant period.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	5-Dec-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	1/5/2023