



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.

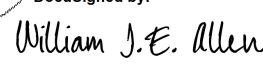
PART I: OVERVIEW			
Department Office/Division/Program:		Prescription Monitoring Program Policy/Stacey Chandler/Kristen King	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melanie Boucher	
(If applicable) Department Reference #:		OSA-24-371	
Amount: (Contract/Amendment/Grant)		\$ 705,710.00	Advantage CT / RQS #: CT 10A 20231018000000001160
CONTRACT	Proposed Start Date:	9/1/2023	Proposed End Date: 8/31/2024
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:		Community Care Partnership of Maine Bangor, ME	
Brief Description of Goods/Services/Grant:		Prescription Monitoring Program Policy	

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 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	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
	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 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. Reference the RFP number, if applicable.	
	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.
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 competitively procure these services in the future.

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:	4-Dec-23
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <small>DocuSigned by:</small>  <small>2D5B6E39F57E44A...</small> </div>		
Typed Name:	william J.E. Allen	Date:	1/4/2024

NOI 0120240013 01/05/2024 - 01/11/2024