

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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Arlene Jones Shawn Belanger		
(If applicable) Department Reference #:		OMS-21-555		
Amount: (Contract/Amendment/Grant)	\$95,992.00	Advantage CT / RQS #:	CT 10A 20201215*1894	
CONTRACT	Proposed Start Date:	1/1/2021	Proposed End Date:	9/29/2021
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:		Maine Medical Association Manchester, ME		
Brief Description of Goods/Services/Grant:		Academic Detailing – SUPPORT for ME		

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
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		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:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

This Agreement is established pursuant to the award of the SUPPORT ACT ("Section 1003 Demonstration Project to Increase Substance Use Provider Capacity") federal cooperative agreement from CMS. The Provider shall integrate the training from the Academic Detailing Sessions into applied coaching sessions aimed to provide support for the in-office implementation of the evidence-based prescribing data presented during the Academic Detailing Sessions to achieve the overarching goals listed below.

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PART III: SUPPLEMENTAL INFORMATION

- Helping those in Primary Care not currently x-waivered to become x-waivered
- Helping those that are x-waivered, but not prescribing to start prescribing
- Looking at increasing the volume among those already prescribing
- Providing support to those prescribing through education

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

Providers are required to have earned CME credits annually. Through expansion of existing academic deailing modules developed by this Provider, the Department is able to provide these trainings to the prescribers at no cost using an educational module that benefits the Department by lowering unnecessary drug cost for MaineCare members. The program provides better healthcare to all Maine Residents.

The Provider has an existing program and a network of providers that enables them to reach other providers MaineCare staff are not able to. These programs are coordinated with the Department's pharmacy program and preferred drug list and are also connected to savings initiatives.

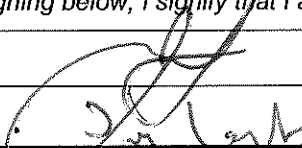
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs are consistent with similar services performed for the Department by this Provider

4. Describe the plan for future competition for the goods or services.

The federal grant funding for these services end 9/29/2021. The Department does not intend to continue these services beyond the grant period.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	27-Jan-21
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	2/22/2021