



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/Sybil Mazerolle/Kristen King		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Patricia Wall		
(If applicable) Department Reference #:		OSA-22-2013		
Amount: (Contract/Amendment/Grant)	\$ 99,625.00	Advantage CT / RQS #:	10A 20211108*1168	
CONTRACT	Proposed Start Date:	10/1/2021	Proposed End Date:	9/29/2022
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:		Training on Medication-Assisted Treatment Induction in Emergency Departments		

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

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

To support additional needs for statewide opioid trainings on the adoption and implementation of Medication-Assisted Treatment (MAT) Induction in the Emergency Department (ED) setting, this Agreement is to provide technical assistance services to Emergency Departments who receive MAT Training in support of workflow development and care coordination processes.

This technical assistance will be provided after each Emergency Department has received initial training and will focus on processes and connections to ensure linkage to community-based MAT providers, help in linking patients to navigators at critical time of care junctions. Additional support will provide coaching to each ED on workflow development and metric tracking to overcome barriers to implementation.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

In February 2019, the Department issued RFP 201811223 and received one bid from the Connecticut Peer Review Organization dba Qualidigm. Under CT 10A 20190227*2471 the Department anticipated all 33 Emergency Department in Maine would receive training on the Rapid Induction service within the 8-month contract. Although there was a lot of success experienced under those efforts, only 22 out of the 33 Emergency Departments in Maine received the training to offer MAT for overdose survivors. The team who provided these services under Qualidigm were transferred to Maine Medical Associate as part of Qualidigm's dissolve. Rapid Induction is a new service in Maine hospitals, and the Department intends on supporting its continued growth and success by providing the technical assistance team to the remainder of EDs, as they have the unique experience in Rapid Induction training.

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

The costs are consistent with those submitted in Qualidigm's response to RFP 201811223.

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

The Department does not anticipate these services will be needed after 9/29/2022. If it is determined there is an additional need, the Department will release an RFP.

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

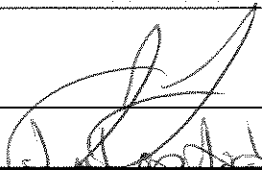
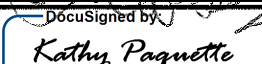
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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:	11-Feb-21
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	2/17/2022