



**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:		CM / Melinda Farrell	
(If applicable) Department Reference #:		OMS-23-621A	
Amount: (Contract/Amendment/Grant)	Original: \$34,561.00 Amend: \$43,200.00 Revised: \$77,761.00	Advantage CT / RQS #:	CT 10A 20230227000000002171
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	1/1/2024
	Previous End Date:	New End Date:	6/30/2024
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineGeneral Medical Ctr Augusta, ME	
Brief Description of Goods/Services/Grant:		Training fees for ABC coach training & mentoring	

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 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, [CFDA#93.687](#)).

The Provider shall provide technical assistance for the Attachment Biobehavioral Catch-Up (ABC) Initiative in up to four MaineMOM sites.

This amendment provides CMS approved funding to support training 4 ABC coaches to serve families with infants who received a Substance Exposed Infant report at birth.

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

MaineGeneral already holds a current contract for ABC services and this amendment provides the tuition so that the MaineGeneral ABC spread team can enroll the three coach candidates into the training program. This is a capacity building effort that will greatly increase the availability of these essential early intervention services for vulnerable families across the state.

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

ABC training occurs at the University of Delaware. Coach training fee from University of Delaware is \$10,000 per seat, this includes assessment, coach training and supportive mentoring to ensure success.

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)

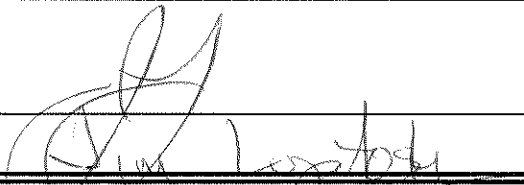

Does this request utilize ARPA/MJRP funds?

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:	9-16-24
Signature of DAFS Procurement Official:			
Typed Name:	William J.E. Allen	Date:	2/6/2024

NOI 0220240141 02/06/2024 - 02/12/2024