



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
Table with fields: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with checkboxes for options A through L: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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](#)).

This agreement provides funding to provide technical assistance for the Attachment Biobehavioral Catch-Up Initiative in up to four MaineMOM sites.

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)

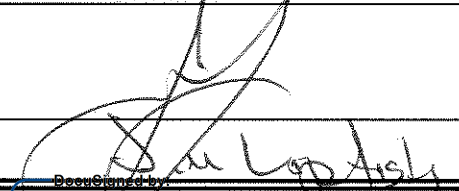

Does this request utilize ARPA/MJRP funds?

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-Mar-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	3/20/2023