

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:		Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, Board of Pharmacy			
Department Contract Administrator or Grant Coordinator:		Anne Head, Commissioner			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)	\$92,000.00	Advantage CT / RQS #:	20210614000000003705		
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023	
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 Professional Health Program, P.O. Box 190, Manchester, ME 04351			
Brief Description of Goods/Services/Grant:		Pharmacist Recovery Program			

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.**

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PART III: SUPPLEMENTAL INFORMATION

32 MRS § 13721, Sec. 3 authorizes the Board to contract for services to aid pharmacist with alcohol, substance abuse, or other debilitating factors in recovery. Currently, the Maine Medical Professionals Health Program have developed a program that satisfies the applicable statutory requirement. The program establishes protocols for identification and rehabilitation of medical professionals.

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

The Maine Medical Professionals Health Program is the only known program with established protocols tailored to accommodate pharmacists in need of treatment, counseling and monitoring for substance use disorders and other mental health diagnoses.

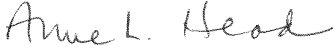
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost associated with this contract is consistent with other health care boards who participate in this program. They are: Maine Board of Licensure in Medicine, Maine Board of Dental Examiners, Maine Board of Osteopaths, and the Maine Board of Nursing.

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

There are no other known entities that offer this type of specialized service. Other options will be considered should they become known for future contracts.

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:	Anne L. Head, Esq., Commissioner	Date:	6/14/2021
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Debbie Jacques</i>		
Printed Name:	<small>1DFA565D481F42E...</small> Debbie Jacques	Date:	6/16/2021