



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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 – Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Jennifer Levesque		
(If applicable) Department Reference #:		OSA-21-3013B		
Amount: (Contract/Amendment/Grant)		Ament Amt: \$74,967.21 Revised Amt: \$256,128.21	Advantage CT / RQS #:	CT 10A 20200507000000003112
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:	11/10/2021
	Previous End Date:	6/30/2021	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Aroostook Mental Health Services Presque Isle, ME		
Brief Description of Goods/Services/Grant:		Medication Assisted Treatment (MAT)		

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 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 checked="" 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 provide Medication Assisted Treatment Services to a cohort of uninsured inmates who have an Opioid Use Disorder that will be released from Jail. This Provider is contracted to provide medication management services to individuals diagnosed with an opioid use disorders. This agreement assists in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

The purpose of this amendment is to add funds due to unanticipated demand in medication and physician services provided to clients.

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

The Department's Office of Behavioral Health Services has determined that these Providers are willing and qualified providers who have specialized licenses and certifications as required by Federal and State regulations. They have specially qualified and licensed medical and clinical staff to provide these services.

These Providers has specific federal and state certifications according to 42 CFR Chapter 1, Subchapter A Part 8, and compliance with Maine Criminal Code and Maine State Pharmacy Act. Chapter 45 of the Maine Criminal Code (17-AM.R.S.A§1101 et seq.) as amended and the Maine State Pharmacy Act (32 M.R.S.A §13731(2)), as amended and are able to provide Medication Assisted Treatment with Methadone in an Opioid Treatment Program. They have the required resources and specifically trained staff to meet an evidenced-based standard of care.

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

The cost of these services was negotiated based on MaineCare Reimbursement rates and actual cost of services.

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

The Department does not intend to RFP these willing and qualified services.

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


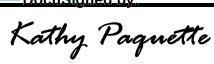
Does this request utilize ARPA/MJRP funds?

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):	DocuSigned by: 		
Typed Name:	66738ED17E0C4B2... Jim Lopatosky	Date:	Mar-25-2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA30FAF44CD... Kathy Paquette	Date:	6/15/2022