



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/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Matt Galletta	
(If applicable) Department Reference #:		OMS-24-40XX See Attached List	
Amount: (Contract/Amendment/Grant)		\$ 5,529,216.00	Advantage CT / RQS #:
			CTMV 10A 20230405000000000012
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 6/30/2024
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:		See Attached List	
Brief Description of Goods/Services/Grant:		Opioid Health Home	

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 type="checkbox"/>	G. Grant
<input 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 Opioid Health Home Services to individuals who are not currently eligible to receive these services through MaineCare reimbursement. The provider shall provide Opioid Health Home services to individuals who meet eligibility for care requirements as stated in 10-144 C.M.R. Ch. 101, Ch. 2, §§17.02 or specific eligibility requirements as stated in 10-144 C.M.R., Ch.101, Ch. 2, § 93.03, but are not currently eligible to receive Opioid Health Home services via MaineCare reimbursement.

The focus of this effort is on expanding access to treatment in an integrated care setting. This will involve more clinicians prescribing medication-assisted treatment and behavioral therapy along with addressing other physical and mental health needs.

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

The Department will engage in a contract for Opioid Health Home Services with providers that have the appropriate license from the Division of Licensing and Regulatory Services and that have been approved by MaineCare Services to provide these services.

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

The rates are standardized and consistent with the MaineCare rates as stated in the MaineCare Benefits Manual, Ch.101, Ch.2, §93.08.

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

The Department does not intend to RFP for these services as this is a willing/qualified service.

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:

25-May-23

Signature of DAFS
Procurement Official:

Typed Name:

David Morris

Date:

6/23/2023

DHHS Office:

OMS

Service:

Opioid Health Home

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
MERRIMACK RIVER MEDICAL SERVICES, INC/HEALTH CARE RESOURCE CENTER (2 Locations)	OMS-24-4001	7/1/2023	6/30/2024	\$105,600.00
PORTLAND COMMUNITY HEALTH CENTER/GREATER PORTLAND HEALTH (2 locations) (additional physical location that bills through other sites)	OMS-24-4003	7/1/2023	6/30/2024	\$125,400.00
DISCOVERY HOUSE (4 locations)	OMS-24-4008	7/1/2023	6/30/2024	\$330,000.00
RECOVER TOGETHER, INC. (9 locations)	OMS-24-4009	7/1/2023	6/30/2024	\$1,716,000.00
Maine Medical Partners (6 Locations)	OMS-24-4010	7/1/2023	6/30/2024	\$105,600.00
Pen Bay family medicine	OMS-24-4013	7/1/2023	6/30/2024	\$66,000.00
Acadia Healthcare	OMS-24-4014	7/1/2023	6/30/2024	\$72,600.00
Aroostook Mental Health	OMS-24-4015	7/1/2023	6/30/2024	\$237,600.00
SequelCare	OMS-24-4016	7/1/2023	6/30/2024	\$66,000.00
AngleZ	OMS-24-4020	7/1/2023	6/30/2024	\$105,600.00
The Opportunity Alliance	OMS-24-4021	7/1/2023	6/30/2024	\$66,000.00
WCMP - Primary Care	OMS-24-4023	7/1/2023	6/30/2024	\$39,600.00
Spurwink	OMS-24-4024	7/1/2023	6/30/2024	\$92,400.00
TriCounty Mental Health Services	OMS-24-4025	7/1/2023	6/30/2024	\$33,000.00
CATHOLIC CHARITIES MAINE	OMS-24-4026	7/1/2023	6/30/2024	\$118,800.00
Wiscasset Family	OMS-24-4028	7/1/2023	6/30/2024	\$52,800.00
ENSO Recovery	OMS-24-4029	7/1/2023	6/30/2024	\$264,000.00
MaineHealth -Lincoln Medical Partners	OMS-24-4030	7/1/2023	6/30/2024	\$171,600.00
Cornerstone Behavioral Health	OMS-24-4033	7/1/2023	6/30/2024	\$21,120.00
MaineHealth	OMS-24-4034	7/1/2023	6/30/2024	\$99,000.00
Recovery Connections	OMS-24-4035	7/1/2023	6/30/2024	\$105,600.00
Blue Sky Counseling	OMS-24-4036	7/1/2023	6/30/2024	\$125,400.00
Crooked River Counseling	OMS-24-4037	7/1/2023	6/30/2024	\$250,800.00
Maine Behavioral Health	OMS-24-4038	7/1/2023	6/30/2024	\$107,580.00
Wilson Stream- Farmington	OMS-24-4040	7/1/2023	6/30/2024	\$39,600.00
Savida Health	OMS-24-4041	7/1/2023	6/30/2024	\$290,400.00
Seaside Family Health Care LLC PA	OMS-24-4042	7/1/2023	6/30/2024	\$125,400.00

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Be Well My Friend	OMS-24-4043	7/1/2023	6/30/2024	\$59,400.00
Kennebec Behavioral Health	OMS-24-4044	7/1/2023	6/30/2024	\$68,640.00
PENOBSCOT COMMUNITY HEALTH CENTER (8 locations)	OMS-24-4045	7/1/2023	6/30/2024	\$264,000.00
Day One	OMS-24-4046	7/1/2023	6/30/2024	\$26,400.00
Central Maine Center Family Residency	OMS-24-4047	7/1/2023	6/30/2024	\$21,120.00
BELONGING MEDICAL GROUP, PLLC- NPI:1912482787	OMS-24-4051	7/1/2023	6/30/2024	\$43,956.00
Everest	OMS-24-4052	7/1/2023	6/30/2024	\$79,200.00
Northwest Winds	OMS-24-4053	7/1/2023	6/30/2024	\$33,000.00

Total Items	35	Total Projected	\$5,529,216.00
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