



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS//OBH Jennifer Marlowe Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OSA-25-4036A	
Amount: (Contract/Amendment/Grant)	Orig: \$1,024,990.00 Amd: <u>\$1,022,490.00</u> Rev: \$2,047,480.00	Advantage CT / RQS #:	CT 10A 20240412*2837
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2025
	Previous End Date:	New End Date:	6/30/2026
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Bamboo Health, Inc Cincinnati, OH	
Brief Description of Goods/Services/Grant:		Prescription Monitoring	

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" 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 service rendered under this contract are collectively called Prescription Monitoring Program (PMP). This PMP contract is to provide the mechanism to implement the State of Maine’s legislation on requiring that all controlled drugs be reported to clinicians who will prescribe Schedule I thru V drugs and that all outpatient dispenser of said drugs must report those events to the State. The State of Maine has decided that it will outsource the functioning of the mechanism supporting the State’s requirement to an organization that has the ability to capture the dispenses of controlled drugs and to display those dispenses to clinicians prior to the clinician’s writing prescriptions for controlled substances that will be dispense on an outpatient basis. Included in this contract is the base services and ancillary services that allow the Department to perform the required management of the program.

The purpose of this amendment is to extend the agreement for one year and add funding in anticipation of the release of an RFP resulting in a new agreement being awarded for 7/1/2026.

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

The PMP System enhancements are mandated by S.P. 671, L.D. 1646 (127th Legis. 2016) and must be implemented into the PMP System, for the Department to enforce the laws related to the prescribing and dispensing of Controlled Substances that have also been passed under the act and become effective on 1/1/2017.

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

The rates are consistent with the previous contract.

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

The Department plans to competitively procure these services for a July 1, 2026 contract start date.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

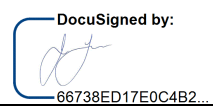
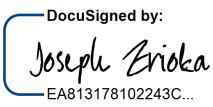
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky	Date:	May-13-2025
Signature of DAFS Procurement Official:			
Typed Name:	Joseph A. Zrioka Director of IT Procurement	Date:	5/22/2025

NOI 0620250590 06/17/2025 - 06/23/2025