



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 Julie Tosswill / Stephen Turner	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall	
(If applicable) Department Reference #:		OMS-24-6005	
Amount: (Contract/Amendment/Grant)		\$ 24,867.00	Advantage CT / RQS #: CT 10A 20230613**3657
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 12/31/2024
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:		Milestone Recovery Portland, Maine	
Brief Description of Goods/Services/Grant:		Pilot project to deliver supervised withdrawal services to pregnant people living with OUD.	

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 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 provider shall conduct a pilot study designed to enhance access to evidence-based care for pregnant patients with opioid use disorder who are transitioning from fentanyl to buprenorphine in a supervised withdrawal setting focused on clients enrolled in MaineMOM model.

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

Milestone Recovery is only one of two agencies in the state currently providing supervised withdrawal services to the focus population.

1. It has become increasingly difficult to transition pregnant patients from fentanyl to buprenorphine on an outpatient basis due to the highly potent fentanyl and its lipophilic properties. Limitations in social determinants of health (e.g., housing/food insecurity, intimate partner violence) often further complicates this issue.
2. Precipitated withdrawal during the transition ("initiation") often occurs, placing the maternal-fetal dyad at risk for a variety of medical complications including drug overdose.
3. Buprenorphine initiation alone is not considered medically emergent and, unless extenuating circumstances exist, is often not considered appropriate for hospital admission.
4. There are only two supervised withdrawal settings that accept Mainecare in Maine – Milestone Recovery and one other facility in Bangor which is also included in this pilot. Supervised withdrawal settings are the ideal location for buprenorphine initiation as they can provide medication, supportive care and address complex social needs. Two other facilities are planning to provide supervised withdrawal to Mainecare patients in the near future.
5. Pregnant patients experiencing opioid withdrawal present unique clinical considerations and must be cared for appropriately. In Maine's supervised withdrawal settings, there are varying degrees of experience and comfort managing pregnant patients in opioid withdrawal. These sites would benefit from clinical support/expertise and potentially improved coordination with obstetric providers.

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

The funding to support the pilot scope under this request is from the CMS/CMMI MaineMOM grant.

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

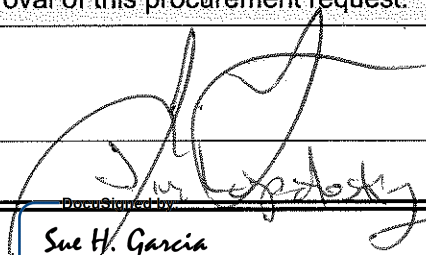

The Department does not expect to continue these services beyond the end of this agreement.

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:	6-Jul-23
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Sue H. Garcia</small>		
Typed Name:	Sue H. Garcia	Date:	7/13/2023