



## 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:	Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:	OMS-24-6006		
Amount: (Contract/Amendment/Grant)	\$ 60,072.00	Advantage CT / RQS #:	CT 10A 20230615000000003691
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:	Wellspring Bangor, ME		
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.	<p>Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>A pilot to enhance access to evidence-based care for pregnant patients with opioid use disorder (OUD) who are transitioning from fentanyl to buprenorphine in a supervised withdrawal setting. Develop and implement protocols and staff training and support for supervised withdrawal of pregnant patients with OUD in pilot project focused on clients enrolled in MaineMOM model.</p> <p>Provide clinical champions and key staff to participate in:</p> <ul style="list-style-type: none"> <li>• Developing Pilot approach and Toolkit including protocols, implementation and evaluation/assessment of outcomes</li> <li>• Monthly MaineMOM ECHO Sessions (2<sup>nd</sup> Tuesday of the month from 12-1 pm),</li> <li>• Monthly MaineMOM Clinical Office Hours (4<sup>th</sup> Tuesday of the month from 12-1 pm)</li> <li>• Monthly Clinical Case Review Session specific to Maine’s supervised withdrawal sites (tentatively scheduled for the 2<sup>nd</sup> Wednesday of the month from 2-3:30 pm).</li> <li>• Nurse team engagement with Fora Team of experienced nurses from technical assistance (TA) site</li> <li>• Support for engagement of Fora Health technical assistance faculty for the Pilot.</li> </ul> <p>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. Precipitated withdrawal during the transition (“initiation”) often occurs, placing the maternal-fetal dyad at risk for a variety of medical complications including drug overdose. Buprenorphine initiation alone is not considered medically emergent and, unless extenuating circumstances exist, is often not considered appropriate for hospital admission.</p> <p>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.</p> <p>These sites would benefit from clinical support/expertise and potentially improved coordination with obstetric providers.</p>
2.	<p>Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p> <p>New Horizons Detox Center is only one (1) of two (2) state agencies currently providing supervised withdrawal services to the focus population.</p> <p>There are only two (2) residential supervised withdrawal settings that accept Mainecare in Maine – New Horizons Detox Center and one other facility in Portland 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.</p> <p>Two (2) other facilities are planning to provide supervised withdrawal to Mainecare patients in the near future.</p>
3.	<p>Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <p>The funding to support the pilot scope under this request is from the CMS/CMMI MaineMOM grant.</p>
4.	<p>Describe the plan for future competition for the goods or services.</p> <p>The Department does not expect to continue these services beyond the end of this agreement.</p>

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

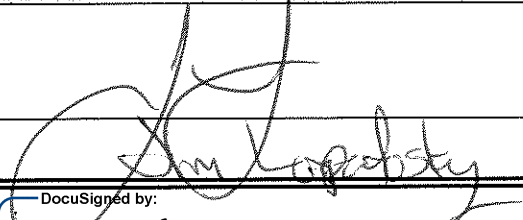

Does this request utilize ARPA/MJRP funds?

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:	12-10-23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	891CE7A1493D45B... Martha Verhille	Date:	8/3/2023