



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:		Shawn Belanger Chris Moiles	
(If applicable) Department Reference #:		OMS-23-40XX	
Amount: (Contract/Amendment/Grant)	\$ 4,088,502.00	Advantage CT / RQS #:	CTMV 10A 20220921000000000007
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date: 6/30/20223
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	
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 Department's Division of Licensing and Certification 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)

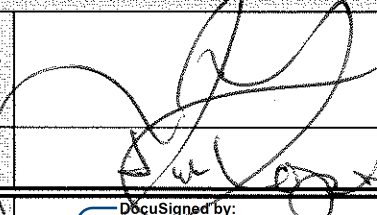
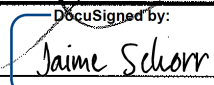
Does this request utilize ARPA/MJRP funds?

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:	Julie A. Lynch	Date:	21-Sep-22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Jaime Schorr 8D6437754DD0459...	Date:	9/22/2022

Procurement Justification Form (PJF)

Agreement Number	Vendor Name	Vendor City/State	Estimated Funding Amount
OMS-23-4001	MERRIMACK RIVER MEDICAL SERVICES, INC/HEALTH CARE RESOURCE CENTER	Westfield, MA	\$59,400.00
OMS-23-4003	PORTLAND COMMUNITY HEALTH CENTER/GREATER PORTLAND HEALTH (2 locations)	Portland, ME	\$64,350.00
OMS-23-4008	DISCOVERY HOUSE (4 locations)	Providence, RI	\$376,200.00
OMS-23-4009	RECOVER TOGETHER, INC. (9 locations)	Burlington, MA	\$1,293,930.00
OMS-23-4010	Maine Medical Partners (6 Locations)	South Portland, ME	\$79,200.00
OMS-23-4013	Pen Bay family medicine	Rockland, ME	\$39,600.00
OMS-23-4014	Northern Light Acadia Healthcare	Bangor, ME	\$47,520.00
OMS-23-4015	Aroostook Mental Hlth Serv Inc	Caribou, ME	\$153,450.00
OMS-23-4016	Sequel Care of Maine LLC	Yarmouth, ME	\$24,750.00
OMS-23-4020	AngleZ Behavioral Health Services PA	Augusta, ME	\$79,200.00
OMS-23-4021	The Opportunity Alliance	South Portland, ME	\$49,500.00
OMS-23-4023	MaineHealth (WCMP - Primary Care)	Westbrook, ME	\$19,800.00
OMS-23-4024	Spurwink Services Inc	Portland, ME	\$79,200.00
OMS-23-4025	TriCounty Mental Hlth Serv	Lewiston, ME	\$29,700.00
OMS-23-4026	CATHOLIC CHARITIES MAINE	Portland, ME	\$99,000.00
OMS-23-4028	Wiscasset Family	Wiscasset, ME	\$49,500.00
OMS-23-4029	ENSO Recovery	Augusta ME	\$247,500.00
OMS-23-4030	Maine Health -Lincoln Medical Partners	Westbrook, ME	\$128,700.00
OMS-23-4033	Cornerstone Behavioral Health	Bangor, ME	\$14,850.00
OMS-23-4034	Western Maine Primary Care and Family Medicine	Westbrook, ME	\$64,350.00
OMS-23-4035	Recovery Connections	Lewiston	\$99,000.00
OMS-23-4036	Blue Sky Counseling	Waterville	\$94,050.00
OMS-23-4037	Crooked River Counseling	Bridgton, ME	\$198,000.00
OMS-23-4038	Maine Behavioral Health	Westbrook, ME	\$80,685.00
OMS-23-4040	Wilson Stream- Farmington	Farmington	\$34,650.00
OMS-23-4041	Savida Health	Belfast, mE	\$54,450.00
OMS-23-4042	Seaside Family Health Care LLC PA	Saco, ME	\$94,050.00
OMS-23-4043	Be Well My Friend LLC	Freeport, ME	\$34,650.00
OMS-23-4044	Kennebec Valley Mental Health Center	Waterville, ME	\$49,500.00
OMS-23-4045	PENOBSCOT COMMUNITY HEALTH CENTER/8 locations	Bangor ME	\$217,800.00
OMS-23-4046	Day One	Windham, ME	\$14,850.00
OMS-23-4047	Central Maine Center Family Residency	Lewiston	\$24,750.00
OMS-23-4051	BELONGING MEDICAL GROUP	Scarborough	\$32,967.00

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OMS-23-4052R	EVEREST RECOVERY CENTERS - MAINE	Saco	\$29,700.00
OMS-23-4053R	NORTHWEST WINDS, LLC	Bangor	\$29,700.00
			\$4,088,502.00