

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OMS Kaley Boucher / Stephen Turner		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Lora Blackwell		
(If applicable) Department Reference #:		OMS-22-4047		
Amount: (Contract/Amendment/Grant)	Projected Allocation \$16,500.00	Advantage CT / RQS #:	CTMV 10A 2021050300000000013	
CONTRACT	Proposed Start Date:	1/01/21	Proposed End Date:	6/30/2022
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:		Central Maine Medical Center dba Central Maine Family Medicine Lewiston, Maine		
Brief Description of Goods/Services/Grant:		Opioid Health Home		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

A. Competitive Process	G. Grant
B. Amendment	H. State Statute/Agency Directed
C. Single Source/Unique Vendor	I. Federal Agency Directed
D. Proprietary/Copyright/Patents	J. Willing and Qualified
E. Emergency	K. Client Choice
F. University Cooperative Project	L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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.

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2. Provide a brief justification for the selected vendor to supplement the response in Part II.

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 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: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:	<i>[Signature]</i>	Date:	<i>25 Oct -21</i>
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAE44CD</small> kathy Paquette	Date:	11/9/2021