

**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.*

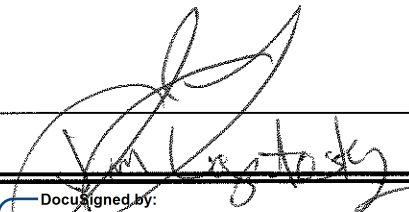
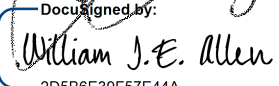
PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/Robert Porter/Kristen King	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Matt Galletta	
(If applicable) Department Reference #:		OSA-24-2013	
Amount: (Contract/Amendment/Grant)	\$ 80,151.73	Advantage CT / RQS #:	CT 10A 20231004000000001022
CONTRACT	Proposed Start Date:	9/30/2023	Proposed End Date: 9/29/2024
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:		Maine Medical Association/Manchester, ME	
Brief Description of Goods/Services/Grant:		Rapid Induction Training	

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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	
	To support continuation of statewide opioid trainings on the adoption and implementation of Medications for Opioid Use Disorder (MOUD) Induction in the Emergency Department (ED) setting, this Agreement is to provide technical assistance services to Emergency Departments who receive MOUD Training in support of workflow development and care coordination processes. This technical assistance will be provided after each Emergency Department has received initial training and will focus on processes and connections to ensure linkage to community-based MOUD providers, help in linking patients to navigators at critical time of care junctions. Additional support will provide continued coaching to each ED on workflow development and metric tracking to overcome barriers to implementation.
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	
	The Provider has unique experience in Rapid Induction training. There are not any other neutral convening quality improvement teams in the state that offer Rapid Induction training and technical assistance. The Provider has created the buprenorphine induction tool kit and on demand training within their learning management system for all Maine Emergency Department staff.
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	
	Costs associated with this procurement were negotiated between the Provider and OBH based on Bureau of Labor statistics for salary and fringe and available funding.
<b>4. Describe the plan for future competition for the goods or services.</b>	
	The Department does not intend to competitively procure this service in the future.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
<b>Does this request utilize ARPA/MJRP funds?</b>	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:			
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>2D5B6E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	11/22/2023

NOI 1120231289 11/22/2023 - 11/28/2023