



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:	Board of Osteopathic Licensure		
Department Contract Administrator or Grant Coordinator:	Susan E. Strout, Executive Secretary		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9200.00	Advantage CT / RQS #:	CT20210923000000000777
CONTRACT	Proposed Start Date:	7/1/2021	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:	Maine Medical Association, Committee on Medical Professionals Health Program		
Brief Description of Goods/Services/Grant:	The MPHP identifies and works with osteopathic physicians and physician assistants license w/this Board who have been disable by virtue of substance or alcohol misuse or, by physical or mental illness.		

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 Maine Medical Professionals Health Program, which is a part of the Medical Professionals Health Committee and Program staff has been providing advocacy for medical professionals in recovery for nearly 25 years. Although for profit and non-profit entities operate programs for recovery from chemical, mental, or physical impairment within the State, there are none which are designed and statutorily empowered to provide the unique recovery management and advocacy services tailored to licensed osteopathic physicians and physician assistants except that presently provided by the contractor under the terms of the statute and protocols referred to in this contract. The protection of the public and simultaneous regulation of the health care professionals licensed by the Board of Osteopathic Licensure provided and by this particular contractual arrangement do not conform to any another entity contracted with in Maine.

This vendor services our licensees in many ways, such as locating appropriate providers to assist them in their disabilities, illnesses or diseases. They meet with the licensees on a regular basis.

The contractor has no unique equipment or facilities, other than they are the only Program that exists in the immediate area.

Please refer to 32 MRS §2596-A

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

This contractor is the only Program of its sort in the State of Maine and is crucial to the health and well-being of licensees.

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

The Board negotiates the lowest possible fee for the services provided which are, as noted, unique.

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

To my knowledge, there is no such plan as no other entity offers the services and assistance offered by the MPHP.

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):	<i>Anne L. Head</i>		
Typed Name:	Anne Head, Commissioner – PFR	Date:	12/3/2021
Signature of DAFS Procurement Official:	<i>Debbie Jacques</i>		
Typed Name:	Debbie Jacques	Date:	12/3/2021