



**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 – Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		OSA-23-4067B		
Amount: (Contract/Amendment/Grant)	Current:	\$ 286,000.00	Advantage CT / RQS #:	CT 10A 2022042100000002572
	Amend B:	\$ 27,995.44		
	Revised:	\$313,995.44		
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2022	Effective Date:	11/3/2023
	Previous End Date:	6/30/2023	New End Date:	No Change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Merrimack River Medical Services Inc Westfield, MA		
Brief Description of Goods/Services/Grant:		MAT - OTP		

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 checked="" 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 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

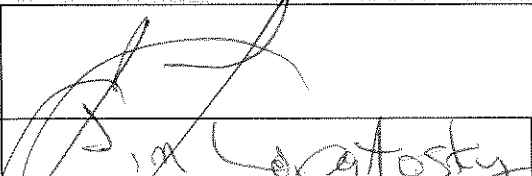

Please respond to ALL of the questions in the following sections.

<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>	<p>The purpose of this Amendment is to add additional funding, due to the rate increase for the OTP service, to cover the June invoice.</p> <p>The purpose of this Agreement is to provide Opioid Treatment Services to individuals who meet the general eligibility requirements and are uninsured. Services are provided as a part of a package of services to include the cost of providing: medication (Methadone), counseling services, drug screening, required laboratory testing, and medical services.</p>
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</b>	<p>The Department's Office of Behavioral Health Services has determined these providers are willing and qualified providers who have specialized licenses and certifications as required by Federal and State regulations, with specially qualified and licensed medical and clinical staff to provide these services.</p> <p>This Provider has specific federal and State certifications according to 42 CFR Chapter 1, Subchapter A Part 8, and compliance with Maine Criminal Code and Maine State Pharmacy Act. Chapter 45 of the Maine Criminal Code (17-AM.R.S. A§1101 et seq.) as amended and the Maine State Pharmacy Act (32 M.R.S.A §13731(2)), as amended and are able to provide Medication Assisted Treatment with Methadone in an Opioid Treatment Program. They have the required resources and specifically trained staff to meet an evidenced-based standard of care.</p>
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>	<p>The cost of these services was negotiated based on MaineCare Reimbursement rates and actual cost of services.</p>
<b>4. Describe the plan for future competition for the goods or services.</b>	<p>The Department does not intend to competitively procure these willing and qualified services.</p>

<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:	John Lapostoly	Date:	20 Nov 23
Signature of DAFS Procurement Official:	<p>DocuSigned by:                    Kathy Paquette</p>		
Typed Name:	41C2BA30FAF44CD... Kathy Paquette	Date:	12/13/2023