

**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:	Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:	Brianne Carrero		
(If applicable) Department Reference #:	OMS-24-40XX (Amend 3)		
Amount: (Contract/Amendment/Grant)	Original: \$5,529,216.00 Amend: \$700,000.00 Revised: \$6,223,216.00	Advantage CT / RQS #:	CTMV-10A- 20230405000000000012
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Multiple, See Addendum		
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 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 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.

This amendment adds funds for increased utilization resulting from the PHE unwinding.

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 Division of Licensing and Regulatory Services 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. 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 Regulatory Services and that have been approved by MaineCare Services to provide these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.


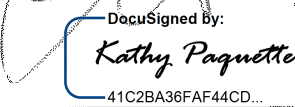
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	20-Aug-24
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> Kathy Paquette <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/4/2024

Service: OPIOID HEALTH HOME-SFY24 Amend 3

Vendor Name	Agreement Number	Amend	Start Date	End Date	Projected Spend
MERRIMACK RIVER MED SERV INC	OMS-24-4001		7/1/2023	6/30/2024	
PORTLAND COMMUNITY HEALTH CENTER	OMS-24-4003		7/1/2023	6/30/2024	
CENTER FOR BEHAVIORAL HEALTH ME	OMS-24-4008		7/1/2023	6/30/2024	
RECOVER TOGETHER INC	OMS-24-4009		7/1/2023	6/30/2024	
MAINE MEDICAL PARTNERS	OMS-24-4010		7/1/2023	6/30/2024	
MAINEHEALTH	OMS-24-4013		7/1/2023	6/30/2024	
ACADIA HEALTHCARE INC	OMS-24-4014		7/1/2023	6/30/2024	
AROOSTOOK MENTAL HLTH SERV INC	OMS-24-4015		7/1/2023	6/30/2024	
SEQUEL CARE OF MAINE, LLC	OMS-24-4016		7/1/2023	6/30/2024	
ANGLEZ BEHAVIORAL HEALTH SERVICES	OMS-24-4020		7/1/2023	6/30/2024	
THE OPPORTUNITY ALLIANCE	OMS-24-4021		7/1/2023	6/30/2024	
MAINEHEALTH	OMS-24-4023		7/1/2023	6/30/2024	
SPURWINK SERVICES INC	OMS-24-4024		7/1/2023	6/30/2024	
TRI-CTY MENTAL HLTH SERV	OMS-24-4025		7/1/2023	6/30/2024	
CATHOLIC CHARITIES MAINE	OMS-24-4026		7/1/2023	6/30/2024	
WISCASSET FAMILY HEALTH	OMS-24-4028		7/1/2023	6/30/2024	
ENSO RECOVERY LLC	OMS-24-4029		7/1/2023	6/30/2024	
MAINEHEALTH	OMS-24-4030		7/1/2023	6/30/2024	
CORNERSTONE BEHAVIORAL HEALTHCARE LLC	OMS-24-4033		7/1/2023	6/30/2024	
MAINEHEALTH	OMS-24-4034		7/1/2023	6/30/2024	
RECOVERY CONNECTIONS OF MAINE LLC	OMS-24-4035		7/1/2023	6/30/2024	
BLUE SKY COUNSELING	OMS-24-4036		7/1/2023	6/30/2024	
CROOKED RIVER COUNSELING PA	OMS-24-4037		7/1/2023	6/30/2024	
MAINEHEALTH	OMS-24-4038		7/1/2023	6/30/2024	
WILSON STREAM FAMILY PRACTICE LLC PA	OMS-24-4040		7/1/2023	6/30/2024	
SAVIDA HEALTH PC	OMS-24-4041		7/1/2023	6/30/2024	
SEASIDE FAMILY HEALTH CARE LLC PA	OMS-24-4042		7/1/2023	6/30/2024	
BE WELL MY FRIEND, LLC	OMS-24-4043		7/1/2023	6/30/2024	
KENNEBEC BEHAVIORAL HEALTH	OMS-24-4044		7/1/2023	6/30/2024	
PENOBSCOT COMMUNITY HEALTH CENTER	OMS-24-4045		7/1/2023	6/30/2024	
DAY ONE	OMS-24-4046		7/1/2023	6/30/2024	
CENTRAL MAINE MEDICAL CENTER	OMS-24-4047		7/1/2023	6/30/2024	
BELONGING MEDICAL GROUP PLLC	OMS-24-4051		7/1/2023	6/30/2024	
EVEREST RECOVERY CENTERS MAINE LLC	OMS-24-4052		7/1/2023	6/30/2024	
NORTHWEST WINDS LLC	OMS-24-4053		7/1/2023	6/30/2024	
Total Items	35			Total Projected	