

**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:	Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:	Multiple, see attached		
Amount: (Contract/Amendment/Grant)	Multiple, Template Total: \$1,284,253.00	Advantage CT / RQS #:	Multiple, see attached
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:	Multiple, see attached		
Brief Description of Goods/Services/Grant:	Medication Assisted Treatment (MAT) – Jail Re-Entry/OBOT		

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 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.

Maine is in the midst of a substance use epidemic. Treatment services and interventions are needed to combat opiate use, heroin use, and alcohol dependence.

MAT - OBOT Behavioral Health

The purpose of this agreement is to provide Medication Assisted Treatment utilizing Suboxone in an Office Based Opioid Treatment setting to individuals diagnosed with an opioid use disorders and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

Recovery Coach

This agreement seeks to provide Recovery Coaching through an Office Based Medical Center to individuals who are inducted through the emergency department and meet the general eligibility requirements. Recovery Coach tasks will include Patient Navigation, Outreach, and efforts to increase retention and engagement in treatment and recovery services. The purpose of this Agreement is to improve rates of opioid overdose and risk of death by overdose via improving access to treatment, recovery-oriented supports, and workforce development for individuals with opioid use disorder. This is a pilot project working with the treatment provider.

MAT – Jail Re-Entry

The purpose of this Agreement is to provide Medication Assisted Treatment Services (MAT) within the Maine County jail system which includes medications and evidence-based counseling services to uninsured individuals diagnosed with an Opioid Use Disorder (OUD) who are currently incarcerated.

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

DHHS, The Office of Behavioral Health Services have determined that these providers are willing and qualified providers who have specialized licenses and certifications as required by Federal and State regulations. They have specially qualified and licensed medical and clinical staff to provide these services.

Providers have 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.

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

The cost of these services was negotiated based on MaineCare Reimbursement rates and actual cost of services.

PART III: SUPPLEMENTAL INFORMATION

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

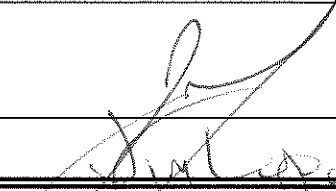
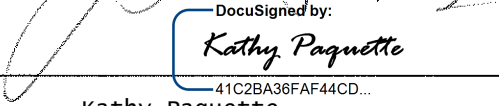
The Department does not intend to RFP these willing and qualified services.

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: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	25-Nov-24
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> Kathy Paquette <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	1/30/2025

Procurement Justification Form (PJF)

DHHS Office:

OBH

Service:

MEDICATION ASSISTED TREATMENT (MAT)-SFY25

Vendor Name	Agreement Number	CT	Start Date	End Date	Agreement Amount
MERCY HOSPITAL	OSA-25-3007	202408130000SA253007	7/1/2024	6/30/2025	\$170,000.00
COUNTY OF ANDROSCOGGIN	OSA-25-3015	202408130000SA253015	7/1/2024	6/30/2025	\$80,000.00
COUNTY OF HANCOCK	OSA-25-3017	202408130000SA253017	7/1/2024	6/30/2025	\$90,400.00
CUMBERLAND COUNTY	OSA-25-3018	202408130000SA253018	7/1/2024	6/30/2025	\$136,259.00
COUNTY OF PENOBSCOT	OSA-25-3019	202408130000SA253019	7/1/2024	6/30/2025	\$137,500.00
SOMERSET CTY OF	OSA-25-3021	202408130000SA253021	7/1/2024	6/30/2025	\$210,988.00
LINCOLN/SAGAD MULTICNTY JAIL	OSA-25-3023	202408130000SA253023	7/1/2024	6/30/2025	\$80,000.00
COUNTY OF AROOSTOOK	OSA-25-3024	202408130000SA253024	7/1/2024	6/30/2025	\$80,000.00
COUNTY OF WASHINGTON	OSA-25-3025	202408130000SA253025	7/1/2024	6/30/2025	\$80,000.00
COUNTY OF KNOX	OSA-25-3026	202408130000SA253026	7/1/2024	6/30/2025	\$100,000.00
YORK CTY OF	OSA-25-4009	202408130000SA254009	7/1/2024	6/30/2025	\$119,106.00
Total Items	11		Total Amount		\$1,284,253.00