DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
STATE OF MAINE

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)	$359,729.00	Advantage CT / RQS #:	CTMV 10A 20240604000000000025		
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)				

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. University Cooperative Project	☐	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.

OTP Methadone Only
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.

Community
The purpose of this Agreement is to provide Medication Assisted Treatment Services to uninsured individuals diagnosed with an Opioid Use Disorder who were incarcerated and released through the community based MAT program. The Provider is to concurrently provide MAT utilizing Buprenorphine, Buprenorphine/Naloxone and evidence-based counseling services. This Agreement covers the cost of the following: medications; Buprenorphine, Buprenorphine/Naloxone, drug screen testing, behavioral therapies, as well as community medical provider related cost.

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 disorder and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

MAT - Medication Only
The purpose of this agreement is to provide Medication to individuals diagnosed with an opioid use disorder and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

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.

These 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.

PART III: SUPPLEMENTAL INFORMATION
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.
4. Describe the plan for future competition for the goods or services.
The Department does not intend to competitively procure 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
Does the requesting Department signatory understand and acknowledge Maine's COI Statute?
☒ Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky	Date:	17-Jun-24
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	7/24/2024

DHHS Office: OBH
Service: MAT-SFY25
CTMV 10A 20240604000000000025

Vendor Name	Agreement Number	Service	Start Date	End Date	Projected Spend
DAY ONE	OSA-25-3008	OBOT	7/1/2024	6/30/2025	$2,000.00
ENSO RECOVERY LLC	OSA-25-3012	Community	7/1/2024	6/30/2025	$2,000.00
MAINEHEALTH	OSA-25-332	Med Only	7/1/2024	6/30/2025	$14,075.40
MAINEGENERAL MEDICAL CTR	OSA-25-340	Med Only	7/1/2024	6/30/2025	$40,000.00
AROOSTOOK MENTAL HLTH SERV INC	OSA-25-362	Community/Med Only	7/1/2024	6/30/2025	$2,526.60
CROOKED RIVER COUNSELING PA	OSA-25-4053	OBOT	7/1/2024	6/30/2025	$100,000.00
YORK CNTY SHELTER PROGRAMS INC	OSA-25-4056	OBOT	7/1/2024	6/30/2025	$2,000.00
RECOVERY CONNECTIONS OF MAINE LLC	OSA-25-4057	OBOT	7/1/2024	6/30/2025	$120,000.00
ENSO RECOVERY LLC	OSA-25-4077	OBOT	7/1/2024	6/30/2025	$53,671.44
MAINEHEALTH	OSA-25-4080	OBOT	7/1/2024	6/30/2025	$23,836.00
Total Items	10				