



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/Mike Freysinger/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero		
(If applicable) Department Reference #:		OSA-23-4200		
Amount: (Contract/Amendment/Grant)	\$80,500.00	Advantage CT / RQS #:	CT 10A 2022090100000000671	
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	9/30/2023
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:		Crooked River Counseling PA Bridgton, ME		
Brief Description of Goods/Services/Grant:		Contingency Management		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 purpose of this Agreement is to use Contingency Management (positive reinforcements and voucher system) to improve the clinical outcomes for individuals with a diagnosed Stimulant Use Disorder and co-occurring Substance Use Disorder.

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

Provider was selected based on their existing SUD/MAT program, good standing with OBH, previously expressed interest in establishing a contingency management program and not currently involved in other pilot programs.

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

Provider and OBH negotiated the rate based on evidence-based research and available funding set aside for Contingency Management in SOR

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

This is a one-time, limited funded pilot project. The Department does not plan on competitively procuring this service in the future.

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

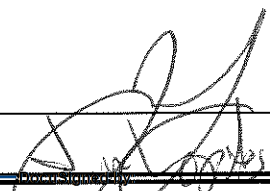

Does this request utilize ARPA/MJRP funds?

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):		
Typed Name:		Date: 5-Dec-22
Signature of DAFS Procurement Official:		
Typed Name:	41C2BA36FAF44CD... 1/5/2023	Date: 1/5/2023