



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS//OBH Anita Hood Eliza Fielding		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/ Stephanie Wood		
(If applicable) Department Reference #:		CBH-27-7103		
Agency Department Code:	10A	Advantage CT / RQS #:	20260422000CBH277103	
Amount: (Contract/Amendment/Grant)		\$ 25,000.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Aroostook Mental Health Services, Inc Presque Isle, Maine		
Brief Description of Goods/Services/Grant:		Support for MDFT Service Delivery		

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. Higher Education 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.

Multidimensional Family Therapy (MDFT) is a collaborative, comprehensive, family-centered treatment service demonstrated to work with diverse populations of young people as young as age ten (10). MDFT simultaneously addresses substance use, delinquency, violent and aggressive behaviors, and education challenges. It improves parental and family functioning, increases positive peer affiliation, prevents out-of-home placements, and reunifies families when a youth returns from an out-of-home placement.

The Provider has the only certified Maine team in MDFT, which allows them to deliver the service to eligible youth. This Agreement will support the Provider in delivering the service to fidelity by supporting components of MDFT that are not currently reimbursable by MaineCare. The provision of the service is essential to maintain MDFT certification.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

This provider has the only MDFT certified team in Maine and commits to training staff in MDFT during the available training timeframe. AMHC meets the requirements of MDFT training including licensure and a team consisting of a supervisor and clinicians.

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

The Department will reimburse based on existing rates for clinical services and other current costs. The Department has determined costs and reimbursements as fair and reasonable based on comparable services in the current market.

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

The Department does not plan to RFP for this service.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
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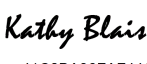
Typed Name:	Jim Lozadosky	Date:	13-May-26
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2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
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Typed Name:		Date:	
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****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: 		
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Typed Name:	kathy Blais	Date:	5/26/2026
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