



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 (Form's page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Intensive Outpatient Services/Corinna O'Leary & Kristen King		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		Multiple: See Attachment		
Amount: (Contract/Amendment/Grant)	Multiple: see Attachment	Advantage CT / RQS #:	CTMV 10A 20230411000000000017	
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2024
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 Attachment		
Brief Description of Goods/Services/Grant:		Intensive Outpatient Services		

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 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 Opioid Use Disorder (OUD), Substance Use Disorder (SUD) and alcohol dependence. Intensive Outpatient (IOP) services is a lower level of care and aids in the prevention of an individual needing a higher more costly level of care such as Residential treatment. These services include individual, group and family counseling and are widely available across the State.

Intensive Outpatient (IOP): Is a step above Outpatient services on the continuum of care. This intensive service is designed to meet the more complex needs of people with addiction and co-occurring conditions.

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

The Department's Office of Behavioral Health has determined these providers are willing and qualified to provide Intensive Outpatient Services because they are licensed to provide Intensive Outpatient Services, they employ qualified licensed practitioners, and they are the providers of Intensive Outpatient Services under MaineCare with a contract with OBH/DHHS.

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 rate as set by MaineCare as stated in the MaineCare Benefits Manual, Chapter III Section 65.

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

The Department does not plan on competitively procuring these services.

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

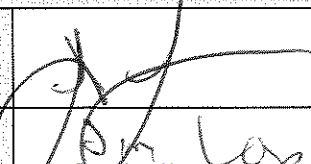

Does this request utilize ARPA/MJRP funds?

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:	<i>Don Laporte</i>	Date: 15-Jun-23
Signature of DAFS Procurement Official:		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 6/26/2023

DHHS Office:

Office of Behavioral  
Health

Service:

Intensive Outpatient

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
MAINEGENERAL MEDICAL CTR	OSA-24-318	7/1/2023	6/30/2023	\$99,996.00
YORK HOSPITAL	OSA-24-385	7/1/2023	6/30/2023	\$99,996.00
AROOSTOOK MENTAL HLTH SERV INC	OSA-24-4039	7/1/2023	6/30/2023	\$99,996.00
MAINEHEALTH dba MIDCOAST	OSA-24-4040	7/1/2023	6/30/2023	\$174,996.00
MAINEHEALTH dba MAINE BEHAVIORAL HEALTH	OSA-24-4042	7/1/2023	6/30/2023	\$99,996.00
A TIME TO RISE- COUNSELING & WELLNESS	OSA-24-4043	7/1/2023	6/30/2023	\$39,996.00
HEALTH AFFILIATES MAINE	OSA-24-4044	7/1/2023	6/30/2023	\$99,996.00

<b>Total Items</b>	<b>7</b>	<b>Total Projected</b>	<b>\$714,972.00</b>
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