



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
OFFICE OF STATE 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 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/Office of MaineCare Services Rachel Boynton	
Department Contract Administrator or Grant Coordinator:		Melinda Farrell/Jennifer Levesque	
(If applicable) Department Reference #:		OMS-25-6000	
Amount: (Contract/Amendment/Grant)	\$ 24,000.00	Advantage CT / RQS #:	CT 10A 20250321000OMS256000
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 12/31/2025
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:		Kennebec Behavioral Health Waterville, Maine	
Brief Description of Goods/Services/Grant:		Advisory Group support to Inform DHHS Initiatives Supporting Families Affected by SUD.	

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 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.

To appropriately develop systems engaging and serving individuals and families living in recovery from Substance-Use-Disorders, the Department has committed to the best practice of engaging individuals with lived experience in recovery and navigating Department services to inform the development and design. This group is focused on the MaineMOM program, which serves pregnant people with Opioid Use Disorder who are eligible for MaineCare. The Provider shall provide consulting services including meeting planning and facilitation and group leadership and facilitation. The contract will include supporting group structure and developing advisory members to respond to and succeed in partnerships with Department programs bringing the voice of parents in recovery to advise on Department activities.

This renewal is needed to take advantage of an approved extension of the grant.

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

This Provider supports an active group of very motivated parents living in recovery, who are navigating their own recovery and personal development journeys, as they simultaneously raise children and care for their families and communities. Facilitation and group development requires an extremely careful and skilled approach that requires best practices in group and member development, trauma informed approaches, substance use recovery and the domains of advocacy. Trust and rapport must be carefully built and developed, requiring a 'safe container' for peer sharing and discussion. Kennebec Behavioral Health supported the initial development of this group, when it was focused on the smaller scope of advising MaineMOM. The extremely skilled facilitator who originated the group is an LCSW experienced in supporting women's recovery groups, skilled in trauma informed approaches and herself identifies as a woman living in long term recovery. For the past two years, she has built a safe, ethical, and engaging forum for advisory group members and staff. We are requesting her continuity to bring the group into deeper development and engagement with the Department.

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

The funding to support the initial expanded scope under this request is from the MaineMOM grant.

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

The Department does not plan to continue this contract beyond the end of the MaineMOM grant period.

### 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.

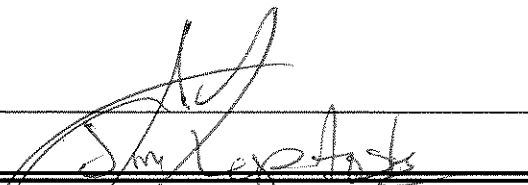

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	29-Apr-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <b>Kathy Paquette</b> <small>41C2BA36FAF44CD...</small>		
Typed Name:	kathy Paquette	Date:	6/26/2025