



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	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank	
(If applicable) Department Reference #:		Multiple, see attached	
Agency Department Code:	10A	Advantage CT / RQS #:	202504170000MATSFY26
Amount: (Contract/Amendment/Grant)		Amendment 2: \$189,864.00 Revised Total: \$549,593.00	
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	7/1/2026	New End Date (if Applicable): 12/31/2026
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	

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.

The purpose of this amendment is to update Rider A language to align with grant requirements, extend the end date to 12/31/2026 with renewals starting on 1/1/2027, and to add additional funding for the six-month extension.

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.

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 solicitation (RFP/RFA/RFQ) 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.

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.

PART III: SUPPLEMENTAL INFORMATION

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) 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):

Typed Name:

Date:

15-Jun-26

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):

Typed Name:

Date:

****OSPS Section Only****Signature of DAFS
Procurement Official:

Signed by:

Kathy Blais

41C2BA36FAF44CD...

Typed Name:

Kathy Blais

Date:

6/30/2026

DHHS Office: OBH
 Service: MAT-SFY26 Amendment 2
 CTMV 10A 202504170000MATSFY26

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Projected Spend Amend A	Revised Projected Spend
DAY ONE	OSA-26-3008	B	202504170000OSA263008	7/1/2025	12/31/2026	\$1,000.00	\$3,000.00
ENSO LLC	OSA-26-3012	B	202504170000OSA263012	7/1/2025	12/31/2026	\$1,000.00	\$3,000.00
MAINEHEALTH	OSA-26-332	X	202504170000OSA26332	7/1/2025	6/30/2026	N/A	N/A
MAINEGENERAL MEDICAL CTR	OSA-26-340	B	202504170000OSA26340	7/1/2025	12/31/2026	\$20,000.00	\$60,000.00
AROOSTOOK MENTAL HLTH SERV INC	OSA-26-362	B	202504170000OSA26362	7/1/2025	12/31/2026	\$1,263.00	\$3,789.60
CROOKED RIVER COUNSELING PA	OSA-26-4053	B	202504170000OSA264053	7/1/2025	12/31/2026	\$50,150.60	\$150,451.80
RECOVERY CONNECTIONS OF MAINE LLC	OSA-26-4057	B	202504170000OSA264057	7/1/2025	12/31/2026	\$60,150.60	\$180,451.80
ENSO LLC	OSA-26-4077	B	202504170000OSA264077	7/1/2025	12/31/2026	\$26,835.72	\$80,507.16
MAINEHEALTH	OSA-26-4080	B	202504170000OSA264080	7/1/2025	12/31/2026	\$19,059.50	\$57,179.40
Total Items amended	8				Total Projected	\$179,459.42	\$538,379.76