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 $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 / Robert Porter			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Nicole Mitchell			
(If applicable) Department Reference #:	Multiple – See Addendum			
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple – See Addendum	
Amount: (Contract/Amendment/Grant)	$1,113,265.00			
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:	Multiple – See Addendum			
Brief Description of Goods/Services/Grant:	Medication Assisted Treatment (MAT) – Jail Re-Entry/OBOT			

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.

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.

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 disorders and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.
Recovery Coach
This agreement seeks to provide Recovery Coaching through an Office Based Medical Center to individuals who are inducted through the emergency department and meet the general eligibility requirements. Recovery Coach tasks will include Patient Navigation, Outreach, and efforts to increase retention and engagement in treatment and recovery services. The purpose of this Agreement is to improve rates of opioid overdose and risk of death by overdose via improving access to treatment, recovery-oriented supports, and workforce development for individuals with opioid use disorder. This is a pilot project working with the treatment provider.

MAT – Jail Re-Entry
The purpose of this Agreement is to provide Medication Assisted Treatment Services (MAT) within the Maine County jail system which includes medications and evidence-based counseling services to uninsured individuals diagnosed with an Opioid Use Disorder (OUD) who are currently incarcerated.

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.

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.

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

The Department does not intend to RFP these willing and qualified 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:	[illegible]	Date:	29-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:	7/8/2026

DHHS Office: OBH

Service: MEDICATION ASSISTED TREATMENT (MAT)-SFY27

CTMV 10A

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
MERCY HOSPITAL	OSA-27-3007	20260515000OSA273007	7/1/2026	6/30/2027	$150,000.00
COUNTY OF ANDROSCOGGIN	OSA-27-3015	20260515000OSA273015	7/1/2026	6/30/2027	$80,000.00
COUNTY OF HANCOCK	OSA-27-3017	20260515000OSA273017	7/1/2026	6/30/2027	$90,400.00
CUMBERLAND COUNTY	OSA-27-3018	20260515000OSA273018	7/1/2026	6/30/2027	$136,259.00
COUNTY OF PENOBSCOT	OSA-27-3019	20260515000OSA273019	7/1/2026	6/30/2027	$137,500.00
SOMERSET CTY OF	OSA-27-3021	20260515000OSA273021	7/1/2026	6/30/2027	$80,000.00
LINCOLN/SAGAD MULTICNTY JAIL	OSA-27-3023	20260515000OSA273023	7/1/2026	6/30/2027	$80,000.00
COUNTY OF AROOSTOOK	OSA-27-3024	20260515000OSA273024	7/1/2026	6/30/2027	$80,000.00
COUNTY OF WASHINGTON	OSA-27-3025	20260515000OSA273025	7/1/2026	6/30/2027	$80,000.00
COUNTY OF KNOX	OSA-27-3026	20260515000OSA273026	7/1/2026	6/30/2027	$100,000.00
YORK CTY OF	OSA-27-4009	20260515000OSA274009	7/1/2026	6/30/2027	$119,106.00
Total Items	**11**			**Total Projected**	**$1,133,265.00**