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/Corinna O'Leary				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Melinda Farrell				
(If applicable) Department Reference #:	OSA-27-320				
Agency Department Code:	10A	Advantage CT / RQS #:	202603250000OSA27320		
Amount: (Contract/Amendment/Grant)	$1,661,009.00				
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:	Milestone Foundation Portland, Maine				
Brief Description of Goods/Services/Grant:	SA Residential Treatment Services: Emergency Shelter, Extended Care & Non Hospital Based Detox				

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.

There has been a steady increase of substance use in the State, particularly in regard to heroin and opioids and their associated problems. A continuum of treatment is needed to address the growing need. Residential halfway house services are along this continuum and are a higher-level service to treat substance use acuity.

These services will provide access to treatment so that people are able to address their substance use disorder and enter into recovery. This is a renewal agreement to continue residential substance abuse halfway house services to the clients in this geographic area. The agency is responsible for provision of individual, group and family substance abuse treatment in a residential "Milieu" setting.

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, Office of Behavioral Health has determined that Milestones is willing and qualified to provide this service as they are designed to provide 24/7 residential detoxification services within the southern part of the state. Milestones is licensed to operate a substance abuse program. They have the facility, infrastructure and capacity to deliver this service as well as a history of success in doing so.

Milestones is currently the only provider in this region (Portland) that is interested and able to provide this service through MaineCare reimbursement methods. Other providers continue to remain within the private pay model.

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

Operating costs to run Milestones detoxification, shelter services and extended care programs exceed $3.3M annually. The historical funding sources for the programs have reduced significantly over the past 5 years. OBH funding has remained flat even as operating expenses increase.

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

As a willing and qualified service, the Department does not intent 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:	17-Jan-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: William J.E. Allen 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	7/8/2026

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