



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 (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Corinna OLeary/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:		OSA-24-377		
Amount: (Contract/Amendment/Grant)		\$366,000.00	Advantage CT / RQS #:	CT 10A 20230407**2600
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:		Aroostook Mental Health Services, Inc Presque Isle, Maine 04769		
Brief Description of Goods/Services/Grant:		Residential 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.

Substance use has been steadily increasing in the State, specifically the use of heroin and opioids. A continuum of treatment is needed to address the issues related to substance use. Residential treatment services Type I 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.

As the Single State Authority (SSA), it is the responsibility of this office to allocate SAPT Block Grant and state dedicated and matching funds/ resources to non -profit agencies who have the organizational structure and ability to implement evidenced based treatment to the clients in Maine.

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

DHHS, Office of Behavioral Health has determined that this provider is qualified to provide these services because they are licensed to provide these services, they employ qualified licensed practitioners' and they are a provider of these 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.

Costs were negotiated and agreed upon based on standard costs necessary to provide these services.

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 – 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:		Date:	8/15/23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA36FAF44CD Kathy Paquette	Date:	8/28/2023