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 (Form's page) for additional instructions.

PART I: OVERVIEW					
Department Office/Division/Program:	DHHS/OBH/ Outpatient Services/Corinna O'Leary & Kristen King				
Department Contract Administrator or Grant Coordinator:	Nancy Tan / Patricia Wall				
(If applicable) Department Reference #:	Multiple: See Attachment				
Amount: (Contract/Amendment/Grant)	Multiple: see Attachment	Advantage CT / RQS #:	Multiple: See Attachment		
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023	
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:	Multiple: see Attachment				
Brief Description of Goods/Services/Grant:	Intensive Outpatient Services				

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "**X**" before 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. University 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.

PART III: SUPPLEMENTAL INFORMATION

Maine is in the midst of a substance use epidemic. Treatment services and interventions are needed to combat Opioid Use Disorder (OUD), Substance Use Disorder (SUD) and alcohol dependence. Intensive Outpatient (IOP) services is a lower level of care and aid in the prevention of an individual needing a higher more costly level of care such as Residential treatment. These services include individual, group and family counseling and are widely available across the State.

Intensive Outpatient (IOP): Is a step above Outpatient services on the continuum of care. This intensive service is designed to meet the more complex needs of people with addiction and co-occurring conditions.

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 these providers are willing and qualified to provide these services because they are licensed to provide these services, they employ qualified licensed practitioners, and they are the providers of these services under MaineCare with a contract with SAMHS/DHHS.

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

The rates are standardized and consistent with the MaineCare rate as set by MaineCare as stated in the MaineCare Benefits Manual, Chapter III Section 65.

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

These services will continue as any willing & qualified provider and will not be RFP'd.

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):	[signature]		
Typed Name:	[signature]	Date:	24-Jul-22
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	9/12/2022

DHHS Office: Behavioral Health Services
Service Group: Intensive Outpatient
Service Group Total: $1,467,424.08

Agreement Number	Vendor Name	Rate per unit	Unit of Measure	Projected Monthly	Authorized Monthly
OSA-23-318	MAINEGENERAL MEDICAL CTR	192.38	1 day	$32,223.65	$64,447.30
OSA-23-385	YORK HOSPITAL	192.38	1 day	$18,800.93	$37,601.86
OSA-23-4039	AROOSTOOK MENTAL HLTH SERV INC	192.38	1 day	$36,071.25	$72,142.50
OSA-23-4040	MAINEHEALTH	192.38	1 day	$14,428.50	$28,857.00
OSA-23-4041	CATHOLIC CHARITIES MAINE	192.38	1 day	$961.90	$1,923.80
OSA-23-4042	MAINEHEALTH	192.38	1 day	$11,542.80	$23,085.60
OSA-23-4043	A TIME TO RISE- COUNSELING & WELLNESS	192.38	1 day	$3,927.76	$7,855.52
OSA-23-4044	HEALTH AFFILIATES MAINE	192.38	1 day	$4,328.55	$8,657.10