



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/Stacey Chandler/Kristen King	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Storm Dexter	
(If applicable) Department Reference #:		OSA-26-4201	
Amount: (Contract/Amendment/Grant)	\$ 35,880.00	Advantage CT / RQS #:	CT-10A-20250429000OSA264201
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
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:		MaineHealth dba Midcoast Brunswick, ME	
Brief Description of Goods/Services/Grant:		Contingency Management	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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.

Maine is facing a growing problem of methamphetamine and cocaine use; this initiative is an effort to address Psychostimulant Use Disorder (PUD) across Maine's behavioral health system. There are no FDA-approved medications to treat PUD, and the behavioral interventions currently offered across behavioral health entities are based on models that address other substance use disorders and are largely ineffective for PUD. However, Contingency Management (CM) is a behavioral treatment modality that has been extensively studied to specifically treat PUD with consistently positive results.

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

The Addiction Resource Center (ARC) is a nationally recognized treatment program for individuals who struggle with substance use disorders. ARC is the only provider with this program that DHHS is piloting.

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

The State Opioid Response grant that OBH manages includes CM as a deliverable that SAMHSA would like to see the State of Maine implement. OBH's CM Program Manager researched the cost of CMI and found this rate to be lower than other vendors for similar programs, including at attempt at a similar program from an in-state provider.

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

If the Office of MaineCare services gets Contingency Management added to the State's 1115 waiver we could RFP for this service in the future (funding dependent).

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) – 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

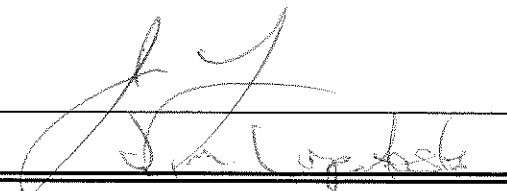
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>[Handwritten Name]</i>	Date:	<i>2-11-25</i>
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	9/12/2025