



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/Office of Behavioral Health/Stacey Chandler      |                       |                                |           |
| Department Contract Administrator or Grant Coordinator: | Jennifer Levesque/Storm Dexter                        |                       |                                |           |
| (If applicable) Department Reference #:                 | OSA-27-4202                                           |                       |                                |           |
| Agency Department Code:                                 | 10A                                                   | Advantage CT / RQS #: | CT-10A-202603270000SA274202    |           |
| Amount:<br>(Contract/Amendment/Grant)                   | \$129,400.00                                          |                       |                                |           |
| CONTRACT                                                | Proposed/Original Start Date:                         | 7/1/2026              | Proposed/Most Recent End Date: | 6/30/2028 |
| 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:              | MaineHealth dba Maine Medical Center<br>Westbrook, ME |                       |                                |           |
| Brief Description of Goods/Services/Grant:              | Contingency Management Innovations                    |                       |                                |           |

### 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. Higher Education 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 faced with the growing problem of Psychostimulant Use Disorder (PUD). Stimulants such as methamphetamine and cocaine use are contributing factors in fatal overdose (OD) deaths. Data from the OCME's office showed that in 2022, methamphetamine was cited as a cause of death in 32% of OD's, an increase from 27% in 2021. Cocaine-involved fatalities constituted 30% of confirmed cases in 2022, an increase from 25% in 2021. Many of these deaths involved fentanyl as a co-intoxicant cause of death, and it is widely recognized that a large portion of the illicit methamphetamine and cocaine supply in Maine is contaminated with fentanyl and is contributing to overdose deaths in the State. This initiative is an effort to address PUD across Maine's behavioral health system and save lives. There aren't any FDA-approved medications at this time to treat PUD, and the behavioral interventions currently offered across behavioral health entities are based on models that address other substance use disorders but are largely ineffective treating PUD. However, Contingency Management (CM) is a behavioral treatment modality that has been extensively studied to specifically treat PUD with consistently positive results. OBH has agreed to provide funding for the cost of the Contingency Management Program to assist this program running in Portland (Urban), Norway (Rural), Brunswick (Urban), and Damariscotta (Rural). The results of this initiative will help to inform policy as the Department looks to add Contingency Management to Maine's 1115 waiver with CMS.

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.

MaineHealth's Maine Behavioral Healthcare is a nationally recognized SUD treatment program, who has a strong track record of innovation, positive client outcomes and pride themselves on following the evidence when implementing new treatment modalities. They've done the research and pulled in world renowned Contingency Management innovator and trainer, Dr. Richard Rawson to train their clinical staff in delivering this service utilizing the TRUST model. MBH staff have applied for and received philanthropic funding to pay for the incentive portion of Contingency Management. Contingency Management is included in the State Plan to reduce overdose deaths and is also included in the State Opioid Response Grant which will fund this initiative.

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

MaineHealth reached out to OBH to see if there were funds available to cover this initiative. 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 senior leadership concurred that this is something we should be funding and piloting.

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) 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:

13-MG-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:

9/25/2026