



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 Patrick Haskell		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lyndsay Frank		
(If applicable) Department Reference #:		MHC-27-114		
Agency Department Code:	10A	Advantage CT / RQS #:	202609010000MHC27114	
Amount: (Contract/Amendment/Grant)		\$85,750.00		
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:		Community Health and Counseling Services Bangor, Maine		
Brief Description of Goods/Services/Grant:		Crisis Stabilization - Residential - Minor		

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.

CRU Services are short term, highly supportive, supervised, residential services for individuals in Crisis who do not meet the level of care requirements for psychiatric hospitalization. CRU Services focus on assessment, intervention, Stabilization, and preparing the individual to return to the community. CRUs treat Adults and Minors in Crisis so as to avoid an intensive psychiatric hospitalization and support community reintegration (Step-down) in the case of hospitalization. Crises can be recurrent and significant, resulting from a number of factors including but not limited to behavioral health, substance use, and/or other drivers of health conditions. CRUs aim to reduce utilization of more restrictive care including emergency departments, psychiatric hospitals, and residential treatment and incarceration facilities. The CRU Services must be available 24/7/365 to all Adults and Minors in Crisis.

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.

This Provider is receiving a sole source Contract to provide CRU services to Minors for Public Health District D-6. This CRU service is on the RFP schedule and due to an administrative error, could not be awarded under the Competitive bid for Minors in D-6. This Provider is the incumbent provider for this district, with the knowledge and experience to Provide services in this area. No other Bidder's requested to provide services to adults, nor minors, in this area.

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

Costs are reimbursed according to rates established by MaineCare under Section 66.

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

This Service is on the RFP schedule for Competitive Procurement.

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

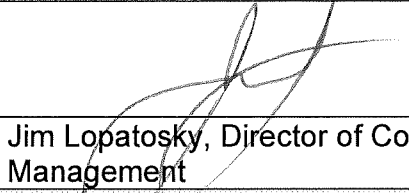
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ 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

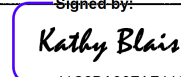
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky, Director of Contract Management	Date:	21-Sep-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:  41G2BA36FAF44GD...		
Typed Name:	Kathy Blais	Date:	9/28/2026