



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/Kristen King		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Nicole Mitchell		
(If applicable) Department Reference #:		OSA-27-371		
Agency Department Code:	10A	Advantage CT / RQS #:	CT-2026072800000SA27371	
Amount: (Contract/Amendment/Grant)		\$662,562.57		
CONTRACT	Proposed/Original Start Date:	9/1/2026	Proposed/Most Recent End Date:	8/31/2027
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 Care Partnership of Maine Bangor, Maine		
Brief Description of Goods/Services/Grant:		Prescription Monitoring Program Policy		

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.

The Department is prioritizing the support of providers that prescribe opiates and other addictive pharmaceuticals. With the goal of improving prescribing practices and supporting the providers/prescribers to adhere to evidence-based practice, the Department seeks to implement a model for multi-disciplinary teams to provide case reviews of de-identified patients that have been prescribed Opioids and Benzodiazepines. The state is working to improve the system of care for those with addiction due to prescribing habits, increase patient engagement and empowerment, and encourage shared decision-making around alternative approaches to pain management.

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 the only one in the state that has a developed expert interdisciplinary team, to include a clinical pharmacist, a psychiatrist, a Chief Medical Officer (MD), etc. with a developed case review process and can provide well-informed recommendations around reducing the amount of opioids and benzodiazepines prescribed to vulnerable patients.

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

In this technical assistance model, the fees for Case Reviews of prescribing habits that are evaluated by licensed medical professionals are determined by the Department to be fair and reasonable based on their level of expertise.

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

The Department does not intend to competitively procure these services at this time.

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

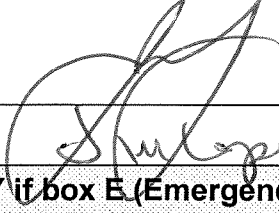
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ 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:	5-Aug-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: 		
Typed Name:	kathy Blais	Date:	9/29/2026