



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 Richard Freund Eliza Fielding		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Storm Dexter		
(If applicable) Department Reference #:		OSA-26-371		
Agency Department Code:	10A	Advantage CT / RQS # :	CT-10A-202509250000OSA26371	
Amount: (Contract/Amendment/Grant		\$662,562.57		
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date:	8/31/2026
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.)			
<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.

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 and the date of award notification, 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 in the future.

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.

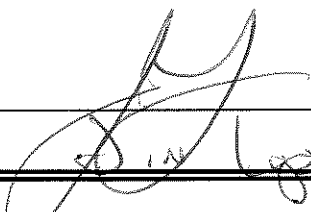
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	6-Oct-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/20/2025