

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of 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 / Brianne Carrero		
(If applicable) Department Reference #:		OSA-23-4046B		
Amount: (Contract/Amendment/Grant)	Original: \$14,000.00 Amend B: \$18,000.00 Revised: \$32,000.00	Advantage CT / RQS #:	CT-10A- 20220912000000000778	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2022	Effective Date:	7/1/2023
	Previous End Date:	6/30/2024	New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Health Affiliates Maine, Auburn, ME		
Brief Description of Goods/Services/Grant:		Outpatient Services		

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

This Amendment is increasing funding to support increased utilization of Outpatient Services

Maine is in the midst of a substance use epidemic. Treatment services and interventions are needed to combat Opioid Use Disorder (OUD), Substance Use Disorder (SUD) and alcohol dependence. Outpatient services are lower levels of care and aid in the prevention of an individual needing a higher more costly level of care such as Residential treatment. These services include individual, group and family counseling and are widely available across the State.

Outpatient Services: represent a point of entry initiating treatment and recovery. It is a community-based service on the care continuum.

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

DHHS, Office of Behavioral Health has determined that these providers are willing and qualified to provide these services because they are licensed to provide these services, they employ qualified licensed practitioners, and they are the providers of these services under MaineCare with a contract with SAMHS/DHHS

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

The rates are standardized and consistent with the MaineCare rate as set by MaineCare as stated in the MaineCare Benefits Manual, Chapter III Section 65.

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

These services will continue as any willing & qualified provider and will not be RFP'd

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

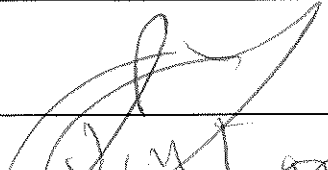
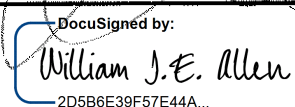
Does this request utilize ARPA/MJRP funds?

☐ Yes – If Yes, please attach the approved Business Case(s).

☒ No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	9-Jan-24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>2D5B6E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	2/8/2024

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