



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 \$5,000 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 – Stephanie Kadnar//Stacey Chandler		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Brianne Carrero		
(If applicable) Department Reference #:	Multiple, See Addendum		
Amount: (Contract/Amendment/Grant)	\$359,729.00	Advantage CT / RQS #:	CTMV-10A- 202504170000MATSFY26
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Multiple, see attached		
Brief Description of Goods/Services/Grant:	Medication Assisted Treatment (MAT)		

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 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.

Maine is in the midst of a substance use epidemic. Treatment services and interventions are needed to combat opiate use, heroin use, and alcohol dependence.

Community

The purpose of this Agreement is to provide Medication Assisted Treatment Services to uninsured individuals diagnosed with an Opioid Use Disorder who were incarcerated and released through the community based MAT program. The Provider is to concurrently provide MAT utilizing Buprenorphine, Buprenorphine/Naloxone and evidence-based counseling services. This Agreement covers the cost of the following: medications; Buprenorphine, Buprenorphine/Naloxone, drug screen testing, behavioral therapies, as well as community medical provider related cost.

MAT - OBOT Behavioral Health

The purpose of this agreement is to provide Medication Assisted Treatment utilizing Suboxone in an Office Based Opioid Treatment setting to individuals diagnosed with an opioid use disorder and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

MAT - Medication Only

The purpose of this agreement is to provide Medication to individuals diagnosed with an opioid use disorder and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

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

DHHS, The Office of Behavioral Health Services have determined that these providers are willing and qualified providers who have specialized licenses and certifications as required by Federal and State regulations. They have specially qualified and licensed medical and clinical staff to provide these services.

These providers have specific federal and state certifications according to 42 CFR Chapter 1, Subchapter A Part 8, and compliance with Maine Criminal Code and Maine State Pharmacy Act. Chapter 45 of the Maine Criminal Code (17-AM.R.S.A§1101 et seq.) as amended and the Maine State Pharmacy Act (32 M.R.S.A §13731(2)), as amended and are able to provide Medication Assisted Treatment with Methadone in an Opioid Treatment Program. They have the required resources and specifically trained staff to meet an evidenced-based standard of care.

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

The cost of these services was negotiated based on MaineCare Reimbursement rates and actual cost of services.

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

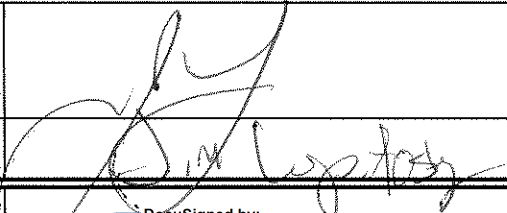
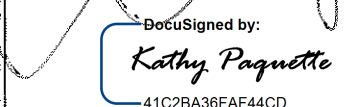
The Department does not intend to competitively procure these services.

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	29-Apr-25
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	5/14/2025

Procurement Justification Form (PJF)

DHHS Office: OBH

Service: MAT-SFY26

CTMV: 202504170000MATSFY26

Vendor Name	Agreement Number	Start Date	End Date	Service	Amount Per Year
DAY ONE	OSA-26-3008	7/1/2025	6/30/2026	OBOT	\$2,000.00
ENSO LLC	OSA-26-3012	7/1/2025	6/30/2026	Community	\$2,000.00
MAINEHEALTH	OSA-26-332	7/1/2025	6/30/2026	Med Only	\$14,075.00
MAINEGENERAL MEDICAL CTR	OSA-26-340	7/1/2025	6/30/2026	Med Only	\$40,000.00
AROOSTOOK MENTAL HLTH SERV INC	OSA-26-362	7/1/2025	6/30/2026	Community/ Med Only	\$2,526.60
CROOKED RIVER COUNSELING PA	OSA-26-4053	7/1/2025	6/30/2026	OBOT	\$100,301.20
RECOVERY CONNECTIONS OF MAINE LLC	OSA-26-4057	7/1/2025	6/30/2026	OBOT	\$120,301.20
ENSO LLC	OSA-26-4077	7/1/2025	6/30/2026	OBOT	\$53,671.44
MAINEHEALTH	OSA-26-4080	7/1/2025	6/30/2026	OBOT	\$24,853.56
Total Items	9	Total Projected			\$359,729.00