



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/Corinna OLeary/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Brianne Carrero		
(If applicable) Department Reference #:		OSA-26-3020		
Amount: (Contract/Amendment/Grant)		\$1,092,108.00	Advantage CT / RQS #:	CT-10A- 20250411000OSA263020
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2027
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:		Crossroads For Women, Inc Scarborough, ME.		
Brief Description of Goods/Services/Grant:		Women's Residential		

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.

This agreement is intended to provide residential treatment service 24/7/365, to approximately one hundred sixty (160) women per year, eighteen (18) years of age and older, who are assessed with having a SUD primary diagnosis and meet the criteria for ASAM Level 3.5 services, and shall include accommodations for women with children, ages newborn to five (5) years old.

As the Single State Authority (SSA), it is the responsibility of this office to allocate SAPT Block Grant and state dedicated and matching funds/ resources to non-profit agencies who have the organizational structure and ability to implement evidenced based treatment to the clients in Maine.

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 this provider is willing & qualified to provide this service because they are licensed to provide this service, employs qualified licensed practitioners and is a provider of this service under MaineCare with a contract with OBH/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 stated in the MaineCare Benefits Manual, Chapter III Section 97 appendix B (Residential).

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

The Department does not intend to RFP this Willing & Qualified Service.

### 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

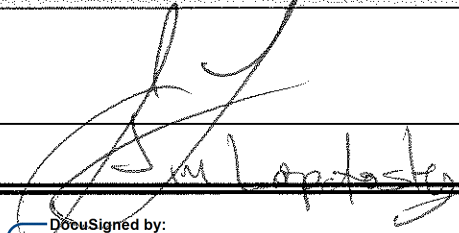

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

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**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Morris	Date:	12-May-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by: David Morris 2A644AF5681F482...</small>		
Typed Name:	David Morris	Date:	6/2/2025

NOI W&amp;Q 0620250509