



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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		OMS-25-40XX, Multiple See Addendum		
Amount: (Contract/Amendment/Grant)		\$5,691,114.00	Advantage CT / RQS #:	CTMV-10A- 20250422OPIOIDHEALTH
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/20/2026
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 Addendum		
Brief Description of Goods/Services/Grant:		Opioid Health Home SFY26		

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.

The purpose of this agreement is to provide Opioid Health Home Services to individuals who are not currently eligible to receive these services through MaineCare reimbursement. The provider shall provide Opioid Health Home services to individuals who meet eligibility for care requirements as stated in 10-144 C.M.R. Ch. 101, Ch. 2, §§17.02 or specific eligibility requirements as stated in 10-144 C.M.R., Ch.101, Ch. 2, § 93.03, but are not currently eligible to receive Opioid Health Home services via MaineCare reimbursement.

The focus of this effort is on expanding access to treatment in an integrated care setting. This will involve more clinicians prescribing medication-assisted treatment and behavioral therapy along with addressing other physical and mental health needs.

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

The Department will engage in a contract for Opioid Health Home Services with providers that have the appropriate license from the Division of Licensing and Regulatory Services and that have been approved by MaineCare Services to provide these services.

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 rates as stated in the MaineCare Benefits Manual, Ch.101, Ch.2, §93.08.

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

The Department will engage in a contract for Opioid Health Home Services with providers that have the appropriate license from the Division of Licensing and Regulatory Services and that have been approved by MaineCare Services to provide these services. The Department does not intend to RFP for these services as this is a 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

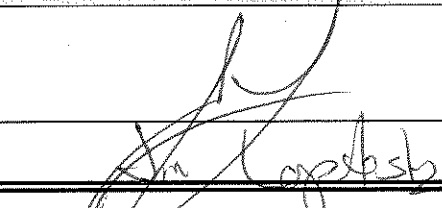

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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

Procurement Justification Form (PJF)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 2-Jun-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by: David Morris 2A644AE5681F482</small>	
Typed Name:	David Morris	Date: 7/15/2025

NOI W&Q 0720250709

DHHS Office: OMS

Service: OPIOID HEALTH HOME-SFY26

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
MERRIMACK RIVER MED SERV INC	OMS-26-4001	7/1/2025	6/20/2026	38,610.00
PORTLAND COMMUNITY HEALTH CENTER	OMS-26-4003	7/1/2025	6/20/2026	83,655.00
CENTER FOR BEHAVIORAL HEALTH ME	OMS-26-4008	7/1/2025	6/20/2026	296,010.00
RECOVER TOGETHER INC	OMS-26-4009	7/1/2025	6/20/2026	1,673,100.00
MAINE MEDICAL PARTNERS	OMS-26-4010	7/1/2025	6/20/2026	102,960.00
MAINEHEALTH	OMS-26-4013	7/1/2025	6/20/2026	51,480.00
ACADIA HEALTHCARE INC	OMS-26-4014	7/1/2025	6/20/2026	57,915.00
AROOSTOOK MENTAL HLTH SERV INC	OMS-26-4015	7/1/2025	6/20/2026	296,010.00
Brighter Heights Maine, LLC	OMS-26-4016	7/1/2025	6/20/2026	115,830.00
ANGLEZ BEHAVIORAL HEALTH SERVICES	OMS-26-4020	7/1/2025	6/20/2026	154,440.00
MAINEHEALTH	OMS-26-4023	7/1/2025	6/20/2026	38,610.00
SPURWINK SERVICES INC	OMS-26-4024	7/1/2025	6/20/2026	141,570.00
CATHOLIC CHARITIES MAINE	OMS-26-4026	7/1/2025	6/20/2026	167,310.00
WISCASSET FAMILY HEALTH	OMS-26-4028	7/1/2025	6/20/2026	38,610.00
ENSO RECOVERY LLC	OMS-26-4029	7/1/2025	6/20/2026	360,360.00
MAINEHEALTH	OMS-26-4030	7/1/2025	6/20/2026	167,310.00
MAINEHEALTH	OMS-26-4034	7/1/2025	6/20/2026	96,525.00
RECOVERY CONNECTIONS OF MAINE LLC	OMS-26-4035	7/1/2025	6/20/2026	38,610.00
BLUE SKY COUNSELING	OMS-26-4036	7/1/2025	6/20/2026	90,090.00
CROOKED RIVER COUNSELING PA	OMS-26-4037	7/1/2025	6/20/2026	244,530.00
MAINEHEALTH	OMS-26-4038	7/1/2025	6/20/2026	109,395.00
WILSON STREAM FAMILY PRACTICE LLC PA	OMS-26-4040	7/1/2025	6/20/2026	38,610.00
SAVIDA HEALTH PC	OMS-26-4041	7/1/2025	6/20/2026	398,970.00
SEASIDE FAMILY HEALTH CARE LLC PA	OMS-26-4042	7/1/2025	6/20/2026	154,440.00
BE WELL MY FRIEND, LLC	OMS-26-4043	7/1/2025	6/20/2026	51,480.00
KENNEBEC BEHAVIORAL HEALTH	OMS-26-4044	7/1/2025	6/20/2026	66,924.00
PENOBSCOT COMMUNITY HEALTH CENTER	OMS-26-4045	7/1/2025	6/20/2026	476,190.00
DAY ONE	OMS-26-4046	7/1/2025	6/20/2026	25,740.00
EVEREST RECOVERY CENTERS MAINE LLC	OMS-26-4052	7/1/2025	6/20/2026	70,785.00
NORTHWEST WINDS LLC	OMS-26-4053	7/1/2025	6/20/2026	45,045.00
Total Items	30	Total Projected		5,691,114.00