



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 Patrick Haskell    Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank	
(If applicable) Department Reference #:		Multiple, See Attached	
Amount: (Contract/Amendment/Grant)		\$1,177,124.00	Advantage CT / RQS #: 10A 20250527MEDICATIONMA
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 Management 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 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 Office of Behavioral Health supports a complete behavioral health service continuum by providing Medication Management Services to individuals with Serious Mental Illness (SMI). The Provider shall provide Medication Management Services to individuals who meet the eligibility criteria as outlined in Section IV, C, but who are not currently eligible to receive Medication Management Services via MaineCare reimbursement.

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

DHHS, Behavioral Health Services has determined currently that these 7 providers are willing and qualified. These providers are qualified to provide this service because they are licensed by DLRS to provide this service, employs qualified licensed practitioners and is a provider of this service under MaineCare.

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

Rates are standardized and consistent with the MaineCare rate.

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

The Department does not intend to RFP these willing and qualified 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.


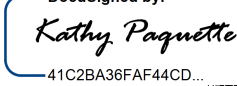
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	<i>Jim Lepore</i>	Date:	18-JUL-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	7/29/2025

**DHHS Office:** OBH  
**Service:** Medication Management -SFY26  
**CTMV** 10A 20250527MEDICATIONMA

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
Day One	MH1-26-3008	20250527000MH1263008	7/1/2025	6/30/2026	\$24,000.00
Spurwink Services	MH1-26-4006	20250527000MH1264006	7/1/2025	6/30/2026	\$72,000.00
MaineHealth	MH1-26-7103	20250527000MH1267103	7/1/2025	6/30/2026	\$132,000.00
Sweetser	MH1-26-417	202505270000MH226417	7/1/2025	6/30/2026	\$72,000.00
Kennebec Behavioral Health	MH2-26-710	202505270000MH226710	7/1/2025	6/30/2026	\$780,000.00
Aroostook Mental Health Serv	MH3-26-836	202505270000MH326836	7/1/2025	6/30/2026	\$6,843.00
Community Care	MH3-26-837	202505270000MH326837	7/1/2025	6/30/2026	\$24,000.00
<b>Total Items</b>	<b>7</b>				<b>Total Projected \$1,110,843.00</b>