



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		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached addendum		
Amount: (Contract/Amendment/Grant)		\$1,153,265.00	Advantage CT / RQS #:	Multiple, see attached addendum
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 addendum		
Brief Description of Goods/Services/Grant:		Medication Assisted Treatment (MAT) – Jail Re-Entry/OBOT		

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.

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 disorders and to assist in the expansion of MAT services to increase access and address the opioid epidemic throughout the state.

Recovery Coach

This agreement seeks to provide Recovery Coaching through an Office Based Medical Center to individuals who are inducted through the emergency department and meet the general eligibility requirements. Recovery Coach tasks will include Patient Navigation, Outreach, and efforts to increase retention and engagement in treatment and recovery services. The purpose of this Agreement is to improve rates of opioid overdose and risk of death by overdose via improving access to treatment, recovery-oriented supports, and workforce development for individuals with opioid use disorder. This is a pilot project working with the treatment provider.

MAT – Jail Re-Entry

The purpose of this Agreement is to provide Medication Assisted Treatment Services (MAT) within the Maine County jail system which includes medications and evidence-based counseling services to uninsured individuals diagnosed with an Opioid Use Disorder (OUD) who are currently incarcerated.

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.

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.

PART III: SUPPLEMENTAL INFORMATION

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.

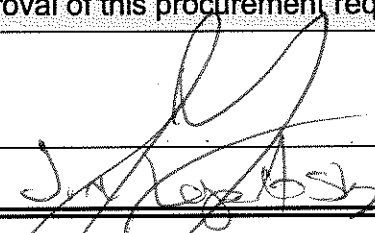
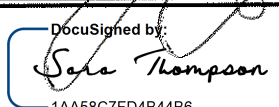
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	J. A. Thompson	Date: 9-Jun-25
Signature of DAFS Procurement Official:	 1AA58C7FD4B44B6...	

12 August 2025

Sara Thompson

Procurement Justification Form (PJF)

DHHS Office:

OBH

Service:

Medication Assisted Treatment SFY-26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Mercy Hospital	OSA-26-3007	202504240000SA263007	7/1/2025	6/30/2026	\$170,000.00
County of Androscoggin	OSA-26-3015	202504240000SA263015	7/1/2025	6/30/2026	\$80,000.00
County of Hancock	OSA-26-3017	202504240000SA263017	7/1/2025	6/30/2026	\$90,400.00
Cumberland County	OSA-26-3018	202504240000SA263018	7/1/2025	6/30/2026	\$136,259.00
County of Penobscot	OSA-26-3019	202504240000SA263019	7/1/2025	6/30/2026	\$137,500.00
Somerset Cty of	OSA-26-3021	202504240000SA263021	7/1/2025	6/30/2026	\$80,000.00
Lincoln/Sagad Multicnty Jail	OSA-26-3023	202504240000SA263023	7/1/2025	6/30/2026	\$80,000.00
County of Aroostook	OSA-26-3024	202504240000SA263024	7/1/2025	6/30/2026	\$80,000.00
County of Washington	OSA-26-3025	202504240000SA263025	7/1/2025	6/30/2026	\$80,000.00
County of Knox	OSA-26-3026	202504240000SA263026	7/1/2025	6/30/2026	\$80,000
York Cty of	OSA-26-4009	202504240000SA264009	7/1/2025	6/30/2026	\$119,106.00
Total Items	11				