



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/Corinna OLeary		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		OSA-26-3057		
Amount: (Contract/Amendment/Grant)		\$65,000.00	Advantage CT / RQS #:	CT 10A 20250328000OSA263057
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:		Recovery Connections of Maine, LLC Lewiston, ME 04240		
Brief Description of Goods/Services/Grant:		SUD Residential Men's Halfway House 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.

Halfway House: There has been a steady increase of substance use in the State, particularly in regard to heroin and opioids and their associated problems. A continuum of treatment is needed to address the growing need. Residential halfway house services are along this continuum and are a higher-level service to treat substance use acuity.

The purpose of this Contract is to provide Halfway House Services to Non-MaineCare Members. The Provider shall provide Halfway House Services to individuals who meet the clinical eligibility requirements but are uninsured and not currently eligible to receive Halfway House Services via MaineCare or private insurance reimbursement. These services will be provided on Fee for Service basis billed at the current MaineCare rate person per day for the duration of the provision of treatment within the Program.

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.

The other agency who offers Halfway House level of care within the state and contracts with OBH to provide this level of treatment is Wellspring, OSA-25-383. Recovery Connections is 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 rates are standardized and consistent with the MaineCare rate as stated in the MaineCare Benefits Manual, Chapter III Section 97 appendix B (Residential).

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.

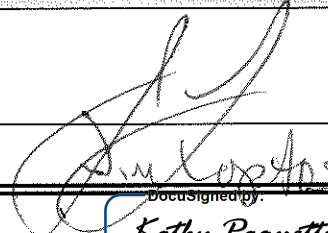
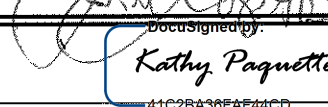
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	11-Jun-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> Kathy Paquette <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	8/25/2025

DHHS Office: OBH

Service: Residential Services – Halfway House

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
Recovery Connections of Maine	OSA-26-3057	202503280000OSA263057	7/1/2025	6/30/2026	\$65,000.00
Wellspring Inc.	OSA-25-383	20240329000000002672	7/1/2024	6/30/2026	\$3,361,408.00
Total Items	2	Totals			\$3,426,408.00