



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 \$10,000 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:	Brianne Carrero / Melinda Farrell		
(If applicable) Department Reference #:	OTP-SFY26 Master Amend 1		
Agency Department Code:	10A	Advantage CT / RQS # :	202504170000OTPSFY26
Amount: (Contract/Amendment/Grant	Original: \$3,067,809.00 Amend 1: \$129,261.00 Revised: \$3,197,070.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:
AMENDMENT	New Effective Date:	7/1/2025	New End Date (if Applicable):
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:	Medication Assisted Treatment (MAT) – OTP		

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 checked="" 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. Higher Education 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 amendment is to add funding to an existing Federal funding line to increase the allowance of slots.

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.

OTP Methadone Only

The purpose of this Agreement is to provide Opioid Treatment Services to individuals who meet the general eligibility requirements and are uninsured. Services are provided as a part of a package of services to include the cost of providing: medication (Methadone), counseling services, drug screening, required laboratory testing, and medical services.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, 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.

These providers has 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.

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	R. Todd Habes	Date:
	10/16/2025	

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date:

Signature of DAFS Procurement Official:	<p>DocuSigned by:  41C2BA36FAF44CD...</p>	
Typed Name:	Kathy Paquette	Date:
	10/16/2025	