



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	
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Lyndsay Frank	
(If applicable) Department Reference #:		Multiple- see attached list	
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple- see attached list
Amount: (Contract/Amendment/Grant)		Multiple- see attached list	
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	9/14/2025	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 attached list	
Brief Description of Goods/Services/Grant:		Outpatient 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 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 additional SUD Outpatient service sites previously under MaineHealth dba MidCoast DHHS Agreement # OSA-25-219.

Maine is in the midst of a substance use epidemic. Treatment services and interventions are needed to combat Opioid Use Disorder (OUD), Substance Use Disorder (SUD) and alcohol dependence. Outpatient services are lower levels of care and aid in the prevention of an individual needing a higher more costly level of care such as Residential treatment. These services include individual, group and family counseling and are widely available across the State.

Outpatient Services: represent a point of entry initiating treatment and recovery. It is a community-based service on the care continuum.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

DHHS, Office of Behavioral Health has determined that these providers are willing and qualified to provide these services because they are licensed to provide these services, they employ qualified licensed practitioners, and they are the providers of these services under MaineCare with a contract with SAMHS/DHHS.

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

Costs are consistent with historical costs needed to run this specialized program for the previous 6 years. Costs reflect 2 years of the following associated expenses; salaries and fringe, rent, utilities, technology, maintenance, materials, travel, etc.

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

These services will continue as any willing & qualified provider and will not be RFP'd.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	<i>[Handwritten Name]</i>	Date: 5-Nov-25

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF446D...	
Typed Name:	Kathy Paquette	Date: 12/18/2025

Procurement Justification Form (PJF)

DHHS Office: OBH

Service: OUTPATIENT (SA)-SFY25

Vendor Name	Agreement Number	Amend Number	CT 10A	Start Date	End Date	Amend Amount	Revised Amount
SPURWINK SERVICES INC	OSA-25-3001		202407080000OSA253001	7/1/2024	6/30/2026		644,715.00
CRISIS & COUNSELING CTR INC	OSA-25-311		202407080000OSA25311	7/1/2024	6/30/2026		650,102.00
CROSSROADS FOR WOMEN INC	OSA-25-312		202407080000OSA25312	7/1/2024	6/30/2026		664,402.00
MAINEGENERAL COMMUNITY CARE	OSA-25-317		202407080000OSA25317	7/1/2024	6/30/2026		752,000.00
KENNEBEC BEHAVIORAL HEALTH	OSA-25-323		202407080000OSA25323	7/1/2024	6/30/2026		262,701.00
CATHOLIC CHARITIES MAINE	OSA-25-369		202407080000OSA25369	7/1/2024	6/30/2026		635,968.00
REGIONAL MEDICAL CTR AT LUBEC	OSA-25-382		202407080000OSA25382	7/1/2024	6/30/2026		183,694.00
AROOSTOOK MENTAL HLTH SERV INC	OSA-25-389		202407080000OSA25389	7/1/2024	6/30/2026		732,000.00
A TIME TO RISE- COUNSELING & WELLNESS	OSA-25-390		202407080000OSA25390	7/1/2024	6/30/2026		50,400.00
DAY ONE	OSA-25-391		202407080000OSA25391	7/1/2024	6/30/2026		170,602.00
HEALTH AFFILIATES MAINE	OSA-25-4046		202407080000OSA254046	7/1/2024	6/30/2026		14,000.00
MAINEHEALTH dba MBH	OSA-25-4073	A	202407080000OSA254073	7/1/2024	6/30/2026	209,719.97	309,719.97
Total Items amended	2				Totals	\$209,719.97	\$5,070,303.97