



### 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/Corinna OLeary/Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Lyndsay Frank	
(If applicable) Department Reference #:		OSA-26-377	
Amount: (Contract/Amendment/Grant)	\$251,342.00	Advantage CT / RQS #:	CT-10A-202504240000OSA26377
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
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:		Aroostook Mental Health Services, Inc Presque Isle, Maine 04769	
Brief Description of Goods/Services/Grant:		Residential 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 purpose of this Contract is to provide the following services:

A continuum of treatment is needed to address the issues related to substance use. Residential treatment services Type I & II services are along this continuum and are a higher-level service to treat substance use acuity.

The agency is responsible for provision of individual, group and family substance abuse treatment in a residential "milieu" setting in compliance with the American Society of Addiction Medicine (ASAM) Level 3.5 which is a clinically managed high-intensity residential treatment program that provides twenty-four (24) hour care by licensed/credentialed staff and allied health professionals. The purpose of ASAM Level 3.5 is to stabilize Clients who are at high risk of dangerous consequences due to their substance use. ASAM Level 3.5 treatment programs implement evidenced based therapies and teach coping skills, prosocial skills, skills of daily living, and relapse prevention strategies. ASAM Level 3.5 prepares the Client for integration to a lower level of care along the ASAM continuum of care, to embrace sobriety and recovery, and return back into the community. ASAM Level 3.5 is equivalent to Residential Rehabilitation Type I & II treatment services in the MaineCare Benefits Manual (MBM) Ch. 101, Ch II, § 97.08 (D). This level of care is intensive and short-term typically thirty (30) to forty-five (45) days.

As the Single State Authority (SSA), it is the responsibility of this office to allocate SAPT Block Grant and state dedicated and matching funds/ resources to non –profit agencies who have the organizational structure and ability to implement evidenced based treatment to the clients in Maine.

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 qualified to provide these services because they are licensed to provide these services, they employ qualified licensed practitioners' and they are a provider of these services 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 set by MaineCare as stated in the MaineCare Benefits Manual, Chapter III Section 97 Appendix B.

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

The Department does not intend to competitively procure these 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.

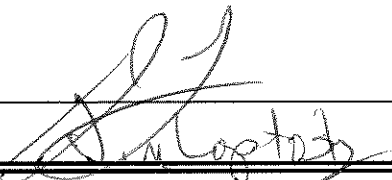
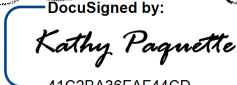
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:		Date:	17-NOV-25
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	2/9/2026