



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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:	Multiple; see attached		
Agency Department Code:	10A	Advantage CT / RQS #:	20250422OPIOIDHEALTH
Amount: (Contract/Amendment/Grant)	Amend A: \$2,918,520.00 Revised: \$8,609,634.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/20/2026
AMENDMENT	New Effective Date:	6/21/2026	New End Date (if Applicable): 12/20/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Multiple; see attached		
Brief Description of Goods/Services/Grant:	Opioid Health Home		

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 agreement is to provide Opioid Health Home Services to individuals who are not currently eligible to receive these services through MaineCare reimbursement. The provider shall provide Opioid Health Home services to individuals who meet eligibility for care requirements as stated in 10-144 C.M.R. Ch. 101, Ch. 2, §§17.02 or specific eligibility requirements as stated in 10-144 C.M.R., Ch.101, Ch. 2, § 93.03, but are not currently eligible to receive Opioid Health Home services via MaineCare reimbursement.

The focus of this effort is on expanding access to treatment in an integrated care setting. This will involve more clinicians prescribing medication-assisted treatment and behavioral therapy along with addressing other physical and mental health needs.

The purpose of this amendment is to align the contract term with a December renewal date.

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.

The Department will engage in a contract for Opioid Health Home Services with providers that have the appropriate license from the Division of Licensing and Regulatory Services and that have been approved by MaineCare Services to provide these services.

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 rates as stated in the MaineCare Benefits Manual, Ch.101, Ch.2, §93.08.

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

The Department does not intend to RFP for these services as this is a willing/qualified service. The Department will engage in a contract for Opioid Health Home Services with providers that have the appropriate license from the Division of Licensing and Regulatory Services and that have been approved by MaineCare Services to provide 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) 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

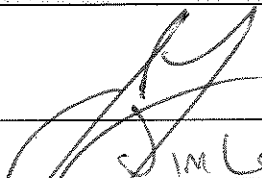
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	JIM LEPROSKY	Date: 8-Apr-26

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: 	
Typed Name:	Kathy Paquette	Date: 4/23/2026

Procurement Justification Form (PJF)

DHHS Office: OMS
 Service: Opioid Health Home SFY26
 CTMV 10A 20250422OPIOIDHEALTH

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Projected Spend Amend A	Total Projected Spend
MERRIMACK RIVER MED SERV INC	OMS-26-4001	A	20250507000OMS264001	7/1/2025	12/20/2026	\$19,800.00	\$58,410.00
PORTLAND COMMUNITY HEALTH CENTER	OMS-26-4003	A	20250507000OMS264003	7/1/2025	12/20/2026	\$42,900.00	\$126,555.00
CENTER FOR BEHAVIORAL HEALTH ME	OMS-26-4008	A	20250507000OMS264008	7/1/2025	12/20/2026	\$151,800.00	\$447,810.00
RECOVER TOGETHER INC	OMS-26-4009	A	20250507000OMS264009	7/1/2025	12/20/2026	\$858,000.00	\$2,531,100.00
MAINE MEDICAL PARTNERS	OMS-26-4010	A	20250507000OMS264010	7/1/2025	12/20/2026	\$52,800.00	\$155,760.00
MAINEHEALTH	OMS-26-4013	A	20250507000OMS264013	7/1/2025	12/20/2026	\$26,400.00	\$77,880.00
ACADIA HEALTHCARE INC	OMS-26-4014	A	20250507000OMS264014	7/1/2025	12/20/2026	\$29,700.00	\$87,615.00
AROOSTOOK MENTAL HLTH SERV INC	OMS-26-4015	A	20250507000OMS264015	7/1/2025	12/20/2026	\$151,800.00	\$447,810.00
Brighter Heights Maine, LLC	OMS-26-4016	A	20250507000OMS264016	7/1/2025	12/20/2026	\$59,400.00	\$175,230.00
ANGLEZ BEHAVIORAL HEALTH SERVICES	OMS-26-4020	A	20250507000OMS264020	7/1/2025	12/20/2026	\$79,200.00	\$233,640.00
MAINEHEALTH	OMS-26-4023	A	20250507000OMS264023	7/1/2025	12/20/2026	\$19,800.00	\$58,410.00
SPURWINK SERVICES INC	OMS-26-4024	A	20250507000OMS264024	7/1/2025	12/20/2026	\$72,600.00	\$214,170.00
CATHOLIC CHARITIES MAINE	OMS-26-4026	A	20250602000OMS264026	7/1/2025	12/20/2026	\$85,800.00	\$253,110.00
WISCASSET FAMILY HEALTH	OMS-26-4028	A	20250602000OMS264028	7/1/2025	12/20/2026	\$19,800.00	\$58,410.00

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ENSO RECOVERY LLC	OMS-26-4029	A	20250507000OMS264029	7/1/2025	12/20/2026	\$184,800.00	\$545,160.00
MAINEHEALTH	OMS-26-4030	A	20250507000OMS264030	7/1/2025	12/20/2026	\$85,800.00	\$253,110.00
MAINEHEALTH	OMS-26-4034	A	20250507000OMS264034	7/1/2025	12/20/2026	\$49,500.00	\$146,025.00
RECOVERY CONNECTIONS OF MAINE LLC	OMS-26-4035	A	20250507000OMS264035	7/1/2025	12/20/2026	\$19,800.00	\$58,410.00
BLUE SKY COUNSELING	OMS-26-4036	A	20250602000OMS264036	7/1/2025	12/20/2026	\$46,200.00	\$136,290.00
CROOKED RIVER COUNSELING PA	OMS-26-4037	A	20250507000OMS264037	7/1/2025	12/20/2026	\$125,400.00	\$369,930.00
MAINEHEALTH	OMS-26-4038	A	20250507000OMS264038	7/1/2025	12/20/2026	\$56,100.00	\$165,495.00
WILSON STREAM FAMILY PRACTICE LLC PA	OMS-26-4040	A	20250507000OMS264040	7/1/2025	12/20/2026	\$19,800.00	\$58,410.00
SAVIDA HEALTH PC	OMS-26-4041	A	20250602000OMS264041	7/1/2025	12/20/2026	\$204,600.00	\$603,570.00
SEASIDE FAMILY HEALTH CARE LLC PA	OMS-26-4042	A	20250507000OMS264042	7/1/2025	12/20/2026	\$79,200.00	\$233,640.00
BE WELL MY FRIEND, LLC	OMS-26-4043	A	20250602000OMS264043	7/1/2025	12/20/2026	\$26,400.00	\$77,880.00
KENNEBEC BEHAVIORAL HEALTH	OMS-26-4044	A	20250602000OMS264044	7/1/2025	12/20/2026	\$34,320.00	\$101,244.00
PENOBSCOT COMMUNITY HEALTH CENTER	OMS-26-4045	A	20250602000OMS264045	7/1/2025	12/20/2026	\$244,200.00	\$720,390.00
DAY ONE	OMS-26-4046	A	20250507000OMS264046	7/1/2025	12/20/2026	\$13,200.00	\$38,940.00
EVEREST RECOVERY CENTERS MAINE LLC	OMS-26-4052	A	20250507000OMS264052	7/1/2025	12/20/2026	\$36,300.00	\$107,085.00
NORTHWEST WINDS LLC	OMS-26-4053	A	20250507000OMS264053	7/1/2025	12/20/2026	\$23,100.00	\$68,145.00
Total Items amended	30				Total Projected	\$2,918,520.00	\$8,609,634.00