



## 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 Patrick Haskell    Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Lyndsay Frank	
(If applicable) Department Reference #:		Multiple, see attached	
Agency Department Code:	10A	Advantage CT / RQS #:	20250527MEDICATIONMA
Amount: (Contract/Amendment/Grant)		Amend 4: \$ 588,562.00 Revised: \$1,640,031.30	
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	7/1/2026	New End Date (if Applicable): 12/31/2026
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:		Medication Management 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 add funding, extend the end date to shift to a 1/1/27 start date, per DCM guidance as well as to add a new Provider.**

The Office of Behavioral Health supports a complete behavioral health service continuum by providing Medication Management Services to individuals with Serious Mental Illness (SMI). The Provider shall provide Medication Management Services to individuals who meet the eligibility criteria as outlined in Section IV, C, but who are not currently eligible to receive Medication Management Services via MaineCare reimbursement

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, Behavioral Health Services has determined that these providers are willing and qualified. These providers are qualified to provide this service because they are licensed by DLRS to provide this service, employs qualified licensed practitioners and is a provider of this service under MaineCare.

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

Rates are standardized and consistent with the MaineCare rate.

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) 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 Loggosty	Date:	3-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:	Signed by: 		
Typed Name:	Kathy Blais <small>41C2BA36FAF44CD...</small>	Date:	4/29/2026

DHHS Office: OBH  
 Service: Medication Management -SFY26  
 CTMV 10A 20250527MEDICATIONMA

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Projected Spend
Day One	MH1-26-3008	B	20250527000MH1263008	7/1/2025	12/31/2026	\$33,000.00
Spurwink Services	MH1-26-4006	B	20250527000MH1264006	7/1/2025	12/31/2026	\$108,000.00
MaineHealth	MH1-26-7103	B	20250527000MH1267103	7/1/2025	12/31/2026	\$189,000.00
Sweetser	MH1-26-417	B	20250527000MH226417	7/1/2025	12/31/2026	\$99,000.00
Kennebec Behavioral Health	MH2-26-710	C	20250527000MH226710	7/1/2025	12/31/2026	\$1,208,700.00
Aroostook Mental Health Serv	MH3-26-836	B	20250527000MH326836	7/1/2025	12/31/2026	\$10,419.00
Community Care	MH3-26-837		20250527000MH326837	7/1/2025	12/31/2026	\$33,000.00
True Connections	MH4-26-838	B	20250819000MH426838	7/1/2025	12/31/2026	\$33,000.00
Community Concepts	MH4-27-831	N/A	20260325000MH427831	7/1/2026	12/31/2026	9,000.00
<b>Total Items amended</b>	<b>1</b>				<b>Total Projected</b>	<b>\$1,640,031.30</b>