



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/ Outpatient 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 #:	CTMV 2026042800000OPSFY27	
Amount: (Contract/Amendment/Grant)		\$ 2,514,617.09		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	12/31/2027
AMENDMENT	New Effective Date:		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		
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 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.

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 licensed to provide these services, employ qualified licensed practitioners, are willing and qualified, and will provide 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.

The Department does not intend to competitively procure these services due to being willing and qualified.

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

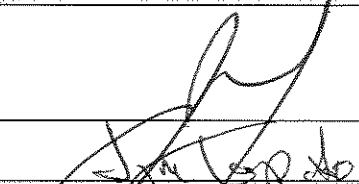
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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:		Date:	6-May-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	Date:	5/20/2026

DHHS Office: OBH
 Service: OP- SFY27
 CTMV 10A 2026042800000PSFY27

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
Spurwink Services	OSA-27-3001	20260428000OSA273001	7/1/2026	12/31/2027	\$320,399.60
Crossroads for Women Inc	OSA-27-312	202604280000OSA27312	7/1/2026	12/31/2027	\$330,440.02
MaineGeneral Community Care	OSA-27-317	202604280000OSA27317	7/1/2026	12/31/2027	\$373,737.04
Kennebec Behavioral Health	OSA-27-323	202604280000OSA27323	7/1/2026	12/31/2027	\$384,409.50
Catholic Charities Maine	OSA-27-369	202604280000OSA27369	7/1/2026	12/31/2027	\$316,578.44
Regional Medical Ctr at Lubec	OSA-27-382	202604280000OSA27382	7/1/2026	12/31/2027	\$96,094.87
Aroostook Mental Hlth Serv	OSA-27-389	202604280000OSA27389	7/1/2026	12/31/2027	\$363,344.04
A Time to Rise	OSA-27-390	202604280000OSA27390	7/1/2026	12/31/2027	\$44,344.01
Day One	OSA-27-391	202604280000OSA27391	7/1/2026	12/31/2027	\$10,000.00
Health Affiliates Maine	OSA-27-4046	20260428000OSA274046	7/1/2026	12/31/2027	\$17,044.04
MaineHealth dba MBH	OSA-27-4073	20260428000OSA274073	7/1/2026	12/31/2027	\$258,225.53
Total Items	11			Total Projected	\$2,514,617.09