



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/Intensive Outpatient Services		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / 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)	Amend 3: \$150,000.00 Revised: \$450,000.00		
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 list		
Brief Description of Goods/Services/Grant:	Intensive 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 checked="" type="checkbox"/>	L. Other Authorization-Extension

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 extend the service through 12/31/2026 and move to a 2-year renewal cycle with a start date of 1/1/2027

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. Intensive Outpatient (IOP) services is a lower level of care and aids 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.

Intensive Outpatient (IOP): Is a step above Outpatient services on the continuum of care. This intensive service is designed to meet the more complex needs of people with addiction and co-occurring conditions.

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's Office of Behavioral Health has determined these providers are willing and qualified to provide Intensive Outpatient Services because they are licensed to provide Intensive Outpatient Services, they employ qualified licensed practitioners, and they are the providers of Intensive Outpatient 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 65.

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

The Department does not plan on competitively procuring 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 Topolish	Date:	4 - 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: INTENSIVE OUTPATIENT -SFY26
 Amend 3
 CTMV 20250422INTENSIVEOUT

Vendor Name	Agreement Number	Amendment Number	Start Date	End Date	Amend B/C Projected Spend	Revised Projected Spend
MAINEGENERAL MEDICAL CTR	OSA-26-318	B	7/1/2025	12/31/2026	6,000.00	\$18,000.00
YORK HOSPITAL	OSA-26-385	B	7/1/2025	12/31/2026	6,000.00	\$18,000.00
AROOSTOOK MENTAL HLTH SERV INC	OSA-26-4039	B	7/1/2025	12/31/2026	12,000.00	\$36,000.00
MAINEHEALTH DBA MIDCOAST	OSA-26-4040	B	7/1/2025	12/31/2026	18,000.00	\$54,000.00
MAINEHEALTH DBA MBH	OSA-26-4042	C	7/1/2025	12/31/2026	36,000.00	\$108,000.00
A TIME TO RISE- COUNSELING & WELLNESS	OSA-26-4043	B	7/1/2025	12/31/2026	36,000.00	\$108,000.00
HEALTH AFFILIATES MAINE	OSA-26-4044	B	7/1/2025	12/31/2026	36,000.00	\$108,000.00
Total	7				150,000.00	450,000.00