DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

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/Debra Poulin & Sara Wade		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:	MH4-26-2025B		
Agency Department Code:	10A	Advantage CT / RQS # :	20250507000MH4262025
Amount: (Contract/Amendment/Grant	Amendment B: $110,000.00 Revised: $350,000.00		

CONTRACT	Proposed/Original Start Date:	**7/1/2025**	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	**4/1/2026**	New End Date (if Applicable):	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	

Vendor/Provider/Grantee Name, City, State:	Walden Behavioral Care, LLC Waltham, MA
Brief Description of Goods/Services/Grant:	Complex Care

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

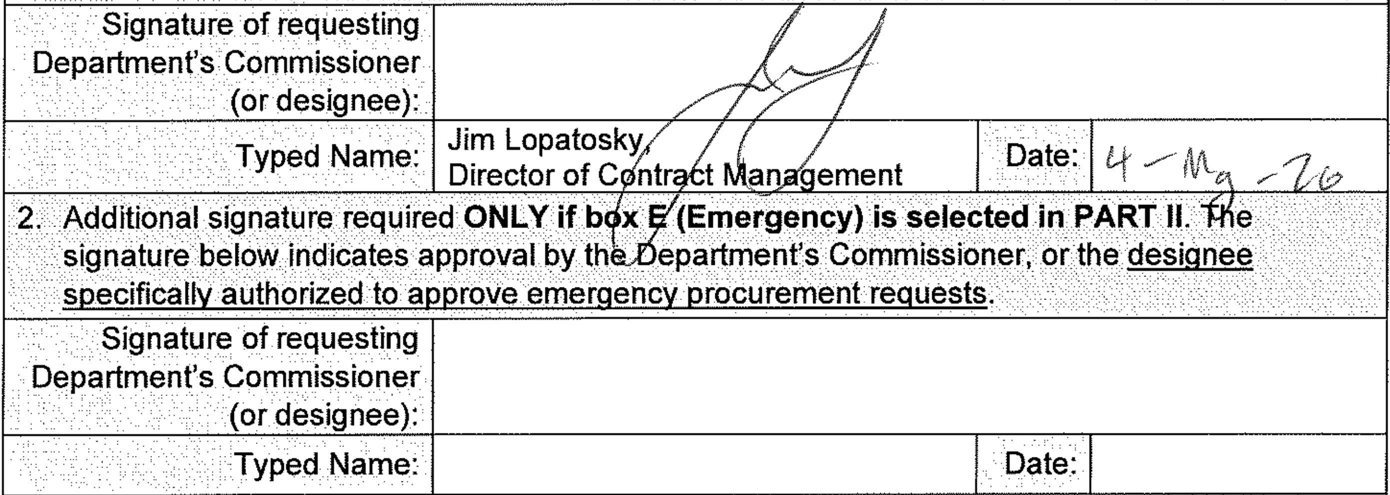
☐	A. Competitive Process	☐	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	L. Other Authorization

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 meet the care needs of clients needing out of State specialized in-patient treatment services. This contract period will cover 30-36 days of treatment at the facility. Chief Hearing Officer cited 14-193 CMR ch 40 which obliges the Office of Behavioral Health to conduct a prior authorization process to determine eligibility for out-of-state funding. **This Contract is being Amended to add funding to support new admissions in quarter 4.**
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.
This out of State provider operates a specialized PNMI type facility that specializes in treatment of eating disorders. Due to this client's acuity, there is no other provider alternatives within the State of Maine that provide this in-patient level of specialized services.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The Department was able to negotiate a per diem rate of $1,600.00. The average length of stay is 30 days with some individuals completing treatment in less than 30 days while others take longer. This contract covers 150 inpatient days.
4. Describe the plan for future competition for the goods or services.
The Department does not intend to RFP this service.

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'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 Lopatosky, Director of Contract Management	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: Kathy Blais 41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	5/22/2026