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

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW					
Department Office/Division/Program:	DHHS/OBH/Intensive Outpatient Services/Stacey Chandler & Kristen King				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Brianne Carrero				
(If applicable) Department Reference #:	Multiple, See Addendum				
Amount: (Contract/Amendment/Grant)	Multiple, See Addendum	Advantage CT / RQS #:	CTMV-10A-20240404000000000010		
CONTRACT	Proposed Start Date:	**7/1/2024**	Proposed End Date:	6/30/2025	
AMENDMENT	Original Start Date:		Effective Date:		
	Previous End Date:		New End Date:		
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:	Multiple, See Addendum				
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.)			
☐	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. University 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.
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 RFP 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) – If Yes, please be aware of the requirements from awarding federal agencies.
☒ No – If No, proceed to Part V.

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	31-May-24
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/7/2024

DHHS Office: OBH

Service: INTENSIVE OUTPATIENT -SFY25

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
MAINEGENERAL MEDICAL CTR	OSA-25-318	7/1/2024	6/30/2025	12,000.00
YORK HOSPITAL	OSA-25-385	7/1/2024	6/30/2025	12,000.00
AROOSTOOK MENTAL HLTH SERV INC	OSA-25-4039	7/1/2024	6/30/2025	24,000.00
MAINEHEALTH	OSA-25-4040	7/1/2024	6/30/2025	36,000.00
MAINEHEALTH	OSA-25-4042	7/1/2024	6/30/2025	72,000.00
A TIME TO RISE- COUNSELING & WELLNESS	OSA-25-4043	7/1/2024	6/30/2025	72,000.00
HEALTH AFFILIATES MAINE	OSA-25-4044	7/1/2024	6/30/2025	72,000.00
Total Items	7		**Total Projected**	300,000.00