



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/ Heidi Johnson -Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero		
(If applicable) Department Reference #:		Multiple See attached		
Amount: (Contract/Amendment/Grant)		\$ Multiple See attached	Advantage CT / RQS #:	Multiple See attached
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023
AMENDMENT	Original Start Date:		Effective Date:	07/01/2022
	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 attached		
Brief Description of Goods/Services/Grant:		Long Term Supported Employment		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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. University 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 to move funding to agreements that are over-spending due to increased service delivery. OBH is also reducing funds on agreements that are under-spending and adding additional funds to cover the gap in funding.**

OBH is responsible for delivery of services to persons with serious and persistent mental illness in the State of Maine. Some individuals with serious and persistent mental illness are able and encouraged to return to work or first become employed with appropriate employment/vocational related supports.

The Bates Consent Decree E. Paragraph 101 requires the Department to fund, develop, recruit and support an array of vocational services. The Decree also states that these programs may include vocational counseling, employment preparation programs which focus upon the development of work-related skills, supported employment programs, transitional employment programs, competitive employment referral services, and other programs.

This service represents a supported employment program and supports the Consent Decree Exit Strategy: Consent Decree Goal/Initiative: Improve Employability of Consumers and Assist Consumers in Obtaining/Maintaining Employment.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

This service is driven by individual client choice. The provider is willing and qualified to provide this service. This provider is also licensed by DHHS and certified by the Department of Labor Bureau of Vocational Rehabilitation as a Certified Rehabilitation Provider (CRP). The clients that are being served by this provider will choose to work with this Provider.

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

The Long Term Supported Employment rate is aligned with 10-144 Ch. 101 MBM Ch. 3 § 21, H2023 WORK SUPPORT (supported employment)-Individual.

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

OBH does not currently intend to RFP this service. LTSE is provided by Agencies who are willing and qualified. OBH will consider putting this service to RFP should this circumstance change.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

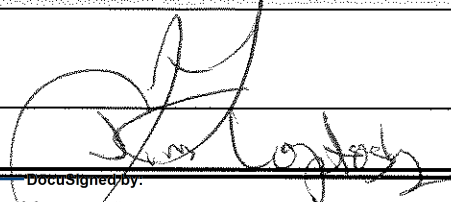

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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:	20 - Dec - 22
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	1/26/2023

Advantage CT	Vendor Name	Agreement Number	Agreement Amount	Amendment B	Amendment C	New Agreement Amount
2021050400000003030	GOODWILL IND OF NORTHERN NE	MH1-22-202	\$ 3,100.00	\$ 2,200.00		\$ 5,300.00
2021050700000003113	HOPE ASSOCIATION - FOURTH ST	MH3-22-303	\$ 22,000.00	\$ (11,000.00)		\$ 11,000.00
2021050700000003111	KENNEBEC BEHAVIORAL HEALTH	MH2-22-813	\$ 18,000.00	\$ 18,000.00		\$ 36,000.00
2021050700000003114	PENOBSCOT COMMUNITY HEALTH	MH3-22-540	\$ 3,000.00	\$ 3,000.00		\$ 6,000.00
2021050700000003112	EMPOWERS	MH2-22-922	\$ 3,000.00	\$ (1,000.00)		\$ 2,000.00
2021050700000003116	MAINE JOB TRUST	MH4-22-232	\$ 3,800.00	\$ 0.00	\$0.00	