



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Patrick Haskell Eliza Fielding	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lyndsay Frank	
(If applicable) Department Reference #:		MH1-25-400423	
Amount: (Contract/Amendment/Grant)	\$ 22,000.00	Advantage CT / RQS #:	CT-10A-20250424000M H125400423
CONTRACT	Proposed Start Date:	04/01/2025	Proposed End Date: 04/30/2025
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:		Health Affiliates Maine	
Brief Description of Goods/Services/Grant:		American Sign Language Interpreter 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 checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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 Contract is to provide reimbursement for costs associated with providing ASL Counseling Services not reimbursed by the MaineCare Program. The Provider shall ensure services are delivered in the communication modality most readily understood by the recipient. The provider is part of the deaf and hard of hearing community and communicates with his clients using ASL.

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

The Provider employs a clinician to provide services who is a member of the deaf and hard of hearing community; the clinician communicates using ASL as their primary language. The provider is not receiving the enhanced MaineCare rate for this service due to current MaineCare policy limitations. However, the provider, post Lewiston tragedy, has seen an increase in individuals requesting ASL outpatient therapy supports.

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

The costs were deemed reasonable by the Department and align with the difference between the standard LCPC MaineCare Rate and enhanced rate for providing ASL therapy for members of the deaf and hard of hearing community.

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

The Department does not plan 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.

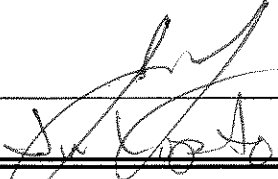
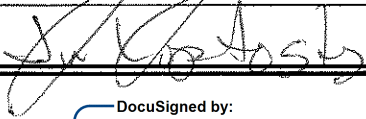
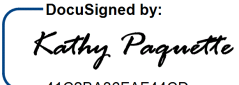
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	2-May-25
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD</small>		
Typed Name:	Kathy Paquette	Date:	5/14/2025