



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/Kerry Polyot-Stefani			
Department Contract Administrator or Grant Coordinator:	Brienne Carrero / Nicole Mitchell			
(If applicable) Department Reference #:	Multiple – See Addendum			
Agency Department Code:	10A	Advantage CT / RQS #:	CTMV - 20250626RESIDENTIALS	
Amount: (Contract/Amendment/Grant)	Amend 2: \$786,379.00 Revised: \$2,359,135.86			
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	1/1/2026	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 Addendum			
Brief Description of Goods/Services/Grant:	Residential Services, PNMI			

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.

These agreements are necessary to provide residential treatment (PNMI; Appendix E) to those who are clinically eligible to receive these services. The rate in the contract covers a portion of these services not covered by MaineCare. In order to maintain continuity of care, OBH will cover portions of client rent not to exceed Fair Market Rent and portions of treatment not covered by insurance or MaineCare.

This Multi-Vendor Template is being Amended to extend the end date to 12/31/26 to comply with MVA Agreement Changes FY 2026. This Amendment also includes the addition of a new Provider.

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 that these Providers are qualified to provide these services because they are licensed with the Department's Division of Licensing and Certification, employ qualified licensed practitioners, and are a provider of this service under MaineCare.

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

Spend Down/Treatment rates are consistent with the MaineCare rate for PNMI Appendix E Facilities. Rental Subsidy rates are negotiated with the PNMI Residential Treatment Team and should not exceed the FMR (Fair Market Rate) for any given location.

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

This service is Willing & Qualified and is not currently on the RFP schedule.

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

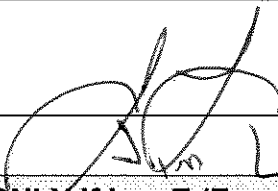
Does this request utilize ARPA/MJRP funds?

- ☐ 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.

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:		Date:	20-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 <u>designee</u> 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:  41C2BA36E4E44CD...	
Typed Name:		Date:	6/26/2026
		Kathy Blais	

DHHS Office: OBH
 Service: Residential Services SFY 26 Amend 2
 CTMV 10A 20250626RESIDENTIALS

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Projected Spend
MAINEHEALTH	MH1-26-201	A	202506260000MH126201	7/1/2025	12/31/2026	\$63,000.00
FELLOWSHIP HEALTH RESOURCES	MH1-26-2016	A	202506260000MH1262016	7/1/2025	12/31/2026	\$277,200.00
SPURWINK SERVICES INC	MH1-26-2020	A	202506260000MH1262020	7/1/2025	12/31/2026	\$63,000.00
SHALOM HOUSE INC	MH1-26-204	B	202506260000MH126204	7/1/2025	12/31/2026	\$423,000.00
THE OPPORTUNITY ALLIANCE	MH1-26-207	A	202506260000MH126207	7/1/2025	12/31/2026	\$63,000.00
VOLUNTEERS OF AMERICA	MH1-26-208	A	202506260000MH126208	7/1/2025	12/31/2026	\$63,000.00
MOTIVATIONAL SERVICES INC	MH2-26-2014	A	202506260000MH2262014	7/1/2025	12/31/2026	\$63,000.00
RELATIVES & FRIENDS TOGETHER FOR SUPPORT	MH2-26-2017	A	202506260000MH2262017	7/1/2025	12/31/2026	\$126,000.00
ALTERNATIVE SERV-NE INC	MH2-26-214	A	202506260000MH226214	7/1/2025	12/31/2026	\$63,000.00
SWEETSER	MH2-26-215	A	202506260000MH226215	7/1/2025	12/31/2026	\$90,000.00
COMMUNITY CONCEPTS INC	MH2-26-220	A	202506260000MH226220	7/1/2025	12/31/2026	\$63,000.00
EMPLOYMENT SPECIALISTS OF ME	MH2-26-603	A	202506260000MH226603	7/1/2025	12/31/2026	\$288,000.00
KENNEBEC BEHAVIORAL HEALTH	MH2-26-611	A	202506260000MH226611	7/1/2025	12/31/2026	\$63,000.00

ASCENTRIA COMMUNITY SERVICES INC	MH2-26-900	A	202506260000MH226900	7/1/2025	12/31/2026	\$126,000.00
PENQUIS COMM ACTION PROG INC	MH3-26-217	A	202506260000MH326217	7/1/2025	12/31/2026	\$63,000.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-26-218	A	202506260000MH326218	7/1/2025	12/31/2026	\$126,000.00
OHI	MH3-26-307	A	202506260000MH326307	7/1/2025	12/31/2026	\$63,000.00
NFI NORTH INC	MH3-26-609	A	202506260000MH326609	7/1/2025	12/31/2026	\$225,000.00
COMMUNITY HEALTH & COUNSELING SERVICES	MH3-26-920	A	202506260000MH326920	7/1/2025	12/31/2026	\$63,000.00
NEW COMMUNITIES INC	MH4-26-211	A	202506260000MH426211	7/1/2025	12/31/2026	\$315,000.00
PEREGRINE CORP	MH1-26-209		202603270000MH126209	4/1/2026	12/31/2026	\$59,868.00
Total Items	20				Total Projected	\$2,359,135.86