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 Dean Bugaj \|\| Eliza Fielding | | | | |
| Department Contract Administrator or Grant Coordinator: | Jeanne Garza / Nicole Mitchell | | | | |
| (If applicable) Department Reference #: | CBH-25-927A | | | | |
| Agency Department Code: | 10A | Advantage CT / RQS #: | CT-202410070000CBH25927 | | |
| Amount: (Contract/Amendment/Grant) | Amend A: $188,334.42<br>Revised: $304,571.66 | | | | |
| CONTRACT | Proposed/Original Start Date: | **9/27/2024** | Proposed/Most Recent End Date: | 9/26/2026 | |
| 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: | Dirigo Support Professionals, LLC<br>Lewiston, ME. | | | | |
| Brief Description of Goods/Services/Grant: | Residential 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. 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 amendment is twofold; funding is being added to meet current utilization. Additional funding is being added to reimburse the Provider for damages to the facility caused by a client.**

Pursuant to 1902(a)(43) and 1905(a)(4)(B) of the Social Security Act, MaineCare is required to cover Early and Periodic Screening, Diagnosis and Treatment Services for members under the age of 21. The EPSDT benefit entitles enrolled infants, children, and adolescents to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Social Security Act if that treatment or service is necessary to correct or ameliorate defects and physical and mental illnesses or conditions. The member's clinical needs, adaptive functioning, and safety issues necessitate a service that is tailored to meet the member's needs, provide the sensory environment that can keep him regulated, and work to build the skills necessary to develop prosocial behaviors with peers and staff. Given that MaineCare does not currently cover the necessary combination of services and supports that are clinically indicated for this member and given MaineCare's obligations under EPSDT, MaineCare will reimburse for the services outlined below delivered to this member through this contract.

The Provider agrees to deliver single occupancy, staff intensive residential care services to a youth referred to their program by the Department. The Provider will deliver services designed to meet the youth's individualized needs, provide the sensory environment that can keep the youth regulated, and work to build the skills necessary to develop prosocial behaviors with family, peers, and staff.
The services and supports will enable the individual to remain in a community setting and will focus on communication, safety skills, self-care and ADLs, instrumental activities of daily living (iADLs), medication administration, interpersonal skills, transportation access and skill development, accessing community resources, and activity and physical exercise, all tailored to meet individualized needs.
Services delivered consist of a medical component and Room and Board component.

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.

Dirigo Support Professionals specializes in intellectual disabilities which is designed to support individuals with intellectual or autism disorders. They can provide the safe environment and access to care, avoiding a long stay ED visit for this client.

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

The costs were negotiated involving MaineCare, the Commissioner's office (Beth Hamm) and OBH leadership, using costs submitted by the provider and weighing against historical average of placement. Costs include medical, room and board, transportation, and administrative/program support for the individual to remain in a community setting and support daily living.

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

The Department does not intend to competitively procure 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) 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.

## 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 Lepage | Date: | 25-Jun-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: | Todd Haber, Acting Deputy Commissioner of Finance | Date: | 6/25/2026 |

****OSPS Section Only****

| | | | |
|---|---|---|---|
| Signature of DAFS Procurement Official: | Signed by: Kathy Blais 41C2BA36FAF44CD... | | |
| Typed Name: | Kathy Blais | Date: | 6/29/2026 |