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 / COM			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Nicole Mitchell			
(If applicable) Department Reference #:	COM-26-0402			
Agency Department Code:	10A	Advantage CT / RQS #:	CT-20260501000COM260402	
Amount: (Contract/Amendment/Grant)	$1,416,032.00			
CONTRACT	Proposed/Original Start Date:	**5/1/2026**	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Wabanaki Public Health and Wellness Bangor, ME			
Brief Description of Goods/Services/Grant:	Behavioral Health services including case management and crisis 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 Agreement is to uplift a Licensed Behavioral Health Facility and to provide Outpatient Case Management and Crisis Services to provide care to persons experiencing behavioral health challenges, including mental health disorders, substance use concerns, and co-occurring conditions. Through this agreement the vendor will provide support for individuals in the State experiencing Mental Health Disorders, SUD, Co-Occurring Disorder, or undiagnosed challenges, by coordinating and directing Case Management programs to help individuals access, navigate, and sustain appropriate services. They will conduct comprehensive assessments to identify individual needs, develop person-centered service plans, and facilitate timely referrals to community-based resources, treatment providers, and support systems. Providing ongoing care coordination, including regular monitoring of client progress, advocacy on behalf of individuals, and adjustment of care plans as needed to promote stability, recovery, and independence. In addition, the Provider will support individuals in Crisis by coordinating access to appropriate crisis intervention services, including screening, deescalation, and connection to emergency or stabilization resources when necessary.
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.
There are no other available providers with the capacity and expertise to serve members of the Tribal Public Health District with behavioral health services, including crisis related services, in a similar fashion to how WPH&W will provide these services. WPH&W is building capacity to support reimbursement for crisis services through the Office of MaineCare Services under the auspices of being the provider for the Tribal Public Health District. They will provide immediate access to crisis and other behavioral health services while WPH&W builds capacity and strengthens their service infrastructure for the Tribal Public Health District in a similar fashion to the eight, geographically based Public Health Districts.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The pricing for these services align with existing contracts within DHHS for these services some based on MC rates and others competitively procured such as RFP # 202501002. Funding allocation was developed as part of grant development and approved by the funder, the Centers for Medicaid.
4. Describe the plan for future competition for the goods or services.
Because RHTP funding is associated with a time-limited federal program and because of WPH&W's unique position to deliver these services, the Department does not intend to engage in an RFP process beyond this proposed contract for these services. In subsequent funding cycles specific to mobile crisis, the Department will incorporate the Tribal Public Health District as part of the competitive procurement process.

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:		Date:	17-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:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: William J.E. Allen 2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	7/21/2026

NOI 0720260533 7/21/2026 - 7/27/2026