



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/Tamara Hunt (PM)/Kristen King (PA)	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stacy Martin	
(If applicable) Department Reference #:		MH4-24-219	
Amount: (Contract/Amendment/Grant)	\$1,174,557.39	Advantage CT / RQS #:	CT 10A 20240608*MH424219
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date: 6/30/2025
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:		Northern Light Wellbeing LLC, dba Northern Light Healthy EAP, Brewer, ME	
Brief Description of Goods/Services/Grant:		Employee Wellness	

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 Provider will deliver stress management, resiliency, critical incident response, and wellness support through 1:1 and group sessions to employees working in healthcare, social service, and education professions. The provider focuses outreach efforts on organizations that lack an Employee Assistance Program. These free and anonymous services focus on building a resilient public service workforce to make a complete continuum of high-quality services to Mainers possible. This service promotes crisis prevention through education and regular wellness practice and also responds to critical incidents to strengthen a healthy workforce.

This service is part of an approved FMAP 9817 project, StrengthenME 207.2. The DHHS FMAP 9817 Steering Committee is supportive of a continuation of this service and if the proposed one-year extension is approved by CMS, this service will be funded through FMAP until April of 2025.

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

The Provider is the only full-service employee assistance program in the state of Maine. With offices in Portland and Bangor – as well as a network of licensed mental health counselors throughout Maine – they are readily equipped to deliver quality stress management, wellness and resiliency support services, and to show a commitment to accessible, culturally sensitive, client centered care.

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

The rates are based upon negotiated costs and align with similar employee wellness trainings/initiatives. OBH determined the amounts based on continued demand for these services, previous spenddown rates, and capacity of the provider to meet the demand.

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

The Department does not intend to competitively procure this service. There are currently no plans to continue this service beyond the pending one-year extension of the StrengthenME 207.2 FMAP 9817 project.

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).

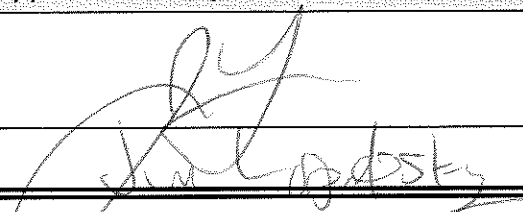

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

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

Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>[Handwritten Name]</i>	Date:	<i>6 Aug-24</i>
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	9/27/2024

NOI 0920241124 9/30/2024 - 10/06/2024