



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		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melinda Farrell		
(If applicable) Department Reference #:		CBH-26-7000		
Amount: (Contract/Amendment/Grant)		\$432,335.00	Advantage CT / RQS #:	CT-10A- 20250627000CBH267000
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	12/31/2025
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:		Woodfords Family Services Westbrook, ME		
Brief Description of Goods/Services/Grant:		BHP Certification and Training, OQMHP Certification		

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 Department is responsible for establishing training and certification for Behavioral Health Professionals (BHP), Certified BHP Instructors, and Other Qualified Mental Health Professionals (OQMHP) as required by MaineCare regulations. Providing training and certification services to individuals who provide behavioral health services ensures the developmental health and safety needs of the State's Youth. Training and certification requirements can be found in MaineCare regulations in Chapter 2, Sections 28 and 65. Refer to: 10-144 C.M.R. ch. 101, ch. 2, §§ 28.08-2 and 65.06-9. E.

This provider shall administer the BHP Training and Certificate Program to BHPs, BHP Instructors, and OQMHPs. The agreement also includes several additional deliverables regarding workforce development to increase the number of BHPs available to serve children and families, thereby decreasing the number of children waiting for services due to statewide staffing shortages.

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

This vendor was awarded under RFP 201608162 that expired in 2022. The vendor has the infrastructure in place to continue providing the service until the newly awarded contract begins.

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

The cost of the six-month extension was negotiated with the Provider based on the existing cost of the service. The Provider has not requested an increase in funding to provide the services since the original RFP was awarded.

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

The Department is currently working on an RFP (OBH20213) with the anticipation of a contract start date of 1/1/2026

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.

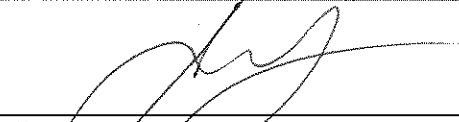
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Jim Lopatosky Director of Contract Management	Date:	26 - Aug - 25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>1AA58C7FD4B44B6...</small>		
Typed Name:	Sara Thompson	Date:	04 September 2025