



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 Heidi Johnson Eliza Fielding		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached addendum		
Amount: (Contract/Amendment/Grant)		\$ 61,200.00	Advantage CT / RQS #:	CT-10A 20250505LONGTERMSUPP
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2026
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:		Multiple, see attached addendum		
Brief Description of Goods/Services/Grant:		Long Term Supported Employment- SFY26		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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's Office of Behavioral Health is responsible for delivery of services to persons with serious and persistent mental illness in the State of Maine. Many individuals with serious and persistent mental illness are able and encouraged to return to work or first become employed with appropriate employment/vocational related supports.

This service is driven by individual client choice: the clients that are being served by this provider will choose to work with this Provider.

This service represents a supported employment program and supports the OBH vision that all Maine residents with mental health challenges, substance use disorders, and co-occurring disorders are not simply managing symptoms, but are living independent lives of dignity, hope, and meaning. Goal/Initiative: Improve Employability of Consumers and Assist Consumers in Obtaining/Maintaining Employment.

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

DHHS, Office of Behavioral Health has determined that these providers are willing and qualified to provide these LTSE services. These Providers have the expertise and knowledge to ensure that the LTSE services are met.

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

The Long Term Supported Employment rate is aligned with 10-144 Ch. 101 MBM Ch. 3 § 21, T2019 Employment Specialist Services, set at \$55.00 per hour. LTSE is provided by agencies who are willing and qualified and is paid at a rate that is comparable to MaineCare services. OBH will consider putting this service to RFP should this circumstance change.

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

The Department does not plan 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) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

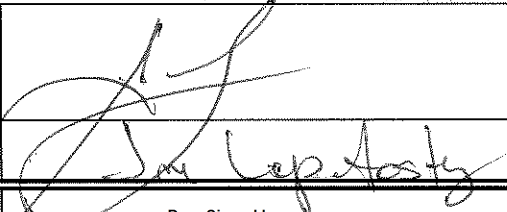
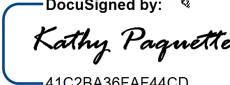
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	22 May 25
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/3/2025

Procurement Justification Form (PJF)

DHHS Office: OBH
 Service: Long Term Supported Employment- SFY26
 CTMV 10A 20250505LONGTERMSUPP

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
Goodwill Ind of Northern NE	MH1-26-202	202505060000MH126202	7/1/2025	6/30/2026	\$10,200.00
MaineHealth DBA MMC	MH1-26-929	202505060000MH126929	7/1/2025	6/30/2026	\$30,000.00
Kennebec Behavioral Health	MH2-26-813	202505060000MH226813	7/1/2025	6/30/2026	\$6,000.00
Penobscot Community Heath Ctr	MH3-26-540	202505060000MH326540	7/1/2025	6/30/2026	3,000.00
Susan Bradely-Dryer- Customized Employment Servies	MH4-26-116	202505060000MH426116	7/1/2025	6/30/2026	12,000.00
				Total	
Total Items	5			Projected	\$61,200.00