



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 \$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/Lionel Booth & Elizabeth Heath		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:	Multiple, see attached list		
Amount: (Contract/Amendment/Grant)	Multiple, see attached list	Advantage CT / RQS #:	Multiple, see attached list
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 list		
Brief Description of Goods/Services/Grant:	WRAP		

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.

OBH is responsible for services and unmet needs for persons with serious and persistent mental health disorders. These individuals are often low income, and at times because of their poverty or in part because of their disorder have individual emergent/ unmet needs that cannot be met by other resources. WRAP funds assist in meeting basic emergent/unmet needs and the organization that manages those funds. The Providers are required to assemble Wrap committee that includes a peer with lived experience to meet on a weekly basis to review applications, to ensure that Wrap applicants must be Section 17 eligible in order to qualify for Wrap funding, to ensure the Wrap applications are complete and accurate, and provide a 5 day turnaround from application submission to approval /denial of Wrap funding with written notice to the applicant.

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 services has determined that this provider is willing and qualified to provide these WRAP services. Willing and qualified Providers are licensed with the Division of Licensing and Regulatory Services and have a contract with the Department to provide these services.

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

The allocation for each agency is based on regional need, the historical allotment and resulting utilization for the area plus an administrative fee which is calculated as 30% of the total program expense for all Providers of the service.

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

The Department does not intend to competitively procure this service. Any willing and qualified provider can submit a proposal for consideration by OBH to provide this service.

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.


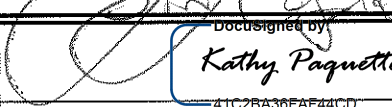
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	6-20-25
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/20/2025

Procurement Justification Form (PJF)

DHHS Office: OBH

Service: WRAP-SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amount
THE OPPORTUNITY ALLIANCE	MH1-26-4005	20250519000MH1264005	7/1/2025	6/30/2026	\$240,000.00
MAINEHEALTH DBA MAINE BEHAVIORAL HEALTHCARE	MH2-26-4003	20250519000MH2264003	7/1/2025	6/30/2026	\$60,000.00
ANGLEZ BEHAVIORAL HEALTH SERVICES	MH2-26-4012	20250519000MH2264012	7/1/2025	6/30/2026	\$72,240.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-26-4001	20250519000MH3264001	7/1/2025	6/30/2026	\$98,989.00
COMMUNITY HEALTH & COUNSELING SERVICES	MH3-26-4002	20250519000MH3264002	7/1/2025	6/30/2026	\$216,676.00
Total Items	5			Totals	\$687,905.00