



## 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/ Angie Newhouse & Patrick Haskell		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, See attached addendum		
Amount: (Contract/Amendment/Grant)		\$4,445,988.00	Advantage CT / RQS #:	CTMV 10A 20250515SECTION17SFY
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:		Section 17		

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 to individuals with serious and persistent mental illness within the State of Maine. OBH ensures the provision of community integration services for consumers with SPMI to have an individualized support plan to, link, coordinate, and advocate for community-based services

MaineCare provides this service for its members. OBH provides Section 17 services including Assertive Community Treatment (ACT), Community Rehabilitation Services (CRS), Community Integration Services (CIS) and Daily Living Support Services (DLSS) to individuals who do not qualify for MaineCare insurance.

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

There are currently 34 providers that are willing and qualified who are licensed with the Division of Licensing and Regulatory Services and have a contract with OBH. OBH allocates State General Funds and Federal Block Grant dollars on a Fee for Service basis at the MaineCare rate for clinically eligible consumers who do not have MaineCare.

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

Rates are standardized consistent with the MaineCare rate and established by rate setting.

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

The Department does not intend to RFP these services because these services are all MaineCare services provided by willing and qualified providers.

### 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.

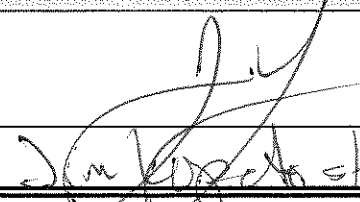


### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	2-21-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	7/7/2025

**DHHS Office:** OBH  
**Service:** Section 17- SFY26  
**CTMV** 10A 20250515SECTION17SFY

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
DAY ONE	MH1-26-1029	20250519000MH1261029	7/1/2025	6/30/2026	\$ 17,230.00
MAINEHEALTH	MH1-26-7105	20250519000MH1267105	7/1/2025	6/30/2026	\$ 693,572.00
CATHOLIC CHARITIES MAINE	MH1-26-807	202505190000MH126807	7/1/2025	6/30/2026	\$ 50,253.00
COMMUNITY CHOICE BEHAVIORAL HEALTH	MH1-26-810	202505190000MH126810	7/1/2025	6/30/2026	\$ 90,455.00
SHALOM HOUSE INC	MH1-26-825	202505190000MH126825	7/1/2025	6/30/2026	\$ 91,850.00
SPURWINK SERVICES INC	MH1-26-838	202505190000MH126838	7/1/2025	6/30/2026	\$ 831,598.00
HAND OF MERCY HEALTH CARE LLC	MH1-26-840	202505190000MH126840	7/1/2025	6/30/2026	\$ 5,743.00
MAINE VOC & REHAB ASSOC INC	MH1-26-935	202505190000MH126935	7/1/2025	6/30/2026	\$ 45,650.00
RUMFORD GROUP HOME INC	MH2-26-2009	20250519000MH2262009	7/1/2025	6/30/2026	\$ 2,297.00
BREAK OF DAY MENTAL HEALTH GROUP	MH2-26-340	202505190000MH226340	7/1/2025	6/30/2026	\$ 54,200.00
ASCENTRIA COMMUNITY SERVICES	MH2-26-518	202505190000MH226518	7/1/2025	6/30/2026	\$ 43,074.00
COMMUNITY CONCEPTS INC	MH2-26-535	202505190000MH226535	7/1/2025	6/30/2026	\$ 31,588.00
CORNERSTONE BEHAVIORAL HEALTHCARE	MH2-26-600	202505190000MH226600	7/1/2025	6/30/2026	\$ 17,230.00
HEALTH AFFILIATES MAINE	MH2-26-604	202505190000MH226604	7/1/2025	6/30/2026	\$ 416,382.00
ALTERNATIVE SERV-NE INC	MH2-26-804	202505190000MH226804	7/1/2025	6/30/2026	\$ 107,685.00
JMPB INC	MH2-26-806	202505190000MH226806	7/1/2025	6/30/2026	\$ 658,316.00
AREA IV MENTAL HLTH COALITION	MH2-26-809	202505190000MH226809	7/1/2025	6/30/2026	\$ 100,506.00
EMPLOYMENT SPECIALISTS OF ME	MH2-26-814	202505190000MH226814	7/1/2025	6/30/2026	\$ 3,947.00
GRAHAM BEHAVIORAL SERVICES INC	MH2-26-816	202505190000MH226816	7/1/2025	6/30/2026	\$ 126,937.00
KENNEBEC BEHAVIORAL HEALTH	MH2-26-819	202505190000MH226819	7/1/2025	6/30/2026	\$ 161,170.00
A LIFES COMPASS PLLC	MH2-26-828	202505190000MH226828	7/1/2025	6/30/2026	\$ 25,844.00
LIFELINE FOR ME LLC	MH2-26-830	202505190000MH226830	7/1/2025	6/30/2026	\$ 2,297.00
MAINEGENERAL COMMUNITY CARE	MH2-26-840	202505190000MH226840	7/1/2025	6/30/2026	\$ 160,584.00
MAINE BEHAVIORAL HEALTH ORG	MH2-26-951	202505190000MH226951	7/1/2025	6/30/2026	\$ 10,051.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-26-215	202505190000MH326215	7/1/2025	6/30/2026	\$ 25,844.00
COMMUNITY HEALTH & COUNSELING SERVICES	MH3-26-812	202505190000MH326812	7/1/2025	6/30/2026	\$ 174,975.00
NORTHEAST OCCUPATIONAL EXCHANGE	MH3-26-823	202505190000MH326823	7/1/2025	6/30/2026	\$ 18,665.00
OHI	MH3-26-824	202505190000MH326824	7/1/2025	6/30/2026	\$ 4,020.00
FELLOWSHIP HEALTH RESOURCES	MH3-26-826	202505190000MH326826	7/1/2025	6/30/2026	\$ 141,731.00
SUNRISE OPPORTUNITIES	MH3-26-827	202505190000MH326827	7/1/2025	6/30/2026	\$ 13,497.00
LIFE BY DESIGN	MH3-26-832	202505190000MH326832	7/1/2025	6/30/2026	\$ 93,327.00

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COMMUNITY CARE	MH3-26-834	202505190000MH326834	7/1/2025	6/30/2026	\$ 50,253.00
THE INTEGRATED LIFE	MH4-26-801	202505190000MH426801	7/1/2025	6/30/2026	\$ 24,409.00
DIRIGO COUNSELING CLINIC LLC	MH4-26-802	202505190000MH426802	7/1/2025	6/30/2026	\$ 2,297.00
Total Items	34			Total Projected	\$ 4,297,477.00