



## 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		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		Multiple, see attached		
Amount: (Contract/Amendment/Grant)		Multiple, see attached	Advantage CT / RQS #:	Multiple, see attached
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2027
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		
Brief Description of Goods/Services/Grant:		Club House		

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.

Mental Health Psychosocial Clubhouse services are part of the array of services provided that help meet the obligations under MRS Title 26 Chapter 41, Employment First Maine Act. The Settlement Agreement requires that DHHS make reasonable efforts to fund, develop, recruit and support an array of vocational services to meet class members' needs as identified in their Individual Service Plans. Mental Health Psychosocial Clubhouses are an important part of the continuum of services to fulfill those obligations under the Employment First Maine Act.

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

OBH has determined that these two Providers are willing and qualified to provide these services because they are certified by the Clubhouse International to provide Mental Health Psychosocial Clubhouse. The Provider is one of two vendors in the state with this accreditation and the only one that would be providing services in their identified geographic area.

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

Section 65 of the MaineCare Benefits Manual establishes a unit rate for Clubhouse services. These rates are mirrored in the F-1 Pro Forma.

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

This service is Willing & Qualified. The Department does not intend to competitively procure 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.

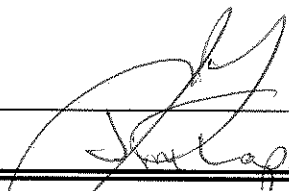

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	25 Jun 25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> kathy Paquette	Date:	7/7/2025

DHHS Office:OBH

Service:MENTAL HEALTH PSYCHOSOCIAL CLUBHOUSE SERVICES-SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amount
KENNEBEC BEHAVIORAL HEALTH	MH2-26-940	202505050000MH226940	7/1/2025	6/30/2027	\$550,560.00
PENOBSCOT COMMUNITY HEALTH CTR	MH3-26-560	202505050000MH326560	7/1/2025	6/30/2027	\$194,200.00
Total Items	2			Totals	\$744,760.00