



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/Kerry Polyot-Stefani & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached list		
Amount: (Contract/Amendment/Grant)		\$ 1,572,756.86	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:		Residential Services PNMI		

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.

These agreements are necessary to provide residential treatment (PNMI; Appendix E) to those who are clinically eligible to receive these services. The rate in the contract covers a portion of these services not covered by MaineCare. In order to maintain continuity of care, OBH will cover portions of client rent not to exceed Fair Market Rent and portions of treatment not covered by insurance or MaineCare.

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

The Department's Office of Behavioral Health has determined that currently these 20 Providers are qualified to provide these services because they are licensed with the Department's Division of Licensing and Certification, employ qualified licensed practitioners, and are a provider of this service under MaineCare.

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

Spend Down/Treatment rates are consistent with the MaineCare rate for PNMI Appendix E Facilities. Rental Subsidy rates are negotiated with the PNMI Residential Treatment Team and should not exceed the FMR (Fair Market Rate) for any given location.

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

This service is Willing & Qualified. The Department currently does not intend to RFP 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.


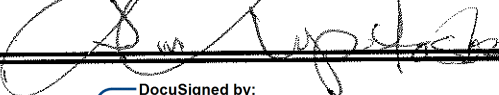
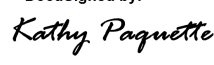
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	28-Jul-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	8/11/2025

DHHS Office: OBH
Service: Residential Services SFY 26
CTMV 10A 20250626RESIDENTIALS

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
MAINEHEALTH	MH1-26-201	202506260000MH126201	7/1/2025	6/30/2026	\$ 42,000.00
FELLOWSHIP HEALTH RESOURCES	MH1-26-2016	202506260000MH1262016	7/1/2025	6/30/2026	\$ 24,000.00
SPURWINK SERVICES INC	MH1-26-2020	202506260000MH1262020	7/1/2025	6/30/2026	\$ 156,000.00
SHALOM HOUSE INC	MH1-26-204	202506260000MH126204	7/1/2025	6/30/2026	\$ 120,000.00
THE OPPORTUNITY ALLIANCE	MH1-26-207	202506260000MH126207	7/1/2025	6/30/2026	\$ 144,000.00
VOLUNTEERS OF AMERICA	MH1-26-208	202506260000MH126208	7/1/2025	6/30/2026	\$ 42,000.00
MOTIVATIONAL SERVICES INC	MH2-26-2014	202506260000MH2262014	7/1/2025	6/30/2026	\$ 240,000.00
RELATIVES & FRIENDS TOGETHER FOR SUPPORT	MH2-26-2017	202506260000MH2262017	7/1/2025	6/30/2026	\$ 6,000.00
ALTERNATIVE SERV-NE INC	MH2-26-214	202506260000MH226214	7/1/2025	6/30/2026	\$ 6,000.00
SWEETSER	MH2-26-215	202506260000MH226215	7/1/2025	6/30/2026	\$ 60,000.00
COMMUNITY CONCEPTS INC	MH2-26-220	202506260000MH226220	7/1/2025	6/30/2026	\$ 24,000.00
EMPLOYMENT SPECIALISTS OF ME	MH2-26-603	202506260000MH226603	7/1/2025	6/30/2026	\$ 48,000.00
KENNEBEC BEHAVIORAL HEALTH	MH2-26-611	202506260000MH226611	7/1/2025	6/30/2026	\$ 48,000.00
ASCENTRIA COMMUNITY SERVICES INC	MH2-26-900	202506260000MH226900	7/1/2025	6/30/2026	\$ 6,000.00
PENQUIS COMM ACTION PROG INC	MH3-26-217	202506260000MH326217	7/1/2025	6/30/2026	\$ 48,000.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-26-218	202506260000MH326218	7/1/2025	6/30/2026	\$ 42,000.00
OHI	MH3-26-307	202506260000MH326307	7/1/2025	6/30/2026	\$ 48,000.00
NFI NORTH INC	MH3-26-609	202506260000MH326609	7/1/2025	6/30/2026	\$ 36,000.00
COMMUNITY HEALTH & COUNSELING SERVICES	MH3-26-920	202506260000MH326920	7/1/2025	6/30/2026	\$ 6,000.00
NEW COMMUNITIES INC	MH4-26-211	202506260000MH426211	7/1/2025	6/30/2026	\$ 120,000.00
Total Items	20	Total Projected			\$1,266,000.00