



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Althea Harris / Melinda Farrell		
(If applicable) Department Reference #:		Multiple, See Addendum		
Agency Department Code:	10A	Advantage CT / RQS # :	CTMV 20240405000000000014	
Amount: (Contract/Amendment/Grant		Amend 3: \$ 166,000.00 Revised: \$4,911,988.00		
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date:	6/30/2025
AMENDMENT	New Effective Date:	7/1/2024	New End Date (if Applicable):	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, See Addendum		
Brief Description of Goods/Services/Grant:		Section 17-SFY25		

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 checked="" 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. Higher Education 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.

The purpose of this amendment is to add funding for final invoices.

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 competitively procure these services as they 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.

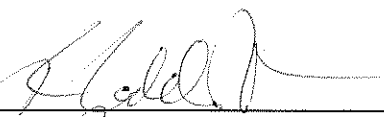
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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

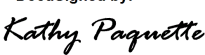
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	R. Todd Haber	Date:	10/15/2025

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	10/21/2025

DHHS Office: OBH

Service: SECTION 17-SFY25 Amend 3

CTMV: 2024040500000000014

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
DAY ONE	MH1-25-1029	7/1/2024	6/30/2025	11,875.20
MAINEHEALTH	MH1-25-7105	7/1/2024	6/30/2025	784,584.00
CATHOLIC CHARITIES MAINE	MH1-25-807	7/1/2024	6/30/2025	54,922.80
COMMUNITY CHOICE BEHAVIORAL				
HEALTH PLLC	MH1-25-810	7/1/2024	6/30/2025	74,220.00
SHALOM HOUSE INC	MH1-25-825	7/1/2024	6/30/2025	123,854.40
SPURWINK SERVICES INC	MH1-25-838	7/1/2024	6/30/2025	426,867.84
RUMFORD GROUP HOME INC	MH2-25-2009	7/1/2024	6/30/2025	1,484.40
BREAK OF DAY MENTAL HEALTH				
GROUP INC	MH2-25-340	7/1/2024	6/30/2025	49,250.40
WESTERN MAINE BEHAVIORAL				
HEALTH,LLC	MH2-25-5002	7/1/2024	7/2/2025	25,828.56
ASCENTRIA COMMUNITY SERVICES INC	MH2-25-518	7/1/2024	6/30/2025	74,220.00
OXFORD CTY MENTAL HEALTH SERV	MH2-25-534	7/1/2024	6/30/2025	122,611.44
CORNERSTONE BEHAVIORAL				
HEALTHCARE LLC	MH2-25-600	7/1/2024	6/30/2025	13,359.60
HEALTH AFFILIATES MAINE	MH2-25-604	7/1/2024	6/30/2025	385,944.00
ALTERNATIVE SERV-NE INC	MH2-25-804	7/1/2024	6/30/2025	72,735.60
JMPB INC	MH2-25-806	7/1/2024	6/30/2025	285,622.08
AREA IV MENTAL HLTH COALITION	MH2-25-809	7/1/2024	6/30/2025	83,126.40
EMPLOYMENT SPECIALISTS OF ME	MH2-25-814	7/1/2024	6/30/2025	13,327.92
GRAHAM BEHAVIORAL SERVICES INC	MH2-25-816	7/1/2024	6/30/2025	128,880.24
KENNEBEC BEHAVIORAL HEALTH	MH2-25-819	7/1/2024	6/30/2025	328,219.20
A LIFES COMPASS PLLC	MH2-25-828	7/1/2024	6/30/2025	14,844.00
TRI-CTY MENTAL HLTH SERV	MH2-25-829	7/1/2024	6/30/2025	148,218.00
LIFELINE FOR ME LLC	MH2-25-830	7/1/2024	6/30/2025	1,484.40
MAINEGENERAL COMMUNITY CARE	MH2-25-840	7/1/2024	6/30/2025	260,863.68
MAINE BEHAVIORAL HEALTH ORG	MH2-25-951	7/1/2024	6/30/2025	31,172.40
AROOSTOOK MENTAL HLTH SERV INC	MH3-25-215	7/1/2024	6/30/2025	35,625.60
COMMUNITY HEALTH & COUNSELING				
SERVICES	MH3-25-812	7/1/2024	6/30/2025	460,377.12
NORTHEAST OCCUPATIONAL				
EXCHANGE INC	MH3-25-823	7/1/2024	6/30/2025	29,688.00
OHI	MH3-25-824	7/1/2024	6/30/2025	8,906.40
FELLOWSHIP HEALTH RESOURCES	MH3-25-826	7/1/2024	6/30/2025	163,469.28
SUNRISE OPPORTUNITIES	MH3-25-827	7/1/2024	6/30/2025	5,343.84
LIFE BY DESIGN	MH3-25-832	7/1/2024	6/30/2025	108,658.08
COMMUNITY CARE	MH3-25-834	7/1/2024	6/30/2025	65,907.36
THE INTEGRATED LIFE	MH4-25-801	7/1/2024	6/30/2025	44,532.00
DIRIGO COUNSELING CLINIC LLC	MH4-25-802	7/1/2024	6/30/2025	5,937.60
MAINE VOC & REHAB ASSOC INC	MH1-25-935	7/1/2024	6/30/2025	74,671.20
Total Items	35	Total Projected		

