



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:	Maine CDC / Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:	Multiple, see attached		
Agency Department Code:	10A	Advantage CT / RQS # :	Multiple, see attached
Amount: (Contract/Amendment/Grant)	\$ 1,417,195.35		
CONTRACT	Proposed/Original Start Date:	8/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
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:	School Based Health Care Services		

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. 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.

Maine’s School Based Health Centers (SBHCs) provide medical and behavioral health care to over 2,500 adolescents across the state. SBHCs increase access to necessary medical and behavioral health services among youth who might otherwise go without care and reduces the need for students and parents to miss school or work to attend appointments. School Based Health Center services are provided through local partnerships between a health care organization and a school department. School districts provide physical clinic space within a middle and/or high school building, as well as administrative staffing and oversight, and in-kind support. The local health care entity provides medical and behavioral health clinicians, clinical oversight and supervision, and referrals to external sources of care.

All SBHCs provide a minimum number of hours of medical and behavioral health services, as determined by the number of students at the school and the level of student need (based on free/reduced lunch eligibility).

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

Vendors providing School Based Health Center services must possess very specific partnerships, staffing, and facilities. Vendors must have existing Memoranda of Agreement with local school districts or health care organizations, licensed and qualified staff, and facilities that meet minimum standards.

The vendors were originally selected under RFA 202206096, providing additional funding to support expanded SBHC activities to increase youth access and expand dental services. These services moved to a Willing and Qualified service after the RFP period expired.

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

Base funding for all School Based Health Center services is determined by a formula that allocates funding based on the total number of students eligible for care, the number of clinic locations, and overall student need (as measured by a percentage of the student body eligible for free/reduced lunch). Funding is calculated for each SBHC clinic site managed by the Provider.

Alternate funding has been made available to increase mental health and dental services to all School Based Health Centers.

Base Funding Formula:

<u>Tier</u>	<u>Student Population*</u>	<u>Minimum Hours of Medical Service**</u>	<u>Minimum Hours of Behavioral Health Services</u>	<u>Percentage of Students Eligible for Free/Reduced Lunch</u>	<u>Annual Funding</u>
I	Less than 750	8	16	Less than 40%	Up to \$44,000

PART III: SUPPLEMENTAL INFORMATION

II	Less than 750	8-15	20	More than 40%	Up to \$53,000
	More than 750	15+		Less than 40%	
III	More than 750	15+	24	More than 40%	Up to \$65,000

4. Describe the plan for future competition for the goods or services.
 The Department plans to shift this service to a willing and qualified model, as funding permits.

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.

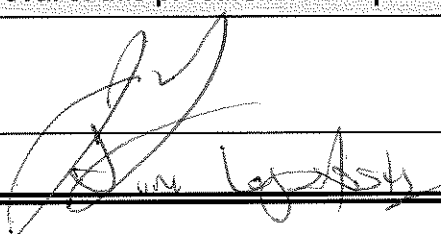
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date: 20-Oct-25

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:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/27/2025

DHHS Office:

MCDC

Service:

School Based Health Centers SFY-26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Portland Community Health Center	CD2-26-4476	20250724000CD2264476	8/1/2025	6/30/2026	\$392,874.82
MaineHealth dba Western Maine Health Care	CD3-26-4482	20250724000CD3264482	8/1/2025	6/30/2026	\$69,093.79
MaineHealth dba Lincoln Health	CD4-26-4401	20250724000CD4264401	8/1/2025	6/30/2026	\$372,812.34
Maine School Administrative District 75	CD4-26-4478	20250724000CD4264478	8/1/2025	6/30/2026	\$48,864.05
City of Augusta	CD5-26-4406	20250724000CD5264406	8/1/2025	6/30/2026	\$65,148.04
RSU #38	CD5-26-4481	20250724000CD5264481	8/1/2025	6/30/2026	\$70,202.49
Sebasticook Family Doctors	CD6-26-4405	20250724000CD6264405	8/1/2025	6/30/2026	\$72,591.33
Penobscot Community Health Ctr	CD6-26-4480	20250724000CD6264480	8/1/2025	6/30/2026	\$146,333.03
Bucksport Reg Health Center	CD7-26-4409	20250724000CD7264409	8/1/2025	6/30/2026	\$94,813.66
City of Calais	CD7-26-4479	20250724000CD7264479	8/1/2025	6/30/2026	\$84,461.80
Total Items	10			Totals	\$1,417,195.35