



## 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:	Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:	Multiple see list below		
Agency Department Code:	10A	Advantage CT / RQS #:	20250515SECTION17SFY
Amount: (Contract/Amendment/Grant)	Amend 2: \$2,222,994.00 Revised: \$6,502,982.00		
CONTRACT	Proposed/Original Start Date:	<b>7/1/2025</b>	Proposed/Most Recent End Date: <b>6/30/2026</b>
AMENDMENT	New Effective Date:	<b>1/1/2026</b>	New End Date (if Applicable): <b>12/31/2026</b>
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Multiple see list below		
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 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.

**This Multi-Vendor Template is being Amended to extend the end date to 12/31/26 to comply with MVA Agreement Changes FY 2026. Lifeline for ME, LLC and Rumford Group Homes do not wish to renew their Contracts in SFY 27 and will keep the current Contract end date of 6/30/26.**

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

DHHS, Office of Behavioral Health Services (OBH) has determined that these 34 providers are willing and qualified providers 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) or (026) – 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**

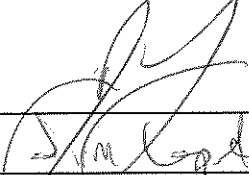
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	28-Jun-26

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Kathy Paquette	Date:	2/3/2026

Procurement Justification Form (PJF)

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

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Projected Spend
DAY ONE	MH1-26-1029	A	20250519000MH1261029	7/1/2025	12/31/2026	\$17,230.00
MAINEHEALTH	MH1-26-7105	A	20250519000MH1267105	7/1/2025	12/31/2026	\$693,572.00
CATHOLIC CHARITIES MAINE	MH1-26-807	A	202505190000MH126807	7/1/2025	12/31/2026	\$50,253.00
COMMUNITY CHOICE BEHAVIORAL HEALTH	MH1-26-810	A	202505190000MH126810	7/1/2025	12/31/2026	\$90,455.00
SHALOM HOUSE INC	MH1-26-825	A	202505190000MH126825	7/1/2025	12/31/2026	\$91,850.00
SPURWINK SERVICES INC	MH1-26-838	A	202505190000MH126838	7/1/2025	12/31/2026	\$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	A	202505190000MH126935	7/1/2025	12/31/2026	\$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	A	202505190000MH226340	7/1/2025	12/31/2026	\$54,200.00
ASCENTRIA COMMUNITY SERVICES	MH2-26-518	A	202505190000MH226518	7/1/2025	12/31/2026	\$43,074.00
COMMUNITY CONCEPTS INC	MH2-26-535	A	202505190000MH226535	7/1/2025	12/31/2026	\$31,588.00
CORNERSTONE BEHAVIORAL HEALTHCARE	MH2-26-600	A	202505190000MH226600	7/1/2025	12/31/2026	\$17,230.00
HEALTH AFFILIATES MAINE	MH2-26-604	A	202505190000MH226604	7/1/2025	12/31/2026	\$416,382.00
ALTERNATIVE SERV-NE INC	MH2-26-804	A	202505190000MH226804	7/1/2025	12/31/2026	\$107,685.00
JMPB INC	MH2-26-806	A	202505190000MH226806	7/1/2025	12/31/2026	\$658,316.00
AREA IV MENTAL HLTH COALITION	MH2-26-809	A	202505190000MH226809	7/1/2025	12/31/2026	\$100,506.00
EMPLOYMENT SPECIALISTS OF ME	MH2-26-814	A	202505190000MH226814	7/1/2025	12/31/2026	\$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	A	202505190000MH226819	7/1/2025	12/31/2026	\$161,170.00
A LIFES COMPASS PLLC	MH2-26-828	A	202505190000MH226828	7/1/2025	12/31/2026	\$25,844.00
LIFELINE FOR ME LLC	MH2-26-830		202505190000MH226830	7/1/2025	6/30/2026	\$2,297.00

Procurement Justification Form (PJF)

MAINEGENERAL COMMUNITY CARE	MH2-26-840	A	202505190000MH226840	7/1/2025	12/31/2026	\$160,584.00
MAINE BEHAVIORAL HEALTH ORG	MH2-26-951	A	202505190000MH226951	7/1/2025	12/31/2026	\$10,051.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-26-215	A	202505190000MH326215	7/1/2025	12/31/2026	\$25,844.00
COMMUNITY HEALTH & COUNSELING SERVICES	MH3-26-812	A	202505190000MH326812	7/1/2025	12/31/2026	\$174,975.00
NORTHEAST OCCUPATIONAL EXCHANGE	MH3-26-823	A	202505190000MH326823	7/1/2025	12/31/2026	\$18,665.00
OHI	MH3-26-824	A	202505190000MH326824	7/1/2025	12/31/2026	\$4,020.00
FELLOWSHIP HEALTH RESOURCES	MH3-26-826	A	202505190000MH326826	7/1/2025	12/31/2026	\$141,731.00
SUNRISE OPPORTUNITIES	MH3-26-827	A	202505190000MH326827	7/1/2025	12/31/2026	\$13,497.00
LIFE BY DESIGN	MH3-26-832	A	202505190000MH326832	7/1/2025	12/31/2026	\$93,327.00
COMMUNITY CARE	MH3-26-834	A	202505190000MH326834	7/1/2025	12/31/2026	\$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
<b>Total Items</b>	<b>34</b>				<b>Total Projected</b>	<b>\$4,297,477.00</b>