



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/Patrick Haskell & Angie Newhouse		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached list		
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see attached list	
Amount: (Contract/Amendment/Grant)		Amend 4: \$ 22,753.77 Revised Total: \$ 4,934,741.77		
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date:	6/30/2025
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 list		
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.)			
☐	A. Competitive Process	☐	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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. Central to the Bates Consent Decree is the provision of community integration services for consumers with SPMI to have an individualized support plan in order to, link, coordinate, and advocate for community-based services. Paragraph 49 of the AMHI Consent Decree entitles individuals "to receive an individualized support plan..., which is coordinated and monitored by a community support worker" (community integration worker that provides community integration services). "The Commissioner..., shall establish..., with private agencies community support services which..., are accessible geographically" paragraph 32 states..., "Non-Class Members shall not be deprived services solely upon the basis they are not members of the plaintiff's class"

MaineCare provides this service for its members. OBH is responsible under the Decree to provide this service to non-MaineCare individuals. According to the Court Master's findings of October 29, 2008 "Accordingly, pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with their plan of October 13, 2006 and resume state funding, seeking any necessary appropriations to provide mental health services included in the State's Medicaid Plan (i.e. Community Integration, ACT, Daily Living Support, Skills Development Services, outpatient services, Medication Management and Residential Treatment) for all persons who are clinically eligible, even though they may be financially ineligible for MaineCare."

The purpose of this Amendment is to add funding to satisfy the final invoice for Maine Behavioral Health.

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 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. OBH is responsible under the Consent Decree to provide these services to non-MaineCare individuals.

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:

K Todd Haber

Date:

1/28/2026

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:

Kathy Paquette

4TC2BA36FAF44CD...

Typed Name:

Kathy Paquette

Date:

3/9/2026

DHHS Office: OBH

Service: SECTION 17-SFY25 Amend 4

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		