



## 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 Heidi Johnson		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached table		
Agency Department Code:	10A	Advantage CT / RQS #:	20250505LONGTERMSUPP	
Amount: (Contract/Amendment/Grant)		Multiple, see attached table		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	7/1/2025	New End Date (if Applicable):	12/31/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, see attached table		
Brief Description of Goods/Services/Grant:		Long Term Supported Employment		

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
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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.

**The purpose of this amendment is to add funding and extend the end date of the agreement to support the service through 12/31/2026. This will enable the renewal to align with a 1/1/2027 start date, per DCM guidance. This amendment is also removing Rider E, effective back to the start date of the contract 7/1/2025.**

The Department’s Office of Behavioral Health is responsible for delivery of services to persons with serious mental illness in the State of Maine. Many individuals with serious mental illness are able and encouraged to return to work or first become employed with appropriate employment/vocational related supports.

This service is driven by individual client choice: the clients that are being served by this provider will choose to work with this Provider. This service represents a supported employment program and supports the OBH vision that all Maine residents with mental health challenges, substance use disorders, and co-occurring disorders are not simply managing symptoms, but are living independent lives of dignity, hope, and meaning. Goal/Initiative: Improve Employability of Consumers and Assist Consumers in Obtaining/Maintaining Employment.

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 has determined that these providers are willing and qualified to provide these LTSE services. These Providers have the expertise and knowledge to ensure that the LTSE services are met.

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

The Long Term Supported Employment rate is aligned with 10-144 Ch. 101 MBM Ch. 3 § 21, T2019 Employment Specialist Services, set at \$55.00 per hour. LTSE is provided by agencies who are willing and qualified and is paid at a rate that is comparable to MaineCare services. OBH will consider putting this service to RFP should this circumstance change.

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

The Department does not plan to competitively procure these services.

**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).

<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

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

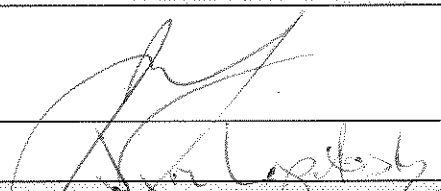
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	10-Mar-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: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	4/3/2026

Procurement Justification Form (PJF)

DHHS Office: OBH  
 Service: Long Term Supported Employment- SFY26 Amendment 1  
 CTMV 10A 20250505LONGTERMSUPP

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Projected Spend
Goodwill Ind of Northern NE	MH1-26-202	A	202505060000MH126202	7/1/2025	12/31/2026	\$15,300.00
Kennebec Behavioral Health	MH1-26-929	A	202505060000MH126929	7/1/2025	12/31/2026	\$45,000.00
MaineHealth dba MMC	MH2-26-813	A	202505060000MH226813	7/1/2025	12/31/2026	\$9,000.00
Penobscot Community Health Ctr	MH3-26-540	A	202505060000MH326540	7/1/2025	12/31/2026	\$4,500.00
Susan Bradley-Dryer	MH4-26-116	A	202505060000MH426116	7/1/2025	12/31/2026	\$18,000.00
<b>Total Items amended</b>	<b>5</b>				<b>Total Projected</b>	<b>\$91,800.00</b>