



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/Lionel Booth		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Stephanie Wood		
(If applicable) Department Reference #:		Multiple. See list below		
Agency Department Code:	10A	Advantage CT / RQS #:	20260121ASAFERPLACEB	
Amount: (Contract/Amendment/Grant)		\$166,083.84		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date:	12/31/2027
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 Addendum Attached		
Brief Description of Goods/Services/Grant:		A Safer Place (Baxter Related)		

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.	
This service provides specialized professional mental health services in the communication modality most readily understood by former students of the Maine School for the Deaf and/or the Governor Baxter School for the Deaf such that the consumer receives services at no out-of-pocket expense pursuant to the Public and Special Law, Chapter 12, May 2, 2001. In 2001, Maine State Legislature adopted LD178, an Act to Implement the Continuation of Services for victims of abuse at the Governor Baxter School for the Deaf. Section 1, Continuation of Services.	
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.	
These Vendors employ independently licensed clinicians, Licensed Clinical Social Workers (LCSWs)/ Licensed Clinical Professional Counselors (LCPCs), particularly those who are proficient in American Sign Language, to provide specialized outpatient services. Baxter consumers who have been determined clinically eligible for outpatient services choose which clinician they wish to receive treatment from.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
This contract pays for out-of-pocket costs to the consumer (co-pays, deductibles, etc.) that insurance doesn't cover for their outpatient therapy related to trauma the consumer experienced while at the Baxter school. The rate is based on the units of service approved by the Department's Administrative Services Organization times the hourly rate of the practitioner. The practitioner rates are based on a standardized rate structure that is less than the Mainecare rate for outpatient services with interpreter services.	
4. Describe the plan for future competition for the goods or services.	
These services are mandated by the Baxter School for the Deaf settlement and chosen by the individual Baxter consumer from a pool of specialized outpatient providers. The Department does not intend to RFP because these services are provided by any willing and qualified provider.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> 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

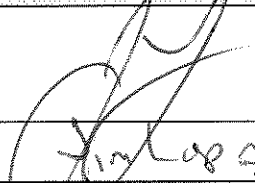
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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

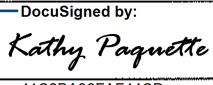
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lapkosky	Date:	23 - 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: 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	4/14/2026

Procurement Justification Form (PJF)

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
Lori Tully	MH1-26-4016	20260121000MH1264016	1/1/2026	12/31/2027	\$13,493.76
Sara L Treat	MH1-26-926	202601210000MH126926	1/1/2026	12/31/2027	\$67,468.80
National Deaf Therapy	MH1-26-927	202601210000MH126927	1/1/2026	12/31/2027	\$20,240.64
Echo Dixon	MH1-26-934	202601210000MH126934	1/1/2026	12/31/2027	\$13,493.76
Maine Deaf Counseling	MH2-26-932	202601210000MH226932	1/1/2026	12/31/2027	\$22,770.72
Shana Kelley-Cohen	MH2-26-933	202601210000MH226933	1/1/2026	12/31/2027	\$13,493.76
Deaf Multicultural Counseling	MH1-26-937	202601210000MH126937	1/1/2026	12/31/2027	\$6,746.88
Heather Hunt PhD LLC	MH4-26-938	202601210000MH426938	1/1/2026	12/31/2027	\$6,746.88
Total Items	8			Total Projected	\$164,455.20