

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of 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/Melinda Farrell	
(If applicable) Department Reference #:		Multiple, see attached	
Amount: (Contract/Amendment/Grant)	Multiple, see attached	Advantage CT / RQS #:	CTMV 10A 20240529000000000022
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
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:		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 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. University 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.

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

The Bates Consent Decree E. Paragraph 101 requires the Department to fund, develop, recruit, and support an array of vocational services. The Decree also states that these programs may include vocational counseling, employment preparation programs which focus upon the development of work-related skills, supported employment programs, transitional employment programs, competitive employment referral services, and other programs.

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 Consent Decree Exit Strategy: Consent Decree 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 RFP number, if applicable.

DHHS, Office of Behavioral Health has determined that this provider is 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).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

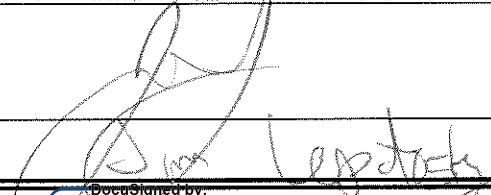

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Legros	Date:	6-Jun-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/11/2024

DHHS Office:
Service:
CTMV

OBH
LONG TERM SUPPORTED EMPLOYMENT-SFY25
10A 20240529000000000022

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
GOODWILL IND OF NORTHERN NE	MH1-25-202	7/1/2024	6/30/2025	\$13,200.00
MAINEHEALTH	MH1-25-929	7/1/2024	6/30/2025	\$21,120.00
KENNEBEC BEHAVIORAL HEALTH	MH2-25-813	7/1/2024	6/30/2025	\$52,800.00
PENOBSCOT COMMUNITY HEALTH CTR	MH3-25-540	7/1/2024	6/30/2025	\$13,200.00
SUSAN BRADLEY-DRYER	MH4-25-116	7/1/2024	6/30/2025	\$7,260.00
Total				\$107,580.00