

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Lisa Munster		
(If applicable) Department Reference #:	CBH-20-8023		
Estimated Contract or Grant Amount:	\$ 25,391.50	Advantage CT / RQS #:	10A 20200127*2139
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	01/28/2020	Proposed End Date: 06/30/2020
Vendor/Provider/Grantee Name, City, State:	Youth Villages, Inc. 3320 Brother Blvd., Memphis, TN 38133		
Brief Description of Goods/Services/Grant:	Out of State Room and Board		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	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	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
The State of Maine is required to serve youth who require residential treatment services related to intellectual, developmental and physical disabilities, vision and hearing impairments, complex medical conditions and behavioral challenges. Many of these youths require the highest level of residential treatment due to extreme aggression towards self and others, with potential for severe injury. The care of these children necessitates the highest degree of staffing and residential treatment. Maine does not have the resources, and there are too few

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PART III: SUPPLEMENTAL QUESTIONS

children in the state with these significant needs, to create, and operate a specific program to provide these services.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Each Out of State Residential Placement provides 24-hour residential care to youth who require intensive therapeutic and educational support. These Residential Programs work with youth on coping with mental health challenges, emotional difficulties, developmental disabilities, and challenging behaviors and/or the trauma caused by abuse and neglect.

The goal of Residential Placement at these out-of-state placements is to engage the youth's legal guardians in treatment, to strengthen the youth's ability to participate in the community and to return to a less restrictive environment as quickly as possible.

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

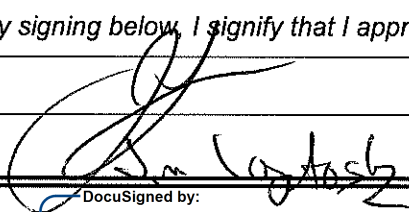
The Standard Out of State Room and Board Rate set by legislative rule is: \$54.45/day.

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

Residential placement for children with needs for this level of services would not be appropriate for the public competitive bidding process. These residential placements are highly specialized, licensed, regulated, and monitored by the state. Lists are reviewed, openings are reported to the state, and placements are made with qualified and willing providers.

These services are not available in the State of Maine. No other state, or local resources are available to provide these services. Maine is currently in the process of developing instate PRTF programming. PRTF services will then be available to youth who are meeting hospital level of care. It is the intention of Maine to have this service developed by the fall of 2020. The Department does not intend to RFP this service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	14-Feb-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> Kathy Paquette		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	2/24/2020