

**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/OCFS/Child Welfare		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Jeanne Garza		
(If applicable) Department Reference #:		CFS-22-61XX		
Amount: (Contract/Amendment/Grant)		\$94,801.00	Advantage CT / RQS #:	See Attached
CONTRACT	Proposed Start Date:	10/1/2021	Proposed End Date:	9/30/2022
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:		See attached		
Brief Description of Goods/Services/Grant:		Reimbursement of some accreditation fees for PNMI providers who are working to meet the Family First Prevention Services Act Qualified Residential Treatment Program (QRTP) Requirements.		

**PART II: JUSTIFICATION FOR VENDOR SELECTION**

Mark an "X" before 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.

Through the Family First Prevention Services Act (FFPSA) Transitions Grant, the Office of Child and Family Services has limited funding available to provide some reimbursement for accreditation costs for Private Non-Medical Institution (PNMI) programs working to become Qualified Residential Treatment Program (QRTP) designated.

FFPSA requires that the Qualified Residential Treatment Program is accredited by any of the following independent, not-for-profit organizations:

- i. The Commission on Accreditation of Rehabilitation Facilities (CARF).
- ii. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- iii. The Council on Accreditation (COA).
- iv. Any other independent, not-for-profit accrediting organization approved by the Secretary of U.S. Department of Health and Human Services

Maine has ten (10) children's PNMI Providers. Each of the providers is working toward QRTP status, including obtaining or renewing accreditation. Some of Maine's ten PNMI Providers were approved for reimbursement for accreditation costs for SFY21, and these providers are approved for SFY22 reimbursements. The remaining two have paid their accreditation costs or renewal fees to date, so OCFS plans to reimburse similar costs for them when their renewals come due in 2023.

The purpose of this Amendment is to add Morrison Center as a Willing and Qualified vendor.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Providers must be a Children's Private Non-Medical Institution (PNMI) programs working to become QRTP designated. The DHHS, Office of Child and Family Services, has determined these providers meet this requirement.

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

Accreditation fees are set by the accreditation body; they are nationally set rates.

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

The Department does not intend to competitively procure these services.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

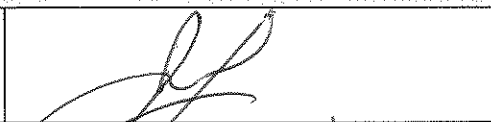


Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	15-Feb-22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/9/2022

**Office:** OCFS**Service Group:** Administrative Support**No. of Vendors:** 3 (Morrison Center Added)**Start Date:** 10/1/2021**End Date:** 9/30/2022

<b>CFS-22-61xx – Administrative Support- FFY22 Contract Spreadsheet</b>					
<b>Agreement #</b>	<b>Vendor</b>	<b>Advantage CT#</b>	<b>Start Date</b>	<b>End Date</b>	<b>Agreement Amount</b>
CFS-22-6105	Spurwink Services	CT 10A 20210817*370	10/1/2021	9/30/2022	\$11,200.00
CFS-22-6107	Sweetser	CT 10A 20210823*418	10/1/2021	9/30/2022	\$65,040.00
				<b>Total:</b>	<b>\$76,240.00</b>

<b>Amend A – Administrative Support - Adding a Vendor</b>					
<b>Agreement #</b>	<b>Vendor</b>	<b>Advantage CT#</b>	<b>Start Date</b>	<b>End Date</b>	<b>Agreement Amount</b>
CFS-22-6106	Morrison Center	CT 10A 20220121*1726	10/1/2021	9/30/2022	\$18,561.00
				<b>Revised Total:</b>	<b>\$94,801.00</b>