



**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 (Form's page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OCFS/Child Welfare Christine Theriault / Rebecca Harvey		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CFS-22-6109		
Amount: (Contract/Amendment/Grant)	\$ 36,390.00	Advantage CT / RQS #:	CT 10A 20220308**2032	
CONTRACT	Proposed Start Date:	<b>4/1/2022</b>	Proposed End Date:	<b>3/31/2023</b>
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:		NFI North, Inc. Contoocook NH		
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.

**PART III: SUPPLEMENTAL INFORMATION**

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. Eight of the ten PNMI Providers paid their accreditation costs or renewal fees previously and were reimbursed for accreditation costs in SFY21 or SFY22. One will have no fees and the remaining one will have similar costs reimbursed through this agreement.

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

The provider must be a Children's Private Non-Medical Institution (PNMI) program working to become QRTP designated. The Department has determined this provider meets 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.

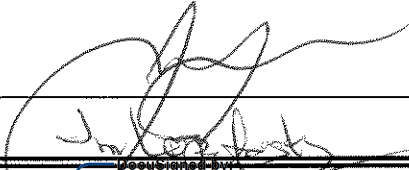
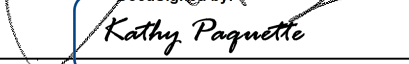
**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

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:	28-Mar-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	4/4/2022