



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		
Department Contract Administrator or Grant Coordinator:		Chris Moiles		
(If applicable) Department Reference #:		CBH-22-8030		
Amount: (Contract/Amendment/Grant)		\$ 7,050.00	Advantage CT / RQS #:	CT 10A 20220301*1984
CONTRACT	Proposed Start Date:	02/01/2021	Proposed End Date:	06/30/2022
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:		Whitney Academy, Inc. East Freetown, MA		
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. (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 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 youth 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.

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 communication and to return to a less restrictive environment as quickly as possible.

This is a new willing and qualified provider able to provider services for Maine children.

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

These specialized services are not available in the State of Maine. No other state or local resources are available to provide these services. Maine does not have the resources, and there are too few children with these significant needs, to create and operate a specific program to provide these services.

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

Room and Board is a standard daily rate, \$46.34.

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 willing and qualified providers.

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

Does this request utilize ARPA/MJRP funds?

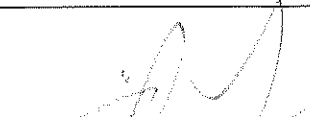
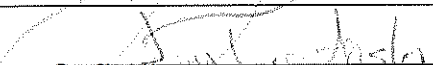

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	7 - Mar - 22
Signature of DAFS Procurement Official:	<div data-bbox="617 325 1039 399"> <p><small>Procurement By:</small>  <small>41C2BA36FAF44CD...</small></p> </div>		
Typed Name:	Kathy Paquette	Date:	5/2/2022