

## State of Maine Procurement Justification Form

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 website (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-22-80XX, See attached		
Amount: (Contract/Amendment/Grant)		\$ See attached	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	07/01/2021	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:		See attached		
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.)			
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 INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
<p>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.</p>

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## PART III: SUPPLEMENTAL INFORMATION

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.

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

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.**

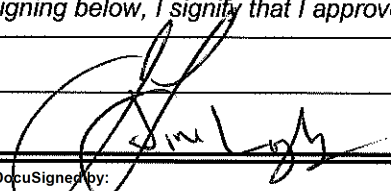
Room and Board is a standard daily rate, \$54.45 as set by legislative rule.

**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: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	12 - May - 21
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	6/15/2021

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**Office:** Office of Child and Family Services  
**Service Group:** Out of State Room and Board  
**Start Date:** 7/1/2021  
**End Date:** 6/30/2022  
**No. of Vendors:** 10

Vendor	Agreement Number	CT 10A	Agreement Amount
LEARNING CTR FOR THE DEAF, INC.	CBH-22-8000	20210408000000002691	\$19,875.00
EASTER SEALS NEW HAMPSHIRE INC	CBH-22-8001	20210408000000002692	\$695,599.00
VERMONT PERMANENCY INITIATIVE INC	CBH-22-8011	20210408000000002693	\$79,500.00
WALDEN BEHAVIORAL CARE, LLC	CBH-22-8012	20210408000000002694	\$19,875.00
CRYSTAL SPRINGS INC	CBH-22-8013	20210408000000002695	\$19,875.00
HILLCREST EDUCATIONAL CENTERS INC	CBH-22-8015	20210408000000002696	\$119,250.00
CENTER FOR COMPREHENSIVE SERVICES INC	CBH-22-8020	20210408000000002697	\$19,875.00
YOUTH VILLAGES, INC	CBH-22-8023	20210408000000002698	\$199,884.36
MOUNT PROSPECT ACADEMY	CBH-22-8024	20210408000000002699	\$337,875.00
STETSON SCHOOL	CBH-22-8025	20210408000000002700	\$99,371.25

**Total: \$1,610,979.61**