



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/Jennifer Levesque		
(If applicable) Department Reference #:		CBH-22-80XX		
Amount: (Contract/Amendment/Grant)		\$1,623,744.00 (Template Total)	Advantage CT / RQS #:	See Attached List
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	06/30/2023
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 List		
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.

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, 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: 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:	27-Jun-22
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/18/2022

Office: OCFS
Service Group: Out of State Room and Board
Start: 7/1/2022
End: 6/30/2023

Vendor	Agreement Number	CT 10A	Agreement Amount
LEARNING CTR FOR THE DEAF, INC.	CBH-23-8000	TBD	\$16,914.00
EASTER SEALS NEW HAMPSHIRE, INC.	CBH-23-8001	"	\$591,990.00
CROTCHET MOUTAIN REHABILITATION CENTER	CBH-23-8007	"	\$101,484.00
VERMONT PERMANENCY INITIATIVE, INC.	CBH-23-8011	"	\$67,656.00
WALDEN BEHAVIORAL CARE, LLC	CBH-23-8012	"	\$16,914.00
PINEY RIDGE TREATMENT CENTER, LLC	CBH-23-8014	"	\$16,914.00
HILLCREST EDUCATIONAL CENTERS, INC.	CBH-23-8015	"	\$101,484.00
HABILITATION CENTER, LLC	CBH-23-8016	"	\$33,828.00
CENTER FOR COMPREHENSIVE SERVICES, INC.	CBH-23-8020	"	\$16,914.00
YOUTH VILLAGES, INC.	CBH-23-8023	"	\$152,226.00
MOUNT PROSPECT ACADEMY	CBH-23-8024	"	\$287,538.00
STETSON SCHOOL	CBH-23-8025	"	\$84,570.00
JUSTICE RESOURCE INSTITUTE, INC.	CBH-23-8026	"	\$33,828.00
SPAULDING YOUTH CENTER	CBH-23-8027	"	\$33,828.00
SANDY PINES dbp SP BEHAVIORAL, LLC	CBH-23-8028	"	\$16,914.00
YOUTH OPPORTUNITY INVESTMENTS LLC dba BLEDSOE YOUTH ACADEMY	CBH-23-8029	"	\$33,828.00
WHITNEY ACADEMY, INC.	CBH-23-8030	"	\$16,914.00
Total:			\$1,623,744.00