



**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/CBHS                                       |                                |          |
| Department Contract Administrator or Grant Coordinator: |                      | Chris Moiles/ Jeanne Garza                           |                                |          |
| (If applicable) Department Reference #:                 |                      | CBH-23-315   |                                |          |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 62,388.00         | Advantage CT / RQS #:                                | CT 10A<br>20220706000000000023 |          |
| CONTRACT  | Proposed Start Date: | 7/1/2022   | Proposed End Date:             | 12/31/22 |
| 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:              |                      | Day One<br>South Portland, ME                        |                                |          |
| Brief Description of Goods/Services/Grant:              |                      | Youth Outpatient Services for Substance Use Disorder |                                |          |

| 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 checked="" type="checkbox"/>   | C. Single Source/Unique Vendor    | <input type="checkbox"/> | I. Federal Agency Directed       |
| <input type="checkbox"/>  | D. Proprietary/Copyright/Patents  | <input 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.

This purpose of this agreement is to support the Provider in the provision of youth Substance Use Disorder (SUD) outpatient services to youth up to age 21 who are uninsured or underinsured and SUD diagnosis. Substance Use Disorder (SUD) outpatient services are a critical component of the system of care, because when outpatient services are delivered at the appropriate time, it can prevent a person's condition from worsening and requiring more intrusive and expensive treatment.

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

Day One is currently the only provider that specializes in the delivery of youth Substance Use Disorder (SUD) treatment in the State of Maine. They have extensive experience in providing this service and are positioned to continue providing these services without interruption.

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

The Provider provided a budget for review by the Department. The Department has reviewed the budget and deemed the amount fair and reasonable. This amount is consistent with what the Provider received prior SFY for youth services and, as agreed upon between the Department and Provider, will remain the same for the 6-month duration of the contract.

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

The Department does not intend to RFP for this service.

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

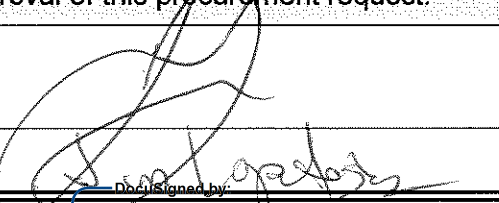
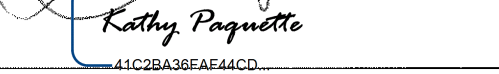
Does this request utilize ARPA/MJRP funds?

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: | 10-21-22  |
| Signature of DAFS Procurement Official:                          |  |       |           |
| Typed Name:  | Kathy Paquette   | Date: | 9/13/2022 |