

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/Child Welfare		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lora Blackwell		
(If applicable) Department Reference #:		See attached list		
Amount: (Contract/Amendment/Grant)	\$ See attached list	Advantage CT / RQS #:	See attached list	
CONTRACT	Proposed Start Date:	10/1/2020	Proposed End Date:	9/30/2021
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:		Multiple, see attached		
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 checked="" 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

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

Through the Family First Prevention Services Act 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. Five of the ten PNMI Providers have been approved for reimbursement for current accreditation costs. The remaining five have paid their accreditation costs or renewal fees to date, so OCFS plans to reimburse similar costs for them when their renewals come due in 2022.

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

Providers must be a Children's Private Non-Medical Institution (PNMI) programs working to become QRTP designated. The DHHS, Office of Child and Family Services, has determined these providers meet this requirement.

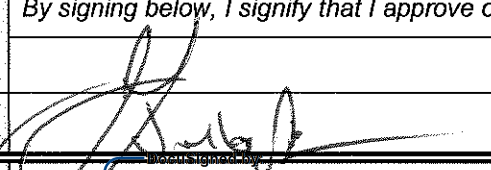
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	9-22-20
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	10/19/2020

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Agreement #	Vendor	Vender Code #	Start Date	End Date	Agreement Amount	Advantage # CT 10A
CFS-21-6100	Aroostook Mental Health Services, Inc.	VC1000005876	10/1/2020	9/30/2021	\$12,037.00	20200924*1057
CFS-21-6101	Connections for Kids	VC1000017906	10/1/2020	9/30/2021	\$21,512.00	20200924*1059
CFS-21-6102	Good Will Home Assoc DBA Good Will- Hinckley	VC1000033514	10/1/2020	9/30/2021	\$5,350.00	20200924*1060
CFS-21-6103	KidsPeace National Centers of New England	VC1000050576	10/1/2020	9/30/2021	\$10,946.00	20200924*1061
CFS-21-6104	The Northern Lighthouse	VC1000090218	10/1/2020	9/30/2021	\$9,700.00	20200924*1062
	Total Amount				\$59,545.00	