

## State of Maine Procurement Justification Form

CT 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 #:		CFS-22-61xx		
Amount: (Contract/Amendment/Grant)	\$ See attached	Advantage CT / RQS #:	See attached	
<b>CONTRACT</b>	Proposed Start Date:	<b>10/1/2021</b>	Proposed End Date:	<b>9/30/2022</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Spurwink Services, Inc. Portland, ME Sweetser, Saco ME		
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.)			
	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	<b>X</b>	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>

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### PART III: SUPPLEMENTAL INFORMATION

Through the Family First Prevention Services Act (FFPSA) 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. Six of the ten PNMI Providers were approved for reimbursement for accreditation costs for SFY21, and two providers are approved for SFY22. The remaining two 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 2023.

#### 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.

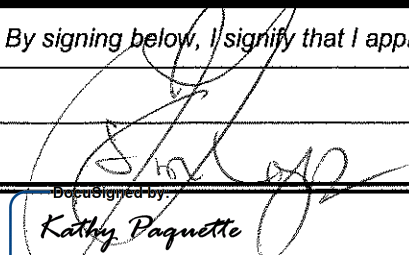
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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

<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>	22 Sep-21
<b>Signature of DAFS Procurement Official:</b>	<small>Deauthorized by</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	10/5/2021

## State of Maine Procurement Justification Form

**Office:** OCFS  
**Service Group:** Administrative Support  
**No. of Vendors:** 2  
**Start Date:** 10/1/2021  
**End Date:** 9/30/2022

CFS-22-61xx – Administrative Support- FFY22 Contract Spreadsheet					
Agreement #	Vendor	Advantage CT#	Start Date	End Date	Agreement Amount
CFS-22-6105	Spurwink Services	CT 10A 20210817*370	10/1/2021	9/30/2022	\$11,200.00
CFS-22-6107	Sweetser	Ct 10A 20210823*418	10/1/2021	9/30/2022	\$65,040.00
				<b>Total:</b>	<b>\$76,240.00</b>