



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:	CFS-24-8713 B		
Agency Department Code:	10A	Advantage CT / RQS # :	CT20240423000000002913
Amount: (Contract/Amendment/Grant)	Amend B: \$186,707.50 Revised: \$991,707.50		
CONTRACT	Proposed/Original Start Date:	4/1/2024	Proposed/Most Recent End Date: 9/30/2025
AMENDMENT	New Effective Date:	10/1/2025	New End Date (if Applicable): 3/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Fair Shake LLC Waterville, ME	
Brief Description of Goods/Services/Grant:		Monitored Family Visitation Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" 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. Higher Education 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.

DHHS has a statutory obligation to provide visitation to families and children in DHHS custody. Visitation is an important and critical reunification service and is required under Title 22 subchapter V §4041. In developing the rehabilitation and reunification plan, the Department shall make good faith efforts to ensure the participation of the parent(s). Factors considered during the development of the plan include the problems that present a risk of harm to the child, the services needed to address those problems, provisions to ensure the safety of the child while the parent engages in services, a means to measure the extent to which progress has been made, and visitation that protects the child's physical and emotional wellbeing. With this information the Department shall prepare a written rehabilitation and reunification plan.

This plan includes a schedule of, and conditions for, visits between the child and the parent designed to provide the parent and child time together in settings that provide as positive a parent-child interaction as can practically be achieved, while ensuring the emotional and physical well-being of the child when visits are not detrimental to the child's best interests.

The supports for the child's physical and emotional wellbeing determine the conditions for visits and the type of visitation services offered to families. The Department currently contracts for supported visitation services which are appropriate for families with most types of abuse concerns. The Supportive Visitation contracts provide on-site supervision at a variety of levels, from fully supervised, intermittently supervised, and check-in visits. These services include pre- and post-visitation meetings and incorporate parenting curricula into the array of supports offered during visitation services. Visitation can take place in a variety of settings, including home, office and community. Visit Coaching, an intensive in-the-moment visitation and assessment service, is appropriate for families that require coaching/guidance to address child safety concerns and develop knowledge of and appropriate developmental expectations for their children. The Visit Coaching and Assessment Service was piloted through a contract with Penquis and is proposed as part of the Governor's budget initiative.

Fair Shake provides audio/video monitored visitation services, with the capacity for interventions, only when there is a safety issue. Monitored visitation services are for families who require less supervision, but still need a safe environment to visit. This service is not appropriate for families with concerns of physical or emotional abuse.

This Amendment is being done to extend the contract for an additional six (6) months due to delays in the RFP process. Funding is also being added to support the extension.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

Visitation services have a significant impact on reunification outcomes for children in the custody of the Department. The current Supported Visitation Services contracts are significantly underutilized since providers are only able to staff one quarter (¼) to half (½) of available visitation units.

PART III: SUPPLEMENTAL INFORMATION

Fair Shake provides monitored visitation services located in Newport, Maine, which is in the catchment areas of Skowhegan, Waterville, Dover-Foxcroft, Augusta, and Bangor. Fair Shake also has a visitation center in Lewiston, Maine, supporting western and southern Maine. The provider can support up to five (5) monitored visitation rooms simultaneously. Each room is equipped with cameras and subject to continuous monitoring by two staff through audio and video connections. The Provider will offer visitation opportunities Monday through Saturday from 7:30 a.m. to 7:00 p.m., and Sundays from noon to 5:00 p.m. There are at least two employees present at all times, including one employee with law enforcement or corrections experience. The visits are recorded, and links are provided via email to OCFS staff who can view the visits live/contemporaneously, or at other times as recordings. This type of visitation may allow for more natural interactions between parents and children, as there will be no other people in the room. It also allows for less staff to provide more visits.

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

The hourly cost for this service is \$40.00/hour, which the Department determined to be fair and reasonable. This rate is lower than the traditional cost of supported visitation programs.

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

The Department intends to competitively bid this service within RFP OCFS20245 with an anticipated contract start date of 4/1/2026.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

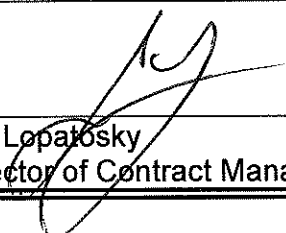
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.


PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS			
The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	4-Sep-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification			
The signature below indicates approval by the Commissioner or designee of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/9/2025