

**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/OBH/CBHS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque \ Storm Dexter	
(If applicable) Department Reference #:		Multiple, see addendum	
Amount: (Contract/Amendment/Grant)	Multiple, see addendum	Advantage CT / RQS #:	Multiple, see addendum
CONTRACT	Proposed Start Date:	07/01/2024	Proposed End Date: 6/30/2025
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 addendum	
Brief Description of Goods/Services/Grant:		Out of State Room & Board-SFY25	

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 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 twenty-four (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, \$51.43 per youth in placement.

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.

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.

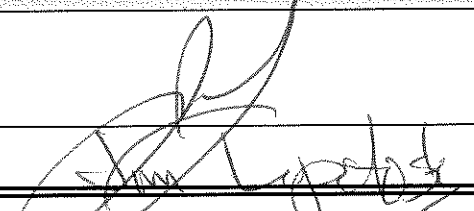

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	2-6-Aug-21
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/16/2024

Procurement Justification Form (PJF)

DHHS Office: OCFS
 Service: OOS Room & Board SFY25

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Revised Amount
EASTER SEALS NEW HAMPSHIRE INC	CBH-25-8001	20240702000CBH258001	7/1/2024	6/30/2025	\$ 657,018.25
SEVEN HILLS NEW HAMPSHIRE INC	CBH-25-8007	20240702000CBH258007	7/1/2024	6/30/2025	\$ 37,543.90
VERMONT PERMANENCY INITIATIVE INC	CBH-25-8011	20240702000CBH258011	7/1/2024	6/30/2025	\$ 37,543.90
WALDEN BEHAVIORAL CARE, LLC	CBH-25-8012	20240702000CBH258012	7/1/2024	6/30/2025	\$ 18,771.95
PINEY RIDGE TREATMENT CENTER, LLC	CBH-25-8014	20240702000CBH258014	7/1/2024	6/30/2025	\$ 18,771.95
HILLCREST EDUCATIONAL CENTERS INC	CBH-25-8015	20240702000CBH258015	7/1/2024	6/30/2025	\$ 187,719.50
HABILITATION CENTER LLC	CBH-25-8016	20240702000CBH258016	7/1/2024	6/30/2025	\$ 37,543.90
LAKELAND HOSPITAL ACQUISITION LLC	CBH-25-8017	20240702000CBH258017	7/1/2024	6/30/2025	\$ 18,771.95
YOUTH VILLAGES INC	CBH-25-8023	20240702000CBH258023	7/1/2024	6/30/2025	\$ 168,947.55
MOUNT PROSPECT ACADEMY	CBH-25-8024	20240702000CBH258024	7/1/2024	6/30/2025	\$ 319,123.15
STETSON SCHOOL	CBH-25-8025	20240702000CBH258025	7/1/2024	6/30/2025	\$ 93,859.75
SP BEHAVIORAL LLC	CBH-25-8028	20240702000CBH258028	7/1/2024	6/30/2025	\$ 93,859.75
YOUTH OPPORTUNITY INVESTMENTS LLC	CBH-25-8029	20240702000CBH258029	7/1/2024	6/30/2025	\$ 18,771.95
Latham Centers, Inc.	CBH-25-8031	20240702000CBH258031	7/1/2024	6/30/2025	\$ 18,771.95
Total Items	14			Totals	\$1,727,019.40