



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/OBH/ Michelle Descoteaux		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see attached list		
Agency Department Code:	10A	Advantage CT / RQS # :	Multiple, see attached list	
Amount: (Contract/Amendment/Grant		\$1,539,299.90		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, see attached list		
Brief Description of Goods/Services/Grant:		Out of State room & Board – SFY26		

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. 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.

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 solicitation (RFP/RFA/RFQ) number and the date of award notification, 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 competitive bidding process. The Department does not intend to competitively procure these services.

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.

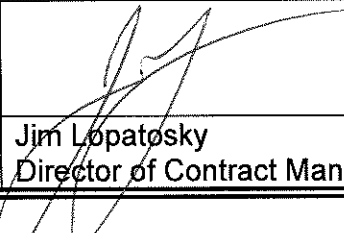
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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

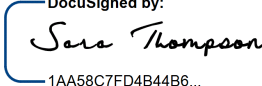
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	28-Jul-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:	DocuSigned by:  1AA58C7FD4B44B6...		
Typed Name:	Sara Thompson	Date:	13 August 2025

DHHS Office: OBH
Service: Out of State Room & Board - SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Easter Seals New Hampshire Inc	CBH-26-8001	20250508000CBH268001	7/1/2025	6/30/2026	\$675,790.20
Seven Hills New Hampshire Inc	CBH-26-8007	20250508000CBH268007	7/1/2025	6/30/2026	\$37,543.90
Vermont Permanency Initiative	CBH-26-8011	20250508000CBH268011	7/1/2025	6/30/2026	\$75,087.80
Piney Ridge Treatment Center	CBH-26-8014	20250508000CBH268014	7/1/2025	6/30/2026	\$18,771.95
Hillcrest Educational Centers	CBH-26-8015	20250508000CBH268015	7/1/2025	6/30/2026	\$262,807.30
Habilitation Center	CBH-26-8016	20250508000CBH268016	7/1/2025	6/30/2026	\$18,771.95
Lakeland Hospital Acquisition	CBH-26-8017	20250508000CBH268017	7/1/2025	6/30/2026	\$18,771.95
Youth Villages	CBH-26-8023	20250508000CBH268023	7/1/2025	6/30/2026	\$75,087.80
Mount Prospect Academy	CBH-26-8024	20250508000CBH268024	7/1/2025	6/30/2026	\$131,403.65
Stetson School	CBH-26-8025	20250508000CBH268025	7/1/2025	6/30/2026	\$131,403.65
SP Behavioral Youth Opportunity Investments	CBH-26-8028	20250508000CBH268028	7/1/2025	6/30/2026	\$18,771.95
Brookhaven Treatment and Learning Center	CBH-26-8029	20250508000CBH268029	7/1/2025	6/30/2026	\$18,771.95
American School for the Deaf	CBH-26-8030	20250722000CBH268030	7/1/2025	6/30/2026	\$18,771.95
Hartford	CBH-26-8031	20250508000CBH268031	7/1/2025	6/30/2026	\$18,771.95
Mentor Abi LLC	CBH-26-8033	20250722000CBH268033	7/1/2025	6/30/2026	\$18,771.95
Total Items	15			Totals	\$1,539,299.90