

State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OADS/Adult Day Program		
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Jennifer Levesque		
(If applicable) Department Reference #:	ADS-20-5910B		
Amount: (Contract/Amendment/Grant)	Orig: \$24,000.00 Amend B: \$10,000.00 New Amt: \$34,000.00	Advantage CT / RQS #:	CT10A20190419*3044
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	07/01/2019	Effective Date:
	Previous End Date:	06/30/2021	New End Date: No change
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Central Maine Area Agency on Aging, Augusta, ME		
Brief Description of Goods/Services/Grant:	Adult Day Program		

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
X	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
<p>The Section 61 (OADS policy CMR 10-149) Program provides adult day services for older adults and adults with disabilities. Because supervision is not a covered service for many of the home and community based services, adult day is a necessary service to allow individuals who need care in a supervised setting to remain in the community.</p> <p>These services are a core function of the long-term care (LTC) delivery system. These services assist eligible individuals to remain as independent as possible in their homes and communities, delaying or preventing more expensive institutional care by increasing the availability of long-term services and supports in the community, and serving individuals who are at greatest risk of institutionalization.</p> <p>The purpose of this amendment is to increase contract due to an increase in services.</p>

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PART III: SUPPLEMENTAL INFORMATION

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

DHHS Office of Aging and Disabilities Services has determined that this provider is willing and qualified to provide these services and meets specialized licensing requirements in order to provide this service and employ qualified staff.

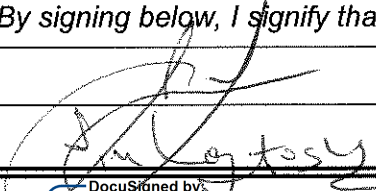
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Based on the analysis of the rates vendor wide, the Department has determined that the rate of \$13.82 per service hours has changed effective 03/01/20 to \$15.00 per service hours. The Department has determined that this rate is fair and reasonable.

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

The Department does not intend to RFP this service because services are provided by willing and qualified vendors.

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:	18-Feb-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	3/5/2021