

# State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OADS/LTC/Assisted Living Facilities			
Department Contract Administrator or Grant Coordinator:	Shawn Belanger			
(If applicable) Department Reference #:	ADS-20-6518A			
Estimated Contract or Grant Amount:	Original \$1,124,872.00 Amendment \$ 375,000.00 Revised \$1,499,872.00	Advantage CT / RQS #:	10A 20190402*2783	
AMENDMENT	Original Start Date:	07/01/2019	New Start Date:	N/A
	Original End Date:	03/31/2020	New End Date:	06/30/2020
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
ALL OTHER	Proposed Start Date:		Proposed End Date:	
Vendor/Provider/Grantee Name, City, State:	Penquis CAP, Inc. Bangor, ME			
Brief Description of Goods/Services/Grant:	Assisted Living Facility			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
<b>X</b>	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 QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
<p>The Department strives to support programs that allow older adults to age in place, delaying and preventing nursing facility placement, so that individuals can maintain as much independence as possible in settings that are substantially less costly than nursing facilities.</p>

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### PART III: SUPPLEMENTAL QUESTIONS

Designated Assisted Living Facilities (ALFs) provide home support to older adults and adults with disabilities who need help to be as independent as possible, in community-based settings that are substantially less costly than nursing facilities.

People who live in ALFs meet OADS assisted living program criteria within a federal tax credit property built specifically for this purpose. ALFs provide essential services, such as meal preparation, assistance with medications, 24-hour emergency response, housekeeping, personal care, and social and recreational opportunities.

This amendment extends the term of the contract to support continuation of Assisted Living Facility services through 06/30/2020 at the vendor's three Assisted Living Facility sites.

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

DHHS, Office Aging and Disability Services have determined that these providers are willing and qualified to provide the services. ALFs were built specifically to providing housing with services to seniors and adults with disabilities. These facilities are licensed by the State of Maine. People who live in ALFs meet OADS assisted living program criteria within a federal tax credit property built specifically for this purpose. The service providers use specialized staff to perform the services to meet their licensing requirements.

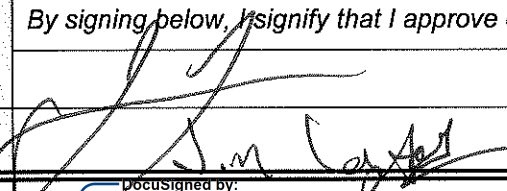
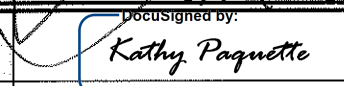
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

Because this program is funded in part through federal low-income tax credits, both the housing and service costs related to this model are substantially less than a nursing home placement. The contract budget costs have been evaluated and compared to usual and customary business costs and are considered to be fair and reasonable by the Department.

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

The Department does not intend to RFP these willing and qualified service.

### 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>	12-Mar-20
<b>Signature of DAFS Procurement Official:</b>	<i>Procured by:</i> 		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	4/29/2020