



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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/OADS/Adult Day		
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Jennifer Levesque		
(If applicable) Department Reference #:		See attached list		
Amount: (Contract/Amendment/Grant)		\$ See Attached list	Advantage CT / RQS #:	CTMV 10A 20210414000000000008
CONTRACT	Proposed Start Date:	07/01/21	Proposed End Date:	06/30/22
AMENDMENT	Original Start Date:	07/01/21	Effective Date:	07/01/21
	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:		See attached list		
Brief Description of Goods/Services/Grant:		Adult Day Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 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.

- a. 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.
- b. 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.

The purpose of this Amendment is to increase direct service units for 3 providers and travel miles for 2 of the providers.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Section 61 Program is a state funded program administered through the DHHS Office of Aging and Disability Services. The DHHS Office of Aging and Disability Services has determined that these providers have the requisite training and licensure to deliver these services.

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

Reimbursement for covered services shall be the lower of:

- a. The Provider's usual and customary charge; or
- b. The amount established by the Department up to or equal to \$3.75 per quarter service hour.

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

The Department does not intend to RFP these services as this is a willing and qualified service.

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

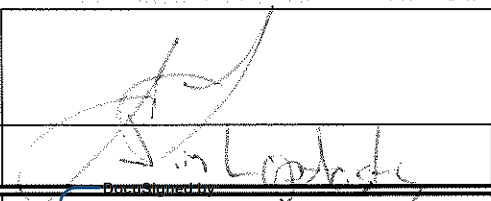
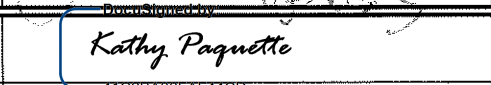
Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Don Lippold	Date:	7-Mar-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/20/2022

Procurement Justification Form (PJF)

Provider	CT Line	Master Number	Agreement Number	Vendor Customer ID	AD8 2.0 Service Description	Rate Per Unit	Unit of Measure	Projected Monthly Units	Amendment A Projected	Months	Authorized Monthly Units	Amendment A Authorized	Projected Line Amount	AMENDMENT A
City of Portland	1	ADS-22-9000	ADS-22-2905	VC1000073476	Adult Day Services	\$ 3.75	1/4 hour	1,444	1,844	12	1,844	2,000	\$ 64,980.00	\$ 13,500.00
City of Portland	2	ADS-22-9000	ADS-22-2905	VC1000073476	Adult Day Services Travel	\$ 0.45	mile	75		12	150		\$ 405.00	
													\$ 65,385.00	
DownEast Community Partners	1	ADS-22-9000	ADS-22-7908A	VC1000015396	Adult Day Services	\$ 3.75	1/4 hour	1,889	1,678	12	2,000	1,750	\$ 85,005.00	\$ (9,500.00)
DownEast Community Partners	2	ADS-22-9000	ADS-22-7908A	VC1000015396	Adult Day Services Travel	\$ 0.45	mile	200	1,975	12	300	2,000	\$ 1,080.00	\$ 9,500.00
													\$ 86,085.00	
Servants of the Cross	1	ADS-22-9000	ADS-22-4904	VC1000082897	Adult Day Services	\$ 3.75	1/4 hour	890	1,500	12	1,000	1,625	\$ 40,050.00	\$ 27,941.00
Servants of the Cross	2	ADS-22-9000	ADS-22-4904	VC1000082897	Adult Day Services Travel	\$ 0.45	mile	500	1,500	12	700	1,525	\$ 2,700.00	\$ 5,369.00
													\$ 42,750.00	
													Projected	Amendment A
													\$ 349,146.00	\$ 46,210.00