



DIVISION OF PROCUREMENT SERVICES

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 (Form's page) for additional instructions.

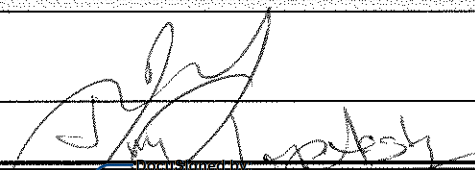

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/Adult Day Mark Brunton / Lori Harding		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Patricia Wall		
(If applicable) Department Reference #:		See Attached List		
Amount: (Contract/Amendment/Grant)		\$410,447.76 \$ See Attached List	Advantage CT / RQS #:	CTMV 10A 20230418 ** 0021
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2024
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:		See Attached List		
Brief Description of Goods/Services/Grant:		Adult Day Services SFY24		

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 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.	
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 (OADS). OADS 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.	
The Section 61 Adult Day Services reimbursement rate is established by the Mainecare Benefits Manual Section 26, Day Health Services. Section 26 sets the rate for Day Care Services per quarter service hour (10-144 Ch. 101, Ch. III. Allowances for Services – Section 26).	
4. Describe the plan for future competition for the goods or services.	
The Department does not intend to RFP these services as they are willing and qualified.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			Date:
Typed Name:			3-May-23
Signature of DAFS Procurement Official:			Date:
Typed Name:	Kathy Paquette		5/10/2023

OADS ADULT DAY SERVICES
CTMV 10A 20230418 ** 0021
7/1/2023 – 6/30/2024

PROJECTED TOTAL: \$410,447.76

Agreement Number	Contract Start Date	Contract End Date	Agreement Amount	CTP Number	Vendor Name / Address
ADS-24-2902	7/1/2023	6/30/2024	0.00	CTP 10A 2023	BRUNSWICK AREA RESPIRE CARE PROGRAM, BRUNSWICK ME
ADS-24-2905	7/1/2023	6/30/2024	0.00	CTP 10A 2023	PORTLAND CITY OF, PORTLAND ME
ADS-24-2913	7/1/2023	6/30/2024	0.00	CTP 10A 2023	SOUTHERN MAINE AGENCY ON AGING, BIDDEFORD ME
ADS-24-4904	7/1/2023	6/30/2024	0.00	CTP 10A 2023	SERVANTS OF THE CROSS, TOPSHAM ME
ADS-24-5907	7/1/2023	6/30/2024	0.00	CTP 10A 2023	MAINEGENERAL REHAB & LONG-TERM CARE, AUGUSTA ME
ADS-24-5910	7/1/2023	6/30/2024	0.00	CTP 10A 2023	CENTRAL MAINE AREA AGENCY ON AGING, AUGUSTA MAINE
ADS-24-7908	7/1/2023	6/30/2024	0.00	CTP 10A 2023	DOWNEAST COMMUNITY PARTNERS, ELLSWORTH, ME
ADS-24-8912	7/1/2023	6/30/2024	0.00	CTP 10A 2023	AROOSTOOK AGENCY ON AGING, PRESQUE ISLE ME