

**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/Emergency Transitional Housing	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero	
(If applicable) Department Reference #:		Multiple, See Attached Listing	
Amount: (Contract/Amendment/Grant)	\$ Multiple, See Attached Listing	Advantage CT / RQS #:	Multiple, See Attached Listing
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	04/24/2023
	Previous End Date:	New End Date:	n/a
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, See Attached Listing	
Brief Description of Goods/Services/Grant:		State-funded Home Support – Emergency Transitional Housing	

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.

The purpose of this Amendment is to distribute funding based on usage between the three Emergency Transitional Housing providers.

The need for these services is unpredictable and urgent when it occurs. Provider is expected to begin delivery of these services within 24 hours after referral of a consumer to the Provider by the Department. The need for these services for each referred consumer is expected to be temporary; until they are no longer needed by the consumer or a permanent placement of the consumer is made.

Provider shall provide Home Support Services to eligible consumers as directed by the Department, in accordance with the consumers' Person-Centered Plans, and applicable provisions within 10-144 C.M.R. ch. 101, ch. II, § 21 – Home Support – Agency Per Diem.

The purpose of this Contract is to provide State-funded Home Support services to consumers as specified by the Department. The provided services are characterized as “Emergency Transitional Housing Services”.

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

The Department, Office of Aging and Disability Services, has determined that this Provider is willing and qualified to provide the State-funded Home Support services characterized as “Emergency Transitional Housing Services”. The Provider can begin delivery of these services within 24 hours after referral of a consumer to the Provider by the Department on a temporary basis until they are no longer needed by the consumer or a permanent placement of the consumer is made.

This Provider is fully qualified to provide Home Support Services to eligible consumers in accordance with the consumers' Person-Centered Plans and the applicable provisions of 10-144 C.M.R. ch. 101, ch. II § 21.

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

The cost of the service shall be the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21, Appendix I. The cost is therefore considered fair and reasonable.

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

The Department does not intend to issue an RFP for these services because any willing and qualified provider can provide them at the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21, Appendix I.

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

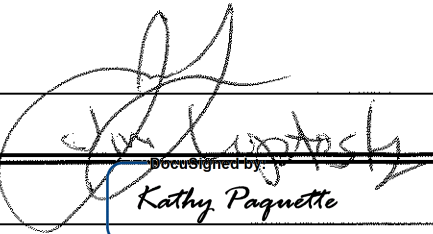
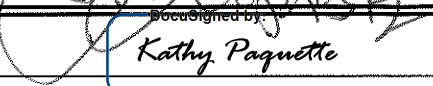
Does this request utilize ARPA/MJRP funds?

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:		Date:	15 - Aug - 23
Signature of DAFS Procurement Official:	 DocuSigned by: Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	5/23/2023

DHHS Office: Office of Aging and Disability
Service: Emergency Transitional Housing

Number of agreements: 3
Total Amendment amount: \$0

Vendor Name, City & State	Agreement #	Doc ID	Total Contract Amount
Granite Bay Care, Inc. Concord, NH	ADS-23-1551B	CT 10A 20220307000000002018	\$77,870.00
Support Solutions, Inc. Auburn, ME	ADS-23-3553B	CT 10A 20220307000000002019	\$2,130.00
Coastal Community Care LLC Auburn, ME	ADS-23-3554A	CT 10A 20230227000000002176	(\$80,000.00)
Total:			\$ 0.00