

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/IHSP	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Mary Alderman	
(If applicable) Department Reference #:		Multiple: See Attachment	
Estimated Contract or Grant Amount:	Multiple: See Attachment	Advantage CT / RQS #:	Multiple: See Attachment
<b>CONTRACT</b>	Proposed Start Date:	07/01/2020	Proposed End Date: 06/30/2022
<b>AMENDMENT</b>	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		See Attachment	
Brief Description of Goods/Services/Grant:		Independent Housing with Services Program (IHSP)	

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request.

<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 checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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

### PART III: SUPPLEMENTAL QUESTIONS

Please respond to ALL of the following questions.

**1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.**

The Department administers funds to subsidize an Independent Housing with Services Program (IHSP) at certain sites in compliance with 22 M.R.S.A. 1664 §7852 (6) – Independent Housing with Services Program.

An Independent Housing with Services Program (IHSP) site will provide housing and supportive services for three or more consumers. Services provided will help the consumer with the instrumental activities of daily living and allow the consumer to remain as independent as possible. These services will help to delay the need for more costly institutional care.

Each Provider will offer the following services as determined by the consumer's Plan of Care: Service Coordination, Transportation, Meals, Personal Care, Emergency Response, and Homemaking Services per 10-149 C.M.R. ch. 5, § 62.04 (A) and 62.04 (B)(1)-(5).

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### PART III: SUPPLEMENTAL QUESTIONS

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

Each IHSP site is the home of the older adults who live there and receive IHSP services. The current sites provide a stable living environment for the current residents that would be unduly disrupted should they be required to move from their current residences.

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

The costs in the IHSP program budget submitted by each Provider for contracted services is determined by the Department to be fair and reasonable before it is approved and entered in the Provider's contract.

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

In accordance with 10-149 C.M.R. ch. 5, § 62.09 (A), when funds for new sites or expanded services are available the Department will use a Request for Proposal process to identify and select additional IHSP providers. The Department does not intend to competitively bid these services.

### 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>	<i>Jim Spitzer</i>	<b>Date:</b>	<i>11-Jan-20</i>
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Laurie Andre</i>		
<b>Printed Name:</b>	Laurie Andre <small>A4D4AF6018C54EC...</small>	<b>Date:</b>	6/19/2020

## State of Maine Procurement Justification Form

DHHS Office:

OADS

Service:

Independent Housing Services Program (IHSP)

Start Date:

7/1/2020

Vendor/Provider Name	Address	Contract (CT) Number	DHHS Agreement #	Total Contract Amount
Aroostook Area Agency on Aging	PO Box 1288, Presque Isle, ME 04769	CT 10A 20200427*2991	ADS-21-8516	\$130,628.00
Bar Harbor Housing Authority	80 Mt Desert St. PO Box 28 Bar Harbor, ME 04609	CT 10A 20200427*2992	ADS-21-7515	\$89,166.00
Brunswick Housing Authority	12 Stone St PO Box A Brunswick, ME 04011	CT 10A 20200427*2993	ADS-21-2522	\$71,980.00
Methodist Conference Home	46 Summer St. Rockland, ME 04841	CT 10A 20200427*2995	ADS-21-4517	\$40,000.00
Westbrook Housing Authority	30 Liza Harmon Dr Westbrook, ME 04092	CT 10A 20200427*2996	ADS-21-2519	\$735,680.00
			Totals:	5 \$1,067,454.00