



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/DDS/Rental Subsidy	
Department Contract Administrator or Grant Coordinator:		Nancy Tan	
(If applicable) Department Reference #:		Multiple	
Amount: (Contract/Amendment/Grant)		multiple	Advantage CT / RQS #: Multiple
CONTRACT	Proposed Start Date:	07/01/2022	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:		Multiple	
Brief Description of Goods/Services/Grant:		Rental Subsidy	

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.

This Agreement provides a Rental Subsidy on behalf of Participants who live in waiver-funded, group homes in which they are receiving services under 10-144 C.M.R. ch. 101, ch. II, § 21 (Section 21). These subsidies are intended to augment the amount that is paid to the Provider by Participants who are living in the homes and to cover costs which are not covered by Medicaid. The Provider operates such group homes that generally serve one (1) to six (6) Participants. MaineCare funds staffing and certain administrative costs, and State funds and consumer contributions pay for room and board.

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

DHHS, Office of Aging and Disability Services have determined that these providers are willing and qualified to provide these services. Each Provider operates one or more group home(s) and has been selected by persons who are receiving Section 21 waiver services as the Provider from which they desire to receive these services. Persons receiving home support services under 10-144 C.M.R. ch. 101, ch. II, § 21 are involved in choosing the Provider of Section 21 waiver services during development of their Person-Centered Plan. This plan of care documents services and supports that are important for the person to meet needs identified through an assessment of functional need, as well as what is important to the person regarding delivery of such services and supports.

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

The amount of Rental Subsidy funding paid to the Provider is determined by application of a standard Rental Subsidy calculation that takes into account program Participants income, local FMR rates, and the number of program Participants in each group home.

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

The Department does not intend to issue an RFP for this service.

Any certified MaineCare provider which operates a waiver group home may participate in the Rental Subsidy program.

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


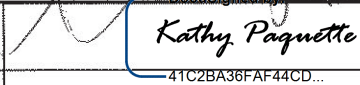
Does this request utilize ARPA/MJRP funds?

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:	<i>Sam Lopez</i>	Date:	<i>1-Jun-22</i>
Signature of DAPS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA38FAF44CD...</small>		
Typed Name:	kathy Paquette	Date:	6/17/2022

DHHS Office: Office Of Aging and Disability
Service: Rental Subsidy
Start Date: 7/1/2022
NO. of Vendors: 34
Service Group Total: \$3,585,768.00

Vendor Name	Agreement Number	Doc ID	Agreement Amount
ALTERNATIVE SERV-NE INC	ADS-23-5551	20220406000000002363	\$ 98,832.00
ASCENTRIA COMMUNITY SERVICES INC	ADS-23-2572	20220406000000002349	\$ 95,160.00
CAFE INC/CHOICES ARE FOR	ADS-23-2553	20220406000000002342	\$ 56,616.00
CASA INC	ADS-23-2554	20220406000000002343	\$ 44,472.00
CENTRAL AROOSTOOK ASSOCIATION	ADS-23-8555	20220406000000002373	\$ 18,384.00
COMMONSENSE HOUSING INC	ADS-23-5557	20220406000000002365	\$ 122,424.00
CREATIVE OPTIONS LLC	ADS-23-6571	20220406000000002371	\$ 16,728.00
DOWNEAST HORIZONS INC	ADS-23-7559	20220406000000002372	\$ 58,008.00
ELMHURST INC	ADS-23-4560	20220406000000002361	\$ 43,560.00
GOODWILL IND OF NORTHERN NE	ADS-23-2564	20220406000000002345	\$ 79,344.00
GRANITE BAY CARE INC	ADS-23-2565	20220406000000002346	\$ 561,744.00
GROUP MAIN STREAM INC	ADS-23-2566	20220406000000002347	\$ 160,464.00
HOPE ASSOCIATON - FOURTH ST	ADS-23-3565	20220406000000002356	\$ 3,912.00
INDEPENDENCE ASSOCIATION	ADS-23-2567	20220406000000002348	\$ 84,528.00
JOHN F MURPHY HOMES INC	ADS-23-3568	20220406000000002357	\$ 130,344.00
Life Enrichment Advancing People, Inc	ADS-23-3563	20220406000000002355	\$ 43,728.00
MERT ENTERPRISES INC	ADS-23-5574	20220406000000002367	\$ 91,608.00
MOBIUS INC	ADS-23-4575	20220406000000002362	\$ 21,648.00
MORRISON CENTER	ADS-23-2563	20220406000000002344	\$ 66,312.00
NEW COMMUNITIES INC	ADS-23-5573	20220406000000002366	\$ 103,608.00
NORTHEAST RESIDENTIAL SERVICES	ADS-23-4553	20220406000000002360	\$ 50,712.00
NORTHERN MAINE GENERAL HOSP	ADS-23-8576	20220406000000002374	\$ 15,216.00
OHI	ADS-23-5577	20220406000000002368	\$ 218,136.00
PENQUIS COMM ACTION PROG INC	ADS-23-5556	20220406000000002364	\$ 51,528.00
PORT RESOURCES INC	ADS-23-2578	20220406000000002350	\$ 321,168.00
RESIDENTIAL RESOURCES OF MAINE	ADS-23-1579	20220406000000002341	\$ 144,336.00
SKILLS INC	ADS-23-5580	20220406000000002369	\$ 53,280.00
SPURWINK SERVICES INC	ADS-23-2581	20220406000000002351	\$ 201,024.00
SUPPORT SOLUTIONS INC	ADS-23-3582	20220406000000002359	\$ 100,848.00
SWEETSER	ADS-23-1562	20220405000000002332	\$ 91,176.00
UCP OF MAINE	ADS-23-5584	20220406000000002370	\$ 31,032.00
WOODFORDS FAMILY SERVICES	ADS-23-2585	20220406000000002351	\$ 188,712.00
YESTERDAYS CHILDREN INC	ADS-23-2586	20220406000000002353	\$ 7,872.00
YORK-CUMBERLAND ASSN FOR HANDICAPPED PERSONS	ADS-23-2587	20220406000000002354	\$ 209,304.00
Grand Total			