



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.

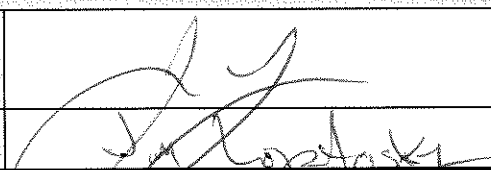

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/Assisted Living Facility		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/David Projansky		
(If applicable) Department Reference #:		Multiple: See Attached		
Amount: (Contract/Amendment/Grant)	\$ Multiple: See Attached	Advantage CT / RQS #:	Multiple: See Attached	
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:		Multiple: See Attached		
Brief Description of Goods/Services/Grant:		Long Term Supports and Services to eligible recipients in an Assisted Living Facility.		

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.	An Assisted Living Facility (ALF) is a tax credit financed property that provides a program of assisted living services to consumers in private apartments in buildings that include a common dining area, managed directly by the Provider, or indirectly through Provider's contracts with persons, entities or agencies. Consumers include older adults and adults who have disabilities and need assistance. Eligible consumers receive Long Term Supports and Services. These Long Term Supports and Services are provided in accordance with each consumer's Plan of Care. They may include essential services such as service coordination, meals, medication administration, assistance with personal care, and chore or homemaking assistance. The Department strives to support programs that allow older adults to age in place and to support adults who have disabilities and need assistance to live with as much independence as possible, thus delaying or preventing the need for placement in a more costly institutional alternative, such as a nursing home.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	DHHS, Office Aging and Disability Services have determined that these providers are willing and qualified to provide the services. ALFs were built specifically to providing housing with services to seniors and adults with disabilities. These facilities are licensed by the State of Maine. People who live in ALFs meet OADS assisted living program criteria within a federal tax credit property built specifically for this purpose. The service providers use specialized staff to perform the services to meet their licensing requirements.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Because this program is funded in part through federal low-income tax credits to the Assisted Living Facilities, both the housing and services costs related to this model are substantially less than a nursing home placement.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to issue an RFP for these willing and qualified services.

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: 17-May-23
Typed Name:	David Morris		Date: 6/9/2023
Signature of DAFS Procurement Official:			Date: 6/9/2023
Typed Name:	David Morris		Date: 6/9/2023

Addendum to: Assisted Living Template**Start Date: 7/1/2023****End Date: 6/30/2024****Total Agreements Amount: \$4,293,430.00**

Vendor, City & State	Agreement Number	Doc ID	Agreement Amount
Sanford Senior Care Operations LLC Sanford, ME	ADS-24-1513	CT 10A 20230320000000002374	\$795,080.00
Wardwell Assisted Living Serv Saco, ME	ADS-24-1514	CT 10A 20230320000000002375	\$265,027.00
The Iris Network Portland, ME	ADS-24-2512	CT 10A 20230320000000002376	\$424,042.00
MaineGeneral Rehab & Long Term Care Augusta, ME	ADS-24-5511	CT 10A 20230320000000002377	\$821,582.00
Penquis Comm Action Prog Inc Bangor, ME	ADS-24-6518	CT 10A 20230320000000002378	\$1,987,699.00
		Total:	\$4,293,430.00