



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/APS		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melanie Boucher		
(If applicable) Department Reference #:		ADS-23-4220		
Amount: (Contract/Amendment/Grant)	\$142,944.00	Advantage CT / RQS #:	CT 10A 20230601000000003471	
CONTRACT	Proposed Start Date:	05/24/2023	Proposed End Date:	05/23/2024
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:		SRA Healthcare, LLC dba Elm Street Assisted Living Topsham, Maine		
Brief Description of Goods/Services/Grant:		Residential Services		

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 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

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 Agreement is for the Department to provide financial reimbursement to Elm Street Assisted Living in Topsham, Maine, for additional support not covered by MaineCare for an individual who is currently subject to State of Maine Public Guardianship with OADS' Adult Protective Services (APS), and who currently needs increased level of care. The Residential Care Facility level of care for this member will be billed to MaineCare.

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

Elm Street Assisted Living in Topsham, Maine, is a Residential Care Facility that provides specialized assisted living services. It has been the only facility so far to accept this individual for admission. Elm Street Assisted Living is a non-institutional, secure home that is subject to the Department's Licensing Regulations, 10-149 Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs.

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

The rates for staff and benefits are considered fair and reasonable for this type of service.

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

An extensive state-wide search for a placement took over the course of several months and Elm Street Assisted Living was the only facility willing to provide the requisite care for this client, given his unique circumstances. The RFP process is generally not appropriate to identify a client-specific residential care placement. For this reason, an RFP was not considered and is not anticipated. The Department does not intend to competitively procure these services.

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

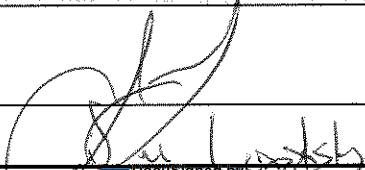
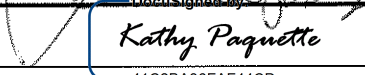
Does this request utilize ARPA/MJRP funds?

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):			Date:	5-JUN-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	6/13/2023
Typed Name:	Kathy Paquette	41C2BA36FAF44CD...	Date:	