



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

Table with 5 main rows and multiple columns. Fields include: Department Office/Division/Program: DHHS/OADS/DS/Case Management; Department Contract Administrator or Grant Coordinator: Althea Harris / Brianne Carrero; (If applicable) Department Reference #: Multiple - see attachment; Amount: \$147,300.00; Advantage CT / RQS #: CTMV 10A 20230414000000000019; CONTRACT Proposed Start Date: 07/01/2023, Proposed End Date: 06/30/2024; AMENDMENT Original Start Date, Previous End Date, Effective Date, New End Date; GRANT Project Start Date, Project End Date, Grant Start Date, Grant End Date; Vendor/Provider/Grantee Name, City, State: Multiple - see attachment; Brief Description of Goods/Services/Grant: Disability Services (DS) Limited Period Case Management Services

PART II: JUSTIFICATION FOR VENDOR SELECTION

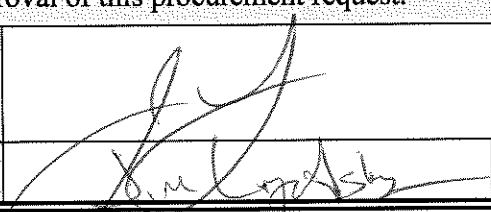
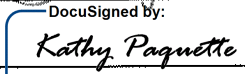
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

Table with 2 columns of justification options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, L. Other Authorization. Option J is checked.

Please respond to ALL the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>	<p>Limited Period Targeted Case Management Services is needed to assist Disability Services individuals, who meet the eligibility criteria stated in 10-144 C.M.R. ch.101, ch. 2 § 13.03-4 A and 14-197 CMR ch.3, to apply for MaineCare benefits, and to also provide Case Management Services according to 10-144 C.M.R. ch. 101, ch. 2, § 13.02 Covered Services and 13.07-1 Service Requirements as well as Duration of Care and Limitations requirements (10-144 C.M.R. ch. 101, ch. 2, § 13.04 and 13.06).</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>	<p>The Office of Aging and Disability Services has determined that the Providers are willing and qualified to provide the State-funded Case Management services.</p> <p>The Providers are fully qualified to provide Case Management services in accordance with the applicable provisions of 10-144 C.M.R. ch. 101, ch. 2 § 13.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>	<p>The cost of the service shall be the Targeted Case Management rate specified in the MaineCare Benefits Manual 10-144 C.M.R. ch. 101, ch. III, § 13. The cost is therefore considered fair and reasonable.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>	<p>The Department does not intend to issue an RFP for these services because any willing and qualified provider can provide them at the Targeted Case Management rate specified in 10-144 C.M.R. ch. 101, ch. III, § 13.</p>

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):			
Typed Name:		Date:	1 - May - 23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Kathy Paquette	Date:	6/22/2023

Addendum to Case Management-SFY24 Template

Start Date: **7/1/2023**End Date: **6/30/2024**Total Agreements Amount: **\$147,300.00**

<b>Vendor Name, City &amp; State</b>	<b>Agreement Number</b>	<b>Doc ID</b>
Granite Bay Care Inc Concord, NH	ADS-24-2701	CTP 10A
Hope Association – Fourth St Rumford, ME	ADS-24-3701	CTP 10A
Summit Support Services LLC Wilton, ME	ADS-24-3703	CTP 10A
Graham Behavioral Services Inc Augusta, ME	ADS-24-5701	CTP 10A
Uplift Inc Gardiner, ME	ADS-24-5702	CTP 10A