



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS / OADS / Long Term Care Services and Supports (LTSS) / Home-Based Supports and Services (HBSS) Programs/Allison Toomey		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple; See Attached		
Agency Department Code:	10A	Advantage CT / RQS #:	CTMV 20260409HOMEBASEDCAR	
Amount: (Contract/Amendment/Grant)		\$43,543,979.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	12/31/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
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:		Statewide Service Coordination by a Service Coordination Agency (SCA) to support the Department's Home-Based Supports and Services (HBSS) Programs		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 Department provides supportive, preventive, protective, and public health and intervention services to preserve public health and assist Maine residents in meeting their needs. The Department strives to provide these programs and services while respecting the rights and preferences of individuals and families. The Department provides services that promote the highest level of independence, health, and safety of older citizens, vulnerable adults, and adults with disabilities.

This contract provides for Statewide Service Coordination as well as other administrative services related to State-funded in-home long-term services and supports provided to older adults and adults with disabilities. The services provided under this contract support the state-funded Home-Based Supports and Services (HBSS) [10-149 CMR Ch. 5 Section 63](#).

The Department provides services in support of approximately 1,200 participants per month. Services under the HBSS, including but not limited to: Service Coordination; Personal Care; Nursing; Therapies; Respite; Adult Day Services; Environmental Modifications; Emergency Response System; and limited transportation to activities covered in the Authorized Plan of Care. Personal Care and In-home Respite Services may be Participant-directed and include Skills Training and Fiscal Intermediary (FI) services required under State statute. All these in-home services are intended to assist eligible individuals to remain as independent as possible in their homes and communities, delaying or preventing more expensive institutional care.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

DHHS, OADS determined that these providers are willing and qualified providers who are enrolled MaineCare Providers for Care Coordination Services and have a contract with OADS. OADS allocates State General Funds and Federal Block Grant dollars on a Fee for Service basis at the MaineCare rate for clinically eligible consumers who do not have MaineCare.

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

Rates are standardized, consistent with the MaineCare rate, and established by rate setting.

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?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

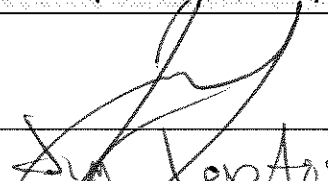
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

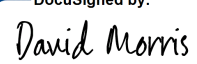
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Morris	Date:	27-May-26

2. Additional signature required **ONLY** if box **E (Emergency)** is selected in **PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	David Morris	Date:	6/9/2026

NOI W&Q 0620260422

Procurement Justification Form (PJF)

DHHS Office: OADS
Service: Home Based Care SFY27
CTMV 10A 20260409HOMEBASEDCAR

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
Seniors Plus	ADS-27-3351	20260409000ADS273351	7/1/2026	12/31/2027	\$22,266,376.92
Alpha One Inc	ADS-27-9702	20260409000ADS279702	7/1/2026	12/31/2027	\$20,891,480.78
Total Items	2	Total Projected			\$43,157,857.70