

## State of Maine

## Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/Assisted Living		
Department Contract Administrator or Grant Coordinator:		Nancy Tan Lora Blackwell		
(If applicable) Department Reference #:		Multiple: See Attached		
Amount: (Contract/Amendment/Grant)	Multiple: See Attached	Advantage CT / RQS #:	Multiple: See Attached	
CONTRACT	Proposed Start Date:	07/01/2020	Proposed End Date:	06/30/2021
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

PART III: SUPPLEMENTAL INFORMATION	
Please respond to ALL of the following:	
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>	
<p>An Assisted Living Facility (ALF) is a facility licensed by the State in which older adults and adults with disabilities who need assistance 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.</p>	

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### PART III: SUPPLEMENTAL INFORMATION

The Department strives to support programs that allow older adults to age in place and to support adults with disabilities who need help to live with as much independence as possible, thus delaying or preventing the need for placement in more costly institutional alternatives, such as a nursing home.

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

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.

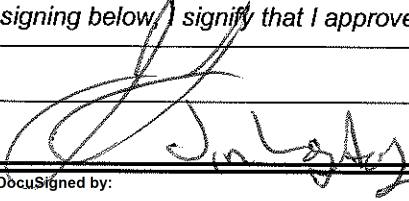
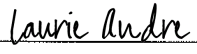
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 services.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>			<b>Date:</b> 10-June-2020
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: 		
<b>Printed Name:</b>	Laurie Andre <small>A1D44E6018C54EC</small>	<b>Date:</b>	7/7/2020

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DHHS Office: OADS  
 Service: Assisted Living Facilities  
 Start/End Date: 7/1/2020 – 6/30/2021

Vendor/Provider Name	Address	Contract (CT) Number	DHHS Agreement #	Total Contract Amount
MaineGeneral Rehabilitation & Long Term Care	40 Glenridge Dr, Augusta ME 04330	CT 10A 20200522000000003452	ADS-21-5511	\$515,929.00
Southern Maine Health Care dba Mayflower Place/Manor at Phillipstown Place	c/o Christine Bougie, 27 Mayflower Dr, Sanford ME 04073	CT 10A 20200522000000003450	ADS-21-1513	\$303,721.00
Penquis CAP, Inc	PO Box 1162, Bangor ME 04401	CT 10A 20200522000000003453	ADS-21-6518	\$1,499,872.00
The Iris Network	189 Park Ave, Portland ME 04102	CT 10A 20200522000000003455	ADS-21-2512	\$210,479.00
Wardwell Assisted Living Services	43 Middle St, Saco ME 04072	CT 10A 20200522000000003451	ADS-21-1514	\$154,556.00
Totals:			5	\$2,684,557.00