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/DS/Case Management			
Department Contract Administrator or Grant Coordinator:	Nancy Tan / Melanie Boucher			
(If applicable) Department Reference #:	Multiple: See Attachment			
Amount: (Contract/Amendment/Grant)	Multiple: See Attachment	Advantage CT / RQS #:	CTMV 10A 20220607000000000011	
CONTRACT	Proposed Start Date:	**07/01/2022**	Proposed End Date:	06/30/2023
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 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.)			
☐	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. University Cooperative Project	☐	L. Other Authorization

Please respond to ALL 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.

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).

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

The Office of Aging and Disability Services has determined that the Providers are willing and qualified to provide the State-funded Case Management services.

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.

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

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.

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

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.

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):			
Typed Name:		Date:	5-11-22
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	7/8/2022

DHHS Office: Aging and Disability Services
Service Group: Targeted Case Management

Agreement Number	Vendor	Vendor Customer Code	Rate Per Unit	UnitofMeasure	Projected Monthly Units	Months	Authorized Monthly Units	ProjectedLineAmount
ADS-23-6701	Amicus	VC1000003020	$ 21.95	1/4 hour	66	12	75	$ 17,384.40
ADS-23-5701	Graham Behavioral Services Inc.	VC1000033747	$ 21.95	1/4 hour	131	12	150	$ 34,505.40
ADS-23-2701	Granite Bay Care Inc.	VC1000033771	$ 21.95	1/4 hour	197	12	220	$ 51,889.80
ADS-23-3701	Hope Association	VC1000069931	$ 21.95	1/4 hour	66	12	75	$ 17,384.40
ADS-23-3702	Opportunity Enterprises Inc.	VC0000120505	$ 21.95	1/4 hour	219	12	240	$ 57,684.60
ADS-23-3703	Summit Support Services LLC	VC0000231460	$ 21.95	1/4 hour	197	12	220	$ 51,889.80
ADS-23-5702	Uplift Inc.	VC1000093662	$ 21.95	1/4 hour	87	12	110	$ 22,915.80
ADS-23-1701	Waban Projects Inc.	VC1000094976	$ 1.95	1/4 hour	175	12	205	$ 46,095.00
								$ 299,749.20