



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/IHSP		
Department Contract Administrator or Grant Coordinator:		Althea Harris/ Stacy Martin		
(If applicable) Department Reference #:		Multiple: See Attachment		
Amount: (Contract/Amendment/Grant)		Multiple: See Attachment	Advantage CT / RQS #:	Multiple: See Attachment
CONTRACT	Proposed Start Date:	07/01/22	Proposed End Date:	06/30/24
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:		See Attachment		
Brief Description of Goods/Services/Grant:		Independent Housing with Services Program (IHSP)		

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 Department administers funds to subsidize an Independent Housing with Services Program (IHSP) at certain sites in compliance with 22 M.R.S.A. 1664 §7852 (6) – Independent Housing with Services Program.

An Independent Housing with Services Program (IHSP) site will provide housing and supportive services for three or more consumers. Services provided will help the consumer with the instrumental activities of daily living and allow the consumer to remain as independent as possible. These services will help to delay the need for more costly institutional care.

Each Provider will offer the following services as determined by the consumer’s Plan of Care: Service Coordination, Transportation, Meals, Personal Care, Emergency Response, and Homemaking Services per 10-149 C.M.R. ch. 5, § 62.04 (A) and 62.04 (B)(1)-(5).

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

Each IHSP site is the home of the older adults who live there and receive IHSP services. The current sites provide a stable living environment for the current residents that would be unduly disrupted should they be required to move from their current residences.

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

The costs in the IHSP program budget submitted by each Provider for contracted services is determined by the Department to be fair and reasonable before it is approved and entered in the Provider’s contract.

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

In accordance with 10-149 C.M.R. ch. 5, § 62.09 (A), when funds for new sites or expanded services are available the Department will use a Request for Proposal process to identify and select additional IHSP providers. The Department does not intend to competitively bid these services.

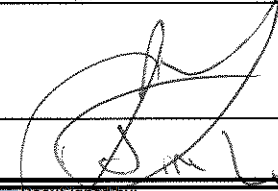
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):			
Typed Name:		Date:	7-2-2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/25/2022

**State of Maine
Waiver to Competitive Bidding Request Form**

The following list identifies all providers/vendors associated with this State of Maine Waiver of Competitive Bidding Request Form along with their specific contract information.

DHHS Office:
Service:
Start Date:

OADS
Independent Housing Services Program (IHSP)
7/1/2022

Vendor/Provider Name	Address	Contract (CT) Number	DHHS Agreement #	Amendment Amount (if applicable)	Total Contract Amount
Aroostook Area Agency on Aging	PO Box 1288, Presque Isle, ME 04769	CT 10A 20220616000000003407	ADS-23-8516	N/A	\$ 130,628.00
Bar Harbor Housing Authority	80 Mt Desert St. PO Box 28 Bar Harbor, ME 04609	CT 10A 20220616000000003406	ADS-23-7515	N/A	\$ 89,166.00
Brunswick Housing Authority	12 Stone St PO Box A Brunswick, ME 04011	CT 10A 20220616000000003404	ADS-23-2522	N/A	\$ 71,980.00
MCH, Inc. Methodist Conference Home	46 Summer St. Rockland, ME 04841	CT 10A 20220616000000003405	ADS-23-4517	N/A	\$ 40,000.00
Westbrook Housing Authority	30 Liza Harmon Dr Westbrook, ME 04092	CT 10A 20220616000000003403	ADS-23-2519	N/A	\$ 735,680.00
Totals:			5	-	1,067,454.00