



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/NICOLE ROONEY/TONYA PERKINS	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Melinda Farrell	
(If applicable) Department Reference #:		Multiple, See Addendum	
Amount: (Contract/Amendment/Grant)	Multiple, See Addendum	Advantage CT / RQS #:	Multiple, See Addendum
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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 Addendum	
Brief Description of Goods/Services/Grant:		Independent Housing with Services Program (IHSP)	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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.	<p>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.</p> <p>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.</p> <p>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).</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>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.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>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.</p>
4. Describe the plan for future competition for the goods or services.	<p>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 plans to renew for another year if the RFP is not completed by 6/30/2025.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

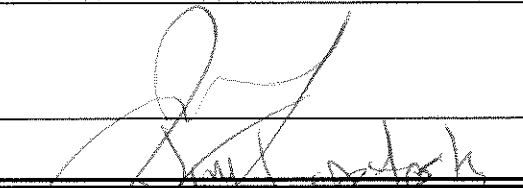
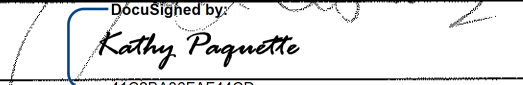
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	24 Jun - 24
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/15/2024

DHHS Office:

OADS

INDEPENDENT HOUSING WITH SERVICES PROGRAM

Service:

(IHSP)-SFY25

Vendor Name	Agreement Number	Start Date	End Date	Agreement Amount
Aroostook Area Agency on Aging	ADS-25-8516	7/1/2024	6/30/2025	\$94,672.54
Bar Harbor Housing Authority	ADS-25-7515	7/1/2024	6/30/2025	\$46,789.86
Brunswick Housing Authority	ADS-25-2522	7/1/2024	6/30/2025	\$37,771.51
MCH, Inc.	ADS-25-4517	7/1/2024	6/30/2025	\$20,990.00
Southern Maine Agency on Aging	ADS-25-2525	7/1/2024	6/30/2025	\$147,423.00
Westbrook Housing Authority	ADS-23-2519	7/1/2024	6/30/2025	\$416,311.08
Total Items	6	Total Amount		\$763,957.99