

# State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OADS/Adult Day Program			
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Ryan Roberts			
(If applicable) Department Reference #:	ADS-21-7916			
Estimated Contract or Grant Amount:	\$ 15,000.00	Advantage CT / RQS #:	CT-10A- 20200309*2464	
CONTRACT	Proposed Start Date:	7/1/20	Proposed End Date:	6/30/21
AMENDMENT	Original Start Date:		New Start Date:	
	Original End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Don and Beth Straus Therapeutic Day Program, Bar Harbor, ME			
Brief Description of Goods/Services/Grant:	Adult Day Program			

PART II: JUSTIFICATION FOR VENDOR SELECTION				
Mark an "X" before the justification(s) that applies to this request.				
	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	X	J. Willing and Qualified	
	E. Emergency		K. Client Choice	
	F. University Cooperative Project		L. Other Authorization	

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
<p>The Section 61 (OADS policy CMR 10-149) Program provides adult day services for older adults and adults with disabilities. Because supervision is not a covered service for many of the home and community based services, adult day is a necessary service to allow individuals who need care in a supervised setting to remain in the community.</p>

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### PART III: SUPPLEMENTAL QUESTIONS

These services are a core function of the long term care (LTC) delivery system. These services assist eligible individuals to remain as independent as possible in their homes and communities, delaying or preventing more expensive institutional care by increasing the availability of long term services and supports in the community, and serving individuals who are at greatest risk of institutionalization.

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

DHHS, Office of Aging and Disabilities Services has determined that these providers are willing and qualified to provide these services and have meet specialized licensing requirements in order to provide this service and employ qualified staff.

Adult Day Services are activities and services available in a facility for several hours per day designed to provide older adults and adults with disabilities with opportunities for active participation in constructive social and leisure time as well as health monitoring, directed at maintaining and/or improving personal and social functioning, and minimizing isolation and providing respite to family caregivers. Adult Day Services maintain the consumer's ability to remain at home, which has been part of the long-range plan of assisting people to be more independent in their communities and delay or prevent institutional care and higher cost services.

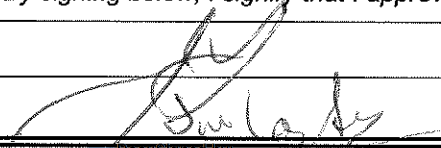
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

Based on the analysis of the rates vendor wide, the Department has determined that the rate of \$13.82 per service hours is fair and reasonable.

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

The Department does not intend to RFP this service because services are provided by willing and qualified vendors.

### 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>	15-July-20
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	8/10/2020