

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/Ombudsman Program	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Kristen King	
(If applicable) Department Reference #:		ADS-20-9307C	
Amount: (Contract/Amendment/Grant)	Current: \$2,101,739.00 Amd C: \$34,547.00 Rev Total: \$2,136,286.00	Advantage CT / RQS #:	CT10A20190729*0340
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	10/01/2019	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:		Maine Long Term Care Ombudsman Program	
Brief Description of Goods/Services/Grant:		Long term care ombudsman services and complex case transition	

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
X	B. Amendment		H. State Statute/Agency Directed
X	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

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Ombudsman Services

The State is required to engage a State long term care ombudsman and administer a long-term care ombudsman program. The ombudsman and program must advocate for the rights of older individuals who reside in nursing facilities and other residential care facility settings or who are receiving long term care services

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PART III: SUPPLEMENTAL INFORMATION

in their homes.

Complex Case Transition Services

The State is also empowered to provide "advocacy during the hospital discharge process to assist patients with complex medical needs who experience significant barriers in accessing long-term services and supports".

See: Older Americans Act (42 U.S.C. §3058g) and Maine statutes (22 MRSA §5106 and §5107-A).

The Purpose of this amendment is to:

1. add LOC5 CRRSA Ombudsman funds based on the 04/01/21 NOA; and
2. add weekly sharing meetings with residents in nursing homes and assisted housing facilities to discuss resident's concerns as a result of the COVID-19 pandemic and resulting precautions taken to ensure their health and safety.
3. Add Title VII Ombudsman funds based on the 02/11/21 NOA.

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

Maine statute requires the Department to "Support and maintain a long-term care ombudsman program, in accordance with the federal 1987 Older Americans Act, 42 United States Code, as amended, by agreement with such nonprofit organization as the department finds best able to provide the services" (22 MRSA §5106).

There are no resources available within State of Maine government or other governmental entities able to address the identified need more efficiently and effectively than the identified vendor.

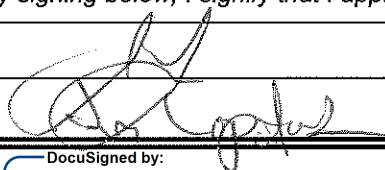
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of these services is considered fair and reasonable when compared to previous Department negotiated and approved Provider budgets for these services.

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

The Department plans to issue an RFP, F2019066, for these services with a new competitive agreement start date of 10/01/2021.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	28-Jan-21
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	8/3/2021