



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 (Form's page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/Adult Day		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Patricia Wall		
(If applicable) Department Reference #:		See Attached List		
Amount: (Contract/Amendment/Grant)	\$ See Attached List	Advantage CT / RQS #:	CTMV 10A 20220318*0004	
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:		See Attached List		
Brief Description of Goods/Services/Grant:		Adult Day Services SFY23		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

- a. 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.
- b. 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. Reference the RFP number, if applicable.

Section 61 Program is a state funded program administered through the DHHS Office of Aging and Disability Services. The DHHS Office of Aging and Disability Services has determined that these providers have the requisite training and licensure to deliver these services.

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

The Section 61 Adult Day Services reimbursement rate is established by the Mainecare Benefits Manual Section 26, Day Health Services. Section 26 sets the rate for Day Care Services at \$3.75 per quarter service hour (10-144 Ch. 101, Ch. III. Allowances for Services – Section 26).

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

The Department does not intend to RFP these services.

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

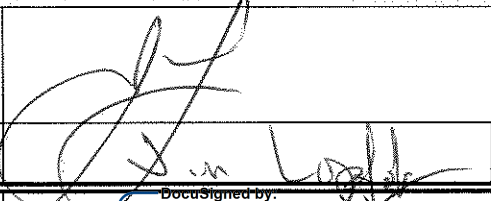
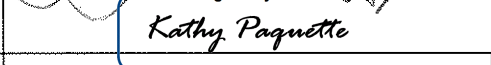
Does this request utilize ARPA/MJRP funds?

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:	27 - June 22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/4/2022

OADS ADULT DAY SERVICES
CTMV 10A 202203180004**
7/1/2022 – 6/30/2023

PROJECTED TOTAL: \$410,463.00
CURRENT AUTHORIZED TOTAL: \$452,232.00

Agreement Number	Contract Start Date	Contract End Date	Projected Agreement Amount	Service Group	Vendor Name
ADS-23-2902	7/1/2022	6/30/2023	\$18,000.00	Adult Day Services	BRUNSWICK AREA RESPITE CARE PROGRAM
ADS-23-2905	7/1/2022	6/30/2023	\$85,770.00	Adult Day Services	PORTLAND CITY OF
ADS-23-4904	7/1/2022	6/30/2023	\$94,653.00	Adult Day Services	SERVANTS OF THE CROSS
ADS-23-5907	7/1/2022	6/30/2023	\$30,150.00	Adult Day Services	MAINEGENERAL REHAB & LONG-TERM CARE
ADS-23-5910	7/1/2022	6/30/2023	\$20,250.00	Adult Day Services	CENTRAL MAINE AREA AGENCY ON AGING
ADS-23-7908	7/1/2022	6/30/2023	\$97,740.00	Adult Day Services	DOWNEAST COMMUNITY PARTNERS
ADS-23-7911	7/1/2022	6/30/2023	\$27,900.00	Adult Day Services	ROBERT AND MARYS PLACE
ADS-23-8912	7/1/2022	6/30/2023	\$36,000.00	Adult Day Services	AROOSTOOK AGENCY ON AGING