



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/LTSS/Independent Support Services		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Stacy Martin		
(If applicable) Department Reference #:	ADS-25-9151		
Amount: (Contract/Amendment/Grant)	\$ 3,616,978.00	Advantage CT / RQS #:	CT 10A 20240412*2836
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:	Catholic Charities Maine Portland, ME		
Brief Description of Goods/Services/Grant:	Independent Support Services		

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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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 is responsible for the provision of services that promote the highest level of independence, health and safety of older citizens, vulnerable adults and adults with disabilities. Pursuant to 22 M.R.S.A., Subtitle 5, the Department is required to manage several long-term services and supports that assist older adults and adults with disabilities to remain as independent as possible in their homes and communities. Independent Support Services (ISS), also referred to as the "Homemaker" program, are a core function of the long-term care services and supports delivery system.

Independent Support Services are provided in accordance with the requirements established by 10-149, Ch. 5, Section 69 of the Department's Office of Aging and Disability Services Policy Manual.

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

Through RFP 201909167, this contract was awarded to the only community service provider to submit a Notice of Intent.

Initial Start Date *	7/1/2020	Initial End Date *	6/30/2022
Renewal 1 Start Date	7/1/2022	Renewal 1 End Date	6/30/2024

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

The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.

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

The Department will be conducting a Financial Review of Independent Support Services as a result of RFP 202402025. This review will provide a comprehensive evaluation of ISS rates and the rate setting system in comparison to other rates and payment models employed nationally supporting best practice for models that are reimbursed with state funds and those reimbursed with Medicaid funds. It will determine whether the current cost structure is financially feasible in providing ISS. The study will provide the Department with recommendations for a rate structure and reimbursement levels including a plan for the development of rates for specific services and programs and identify opportunities to maximize Medicaid reimbursement for ISS.

The Department intends to competitively procure these services for a 7/1/2026 contract start date.

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

Does this request utilize ARPA/MJRP funds?

- Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
- Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
- 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):	DocuSigned by: <i>Debra Downer</i> 5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	May-17-2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>David Morris</i> 2A644AE5681F482...		
Typed Name:	David Morris	Date:	8/27/2024

NOI 0820240967 08/27/2024 - 09/02/2024