



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
Table with fields: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns: checkbox, A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.

This agreement aims to support a pilot project to provide non-medical services to patients discharged from Southern Maine Healthcare, Maine Medical Center, and Mercy Hospital. These services include social care coordination, person-centered coaching, meals, nutrition education, medication reminders, and assistance.

The funding will come from the 9817 FMAP initiative to enhance HCBS (Home and Community Bases Services). This pilot aims to fill the gaps in the exchange of information and improve collaboration between the Area Agencies on Aging, hospital discharge teams, and the patient for a seamless transition to home.

SMAA will work with Mercy Hospital to lower the length of the patient's hospital stay and ensure that the patient remains at home for at least 30 days after discharge. The interventions offered under this agreement can help more patients be discharged earlier from the hospital by getting patients the support they need at home.

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

Area Agencies on Aging have the expertise on available services and coordination of care for aging adults within the community. This cross-system partnership will address social determinants of health to decrease the length of stay and prevent unnecessary admissions to the hospital. SMAA is familiar with this model of follow-up care and has staff trained in care transition coaching.

SMAA had existing relationships with the hospitals that engaged in the process. A partnership has already been established between SMAA and Maine Med, looking at barriers to discharge. The agency has the infrastructure capability and staffing capacity to participate in this pilot. SMAA is uniquely positioned to have two staff members already trained in the coaching method that will be used in the pilot. (Additional training would require more time, and the funding for this pilot is only available until 3/31/2025).

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

The initial cost of the contract with the provider includes software programs and staff training. The projected cost is to serve 1,000 patients at \$700 per patient who enrolls in the program.

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

This is a pilot program with no current plan for renewal after 3/31/2025.

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.

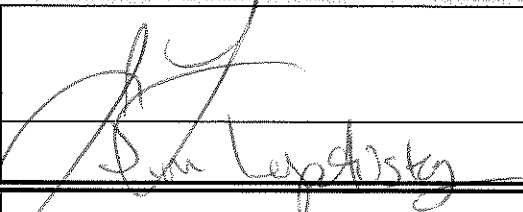

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Dawn Lapinski	Date:	6-Aug-24
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/5/2024