



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:		Department of Health and Human Services, Office of Aging and Disability Services, DHHS/OADS		
Department Contract Administrator or Grant Coordinator:		Erin Salvo/Ingrid Diamond		
(If applicable) Department Reference #:		ADS-22-2206A		
Amount: (Contract/Amendment/Grant)		Amendment A: Total:	\$43,377.00 \$766,327.00	Advantage CT / RQS #: CT 10A 20220228*1979
CONTRACT	Proposed Start Date:	02/21/2022	Proposed End Date:	06/30/2027
AMENDMENT	Original Start Date:	02/21/2022	Effective Date:	02/21/2022
	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:		Bedside Manor, Oakland, ME		
Brief Description of Goods/Services/Grant:		Residential Care Facility		

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 checked="" 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 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.

An individual, under Maine State Guardianship, is and will remain, ineligible for MaineCare/Medicaid and Medicare based on immigration status and has been in the hospital for over a year.

The purpose for this amendment is to add funds to include the Provider Service Tax.

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

Bedside Manor, of Oakland, Maine, is a Residential Care Facility that provides specialized assisted living services. It has been the only facility so far to accept this individual for admission. In the past year, the Department has directly communicated with 15 facilities and been unable to secure a placement until Bedside Manor. Bedside Manor is a non-institutional, secure home that is subject to the Department's Licensing Regulations, 10-149 Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs.

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

The daily rate of \$300.00 for Bedside is an average cost for his level of care compared to Medicaid rates, which are considered fair and reasonable. These cover the facility's normal rates and includes additional funding for services provided.

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

There are very few facilities with beds available for this service, and therefore, the Department does not anticipate issuing an RFP this service.

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

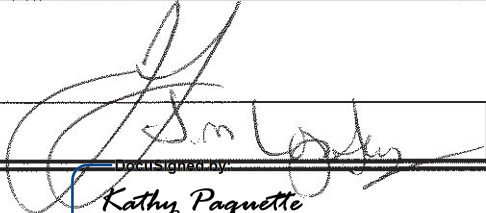

Does this request utilize ARPA/MJRP funds?

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:	Sam Loyden	Date:	22-Jun-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/3/2022