



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OADS	
Department Contract Administrator or Grant Coordinator:		Althea Harris/Debbie Weston	
(If applicable) Department Reference #:		ADS-25-9013	
Amount: (Contract/Amendment/Grant)	\$ 213,090.00	Advantage CT / RQS #:	CT 10A 20240815000ADS259013
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 3/31/2025
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:		Southern Maine Agency on Aging Biddeford, Maine	
Brief Description of Goods/Services/Grant:		Lifespan Respite Pilot Program	

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 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.

FMAP 103.3 Lifespan Respite Pilot Program – Internal Steering Committee comprised of OADS, OMS, OBH and OCFS met and reviewed available Respite services to caregivers across the lifespan. Steering Committee identified caregivers of Section 18 Waitlist consumers (Level II) as target population for pilot. OADS cross walked consumers and found populations that are not receiving any other respite services to participate in pilot. As part of this contract, Southern Maine Agency on Aging will be providing caregivers with person centered assessments and care plans through the TCARE® protocol, which serves as Phase II of the Report to the Joint Standing Committee on Health and Human Services (H.P. 1208 - L.D. 1624 Resolve). Once caregivers complete the TCARE® care plan, Southern Maine Agency on Aging will be providing caregivers with access to direct service grants for Respite, Home Modifications and Assistive Technology.

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

Lifespan Respite is a continuation of the existing services provided to caregivers through the five AAAs. The identified caregivers on the Section 18 waitlist predominantly reside in Cumberland and York counties. Therefore, OADS decided to pilot with Southern Maine Agency on Aging as the designated Area Agency on Aging for these counties.

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

As part of the pilot program, OADS has reviewed the current contracts with Southern Maine Agency on Aging and using their current Case Management rates, has determined the amount that will be necessary for delivering these services. For the direct service grants, the amount per caregiver is consistent with the current rates of the State Funded Respite Program. The Section 18 waitlist currently identifies 27 caregivers in York and Cumberland counties, and OADS anticipates an additional 3 caregivers being added to the program during the proposed contract dates, for a total of 30 caregivers. Direct service grants of \$5303 per caregiver x 30 = \$159,090  
Case Management is estimated at 20 hours per caregiver x 30 = 600 hours  
Case Management at \$90/hour x 600 hours = \$54,000

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

Should the pilot program be successful, future expansion will include all Area Agency on Aging. As such, OADS does not intend to issue an RFP for these services.

### 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.

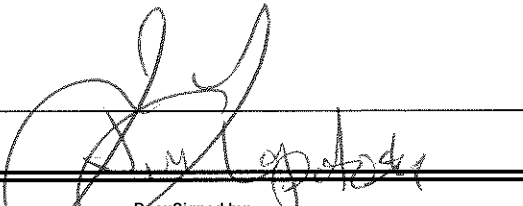

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:		Date:	23-10-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/25/2024