



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/Tonya Perkins/James Moorhead		
Department Contract Administrator or Grant Coordinator:		Debbie Weston / Brianne Carrero		
(If applicable) Department Reference #:		ADS-23-9307C		
Amount: (Contract/Amendment/Grant)	Orig: \$2,760,082.62 Amend C:\$ 27,753.50 Revised: \$2,787,836.12	Advantage CT / RQS #:	CT-10A- 20220921000000000860	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/1/2022	Effective Date:	7/1/2024
	Previous End Date:	9/30/2024	New End Date:	No Change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Long Term Care Ombudsman Program Augusta, Maine		
Brief Description of Goods/Services/Grant:		Long Term Care Ombudsman Services; complex case transition 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 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.

This amendment is to add funding for a one-year, full-time position for a Regional Ombudsman position.

The services provided under this Agreement are intended to help Consumers and potential Consumers of long-term care services protect their health, safety, welfare, and rights and assure their quality of care and quality of life.

The Maine Long-Term Care Ombudsman Program is the state-wide Office designated by the State of Maine to carry out the long-term care ombudsman program specified in 22 M.R.S. §§ 5106 (11-C) and 5107-A, and in accordance with the following federal statutes and rules: Title III and Title VII of the Older Americans Act, 42 U.S.C. ch. 35; Title XIX of the Social Security Act, 42 U.S.C. ch. 7; Federal Nursing Home Reform Act (OBRA '87); 42 C.F.R. Parts 1321 and 1327.

The Provider shall comply with all the above State and Federal requirements in carrying out duties pursuant to this Agreement.

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

There are no resources available within State of Maine government or other governmental entities able to address the identified need more efficiently and effectively than the identified vendor. SPRC approved a two-year contract and an optional three-year renewal with this single source provider. At the end of the three-year optional renewal, DHHS will need to competitively check the market.

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

The cost of these services is considered fair and reasonable when compared to previous Department negotiated and approved Provider budgets for these services.

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

The Department will competitively procure long term care ombudsman services with a contract start date of 10/1/2027 unless it is determined that an alternative process is acceptable. There is a placeholder on the OADS RFP schedule (OADS20224) to begin the competitive procurement process beginning on 10/1/2026.

Prior to 2027 the Department will review its options with procuring long term care ombudsman services. The Department will:

- Conduct outreach and research on whether it is desirable to request a statutory change naming the Provider (Maine Long Term Care Ombudsman Program) as the Department's selected long term care ombudsman and removing the need to competitively procure future services.
- Check the market to determine if there are other potential providers who can and are interested in providing long term care ombudsman services.

PART III: SUPPLEMENTAL INFORMATION

- Investigate if other opportunities exist to ensure the Department selects the organization that is best able to provide long term care ombudsman services for Maine citizens.

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.

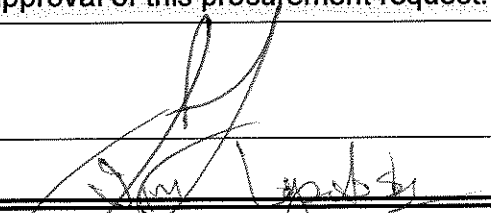

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):			Date:	11-06-24
Typed Name:				
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAE44CD		Date:	11/6/2024
Typed Name:	Kathy Paquette	Date:		