



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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OADS/James Moorhead	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank	
(If applicable) Department Reference #:		ADS-25-9307	
Amount: (Contract/Amendment/Grant)	\$ 2,750,332.50	Advantage CT / RQS #:	CT-10A-20240904000ADS259307
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2026
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:		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 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.

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.

Maine statute requires the Department to "Support and maintain a long-term care ombudsman program, in accordance with the federal 1987 Older Americans Act, 42 United States Code, as amended, by agreement with such nonprofit organization as the department finds best able to provide the services" (22 MRSA §5106 (11-C)).

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.

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. This provider plays a unique role providing guidance to and assisting with placement at Long-Term Care Facilities during the pandemic.

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

The Department will competitively procure long term care ombudsman services effective 10/1/2027 unless it is determined that an alternative process is acceptable. There is a placeholder on the OADS RFP schedule to begin the competitive procurement process in early 2027.

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. If finding no other providers,

PART III: SUPPLEMENTAL INFORMATION

documentation will be provided to support a unique, sole source procurement. If other potential providers are identified, the services will be competitively procured for services effective 10/1/2027, as scheduled.

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 ARPAMJRP 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.

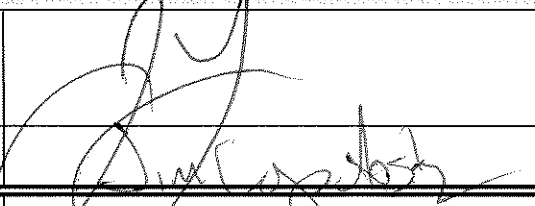

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:			
Signature of DAFS Procurement Official:			
Typed Name:			

NOI 1120241391 11/25/2024 - 12/1/2024