



## 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/LTSS		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Storm Dexter		
(If applicable) Department Reference #:	ADS-25-9330		
Amount: (Contract/Amendment/Grant)	\$130,275.00	Advantage CT / RQS #:	CT-10A- 2024112000ADS259330
<b>CONTRACT</b>	Proposed Start Date:	<b>1/1/2025</b>	Proposed End Date: <b>12/31/2025</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Maine Long Term Care Ombudsman Augusta, Maine		
Brief Description of Goods/Services/Grant:	Enhanced Home Care Advocacy and Quality Oversight		

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.

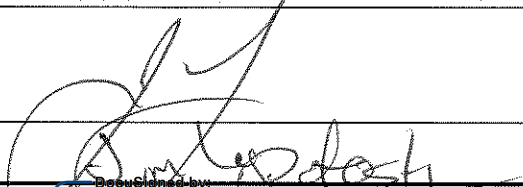

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	This funding provides support for statewide Enhanced Home Care Advocacy and Quality Oversight. Due to the increased demand for home care services, as a result of Maine's aging demographics, this funding is needed to expand and improve Maine's home care advocacy and quality oversight provide by Maine's Long Term Care Ombudsman. The funds will support additional resources to meet home care advocacy demands and improve quality reporting.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Maine Long-Term Care Ombudsman Program is the state-wide Office designated by the State of Maine to carry out the Ombudsman Program specified in 22 M.R.S. §§ 5106(11-C) and 5107-A. These statutes include home care advocacy and oversight services.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Funding was allocated to the vendor based on submission of a negotiated budget and funding plan.
4. Describe the plan for future competition for the goods or services.	This is a contract renewal, and any future extension will depend on reporting and quality analysis of delivered services.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	6-Dec-24
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	12/20/2024