



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/DDS/Rental Subsidy		
Department Contract Administrator or Grant Coordinator:	Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:	Multiple, See Attachment		
Amount: (Contract/Amendment/Grant)	Multiple, See Attachment	Advantage CT / RQS #:	Multiple, See Attachment
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	07/01/2022	Effective Date:
	Previous End Date:	06/30/2024	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Multiple		
Brief Description of Goods/Services/Grant:	Rental Subsidy		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 purpose of this amendment is to update Rider F-1 to remove consumers who have left as well as to add new participants to the program.

This Agreement provides a Rental Subsidy on behalf of Participants who live in waiver-funded, group homes in which they are receiving services under 10-144 C.M.R. ch. 101, ch. II, § 21 (Section 21). These subsidies are intended to augment the amount that is paid to the Provider by Participants who are living in the homes and to cover costs which are not covered by Medicaid. The Provider operates such group homes that generally serve one (1) to six (6) Participants. MaineCare funds staffing and certain administrative costs, and State funds and consumer contributions pay for room and board.

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

DHHS, Office of Aging and Disability Services have determined that these providers are willing and qualified to provide these services. Each Provider operates one or more group home(s) and has been selected by persons who are receiving Section 21 waiver services as the Provider from which they desire to receive these services. Persons receiving home support services under 10-144 C.M.R. ch. 101, ch. II, § 21 are involved in choosing the Provider of Section 21 waiver services during development of their Person-Centered Plan. This plan of care documents services and supports that are important for the person to meet needs identified through an assessment of functional need, as well as what is important to the person regarding delivery of such services and supports.

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

The amount of Rental Subsidy funding paid to the Provider is determined by application of a standard Rental Subsidy calculation that takes into account program Participant's income, local FMR rates, and the number of program Participants in each group home.

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

The Department does not intend to issue an RFP for this service. Any certified MaineCare provider which operates a waiver group home may participate in the Rental Subsidy program.

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:		Date:	20-Nov-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/22/2023

DHHS Office:
OADS
Service: Rental Subsidies-
SFY23

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amendment Amount	Revised Amount
Ascentria Community Services Café Inc/Choices are for Everyone Goodwill Industries of Northern NE Granite Bay Care, Inc. Group Main Stream Independence Association John F Murphy Homes, Inc. Life Enrichment Advancing People, Inc. Mert Enterprises, Inc. New Communities, Inc. Support Solutions, Inc. Woodfords Family Services	ADS-23-2572 ADS-23-2553 ADS-23-2564 ADS-23-2565 ADS-23-2566 ADS-23-2567 ADS-23-3568 ADS-23-3563 ADS-23-5574 ADS-23-5573 ADS-23-3582 ADS-23-2585	X A B B B A A A B B A B	20220406000000002349 20220406000000002342 20220406000000002345 20220406000000002346 20220406000000002347 20220406000000002348 20220406000000002357 20220406000000002355 20220406000000002367 20220406000000002366 20220406000000002359 20220406000000002352	7/1/2022 7/1/2022 7/1/2022 7/1/2022 7/1/2022 7/1/2022 7/1/2022 7/1/2022 7/1/2022 7/1/2022 7/1/2022 7/1/2022	2/28/2023 6/30/2024 6/30/2024 6/30/2024 6/30/2024 6/30/2024 6/30/2024 6/30/2024 6/30/2024 6/30/2024 6/30/2024 6/30/2024	(\$67,981.27) \$47,580.00 (\$20,401.27)	\$27,178.73 \$609,324.00 \$636,502.73
Total Items	12				Totals		