



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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/Assisted Living Facility	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Brianne Carrero	
(If applicable) Department Reference #:		Multiple, See Addendum	
Amount: (Contract/Amendment/Grant)	Multiple, See Addendum	Advantage CT / RQS #:	CTMV-10A-20240410000000000017
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:		Multiple: See Attached	
Brief Description of Goods/Services/Grant:		Long Term Supports and Services to eligible recipients in an Assisted Living Facility.	

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 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.

An Assisted Living Facility (ALF) is a tax credit financed property that provides a program of assisted living services to consumers in private apartments in buildings that include a common dining area, managed directly by the Provider, or indirectly through Provider's contracts with persons, entities or agencies. Consumers include older adults and adults who have disabilities and need assistance. Eligible consumers receive Long Term Supports and Services. These Long Term Supports and Services are provided in accordance with each consumer's Plan of Care. They may include essential services such as service coordination, meals, medication administration, assistance with personal care, and chore or homemaking assistance. The Department strives to support programs that allow older adults to age in place and to support adults who have disabilities and need assistance to live with as much independence as possible, thus delaying or preventing the need for placement in a more costly institutional alternative, such as a nursing home.

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

DHHS, Office Aging and Disability Services have determined that these providers are willing and qualified to provide the services. ALFs were built specifically to providing housing with services to seniors and adults with disabilities. These facilities are licensed by the State of Maine. People who live in ALFs meet OADS assisted living program criteria within a federal tax credit property built specifically for this purpose. The service providers use specialized staff to perform the services to meet their licensing requirements.

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

Because this program is funded in part through federal low-income tax credits to the Assisted Living Facilities, both the housing and services costs related to this model are substantially less than a nursing home placement.

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

The Department does not intend to issue an RFP for these willing and qualified 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

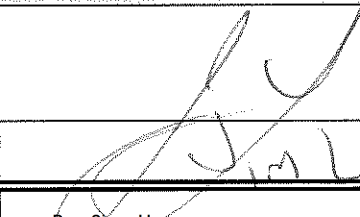
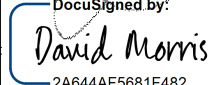
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

- ☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

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PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lagatash	Date:	3-26-24
Signature of DAFS Procurement Official:	<div>DocuSigned by:  2A644AF5681F482</div>		
Typed Name:	David Morris	Date:	8/13/2024

NOI W&Q 082240918

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DHHS Office: OADS

Service: ASSISTED LIVING FACILITIES-SFY25

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
WARDWELL ASSISTED LIVING SERV	ADS-25-1514	7/1/2024	6/30/2025	271,758.68
THE IRIS NETWORK	ADS-25-2512	7/1/2024	6/30/2025	434,812.66
MAINEGENERAL REHAB & LONG TERM CARE	ADS-25-5511	7/1/2024	6/30/2025	842,450.16
PENQUIS COMM ACTION PROG INC	ADS-25-6518	7/1/2024	6/30/2025	2,038,186.50
Total Items	4	Total Projected		3,587,208.00