

**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:	Shawn Belanger		
(If applicable) Department Reference #:	Multiple: See Attached		
Amount: (Contract/Amendment/Grant)	\$804,178	Advantage CT / RQS #:	Multiple: See Attached
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 1/31/2025
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:	Rental Subsidy		

**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.

These Contracts provide 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 group homes that generally serve one (1) to six (6) Participants, and a Provider may operate one or more such group homes. 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.

The Department's 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 considers 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 willing and qualified service.

**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**

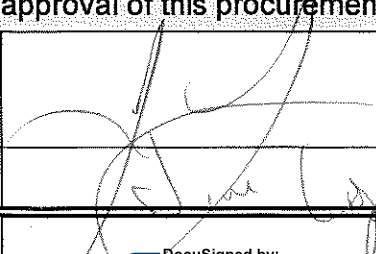

*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.*

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☒ 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-Aug-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/14/2024

Procurement Justification Form (PJF)

**DHHS Office:** Office Of Aging and Disability  
**Service:** Rental Subsidy  
**Start Date:** 7/1/2024  
**NO. of Vendors:** 31  
**Service Group Total:** \$804,178.00

Vendor Name	Agreement Number	Agreement Amount
ALTERNATIVE SERV-NE INC	ADS-25-5551	\$ 23,506.00
CAFE INC/CHOICES ARE FOR	ADS-25-2553	\$ 15,848.00
CASA INC	ADS-25-2554	\$ 7,644.00
CENTRAL AROOSTOOK ASSOCIATION	ADS-25-8555	\$ 2,268.00
COMMONSENSE HOUSING INC	ADS-25-5557	\$ 28,910.00
CREATIVE OPTIONS LLC	ADS-25-6571	\$ 2,786.00
DOWNEAST HORIZONS INC	ADS-25-7559	\$ 14,077.00
ELMHURST INC	ADS-25-4560	\$ 1,691.00
GOODWILL IND OF NORTHERN NE	ADS-25-2564	\$ 18,200.00
GRANITE BAY CARE INC	ADS-25-2565	\$ 174,223.00
GROUP MAIN STREAM INC	ADS-25-2566	\$ 34,678.00
HOPE ASSOCIATON - FOURTH ST	ADS-25-3565	\$ 910.00
INDEPENDENCE ASSOCIATION	ADS-25-2567	\$ 19,537.00
JOHN F MURPHY HOMES INC	ADS-25-3568	\$ 22,771.00
Life Enrichment Advancing People, Inc	ADS-25-3563	\$ 9,212.00
MERT ENTERPRISES INC	ADS-25-5574	\$ 24,381.00
MOBIUS INC	ADS-25-4575	\$ 5,663.00
MORRISON CENTER	ADS-25-2563	\$ 10,542.00
NEW COMMUNITIES INC	ADS-25-5573	\$ 22,547.00
NORTHEAST RESIDENTIAL SERVICES	ADS-25-4553	\$ 13,888.00
NORTHERN MAINE GENERAL HOSP	ADS-25-8576	\$ 1,694.00
OHI	ADS-25-5577	\$ 51,569.00
PORT RESOURCES INC	ADS-25-2578	\$ 86,583.00
RESIDENTIAL RESOURCES OF MAINE	ADS-25-1579	\$ 30,856.00
SKILLS INC	ADS-25-5580	\$ 12,747.00
SPURWINK SERVICES INC	ADS-25-2581	\$ 49,511.00
SUPPORT SOLUTIONS INC	ADS-25-3582	\$ 23,891.00
UCP OF MAINE	ADS-25-5584	\$ 9,051.00
WOODFORDS FAMILY SERVICES	ADS-25-2585	\$ 41,188.00
YESTERDAYS CHILDREN INC	ADS-25-2586	\$ 2,261.00
YORK-CUMBERLAND ASSN FOR HANDICAPPED PERSONS	ADS-25-2587	\$ 41,545.00
<b>Grand Total</b>		<b>\$ 804,178.00</b>