



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 / Assisted Living Facility	
Department Contract Administrator or Grant Coordinator:		Brianne Carrero / Nicole Mitchell	
(If applicable) Department Reference #:		Multiple – See Addendum	
Agency Department Code:	10A	Advantage CT / RQS #:	CTMV - 20250415ASSISTEDLIVI
Amount: (Contract/Amendment/Grant)		Multiple – See Addendum	
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	6/30/2026	New End Date (if Applicable): 12/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Multiple – See Addendum	
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.)			
☐	A. Competitive Process	☐	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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.

This amendment extends the end date to December 31, 2026, to align with the new MVA January 1 start date. We are also adding a fifth provider to the CTMV.

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 the 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 shall include essential services such as service coordination, meals, medication administration, assistance with personal care, and chore or homemaking assistance, as defined in the Plan of Care. 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 solicitation (RFP/RFA/RFQ) 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 provide 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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

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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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

15-Jul-26

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS
Procurement Official:

DocuSigned by:

David Morris

2A0041AF0001F482

Typed Name:

David Morris

Date:

8/14/2026

NOI W&Q 0820260611

Procurement Justification Form (PJF)

DHHS Office: OADS
Service: ASSISTED LIVING FACILITIES-SFY26 -
 Amendment 2
 10A
CTMV 20250415ASSISTEDLIVI

Vendor Name	Agreement Number	Amend	CTP 10A	Start Date	Revised End Date	Amendment Projection	Total Revised Projected Spend
WARDWELL ASSISTED LIVING SERV	ADS-26-1514	B	20250414000ADS261514	7/1/2025	12/31/2026	\$45,757.08	\$152,090.16
THE IRIS NETWORK	ADS-26-2512	B	20250414000ADS262512	7/1/2025	12/31/2026	\$212,668.68	\$606,286.56
MAINEGENERAL REHAB & LONG TERM CARE	ADS-26-5511	B	20250414000ADS265511	7/1/2025	12/31/2026	\$417,976.86	\$1,211,762.76
PENQUIS COMM ACTION PROG INC	ADS-26-6518	B	20250414000ADS266518	7/1/2025	12/31/2026	\$1,016,564.88	\$3,310,036.02
Plant Memorial Home	ADS-26-2509		20260707000ADS272509	7/1/2026	12/31/2026	\$100,636.50	\$100,636.50
Total Items amended	5				Total Projected	\$ 1,793,604.00	\$5,380,812.00