

**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/APS	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Debbie Weston	
(If applicable) Department Reference #:		ADS-23-4220A	
Amount: (Contract/Amendment/Grant)	Org: Amend A: Revised:	\$142,944.00 \$ 53,000.00 \$195,944.00	Advantage CT / RQS #:  CT 10A 20230610*3471
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:
<b>AMENDMENT</b>	Original Start Date:	<b>5/24/2023</b>	Effective Date:
	Previous End Date:	<b>5/23/2024</b>	New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		SRA Healthcare, LLC dba Elm Street Assisted Living Topsham, Maine	
Brief Description of Goods/Services/Grant:		Residential Services	

**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 checked="" 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.



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 Agreement is for the Department to provide financial reimbursement to Elm Street Assisted Living in Topsham, Maine, for additional support not covered by MaineCare for an individual who is currently subject to State of Maine Public Guardianship with OADS' Adult Protective Services (APS), and who currently needs increased level of care. The Residential Care Facility level of care for this member will be billed to MaineCare. <b>This Amendment is to add funding to cover costs of services as well as extend end date to 6/30/24.</b>	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
Elm Street Assisted Living in Topsham, Maine, is a Residential Care Facility that provides specialized assisted living services. It has been the only facility so far to accept this individual for admission. Elm Street Assisted Living is a non-institutional, secure home that is subject to the Department's Licensing Regulations, 10-149 Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
The rates for staff and benefits are considered fair and reasonable for this type of service.	
4. Describe the plan for future competition for the goods or services.	
This provider was the only one willing to provide requisite care for this client, given his unique circumstances. The Department does not anticipate issuing an RFP for this service.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
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.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5, §18 and §18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.</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:	Kathy Paquette	Date:	24-11-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/28/2024