



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.

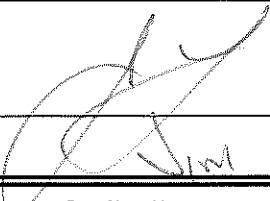

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OADS/Adult Day	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero	
(If applicable) Department Reference #:		Multiple, See Addendum	
Amount: (Contract/Amendment/Grant)	\$613,998.00	Advantage CT / RQS #:	CTMV 10A 20240410000000000016
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 Addendum	
Brief Description of Goods/Services/Grant:		Adult Day Services SFY25	

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.	<p>The Section 61 (OADS policy CMR 10-149) Program provides adult day services for older adults and adults with disabilities. Because supervision is not a covered service for many of the home and community-based services, adult day is a necessary service to allow individuals who need care in a supervised setting to remain in the community.</p> <p>These services are a core function of the long-term care (LTC) delivery system. These services assist eligible individuals to remain as independent as possible in their homes and communities, delaying or preventing more expensive institutional care by increasing the availability of long-term services and supports in the community, and serving individuals who are at greatest risk of institutionalization.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Section 61 Program is a state funded program administered through the DHHS, Office of Aging and Disability Services (OADS). The Department has determined that these providers have the requisite training and licensure to deliver these services.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The Section 61 Adult Day Services reimbursement rate is established by the Mainecare Benefits Manual Section 26, Day Health Services. Section 26 sets the rate for Day Care Services per quarter service hour (10-144 Ch. 101, Ch. III. Allowances for Services – Section 26).</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to RFP these willing and qualified services.</p>

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: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Logothetis	Date:	14 - May - 24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/23/2024

DHHS Office: OADS
 Service: ADULT DAY SERVICES-SFY25

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
BRUNSWICK AREA RESPITE CARE PROGRAM	ADS-25-2902	7/1/2024	6/30/2025	41,028.00
PORTLAND CITY OF	ADS-25-2905	7/1/2024	6/30/2025	108,780.00
BETTY C KETCHUM FOUNDATION	ADS-25-2908	7/1/2024	6/30/2025	15,990.00
SOUTHERN ME AGENCY ON AGING	ADS-25-2913	7/1/2024	6/30/2025	43,512.00
SERVANTS OF THE CROSS	ADS-25-4904	7/1/2024	6/30/2025	109,056.00
MAINEGENERAL REHAB & LONG TERM CARE	ADS-25-5907	7/1/2024	6/30/2025	110,340.00
CARING HANDS LLC	ADS-25-5908	7/1/2024	6/30/2025	15,780.00
CENTRAL MAINE AREA AGENCY ON AGING	ADS-25-5910	7/1/2024	6/30/2025	15,420.00
SUNRISE OPPORTUNITIES	ADS-25-7891	7/1/2024	6/30/2025	15,990.00
DOWNEAST COMMUNITY PARTNERS	ADS-25-7908	7/1/2024	6/30/2025	88,374.00
AROOSTOOK AGENCY ON AGING	ADS-25-8912	7/1/2024	6/30/2025	49,728.00
Total Items	11		Total Projected	613,998.00