



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/IDD		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Lyndsay Frank		
(If applicable) Department Reference #:		ADS-24-9719A		
Amount: (Contract/Amendment/Grant)	Original: \$204,000.00 Amend A: \$249,500.00 Revised: \$453,500.00	Advantage CT / RQS #:	CT 10A 202405170000000003285	
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:	
<b>AMENDMENT</b>	Original Start Date:	<b>4/1/2024</b>	Effective Date:	12/6/2024
	Previous End Date:	<b>3/31/2025</b>	New End Date:	6/30/2025
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Moving to a Different Drum, LLC Madison, Wisconsin		
Brief Description of Goods/Services/Grant:		Development and launching of a Lifespan Waiver program.		

## 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.

**This amendment extends work for FMAP project #201.13 Provider Readiness Stipends and Technical Assistance for Lifespan to 6/30/2025 and adds funds for Phase 5 of the project and content development.**

The purpose of this Agreement is to develop and launch a Lifespan Waiver program to serve individuals with disabilities during their lifetime in programs designed to advance community living, inclusion, and employment, and to deploy innovations in program delivery representing stakeholder feedback and current best practices including Person-Centered policy and practices.

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

Dr. Lisa Mills dba Moving to a Different Drum, LLC has been a well-established and highly regarded resource for OADS' existing projects for HCBS Compliance for the past three years. As a result, Dr. Mills understands the Maine DS system, and the current policy objectives for OADS. Also, Dr. Mills is a nationally recognized specialist in CMS 1915c Waiver design and implementation and has conducted Lifespan waiver implementation support to Alabama and Tennessee. As such, Dr. Mills is uniquely qualified to perform services effectively and efficiently for Maine's developing Lifespan Waiver program.

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

The hourly costs for Dr. Lisa Mills compare favorably to other doctoral-level consulting services.

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

This is a one-time project; therefore, the Department does not intend to RFP for these 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.

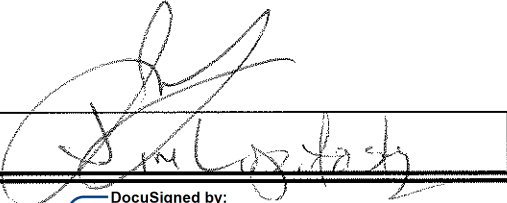

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	13.24.21
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	1/22/2025