

**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/Engage and Empower Direct Care Workers		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero		
(If applicable) Department Reference #:		ADS-24-3000A		
Amount: (Contract/Amendment/Grant)	Original: \$139,202.50 Amend: \$267,195.95 Revised: \$406,398.45	Advantage CT / RQS #:	CT-10A- 20230503000000003024	
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 3/31/2024	
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:	4/1/2024
	Previous End Date:	3/31/2024	New End Date:	3/31/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Long Term Care Ombudsman Program Augusta, Maine		
Brief Description of Goods/Services/Grant:		Engage and Empower Direct Care Workers Initiative		

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.

Currently there is no collective voice for Direct Care and Support staff in Maine. This initiative as part of section 9817 FMAP funding opportunity, proposes a three-year outreach effort to engage and empower direct care and support staff in planning and policy making regarding state-based workforce initiatives, including a robust survey of workers and employers in the Home and Community-based services sector. As we consider changes in training for direct service staff, including career ladders as well as other measures that impact the workforce, input gathered through this initiative will be critical in developing strategies that will effectively address worker needs. This initiative will also support the establishment of the Direct Care Advisory Council to provide the forum to advise and inform the DHHS on workforce policies and priorities. A full-time contracted position focus groups and Advisory council members stipends, and a survey report are also part of this initiative.

The reason for this amendment is to add funding and extend the agreement for another year so that the Provider can continue work to establish the Direct Care and Support Professional Advisory Council.

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

The Maine Long-Term Care Ombudsman program is identified in the proposal as uniquely qualified to perform this work and is specifically identified in the FMAP initiative language as they have day to day contact and trusted working relationships with long-term care, residential, and in-home supports staff across the State of Maine. Additionally, they have begun this work under another grant opportunity that will now move into this work effort.

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

The cost is considered fair and reasonable based on the analysis and scope of work when compared to similar Department approved Provider budgets.

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

Once this section 9817 initiative ends, 3/31/25, the goal is to have a Direct Care and Support Staff Advisory Council that will operate independently.

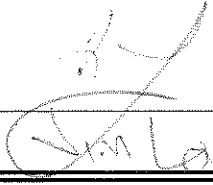

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lagarde	Date:	22 - Apr - 24
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	4/26/2024