



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/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stephanie Wood	
(If applicable) Department Reference #:		OMS-24-9760 C	
Agency Department Code:	10A	Advantage CT / RQS #:	2024031100000002443
Amount: (Contract/Amendment/Grant)		Curr: \$452,740.00 Amend C: \$11,500.00 Revised Amt: \$464,240.00	
CONTRACT	Proposed/Original Start Date:	4/15/2024	Proposed/Most Recent End Date: 3/31/2026
AMENDMENT	New Effective Date:	4/1/2026	New End Date (if Applicable): 7/31/2026
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Public Consulting Group LLC Boston, MA	
Brief Description of Goods/Services/Grant:		Home and Community Based Clinical Nursing and Therapy Services Rate Study	

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. Higher Education 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 is a 4-month extension to add funds and give the vendor additional time to finish the work, due to a Department-directed change in direction.

The purpose of this Contract is to perform a code and rate analysis to determine appropriate benchmark rates and complete a rate study for any code lacking an appropriate benchmark.

The Provide shall evaluate payment models and rate methodologies for Home and Community Based Clinical Nursing and Therapy Services, ensuring reimbursement is adequate, equitable, consistent with efficiency, economy, and quality of care and sufficient to ensure member-access.

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.

Services were competitively procured through RFQ OMS20238. The services were extended and ended 10/31/2025.

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

Costs were reviewed and scored during the RFQ review process to assure best value and have remained flat.

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

The Department does not plan to continue these services beyond the contract period.

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.

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

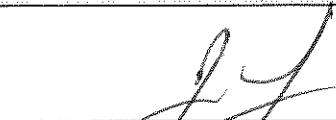
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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):			
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Typed Name:	Jim Lopatosky, Director of Contract Management	Date:	13 - Apr - 26
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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):			
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Typed Name:		Date:	
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****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed-by: 		
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Typed Name:	kathy Blais	Date:	5/12/2026
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