



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 for Family Independence/Sheldon Wheeler		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	OFI-26-057		
Agency Department Code:	10A	Advantage CT / RQS #:	202602180000OFI26057
Amount: (Contract/Amendment/Grant)	\$241,800.00		
CONTRACT	Proposed/Original Start Date:	3/16/2026	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
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:	Rapid deployment of Quality Assurance infrastructure supporting state SNAP QA implementations.		

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 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.

Maine's Supplemental Nutrition Assistance Program (SNAP) faces an urgent, critical need for specialized Quality Assurance (QA) infrastructure development. Maine's Payment Error Rate (PER) stands at 10.55% under federal fiscal year 2025 preliminary reporting, significantly exceeding the federal 6% threshold. Under H.R.1, states exceeding this threshold face escalating cost-sharing penalties beginning FFY 2027-2028 ranging from 5% (PER 6-8%) to 15% (PER 10%+) of monthly benefits issued. For Maine, failure to reduce the PER below 6% will result in estimated annual cost-sharing obligations of \$18.2 million to \$54.6 million.

The Office for Family Independence requires comprehensive Quality Assurance program infrastructure including creation of an accountability framework: documenting QA operations, standardizing QA processes and reporting, establishing clear accountability for SNAP error communication, and reviewing QC timeliness and efficiency. Together, these activities are designed to improve transparency, consistency, and decision making across QA and QC functions while supporting OFI's SNAP program accuracy and continuous improvement goals.

PCG's engagement will accelerate Maine's ability to demonstrate measurable PER reduction progress within the critical FFY 2026 federal review period, aligning with FNS recommendations for quality assurance as a proven accuracy improvement strategy.

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.

PCG was selected based on demonstrated specialized expertise in SNAP program integrity and state performance improvement through successful deployments in comparable state programs; including Maine's past experience in SNAP quality control, specific operational capabilities, and the ability to deliver within the compressed implementation timeline critical to addressing Maine's federal cost-sharing penalty exposure.

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

The negotiated contract value of \$241,800 represents a significant reduction (56%) from PCG's original comprehensive proposal of \$553,923. This reduction reflects strategic scope allocation to leverage existing Maine DHHS internal capacity, staffing, and expertise. The revised scope maintains Maine OFI's ownership of: (1) targeted sampling methodology design, drawing on internal data analysis expertise; (2) training material development and delivery, utilizing the established OFI Training Team; and (3) elimination of previous technology related infrastructure support and services.

PCG's revised engagement focuses specifically on: (1) Review of current QA unit business practices (\$28,500), (2) SOP and business practice development (\$66,250); (3) Design and development of case review data elements and metrics (\$90,420); (4) Establishment of SNAP Error

PART III: SUPPLEMENTAL INFORMATION

Communication and Accountability Framework (\$51,870); additionally, (5) Review and analysis of current QC Business Process efficiency (\$4,760). This allocation reflects fair and reasonable pricing because: (a) the fixed-fee structure with defined deliverables provides cost certainty; (b) the 56% scope reduction reflects OFI's strategic negotiations and assumption of administrative and ongoing management responsibilities within current staffing; (c) removal of the previous technology related supports and deliverables; and (d) the ROI analysis demonstrates exceptional value: each 0.1% PER reduction yields approximately \$909,597 in avoided cost-sharing obligations, with anticipated impact of multiple tenths reduction generating millions of dollars in federal compliance value.

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

OFI anticipates the PCG engagement through June 2026 will establish foundational Quality Assurance and Quality Control infrastructure and well-defined operational systems.

OFI will evaluate available options for continued QA & QC program operation and sustainment, including: (1) leveraging our own DHHS-OpEx in transitioning the current flat file QA case review tool and manually intensive reporting systems to a functional SharePoint environment taking into account lessons learned from PCG; (2) engaging competitive procurement and/or partnerships for ongoing professional services support if external resources are determined necessary; and (3) applying lessons learned beyond this engagement to the larger operational and error reporting infrastructure at OFI including Medicaid and TANF.

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

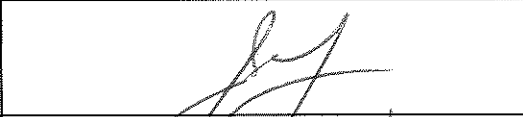
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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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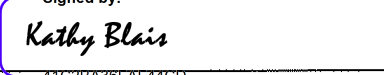
Typed Name:	Amy Louise Astley	Date:	7-Apr-26
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2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to 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:	5/21/2026
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