



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/APS		
Department Contract Administrator or Grant Coordinator:	Althea Harris / Nicole Mitchell		
(If applicable) Department Reference #:	ADS-26-9202		
Amount: (Contract/Amendment/Grant)	\$166,096.00	Advantage CT / RQS #:	CT 10A 20250627000ADS269202
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
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:	Solix, Inc. Parsippany, New Jersey		
Brief Description of Goods/Services/Grant:	Adult Protective Services Random Moment in Time 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 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.	
The purpose of this Contract is to identify areas where available federal funding sources have not been optimized to control state costs and increase federal revenues to support the Department's programs. The Provider will continue to conduct an independent financial performance audit of the Office of Aging and Disability Services' Adult Protective Services program. This work shall include four (4) major activities: financial performance analysis, findings and recommendations, federal revenue recovery initiative development and operations, and turnover of Provider responsibilities.	
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
This is a unique vendor with over 25 years of experience in independent financial performance audits and random moment in time studies. This vendor has been utilized by the Department via a Delivery Order under the Master Agreement CT 10A 20210414000000002762 / COM-21-5544 since September 1, 2022. That Master Agreement was not extended so a contract, rather than a Delivery Order, is being implemented to meet the Department's continued need for the service.	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
A Master Agreement was originally established between the DHHS Commissioner's Office and Solix. The cost model for Solix is that they are paid only when the customer generates equal or greater financial savings (usually from enhanced federal matching that is achieved through the work of Solix). In the case of OADS, a Random Moment Time Study (RMTS) was established to prove that Adult Protective Services (APS) caseworkers were performing Medicaid-related work, and were therefore eligible for a higher degree of federal funding, which resulted in savings of state general funds. The work of Solix was deemed to have a "fair and reasonable" cost, because the cost was offset by general fund savings.	
4. Describe the plan for future competition for the goods or services.	
No RFP is expected for this unique vendor.	

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.	

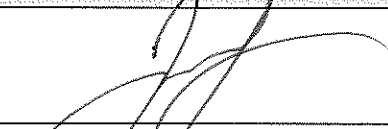

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Jim Lopatosky Director of Contract Management.	Date:	2-Jul-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	7/14/2025