

**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:		Office of Aging and Disability Services/Policy Development/Esther Miller/Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Patricia Wall	
(If applicable) Department Reference #:		ADS-24-9319	
Amount: (Contract/Amendment/Grant)	\$ 45,000.00	Advantage CT / RQS #:	CT 10A 20240509000000003180
CONTRACT	Proposed Start Date:	5/1/2024	Proposed End Date: 3/31/2025
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:		Lindsay B Schwartz Workforce & Quality Innovations, LLC Bear Creek, NC	
Brief Description of Goods/Services/Grant:		Provide technical support to residential care facilities participating in the CoreQ pilot project.	

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.
	This agreement will support Maine's Department of Health and Human Services goal to develop the implementation process of CoreQ in residential care facilities. There are 120 Residential Care Facilities (RCFs) in Maine, part of the long-term care continuum and considered a community-setting. RCF's fall between assisted living and nursing homes on the ME continuum of care. Maine RCFs have no quality requirements for licensing although they report MDS-RCF data twice a year.
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	Dr. Schwartz was an Associate Vice President of Workforce and Quality Improvement for the American Health Care Association/National Center for Assisted Living (AHCA/NCAL). During her tenure at AHCA/NCAL, she developed and implemented quality improvement initiatives, including quality measurement development and data collection, and oversaw workforce initiatives for the association. Dr. Schwartz was part of the development team for the CoreQ, a set of customer satisfaction measures for long-term care settings. She led the process for National Quality Forum (NQF) endorsement for the assisted living CoreQ measures, the first AL-specific measures to be endorsed by NQF. Dr. Schwartz worked closely with providers and vendors during the implementation of CoreQ. She developed the CoreQ manual, informational material for providers and customer satisfaction vendors.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The vendor will complete the work described above for \$45,000. The vendor charges a rate of \$350 per hour. To provide adequate support to each of the twenty participating facilities, as well as complete reporting requirements and other training and support as needed, OADS estimates a total of 130 hours is needed. The vendor has agreed to meet each deliverable for a total of \$45,000. Payments will be made after the completion of each deliverable.
4.	Describe the plan for future competition for the goods or services.
	This is a one-time project utilizing 9817 FMAP funds. The service will not continue after the completion of this contract.

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.	

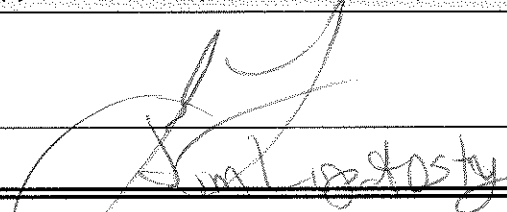

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:			
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	kathy Paquette	Date:	8/14/2024