



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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OADS/Training		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:	ADS-25-9730		
Amount: (Contract/Amendment/Grant)	\$ 60,000.00	Advantage CT / RQS #:	CT 10A 20240627000ADS259730
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:	Maine Association for Community Service Providers dba MACSP Hallowell, Maine		
Brief Description of Goods/Services/Grant:	Training for HCBS agencies		

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 provide a transformation and change management learning collaborative for HCBS agency organizations. Coach for quality within agencies to assist in the planning and updating and/or implementation of policies, procedures, and processes that uphold evolving MaineCare rules and other regulations. Provide recommendations to OADS to support enhanced Agency compliance; enhanced client, family member, guardian, and staff engagement; training for Provider organizations; and improved client engagement and satisfaction.

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

The Maine Association for Community Service Providers (MACSP) is the association in Maine that collectively represents and supports community service providers and staff who serve individuals with disabilities. MACSP is uniquely suited to work with New Mainer / recent-immigrant-led provider agencies and well-versed in the requirements that will make those targeted agencies successful when interacting with Medicaid/MaineCare regulations and policy requirements.

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

MACSP provided a grant budget for this program that was negotiated with OADS staff members. The rates and changes in that budget are fair and reasonable when compared to other similar program budgets.

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

The Department does not intend to RFP these one-time, grant-funded services

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).

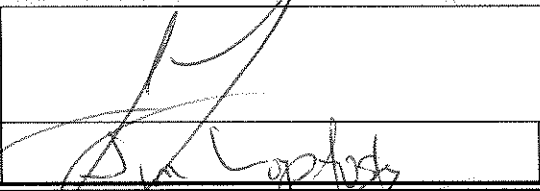

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: 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):			Date: 16-Sep-24
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		Date: 9/30/2024
Typed Name:	Kathy Paquette	Typed Name:	