

## 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/OADS/Technology		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	ADS-23-9009B		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 10A 20220909*0755
Amount: (Contract/Amendment/Grant)	Current:	\$196,340.32	
	Amend B:	\$215,505.37	
	Revised:	\$411,845.69	
<b>CONTRACT</b>	Proposed/Original Start Date:	<b>10/1/2022</b>	Proposed/Most Recent End Date: 9/30/2024
<b>AMENDMENT</b>	New Effective Date:	<b>10/1/2024</b>	New End Date (if Applicable): 9/30/2026
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	WellSky Synergy Human & Social Services, Corp Overland Park, KS		
Brief Description of Goods/Services/Grant:	Licensing agreement to use WellSky Aging & Disability data collection and management solution - Technology		

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
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Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1.	<p>Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>The purpose of this agreement is to provide a consolidated State-wide database that will allow the Department to manage its Older Americans Act and state-funded aging services programs. Data is received into the database from the five Area Agencies on Aging (AAAs), giving the Department full real time visibility and the ability to compare and report on such data. The information entered into this database is used to submit required annual performance reports to the U.S. Administration for Community Living.</p> <p>The purpose of this amendment is to extend services along with corresponding funding while adding additional SOC 2 Type 2 reporting requirements, revising Non-Appropriation and cybersecurity language.</p>
2.	<p>Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.</p> <p>Title III of the Older Americans Act requires detailed annual data reporting to the National Aging Program Information System (NAPIS). The Provider's system is specifically designed to handle data and reporting needs of the National Aging Network, including the Provider's application programming interface with the National Aging Program Information Systems (NAPIS) for Older Americans Act funded services. Over 40 states, territories and the federal government have contracted with the Provider.</p> <p>The Provider currently houses all Title III data for AAA services provided in Maine. Each AAA independently maintains a license for the use of WellSky Aging &amp; Disability database and enters service delivery data into the system at the local level. WellSky Aging &amp; Disability database has uniform service definitions, so data entered by each AAA is in a consistent format throughout the State. The Department uses WellSky Aging &amp; Disability database to access the AAA data and manage the AAA contracted Title III programs in accordance with applicable Federal guidelines. The seamless and real-time visibility of AAA data allows the Department to manage its contracted aging services programs effectively. The uniform data retrieved from the five Area Agencies on Aging (AAAs) allows the Department to easily compare and analyze data meaningfully, verify AAA compliance, and submit federal grant compliance documentation.</p> <p>All five Area Agencies on Aging have independently contracted with the Provider to use WellSky Aging &amp; Disability databases to manage their AAA programs, having already invested over \$500,000 in this solution. The Department does not have the authority to require the AAAs to competitively bid for new technology. For the Department to maintain system compatibility with the five Area Agencies on Aging, contracting with this Provider for use of the WellSky Aging &amp; Disability database data collection and management solution is required.</p>
3.	<p>Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>

**PART III: SUPPLEMENTAL INFORMATION**

The rates in this agreement are consistent with the rates in the previous contract for these services with this Provider.

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

Since this provider is selected by the AAA, future competition for these services will be determined by the AAA.

**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.

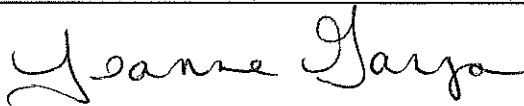
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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**

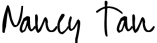
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jeanne Garza	Date:	8/13/25

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Joseph Ziroka, IT Procurement Director	Date:	8/20/2025