



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**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.*

<b>PART I: OVERVIEW</b>			
Department Office/Division/Program:		DHHS/OADS/IDD	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		ADS-23-9718A	
Agency Department Code:	10A	Advantage CT / RQS # :	20220601000000003180
Amount: (Contract/Amendment/Grant		Amend: \$242,698.80 Revised: \$927,899.86	
CONTRACT	Proposed/Original Start Date:	<b>7/1/2022</b>	Proposed/Most Recent End Date: 6/30/2025
AMENDMENT	New Effective Date:	<b>7/1/2025</b>	New End Date (if Applicable): 6/30/2027
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		American Association of Intellectual and Developmental Disabilities (AAIDD), Silver Springs, Maryland	
Brief Description of Goods/Services/Grant:		Assessment Instrument Licensing and Assessment Data Housing	

<b>PART II: JUSTIFICATION FOR VENDOR SELECTION</b>			
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

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 Amendment is to continue to provide conflict-free needs assessments for waiver waitlist members and waiver recipients for the Medicaid-funded Section 21 and Section 29 Waiver programs, in combination with the Department’s Office of MaineCare Services, supporting individuals with intellectual and developmental disabilities (IDD). This agreement established the assessment program and this Amendment is to continue the assessments for an additional two years, supporting the implementation of the proposed Lifespan Waiver. OADS worked with an independent consultant, Human Services Research Institute (HSRI), to determine that the Supports Intensity Scale (SIS-A) was the most appropriate standardized needs assessment instrument for Maine. HSRI worked with OADS to lead a thorough, stakeholder-engaged process to reach this determination. A [report](#) outlining this selection and process is posted on the project website. The instrument will provide valid and reliable data to the service system, allowing for equitable and fair determinations of IDD support needs. In addition, it will support the system by providing equitable basis for service innovations including the Lifespan waiver, consumer-directed options, and tiered shared living options.

2. 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.

The Provider is the developer of the SIS-A assessment instrument, and as such, is solely authorized to license and distribute the assessment through the SISOnline system. This is the only solution currently on the market for SIS-A assessment implementation.

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

Negotiated costs for ongoing access to the portal are considered fair and reasonable.

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

The Department does not anticipate performing an RFP because AAIDD is currently the sole licensing agent for the SIS-A, and the sole data hosting and certifying body for SIS assessors. If the Department finds that other entities become authorized licensing agents of the SIS-A, the Department would perform an RFP for this service, and will scan the marketplace at the end of this Amendment.

**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.

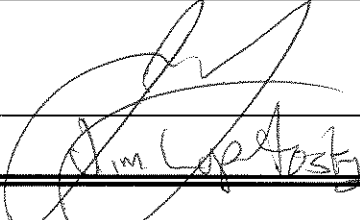
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:	Tim Lopez	Date:	26-Sep-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:	Signed by:  2A1D91BCA418470...		
Typed Name:	John Spier	Date:	9/29/2025