



### 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/LTSS/Workforce Development/Jaime Spencer	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		ADS-26-9336	
Agency Department Code:	10A	Advantage CT / RQS # :	CT 10A 20250630000ADS269336
Amount: (Contract/Amendment/Grant		\$10,241.00	
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 12/31/2025
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Univ of ME System University of Southern Maine Portland, ME	
Brief Description of Goods/Services/Grant:		Workforce Development and Training/Certification Services	

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. 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.

Personal Support Specialist (PSS) workforce training and certification programs for non-licensed staff are vital to the Long-term Services and Supports system. Services under the MaineCare Benefits Manual as well as services in some grant-funded agreements rely on LTSS providers to have qualified staff through training and certification programs. OADS does not have the capacity to provide the administration of these certification programs and utilizes the University of Southern Maine's Muskie School of Public Service' Catherine Cutler Institute's Center for Learning (CFL)/USM for this administration. Muskie CFL serves as a center of excellence in this work, aiming to improve and maintain training and certification standards.

This Contract is necessary to provide Personal Support Specialist (PSS) training and certification for Long Term Services and Supports (LTSS) service providers, ensuring a well-trained and credentialed professional and paraprofessional workforce. This Agreement builds on the preceding work of USM Muskie's CFL work through MH4-24-3000. It leverages the University's expertise and experience in workforce development, management, and administration to support the Department's certification programs.

The Provider shall work with the Department and the provider communities to build capacity, assess needs, plan, implement, evaluate, and sustain training and certification programs. A well-trained PSS workforce will assist in access to quality and appropriate evidence-based services. This Agreement includes services that support healthcare workforce development and certification process administration, seeking to streamline administrative processes. This agreement will result in an enhancement and refinement of current processes, training, and certification programs.

This contract will act as a bridge until the establishment of the Department's recently competitively-awarded contract for training/certification services, administered by OBH.

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.

After 12/31/2025, this service will be folded into the OBH administered contract resulting from RFP #202406113 for Professional Training and Certification Services. There has been a delay in negotiations regarding this other contract and OADS would like to ensure that we have a temporary mechanism in place to avoid gaps in service.

The Center for Learning (CFL) at the Muskie School of Public Service collaborates with the Maine Department of Health and Human Services' OADS to promote excellence in the PSS workforce. CFL supports best practice and informs policy in the area of workforce development through administering competency-based certification programs for staff working in the LTSS field, on behalf of DHHS-OADS. CFL assists in developing knowledge competencies, designing and implementing quality assurance processes, and assessing workers' qualifications.

**PART III: SUPPLEMENTAL INFORMATION**

This Contract provides the opportunity to contribute lasting improvements to PSS policy, training, and practice, bringing expertise to a state agency to improve the overall health and welfare of the most vulnerable citizens in Maine. It enhances the opportunity for the University to meet its service mission and engages students in graduate assistantships, supporting the University's teaching mission.

Project responsibilities will be shared by both OADS and Muskie CFL; with project leads from both OADS and Muskie CFL involved, such that both entities share responsibility in the design and planning, and its execution and documentation.

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

Project costs have been determined to be fair and reasonable in negotiations between the State and the University. Project costs include the following: salaries; wages; employee benefits; supplies and materials; and indirect costs, which are partially covered by the vendor, as part of the Contract. Salaries and wages are at the current State and University standard rates for State and University employees.

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

This pilot was previously funded by the Money Follows the Person Capacity Building Grant (MFPCB). This contract is funded with the OADS Central Office General Fund account for this six-month period. After 12/31/2025, this service will be folded into the OBH administered contract resulting from RFP #202406113 for Professional Training and Certification Services. There has been a delay in negotiations regarding this contract and OADS would like to ensure that we have a temporary mechanism in place to avoid gaps in service.

**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:	Jim Lepore	Date:	27-Oct-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:			
Typed Name:	Kathy Paquette	Date:	11/5/2025