



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.*

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/DLC/CRMA		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		DLC-25-2042		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 10A 20250310000DLC252042	
Amount: (Contract/Amendment/Grant		\$54,907.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2026
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:		University of Maine System dba University of Southern Maine Portland, ME		
Brief Description of Goods/Services/Grant:		Learning Management System development and hosting for Certified Residential Medication Aides		

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.

The purpose of this Contract is to provide Workforce Development training and education services for residential medication aides, supporting the development and maintenance of a well-trained and credentialed workforce. The CRMA program is a state-approved training designed to prepare individuals to safely assist with medication administration in residential settings, ensuring high-quality care. The program consists of a Certified Residential Medication Aide Initial Certification Course, a CRMA Recertification Course, a CRMA Train the Trainer Instructor Certification Course, and Maine Background Check Center (MBCC) brief trainings for employers on conducting background checks. The vendor shall work with the Department to plan, implement, evaluate, and sustain an integrated learning management system (ILMS) for the CRMA program. A well-trained workforce will help ensure access to safe, appropriate, and effective medication support services, and this ILMS is essential in that endeavor.

This Agreement includes learning management system development and hosting for the Certified Residential Medication Aide program (Certified Residential Medication Aide Initial Certification Course, Recertification Course, Train the Trainer Certification, and MBCC employer background check trainings), seeking to automate administrative processes and create sustainable platforms. These efforts will allow for the provision of safe, consistent, high quality medication administration workforce training.

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.

This Agreement builds on the outcomes of previous workforce development initiatives and leverages the University’s expertise in learning management system development, hosting, and administration to support Maine’s Certified Residential Medication Aide (CRMA) program. The University of Southern Maine’s Catherine Cutler Institute has successfully partnered with Maine DHHS on similar projects in OBH, OADS, and CDC.

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

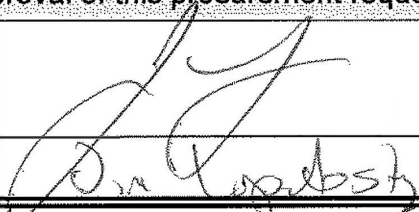
USM’s Catherine Cutler Institute is a not-for-profit entity offering low-cost learning management system development and hosting without charging a per-user or per-seat fee (as many LMS vendors do). This offers tremendous savings, as there are currently 12,000+ existing active CRMAs. Instead, USM is charging us a simultaneous user rate, meaning that we pay for a maximum of 500 users to be simultaneously active in the LMS, rather than paying for each of the 12k+ active users.

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

At the end of this contract, the State of Maine’s Learning Management System, Noverant, is projected to potentially be available to external users (i.e., CRMAs and other health care workforce employees external to SOM). At that time, a determination will be made regarding the Noverant platform’s suitability for this project.

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	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	Date: 25 - Aug -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:  E2CD3BD47EBC4FB...
Typed Name:	Date: 9/10/2025