



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/OADS/DS	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		ADS-26-9712	
Agency Department Code:	10A	Advantage CT / RQS # :	20250815000ADS269712
Amount: (Contract/Amendment/Grant		\$125,512.00	
CONTRACT	Proposed/Original Start Date:	<b>10/1/2025</b>	Proposed/Most Recent End Date: 9/30/2027
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:		Economic Systems, Inc. Falls Church, Virginia	
Brief Description of Goods/Services/Grant:		Home and Community Based Services (HCBS) compliance 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	
<p>The purpose of this Contract is to provide continued hosting, security, and documentation of the agency portal created by EconSys under agreements ADS-19-9712 and ADS-24-9712, following the State of Maine’s implementation of program changes in accordance with the Home and Community Based Services (HCBS) Settings Final Rule, and promulgated rules for Home and Community Based Services in which providers must apply to become an OADS approved provider. The purpose is to also maintain and provide technical assistance for the agency application module and the compliance monitoring module.</p> <p>The Provider will also maintain the current (legacy) portal to provide access to download the raw data and previously uploaded documents, although users will not be able to make any changes to the legacy portal’s records. The continuation of EconSys’ compliance support will create consistency and familiarity for the Office of Aging and Disability Services (OADS) providers who have undergone many changes in recent years, as all entities (internal and external) have navigated these significant federal rule changes.</p>	
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.	
<p>Provider performed under ADS-19-9712, and this new contract is for a continuation of services. As noted above, the continued use of EconSys and their portal will create consistency and familiarity for OADS providers who have undergone many changes in recent years, as all entities (internal and external) have navigated these significant federal rule changes for the HCBS Settings Final Rule.</p>	
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	
<p>The proposed costs are in alignment with the previous contracts with Economic Systems.</p>	
4. Describe the plan for future competition for the goods or services.	
<p>OADS, through a future competition for goods and services will seek to incorporate the business requirements and functioning of this online portal within OADS Evergreen system, as a provider management feature.</p>	

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

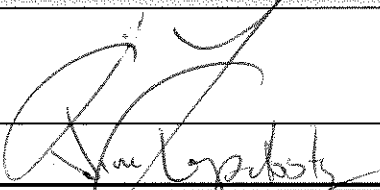
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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**

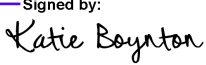
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	12-Nov-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: 		
Typed Name:	Katie Boynton, Systems Analyst	Date:	11/18/2025