

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OADS/ASA		
Department Contract Administrator or Grant Coordinator:	Nancy Tan		
(If applicable) Department Reference #:	ADS-19-9311B		
Estimated Contract or Grant Amount:	Amend: \$305,993.00 Revised: \$9,711,026.00	Advantage CT / RQS #:	CT-10A-20180830*0737
AMENDMENT	Original Start Date:	09/01/2018	New Start Date:
	Original End Date:	09/30/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:		Proposed End Date:
Vendor/Provider/Grantee Name, City, State:	Ascend Management Innovations LLC Reston, VA		
Brief Description of Goods/Services/Grant:	Assessing Services Agency		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization – Competitive Award Adjustment

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>Pursuant to 22 M.R.S.A. § 7317, before an individual may receive Long Term Care (LTC) services and supports through State-funded and MaineCare programs, the Department must determine whether the individual is eligible, and, once eligibility is established, what services and supports are appropriate to meet the individual's needs. The Department utilizes an independent (i.e., conflict-free) Assessing Services Agency (ASA) to conduct standardized assessments that determine eligibility and communicate service options to individuals seeking State-funded and MaineCare program Long Term Care (LTC) services. The assessment serves as the basis for generating an authorized Plan of Care that outlines the</p>

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PART III: SUPPLEMENTAL QUESTIONS

services an individual is eligible to receive. ASA assessors also conduct periodic reassessments to ensure that individuals receive the appropriate LOC services. In addition, ASA assessors conduct Preadmission Screening and Resident Review (PASRR) assessments for individuals suspected of having a mental disorder, intellectual disability or other related condition to determine the LOC services required.

This Provider was selected as the Maine Assessing Services Agency to begin work in August, 2018 as the result of a competitive award process. During the transition of ASA responsibilities from the previous ASA provider, a backlog of over 2,000 unprocessed and late assessments was transferred to the current provider. The Department has requested that the Provider process the backlog in an expeditious manner.

This competitive award adjustment adds funding to process the increase in child assessments.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The original contract was a result of an award from RFP 201804074 and this amendment is in the initial period of performance.

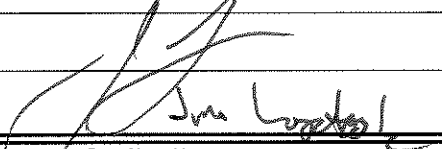
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost has been negotiated with the Provider and is considered fair and reasonable, based on analysis of the scope of work that needs to be accomplished and the concern for completing the work as expeditiously as possible.

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

The Department anticipates submitting these services for competitive bid for a new contract start date of 10/1/2023.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	22-Jan-20
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	2/10/2020