



**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/ OFI/ SNAP	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Matt Galletta	
(If applicable) Department Reference #:		OFI-23-698	
Amount: (Contract/Amendment/Grant)	\$ 236,895	Advantage CT / RQS #:	CT 10A 20230324000000002459
CONTRACT	Proposed Start Date:	<b>5/1/2023</b>	Proposed End Date: 1/31/2024
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Public Consulting Group (PCG) Boston, MA	
Brief Description of Goods/Services/Grant:		Root cause review and analysis of Maine's SNAP Quality Control unit and errors contributing to Maine's Payment Error Rate.	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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. University 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 Department is predicting the Payment Error Rate (PER) will be 14.47% for FFY 2022. This represents a substantial improvement (difference of 27.68%) of a PER at 19.12% in 2019, however it is still above the national average of 10.55% (through August 2022). The Department anticipates receiving a warning letter from SNAP that lays out financial penalties for a second consecutive year of a PER rate above the national average. The Department must bring the PER below the national average to avoid future penalties.

The Provider will help identify ways the State can reduce the PER to be below the national average, resulting in penalty avoidance.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

PCG is uniquely qualified to provide this service since they have firsthand knowledge of OFI and the eligibility process. PCG provided consulting services previously to identify process improvements to gain efficiencies. They also have experience providing this same to other state agencies.

PCG completes similar work across the country, specifically in the states of: Iowa, Rhode Island, Michigan, and Minnesota. The Department currently has a Business Associate Agreement with PCG effective 10/27/2022 through 2/28/24.

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

Costs are reasonable given the nine (9)-month engagement term. Although the Scope of Work and Contract Deliverables indicate a six-month term, we recognize the possibility of needing up to nine (9) months for the Vendor to complete all deliverables.

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

The Department does not plan on competitively procuring this service in the future.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)



Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	John King-Aosky	Date:	5/17-May-23
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	5/30/2023