

### 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 / Office of Aging and Disability Services/ DS	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Stacy Martin	
(If applicable) Department Reference #:		ADS-24-9866A	
(Contract/Amendment/Grant)	Amount:	Orig: \$ 450,000.00	Advantage CT / RQS #: CT 10A 20230321*2382
		Amend A \$ 500,000.00	
		Revised \$ 950,000.00	
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:
<b>AMENDMENT</b>	Original Start Date:	9/1/2023	Effective Date:
	Previous End Date:	8/31/2024	New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Alvarez and Marsal, Public Sector Services, LLC New York, NY	
Brief Description of Goods/Services/Grant:		Assistance and consultation in the development of a continuous quality management strategy for non-residential Home and Community Based Services (HCBS) day and employment services that builds off the work to date, data collected, and lessons learned through the HCBS Settings Rule assessment efforts.	

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. University 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><b>This amendment adds funds for Licensing Support for Home and Community-Based Services Waivers Administered by OADS. This support will include deliverables such as facilitating meetings, conducting interviews, and participating in rulemaking. OADS requests that this contract be extended to the end of the 9817 FMAP funds to ensure the successful completion of these deliverables.</b></p> <p>The purpose of the agreement is to provide assessment, expert consultation, and recommendations regarding the development of a Continuous Quality Improvement infrastructure and system for day and employment HCBS.</p> <p>The assessment, consultation, and recommendations are being undertaken to develop a structure for OADS provider oversight, monitoring, and technical assistance to support high-quality day and employment services that achieve and sustain compliance with the federal HCBS Settings Rule and state regulatory and policy expectations.</p> <p>In order for OADS to implement recommendations from a resulting report, in time to impact federal compliance, this contract requires a start date of March 1, 2023, which makes an RFP outside the realm of realistic possibility, as noted by the DHHS FMAP Advisory Committee.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The selected Vendor has a history of working with other States and local Governments to develop and/or refine their service delivery systems specific to challenges related to the Center for Medicaid and Medicare's HCBS rule implementation. Recent examples include the following:</p> <ul style="list-style-type: none"> <li>• Maryland DDA System Transformation. A&amp;M is supporting the Maryland DDA through the development of a long-term transformation plan to redesign its existing service delivery system from a financial and programmatic perspective. A&amp;M provides subject matter expertise, project and change management, and data analysis.</li> <li>• North Dakota DDA Assessment of Developmental Disabilities Services &amp; Autism Spectrum Disorder Programs. A&amp;M did an assessment requested by the ND Legislature to explore existing pathways to services, identify gaps in access, analyze peer states, and estimate the effects of proposed program implementation and/or expansion. A&amp;M conducted a comprehensive study of ND's current state, a national scan, and presented recommendations to modernize ND's I/DD and ASD program offerings.</li> </ul>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Costs and rates were developed based on similar costs associated with a contract (Advantage CT 10A 20210927*0799) OADS recently implemented through the Aging Services office for a similar service.</p>

**PART III: SUPPLEMENTAL INFORMATION**

Meetings were held in September and October with Alvarez and Marsal to discuss Maine's need to develop a comprehensive Community and Employment Quality Oversight process for all 1915 C waivers in Maine which support over 4,300 people with disabilities.

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

There is no plan for future competition related to these services as they will be provided through the development of a one-time report outlining recommendations for consideration.

**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.

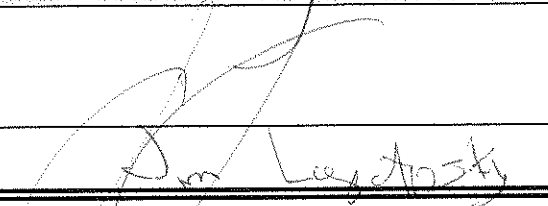
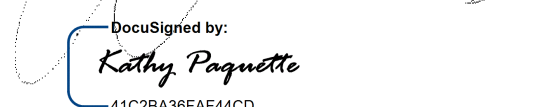
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Dan Legatoski	Date:	10-16-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/20/2024