

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Lucas Sieb		
(If applicable) Department Reference #:		OMS-22-206		
Amount: (Contract/Amendment/Grant)	\$663,563.00	Advantage CT / RQS #:	CT 10A 20210423000000002924	
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2022
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:		Deloitte Consulting LLP Dallas, TX		
Brief Description of Goods/Services/Grant:		MIMHS Testers		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	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		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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's Office of MaineCare Services (OMS) is required to implement program changes to comply with ongoing CMS requirements. These program changes will require OMS to update systems and business processes, as necessary, to comply with CMS requirements for a certified system. The services provided will include User Acceptance Testing support for required MIMHS enhancements. These services are critical and essential to comply with federal requirements and support ongoing agency responsibilities.

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PART III: SUPPLEMENTAL INFORMATION

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

The Provider's staff performs testing services of system enhancements and Federally-mandated changes to the State's MIHMS system (operated by Gainwell). These testers have specific knowledge of the MIHMS application, Gainwell processes, and OMS systems that integrate with MIHMS, and support projects that receive enhanced Federal matching funds.

A lack of proper testing can disrupt operations as well as interactions with both members and providers. This work requires specific knowledge of the State's MIHMS application and training a new provider will result in project delays and increased costs. The Department is continuously evaluating vendor options and is asking the Provider to use all available internal and external resources, including leveraging any work done by Gainwell, to further manage costs and maximize value. The IT Staff Augmentation Master Agreement will continue to be utilized for those services that do not require this level of MIHMS-related expertise.

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

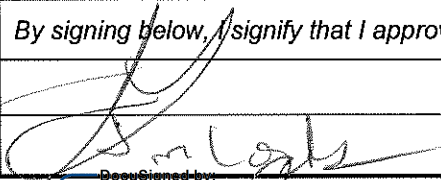
The Department has considerable knowledge of rates for testers based on current and past testing contracts. The Provider's rate for testers is \$95-\$100 per hour, while rates for similar testers currently under contract by the State range from \$89 to \$102.35 per hour.

In addition, the Provider has consistently provided discounted rates for State projects. The Department has worked carefully with the Provider to refine the scope and associated fees for this project.

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

The Department does not intend to RFP these services at this time.

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:	28-Jun-21
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	9/27/2021