



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 MaineCare Services		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger Jeanne Garza		
(If applicable) Department Reference #:	OMS-23-206		
Amount: (Contract/Amendment/Grant)	\$ 726,210.00	Advantage CT / RQS #:	CT 10A 20220601000000003165
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2023
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			
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.

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

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

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 \$105-\$110 per hour, while rates for similar testers currently under contract by the State range from \$90.70 to \$104.45 per hour. 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. The IT Staff Augmentation Master Agreement will continue to be utilized for those services that do not require this level of MIHMS-related expertise.

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

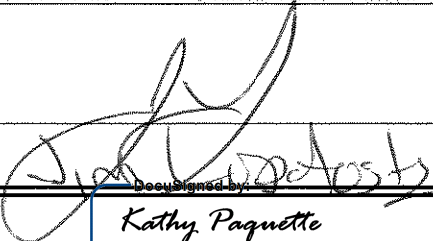

Does this request utilize ARPA/MJRP funds?

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:	<i>John P. Aosty</i>	Date:	29-JUL-22
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/7/2022