

**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 / Melinda Farrell		
(If applicable) Department Reference #:		ADS-24-9866		
Amount: (Contract/Amendment/Grant)	\$450,000.00	Advantage CT / RQS #:	CT 10A 20230321000000002382	
CONTRACT	Proposed Start Date:	09/01/2023	Proposed End Date:	8/31/2024
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:		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

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 purpose of this 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.

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.

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.

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

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:

- Maryland DDA System Transformation. A&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&M provides subject matter expertise, project and change management, and data analysis.
- North Dakota DDA Assessment of Developmental Disabilities Services & Autism Spectrum Disorder Programs. A&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&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.

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

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.

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)

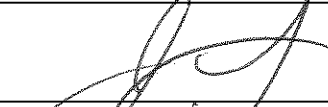

Does this request utilize ARPA/MJRP funds?

Yes – 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>[Handwritten Name]</i>	Date:	<i>19-Sep-23</i>
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	9/26/2023