



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 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 / Nicole Mitchell		
(If applicable) Department Reference #:		ADS-26-9866		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250627000ADS269866	
Amount: (Contract/Amendment/Grant)		\$450,000.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
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 and reporting strategy for critical incident oversight, Home and Community Based Services (HCBS) day and employment services.		

### 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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, 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.

A&M developed deliverable pricing using an estimate of staffing levels and hours. During the engagement, A&M has committed to providing 1-2 full-time staff along with support and direction from an additional 1-2 part-time (senior level) staff. Below is the team we currently expect to deliver the work for Maine:

Project Executives and Subject Matter Expert

Erin Leveton, Managing Director, Part Time, Project Executive and Subject Matter Expert

**PART III: SUPPLEMENTAL INFORMATION**

- A&M also has a pool of subject matter experts that we might call into the project, as needed, to provide technical assistance, for example, Dr. Christopher Baglio, Managing Director, Part Time, Subject Matter Expert.

A&M Project Team (Proposed team of 1–2 people)

- Alecia Ortiz, Manager, Full Time, Project and Change Manager
- Data Analyst TBD, as needed

OADS management team reviewed the comprehensive report submitted by Alvarez and Marsal in spring 2025 and developed deliverables to implement identified areas for quality improvement and continued assistance to develop infrastructure for ongoing monitoring of HCBS programs.

OADS has determined the costs to be fair and reasonable.

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

The Department does not intend to competitively procure these services as they will be provided in this contract to assist with development and implementation.

**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**

*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).*

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

**PART VI: APPROVALS**

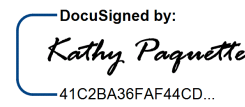
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	J. M. Logodsky	Date:	4 - Sep 25

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	9/12/2025