



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:	Jennifer Levesque / Storm Dexter		
(If applicable) Department Reference #:	ADS-25-9503		
Amount: (Contract/Amendment/Grant)	\$ 375,000.00	Advantage CT / RQS #:	CT-10A-20241108000ADS259503
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date: 3/31/2025
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:	FMAP Project # ME 205.1 Implement Improvements to Behavioral Supports for Adults with IDD based on System Gap Analysis (Maine Incident Management Assessment)		

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	
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>	<p>The purpose of this agreement is to provide national expertise in performance and quality management systems in the oversight of OADS programs. This agreement includes assessment, expert consultation, and recommendations regarding best practices for data sharing when a provider incident involves more than one agency and how to enhance the current system through regulation, policies, and procedures.</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 incident management and data sharing.</p> <p>In order for OADS to implement recommendations from a resulting report, in time to impact future incidents, this contract requires a start date of December 1, 2024, which makes an RFP outside the realm of realistic possibility, as noted by the DHHS FMAP Advisory Committee.</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.</p>	<p>The selected Vendor has a history of working with other States and local Governments to develop and/or refine their service delivery systems. Recent examples include the following:</p> <ul style="list-style-type: none"> • 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.
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>	<p>Costs and rates were developed based on similar expenses associated with a contract (Advantage CT 10A 20230321*2382) OADS recently implemented through the Aging Services office for a similar service.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>	<p>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.</p>

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.

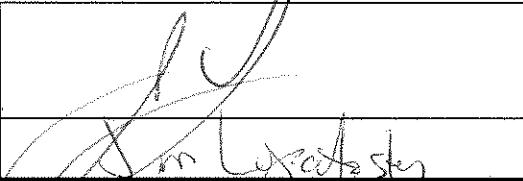

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Dan Levesque	Date:	18-MAR-24
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	12/4/2024