

**State of Maine**  
**RFP / Proposal Master Score Sheet**

| SCORESHEET FOR RFP# 202007124 Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program |                   |                   |              |                  |   |                                    |              |                               |              |
|--|-------------------|-------------------|--------------|------------------|---|------------------------------------|--------------|-------------------------------|--------------|
| PROPOSAL SUBMITTED BY:   |                   | American Exchange |              | Analytic Insight |   | Pacific Health Policy Group (PHPG) |              | Public Consulting Group (PCG) |              |
| COST:  |                   | Cost:             | \$662,750.00 | Cost:            | * | Cost:                              | \$589,781.36 | Cost:                         | \$584,288.11 |
| EVALUATION ITEM  | POINTS AVAIL.     |                   |              |                  |   |                                    |              |                               |              |
| Section I: Organization Qualifications and Experience  | 25                | 20.00             |              | 10.00            |   | 25.00                              |              | 17.00                         |              |
| Section II: Proposed Services  | 40                | 22.00             |              | *                |   | 40.00                              |              | 35.00                         |              |
| Section III: Cost Proposal   | 35                | 30.86             |              | *                |   | 34.67                              |              | 35.00                         |              |
| <b>TOTAL</b>   | <b><u>100</u></b> | 72.86             |              | * Disqualified   |   | 99.67                              |              | 87.00                         |              |

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

**Award Justification Statement**  
**RFP# 202007124 Evaluation of Maine's Medicaid Section 1115 HIV**  
**Demonstration Waiver Program**

**I. Summary**

Through RFP# 202007124 the Department sought proposals for an Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program. Four (4) Bidders responded to RFP# 202007124, American Exchange, Analytic Insight, LLC., Westport Healthcare Management, Inc. dba Pacific Health Policy Group (PHPG) and Public Consulting Group, Inc. Through the evaluation process, PHPG was the highest scoring Bidder and determined to provide the best value to the State of Maine.

**II. Evaluation Process**

An evaluation team comprised of State employees, applied the consensus method in scoring the Bidders Qualifications & Experience and Proposed Services. Scores for the Cost Proposal were assigned using a pre-determined formula.

**III. Qualifications & Experience for PHPG**

- Completed a 5-year 1115 HIV evaluation plan for New Mexico.
- Experience with analysis of survey data, HEDIS data, MMIS Claims encounters.

**IV. Proposed Services for PHPG**

- Provided a clear and comprehensive response that is in line with the requirements of the RFP.
- Indicated preparing a data collection and tracking tool for the project.

**V. Cost**

PHPG proposed the lowest cost of \$589,781.36.

**VI. Conclusion**

Out of 100 possible points, PHPG scored a 99.67, which was the highest point total awarded by the evaluation team. The strengths of PHPG's proposal include a strong organization with relevant experience and a complete and detailed proposed scope of service. The Evaluation Team has determined the proposal submitted by PHPG represents the best value to the State of Maine.

## Henning, Richard

---

**From:** Henning, Richard  
**Sent:** Wednesday, October 14, 2020 2:50 PM  
**To:** j.smith@americanexchange.com  
**Cc:** Henning, Richard  
**Subject:** Proposal Evaluation Notification for Office of MaineCare Services/RFP 202007124 - American Exchange  
**Attachments:** AL RFP 202007124 American Exchange.pdf

Mr. Smith,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for RFP 202007124/Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program. The attached letter identifies the awarded Bidder selected through the evaluation process.

R/

Rick Henning  
Division of Contract Management  
109 Capital Street, 11 SHS  
Augusta, ME 04333-0011  
207.287.8616 Office

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)  
<http://inet.state.me.us/dhhs/contracts/>

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TTY: Dial 711 (Maine Relay)

October 14, 2020

Via Electronic Mail: [j.smith@americanexchange.com](mailto:j.smith@americanexchange.com)

Mr. John W. Smith  
American Exchange  
246 E. 11<sup>th</sup> Street #202  
Chattanooga, TN 37402

SUBJECT: Notice of Conditional Contract Award under RFP #202007124, Evaluation of  
Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

Dear Mr. Smith,

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

- Westport Healthcare Management, Inc., DBA Pacific Health Policy Group

Westport Healthcare Management, Inc., DBA Pacific Health Policy Group (PHPG) received the evaluation team's highest ranking. The Department will be contacting PHPG soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and PHPG. PHPG shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of

notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert". The signature is fluid and cursive, with the first name "Michelle" written in a larger, more prominent script than the last name "Probert".

Michelle S. Probert  
Director  
Office of MaineCare Services  
Maine Department of Health and Human Services

## Henning, Richard

---

**From:** Henning, Richard  
**Sent:** Wednesday, October 14, 2020 2:49 PM  
**To:** amy@analyticinsight.com  
**Cc:** Henning, Richard  
**Subject:** Proposal Evaluation Notification for Office of MaineCare Services/RFP 202007124 - Analytic Insight, LLC  
**Attachments:** AL RFP 202007124 Analytic Insight.pdf

Ms. Flowers,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for RFP 202007124/Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program. The attached letter identifies the awarded Bidder selected through the evaluation process.

R/

Rick Henning  
Division of Contract Management  
109 Capital Street, 11 SHS  
Augusta, ME 04333-0011  
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[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)  
<http://inet.state.me.us/dhhs/contracts/>

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## Henning, Richard

---

**From:** Microsoft Outlook  
**To:** amy@analyticinsight.com  
**Sent:** Thursday, October 15, 2020 2:58 PM  
**Subject:** Undeliverable: Proposal Evaluation Notification for Office of MaineCare Services/RFP 202007124 - Analytic Insight, LLC

### Delivery has failed to these recipients or groups:

[amy@analyticinsight.com](mailto:amy@analyticinsight.com) ([amy@analyticinsight.com](mailto:amy@analyticinsight.com))

Your message wasn't delivered. Despite repeated attempts to deliver your message, the recipient's email system refused to accept a connection from your email system.

Contact the recipient by some other means (by phone, for example) and ask them to tell their email admin that it appears that their email system is refusing connections from your email server. Give them the error details shown below. It's likely that the recipient's email admin is the only one who can fix this problem.

#### For Email Admins

No connection could be made because the target computer actively refused it. This usually results from trying to connect to a service that is inactive on the remote host - that is, one with no server application running. For more information and tips to fix this issue see this article:

<https://go.microsoft.com/fwlink/?LinkId=389361>

### Diagnostic information for administrators:

Generating server: SA0PR09MB6716.namprd09.prod.outlook.com

Receiving server: SA0PR09MB6716.namprd09.prod.outlook.com

amy@analyticinsight.com

10/15/2020 6:57:57 PM - Server at SA0PR09MB6716.namprd09.prod.outlook.com returned '550 5.4.316 Message expired, connection refused(Socket error code 10061)'

10/15/2020 6:47:44 PM - Server at analyticinsight.com (50.22.11.55) returned '450 4.4.316 Connection refused [Message=Socket error code 10061] [LastAttemptedServerName=analyticinsight.com] [LastAttemptedIP=50.22.11.55:25] [BL0GCC02FT016.eop-gcc02.prod.protection.outlook.com](Socket error code 10061)'

#### Original message headers:

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s=arcselector9901;  
h=From:Date:Subject:Message-ID:Content-Type:MIME-Version:X-MS-Exchange-SenderADCheck;  
bh=6yhS0Zzfr8WWF+2Grprz5aBwpjgQ7YICZrgmbknNth4=;

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ARC-Authentication-Results: i=1; mx.microsoft.com 1; spf=pass  
smtp.mailfrom=maine.gov; dmarc=pass action=none header.from=maine.gov;  
dkim=pass header.d=maine.gov; arc=none  
DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed; d=maine.gov;  
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Received: from SA9PR09MB5311.namprd09.prod.outlook.com (2603:10b6:806:4e::13)  
by SA0PR09MB6716.namprd09.prod.outlook.com (2603:10b6:806:6c::23) with  
Microsoft SMTP Server (version=TLS1\_2,  
cipher=TLS\_ECDHE\_RSA\_WITH\_AES\_256\_GCM\_SHA384) id 15.20.3477.20; Wed, 14 Oct  
2020 18:49:30 +0000

Received: from SA9PR09MB5311.namprd09.prod.outlook.com  
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([fe80::103a:365e:3688:1a4b%4]) with mapi id 15.20.3477.021; Wed, 14 Oct 2020  
18:49:30 +0000

From: "Henning, Richard" <Richard.Henning@maine.gov>  
To: "amy@analyticinsight.com" <amy@analyticinsight.com>  
CC: "Henning, Richard" <Richard.Henning@maine.gov>  
Subject: Proposal Evaluation Notification for Office of MaineCare Services/RFP  
202007124 - Analytic Insight, LLC  
Thread-Topic: Proposal Evaluation Notification for Office of MaineCare  
Services/RFP 202007124 - Analytic Insight, LLC  
Thread-Index: AdaiWVevXnAWJ9P2TRC1pJ5E7WBL0a==  
Date: Wed, 14 Oct 2020 18:49:29 +0000

Message-ID:  
<SA9PR09MB531116BF8C840F8806526508E0050@SA9PR09MB5311.namprd09.prod.outlook.com>

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X-MS-TNEF-Correlator:  
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header.d=none;analyticinsight.com; dmarc=none action=none  
header.from=maine.gov;

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x-microsoft-antispam-prvs:  
<SA0PR09MB6716F33A95891FA1DBED891EE0050@SA0PR09MB6716.namprd09.prod.outlook.com>  
x-ms-oob-tlc-oobclassifiers: OLM:8882;  
x-ms-exchange-senderadcheck: 1  
x-microsoft-antispam: BCL:0;

x-microsoft-antispam-message-info:  
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CIP:255.255.255.255;CTRY:;LANG:en;SCL:1;SRV:;IPV:NLI;SFV:NSPM;H:SA9PR09MB5311.namprd09.pr  
od.outlook.com;PTR:;CAT:NONE;SFS:(4636009)(136003)(346002)(366004)(396003)(39860400002)(3  
76002)(99936003)(26005)(52536014)(186003)(55016002)(86362001)(6916009)(83730400002)(29060  
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    boundary="\_004\_SA9PR09MB531116BF8C840F8806526508E0050SA9PR09MB5311namp\_"  
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X-OriginatorOrg: maine.gov  
X-MS-Exchange-CrossTenant-AuthAs: Internal  
X-MS-Exchange-CrossTenant-AuthSource: SA9PR09MB5311.namprd09.prod.outlook.com  
X-MS-Exchange-CrossTenant-Network-Message-Id: 69ad6629-e43f-4509-df81-08d87071e22c  
X-MS-Exchange-CrossTenant-originalarrivaltime: 14 Oct 2020 18:49:29.9758  
    (UTC)  
X-MS-Exchange-CrossTenant-fromentityheader: Hosted  
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USALlLiNNMA6RafzVw=  
X-MS-Exchange-Transport-CrossTenantHeadersStamped: SA0PR09MB6716

## Henning, Richard

---

**From:** Henning, Richard  
**Sent:** Thursday, October 15, 2020 3:22 PM  
**To:** amy@analyticinsight.org  
**Cc:** Henning, Richard  
**Subject:** Proposal Evaluation Notification for Office of MaineCare Services/RFP 202007124 - Analytic Insight, LLC  
**Attachments:** AL RFP 202007124 Analytic Insight.pdf

Ms. Flowers,

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TTY: Dial 711 (Maine Relay)

October 14, 2020

Via Electronic Mail: [amy@analyticinsight.com](mailto:amy@analyticinsight.com)

Ms. Amy Flowers  
Analytic Insight, LLC  
478 Sabattus Street  
Lewiston, ME 04240

SUBJECT: Notice of Conditional Contract Award under RFP #202007124, Evaluation of  
Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

Dear Ms. Flowers,

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Thank you for your interest in doing business with the State of Maine.

Sincerely,

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Michelle S. Probert  
Director  
Office of MaineCare Services  
Maine Department of Health and Human Services

## Henning, Richard

---

**From:** Henning, Richard  
**Sent:** Wednesday, October 14, 2020 2:49 PM  
**To:** jlang@pcgus.com  
**Cc:** Henning, Richard  
**Subject:** Proposal Evaluation Notification for Office of MaineCare Services/RFP 202007124 - Public Consulting Group, Inc.  
**Attachments:** AL RFP 202007124 PCG.pdf

Ms. Lang,

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R/

Rick Henning  
Division of Contract Management  
109 Capital Street, 11 SHS  
Augusta, ME 04333-0011  
207.287.8616 Office

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)  
<http://inet.state.me.us/dhhs/contracts/>

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Jeanne M. Lambrew, Ph.D.  
Commissioner



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Division of Contract Management  
11 State House Station  
109 Capitol Street  
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TTY: Dial 711 (Maine Relay)

October 14, 2020

Via Electronic Mail: [jlang@pcgus.com](mailto:jlang@pcgus.com)

Ms. Jessica Lang  
Public Consulting Group, Inc.  
148 State Street  
Boston, MA 02109

SUBJECT: Notice of Conditional Contract Award under RFP #202007124, Evaluation of  
Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

Dear Ms. Lang,

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- Westport Healthcare Management, Inc., DBA Pacific Health Policy Group

Westport Healthcare Management, Inc., DBA Pacific Health Policy Group (PHPG) received the evaluation team's highest ranking. The Department will be contacting PHPG soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and PHPG. PHPG shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of

notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert". The signature is written in a cursive style with a large initial "M" and a stylized "P".

Michelle S. Probert  
Director  
Office of MaineCare Services  
Maine Department of Health and Human Services

## Henning, Richard

---

**From:** Henning, Richard  
**Sent:** Wednesday, October 14, 2020 2:49 PM  
**To:** swittman@phpg.com  
**Cc:** Tosswill, Julie; Bean, Emily; Henning, Richard  
**Subject:** Proposal Evaluation Notification for Office of MaineCare Services/RFP 202007124 - Pacific Health Policy Group  
**Attachments:** AL RFP 202007124 PHPG.pdf

Mr. Wittman,

The Department's Evaluation Team concluded the evaluations of all proposals submitted for RFP 202007124/Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program. The attached letter identifies the awarded Bidder selected through the evaluation process.

R/

Rick Henning  
Division of Contract Management  
109 Capital Street, 11 SHS  
Augusta, ME 04333-0011  
207.287.8616 Office

[RFP.DHHS@maine.gov](mailto:RFP.DHHS@maine.gov)  
<http://inet.state.me.us/dhhs/contracts/>

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Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

October 14, 2020

Via Electronic Mail: [swittman@phpg.com](mailto:swittman@phpg.com)

Mr. Scott Wittman  
Westport Healthcare Management, Inc.  
DBA Pacific Health Policy Group  
900 W. North Shore Drive, Suite 270  
Lake Bluff, IL 60044

SUBJECT: Notice of Conditional Contract Award under RFP #202007124, Evaluation of  
Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

Dear Mr. Wittman,

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

- Westport Healthcare Management, Inc., DBA Pacific Health Policy Group

Westport Healthcare Management, Inc., DBA Pacific Health Policy Group (PHPG) received the evaluation team's highest ranking. The Department will be contacting PHPG soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and PHPG. PHPG shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert". The signature is fluid and cursive, with the first name "Michelle" and last name "Probert" clearly distinguishable.

Michelle S. Probert  
Director  
Office of MaineCare Services  
Maine Department of Health and Human Services

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** American Exchange

**DATE:** 10/6/2020

\*\*\*\*\*

**DEPARTMENT NAME:** Department of Health and Human Services

**NAME OF RFP COORDINATOR:** Rick Henning

**NAMES OF EVALUATORS:** Emily Bean, Michelle Caldwell, Mark Fisher, Stephanie Kallio

\*\*\*\*\*

**SUMMARY PAGE**

|   |  | <u>Points<br/>Awarded:</u> |
|---|--|----------------------------|
| <b>Numerical Score:</b>   |  |                            |
| Section I. Organization Qualifications and Experience (Max: 25 Pts) |  | <b>20.00</b>               |
| Section II. Proposed Services (Max: 40 Pts)                         |  | <b>22.00</b>               |
| Section III. Cost Proposal (Max: 35 Pts)                            |  | <b>30.86</b>               |
| <b>TOTAL POINTS</b> (Max: 100 Points)                               |  | <b>72.86</b>               |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** American Exchange

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION I  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 20.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|  |
|--|
| Part IV. Section I. Organizational Qualification and Experience  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"><li>• In business since 2010.</li><li>• Demonstrate HIV and Ryan White experience in Massachusetts.</li><li>• Project examples were relevant to the services requested in the RFP however the project example were broad and focused on the Bidder's reporting capabilities.</li></ul> |
| 2. Subcontractors and/or Consultants   |
| <ul style="list-style-type: none"><li>• Proposing to utilize a data scientist/consultant.</li><li>• Subcontractor has more than 18 years of experience including experience in Behavioral Health research including HIV/AIDS.</li></ul>  |
| 3. Organizational Chart  |
|  |
| 4. Litigation  |
|  |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• Appear financially viable.</li></ul>   |
| 6. Certificate of Insurance  |
|  |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** American Exchange

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Proposed Services**

**Total Points Available: 40**

**Score: 22.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|  |
|--|
| Part IV. Section II. Proposed Services   |
| 1. Services to be Provided – Part II   |
| A. Program Evaluation  |
| <ul style="list-style-type: none"> <li>• Included several deliverables that were outside of the scope of the RFP.</li> <li>• Provided limited detail related to the resources, methods and/or strategies to be utilized in the evaluation of Demonstration.</li> <li>• Did not mention providing raw data, data summaries or data extraction methods or specifications.</li> </ul> |
| B. Staffing Requirements   |
| <ul style="list-style-type: none"> <li>• Proposed staff do not demonstrate previous Demonstration evaluation experience.</li> <li>• Did not indicate how much time would be allocated for the proposed consultant.</li> <li>• Did not differentiate the staff time to be assigned to the project.</li> </ul>   |
| C. Reports   |
|  |
| D. Implementation - Work Plan  |
| <ul style="list-style-type: none"> <li>• Did not acknowledge providing updated work plans ninety (90) days prior to each renewal period.</li> <li>• Included reports under the work plan that are outside of the report required.</li> </ul>   |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** American Exchange

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION III  
Cost Proposal  
Price: Comparison with Lowest Bid**

**Total Points Available: 35**

**Score: 30.86**

\*\*\*\*\*

| Lowest submitted Cost Proposal | ÷ | Cost Proposal being scored | x | Score Weight | = | Score |
|--------------------------------|---|----------------------------|---|--------------|---|-------|
| \$584,288.11                   | ÷ | \$662,750.00               | x | 35 points    | = | 30.86 |

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"> <li>• High consultant costs.</li> </ul> |
|--|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Analytic Insight, LLC.

**DATE:** 10/6/2020

\*\*\*\*\*

**DEPARTMENT NAME:** Department of Health and Human Services

**NAME OF RFP COORDINATOR:** Rick Henning

**NAMES OF EVALUATORS:** Emily Bean, Michelle Caldwell, Mark Fisher, Stephanie Kallio

\*\*\*\*\*

**SUMMARY PAGE**

|   | <u>Points<br/>Awarded:</u> |
|---|----------------------------|
| <b>Numerical Score:</b>   |                            |
| Section I. Organization Qualifications and Experience (Max: 25 Pts) | <b>10.00</b>               |
| Section II. Proposed Services (Max: 40 Pts)                         | *                          |
| Section III. Cost Proposal (Max: 35 Pts)                            | *                          |
| <b>* Disqualified</b>   |                            |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Analytic Insight, LLC.

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION I  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 10.00**

\*\*\*\*\*

**Evaluation Team Comments:** Submitted proposal was blurry making it difficult for the team to review.

|  |
|--|
| Part IV. Section I. Organizational Qualification and Experience  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"> <li>• Local company in business since 2007.</li> <li>• Has contracted with Maine DOE and CDC in the past.</li> <li>• Examples of projects were specific and detailed relating to the services within the RFP.</li> <li>• History of evaluation studies of 12 years with Wisconsin.</li> </ul> |
| 2. Subcontractors and/or Consultants   |
| •  |
| 3. Organizational Chart  |
| •  |
| 4. Litigation  |
| •  |
| 5. Financial Viability   |
| <ul style="list-style-type: none"> <li>• None provided, indicating "As a sole proprietor/LLC, AI does not publicly release financial statements."</li> </ul>   |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"> <li>• Provided, but couldn't not be confirmed if valid due to blurriness.</li> </ul>  |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Analytic Insight, LLC.

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Proposed Services**

**Total Points Available: 40**

**Score:**

\*\*\*\*\*

**Evaluation Team Comments:** The Bidder did not provide a narrative response to Part IV. Section II. of the RFP therefore the team has determined to disqualify the proposal for the evaluation process.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Westport Healthcare Management, Inc. dba Pacific Health Policy Group (PHPG)

**DATE:** 10/6/2020

\*\*\*\*\*

**DEPARTMENT NAME:** Department of Health and Human Services

**NAME OF RFP COORDINATOR:** Rick Henning

**NAMES OF EVALUATORS:** Emily Bean, Michelle Caldwell, Mark Fisher, Stephanie Kallio

\*\*\*\*\*

**SUMMARY PAGE**

|   |  | <u>Points<br/>Awarded:</u> |
|---|--|----------------------------|
| <b>Numerical Score:</b>   |  |                            |
| Section I. Organization Qualifications and Experience (Max: 25 Pts) |  | <b>25.00</b>               |
| Section II. Proposed Services (Max: 40 Pts)                         |  | <b>40.00</b>               |
| Section III. Cost Proposal (Max: 35 Pts)                            |  | <b>34.67</b>               |
| <b>TOTAL POINTS</b> (Max: 100 Points)                               |  | <b>99.67</b>               |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Westport Healthcare Management, Inc. dba Pacific Health Policy Group (PHPG)

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION I  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 25.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• In business since 1994.</li><li>• Have provided 1115 waiver development and evaluation design.</li><li>• Knowledge of CMS evaluation requirements.</li><li>• Submitted a summative evaluation report for Oklahoma.</li><li>• HIV/AIDS experience.</li><li>• Examples of projects were specific and detailed relating to the services within the RFP.</li><li>• Completed a 5-year 1115 HIV evaluation plan for New Mexico.</li><li>• Examples showed long term relationships with states since 1994.</li><li>• Experience with analysis of survey data, HEDIS data, MMIS Claims encounters.</li></ul> |
| 2. Subcontractors and/or Consultants  |
|   |
| 3. Organizational Chart   |
|   |
| 4. Litigation   |
|   |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Appear financially viable.</li></ul>  |
| 6. Certificate of Insurance   |
|   |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Westport Healthcare Management, Inc. dba Pacific Health Policy Group (PHPG)

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Proposed Services**

**Total Points Available: 40**

**Score: 40.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section II. Proposed Services  |
| 1. Services to be Provided – Part II  |
| A. Program Evaluation   |
| <ul style="list-style-type: none"> <li>• Provide a clear and comprehensive response that is in line with the requirement of the RFP.</li> <li>• Detailed response to the data security and confidentiality requirements</li> <li>• Have a formal QA program and internal peer review process.</li> <li>• Will prepare a data collection and tracking tool for this project.</li> <li>• Will utilize T-MSIS and the Federal CDC medical monitoring project.</li> </ul> |
| B. Staffing Requirements  |
| <ul style="list-style-type: none"> <li>• Senior Analyst has Access and SQL experience which will be beneficial to this project.</li> </ul>  |
| C. Reports  |
| <ul style="list-style-type: none"> <li>• Provided a detailed response to the reports requirements.</li> </ul>   |
| D. Implementation – Work Plan   |
| <ul style="list-style-type: none"> <li>• Provided a detailed response to the work plan requirements.</li> <li>• Allows for adjustments for data lags or factors outside of the bidders control.</li> </ul>  |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Westport Healthcare Management, Inc. dba Pacific Health Policy Group (PHPG)

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION III  
Cost Proposal  
Price: Comparison with Lowest Bid**

**Total Points Available: 35**

**Score: 34.67**

\*\*\*\*\*

| Lowest submitted Cost Proposal | ÷ | Cost Proposal being scored | x | Score Weight | = | Score |
|--------------------------------|---|----------------------------|---|--------------|---|-------|
| \$584,288.11                   | ÷ | \$589,781.36               | x | 35 points    | = | 34.67 |

**Evaluation Team Comments:**

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Reasonable cost proposal.</li> </ul> |
|---|

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Public Consulting Group, Inc.

**DATE:** 10/6/2020

\*\*\*\*\*

**DEPARTMENT NAME:** Department of Health and Human Services

**NAME OF RFP COORDINATOR:** Rick Henning

**NAMES OF EVALUATORS:** Emily Bean, Michelle Caldwell, Mark Fisher, Stephanie Kallio

\*\*\*\*\*

**SUMMARY PAGE**

|   |  | <u>Points<br/>Awarded:</u> |
|---|--|----------------------------|
| <b>Numerical Score:</b>   |  |                            |
| Section I. Organization Qualifications and Experience (Max: 25 Pts) |  | <b>17.00</b>               |
| Section II. Proposed Services (Max: 40 Pts)                         |  | <b>35.00</b>               |
| Section III. Cost Proposal (Max: 35 Pts)                            |  | <b>35.00</b>               |
| <b>TOTAL POINTS</b> (Max: 100 Points)                               |  | <b>87.00</b>               |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Public Consulting Group, Inc.

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION I  
Organization Qualifications and Experience**

**Total Points Available: 25**

**Score: 17.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"><li>• In business since 1986.</li><li>• Experience working with Department, specifically CDC, OFI and OBH.</li><li>• The work performed on behalf of CDC was a positive experience for the Department.</li><li>• Project examples were detailed and related to the services requested in the RFP.</li><li>• Experience with developing evaluation design related to Section 1115 Waivers.</li></ul> |
| 2. Subcontractors and/or Consultants  |
| <ul style="list-style-type: none"><li>• Proposing to utilize a subcontractor for subject matter expertise, with extensive experience related to HIV/AIDS.</li></ul>   |
| 3. Organizational Chart   |
|   |
| 4. Litigation   |
| <ul style="list-style-type: none"><li>• Provided a list of litigation, however no amounts were provided.</li></ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"><li>• Appear financially viable.</li></ul>  |
| 6. Certificate of Insurance   |
|   |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Public Consulting Group, Inc.

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION II  
Proposed Services**

**Total Points Available: 40**

**Score: 35.00**

\*\*\*\*\*

**Evaluation Team Comments:**

|   |
|---|
| Part IV. Section II. Proposed Services  |
| 1. Services to be Provided – Part II  |
| A. Program Evaluation   |
| <ul style="list-style-type: none"> <li>• Proposed a new health outcome measure.</li> <li>• Proposed areas of possible improvement in surveys.</li> <li>• Provided extensive details related to the resources, methods or strategies to be utilized during service delivery.</li> <li>• Indicated familiarity with Medicaid claims, member surveys, TMSIS and Federal CDC medical monitoring project.</li> </ul> |
| B. Staffing Requirements  |
| <ul style="list-style-type: none"> <li>• Senior Analyst is located in Maine and has experience related to MaineCare services.</li> <li>• Detailed staffing plan.</li> </ul>   |
| C. Reports  |
| <ul style="list-style-type: none"> <li>• Detailed response related to reporting requirements.</li> </ul>  |
| D. Implementation - Work Plan   |
| <ul style="list-style-type: none"> <li>• Detailed implementation – work plans.</li> <li>• Proposed timeline around design plan revisions is aggressive given the approval process needed.</li> </ul>  |

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER:** Public Consulting Group, Inc.

**DATE:** 10/6/2020

\*\*\*\*\*

**EVALUATION OF SECTION III  
Cost Proposal  
Price: Comparison with Lowest Bid**

**Total Points Available: 35**

**Score: 35.00**

\*\*\*\*\*

| Lowest submitted Cost Proposal | ÷ | Cost Proposal being scored | x | Score Weight | = | Score |
|--------------------------------|---|----------------------------|---|--------------|---|-------|
| \$584,288.11                   | ÷ | \$584,288.11               | x | 35 points    | = | 35.00 |

**Evaluation Team Comments:**

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Reasonable cost proposal.</li> <li>• Low rates and subcontractor cost.</li> </ul> |
|--|

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS-OMS

\*\*\*\*\*

**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section I. Organizational Qualification and Experience  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"> <li>• average of 15+ year of individual healthcare experience</li> <li>• core team of analysts and operators have more than 100 years of experience in healthcare</li> <li>• team members have been panelists for IRBs</li> <li>• HIV/Ryan White experience, esp. by external consultant (Dr. that led evaluation of HIV/AIDS programs at the Latin American Health Institute, MA)</li> <li>• QA report card: 18% increase in # of clients reporting viral suppression</li> <li>• Examples spoke of reporting tool and gave broad details.</li> </ul> |
| 2. Subcontractors and/or Consultants   |
| <ul style="list-style-type: none"> <li>• Bidder met requirement. Team will have consultant (Dr.)</li> </ul>  |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"> <li>• Bidder meets requirements</li> </ul>  |
| 4. Litigation  |
| <ul style="list-style-type: none"> <li>• "None" – bidder met this requirement</li> </ul>   |
| 5. Financial Viability   |
| <ul style="list-style-type: none"> <li>• Bidder met requirement</li> <li>• Included letter from Bank</li> </ul>  |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"> <li>• Bidder met requirement</li> </ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS-OMS

\*\*\*\*\*

|   |
|---|
| Part IV. Section II.  |
| 1. Services to be Provided  |
|   |
| A. Program Evaluation   |
| <ul style="list-style-type: none"> <li>• Q – page 3, paragraph 2</li> <li>• I – additional evaluation reports – systematic reports based on indicators along HIV care continuum. Will conduct additional analysis activities to identify service and health outcomes disparities for QI.</li> <li>• uses Google Cloud and/or Amazon WE Services Cloud</li> </ul>  |
| B. Staffing Requirements  |
| <ul style="list-style-type: none"> <li>• Job descriptions and minimum qualifications were described</li> <li>• Plan did not delineate by position how <u>much</u> staff time will be assigned – it did state that capacity is sufficient to begin upon award. Maybe there is more in the finance/cost proposal piece?</li> <li>• Team members started with company anywhere from Aug 2018 – Aug 2020</li> </ul> |
| C. Reports  |
| <ul style="list-style-type: none"> <li>• Bidder meets requirements</li> </ul>   |
| D. Implementation - Work Plan   |
| <ul style="list-style-type: none"> <li>• Bidder met requirements</li> </ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange

**DATE:** 10/5/2020

**EVALUATOR NAME:** Michelle Caldwell

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services, Care Coordination Unit

\*\*\*\*\*

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"> <li>Privately owned, provides services in enrollments, consulting, technologies, revenue cycle outsourcing. Currently serving client in 10 states.</li> </ul>  |
| 2. Subcontractors and/or Consultants  |
| <ul style="list-style-type: none"> <li>Dr. Francisco Sastre is a social scientist with 18 years of experience in behavioral health research, quality improvement, and program impact. Dr. Sastre career has focused on the quality improvement and impact of public health services, specifically HIV/AIDS service. His extensive background on HIV/AIDS services and his expertise on quality improvement informed by actionable research are particularly important for this application.</li> <li>Dr. Sastre's experience and expertise would prove valuable in the evaluation process.</li> </ul> |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"> <li>Org Chart Provided Attachment #3</li> <li>Leadership Structure appears strong</li> </ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"> <li></li> </ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"> <li>P/L Statement shows viability</li> <li>Letter from Pinnacle Financial Partners indicates line of credit with a zero balance. Has been a client for 4 years.</li> </ul>   |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"> <li>ACORD - -Certificate of liability provided</li> </ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange

**DATE:** 10/5/2020

**EVALUATOR NAME:** Michelle Caldwell

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services, Care Coordination Unit

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|   |
|---|
| Part IV. Section II.  |
| 1. Services to be Provided  |
|   |
| A. Program Evaluation   |
| •   |
| B. Staffing Requirements  |
| <ul style="list-style-type: none"> <li>• Dr. Sastre, will serve as the HIV/STD program evaluation and data analytics expert in the evaluation team. He will be responsible for providing technical support for conducting the data analyses, interpretation of findings, identifying areas of disparities long the Care Continuum, and the dissemination and/or implementation of the recommendations (as needed). To that end, Dr. Sastre will be responsible for supporting all activities related to the data analysis to make recommendations for identifying opportunities for improvement along the HIV care Continuum and service provision.</li> <li>• American Exchange will provide a dedicated Project Manager as part of the assignment, who will provide the required updates to the project via slide presentation with datasets provided as needed.</li> </ul> |
| C. Reports  |
| •   |
| D. Implementation - Work Plan   |
| <ul style="list-style-type: none"> <li>• The proposed approach to the evaluation is guided by a quality improvement process, specifically the Plan-Do-Check-Act (PDCA) model</li> <li>• American Exchange proposed to conduct additional evaluation activities beyond the one outlined in the Evaluation Design of the Demonstration Program within the lens of the Care Continuum.</li> <li>• The evaluation team will use a data driven informed approach with the HIV Care Continuum as a framework to identify additional programmatic areas of strengths and specific areas for improvement in the Demonstration Program.</li> </ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange – (AE)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <p><b><u>American Exchange – (AE):</u></b></p> <p>General notes for American Exchange (AE) were that the overall RFP met most of the necessary requirements. However, it was very hard to follow in that it did not follow the required outline. It was difficult to follow. I could not tell if all requirements were all met. The RFP was not as detailed as I would have expected from a consulting firm. AE was very experienced with qualified and professional staff able to adequately complete all necessary aspects of the HIV RFP requirements. However, I took notice that there was reliance on a subcontractor as a consultant with the HIV experience. I believed that this was a limitation in that the expertise was not directly with AE. The organization, expertise, and experience met all requirements. The presentation met all the RFP requirements (Appendix F). Sections for Organization, Proposed Services, and the cost proposal were met. Financial viability was met as well as the cost proposal appeared reasonable and well thought out. One of the areas that I did NOT like about the proposal was that the cost proposal was \$662,750. This appeared on the higher side with the subcontractor driving costs maybe greater than what it should be.</p> |
| •   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange – (AE)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

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|                                      |
|--------------------------------------|
| 2. Subcontractors and/or Consultants |
| • None                               |
| 3. Organizational Chart              |
| • Met criteria                       |
| 4. Litigation                        |
| • None                               |
| 5. Financial Viability               |
| • viable                             |
| 6. Certificate of Insurance          |
| • met                                |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange – (AE)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

|                               |
|-------------------------------|
| Part IV. Section II.          |
| 1. Services to be Provided    |
|                               |
| A. Program Evaluation         |
| • Not sure                    |
| B. Staffing Requirements      |
| • sufficient                  |
| C. Reports                    |
| • met                         |
| D. Implementation - Work Plan |
| • met                         |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange

**DATE:** October 5, 2010

**EVALUATOR NAME:** Stephanie Kallio, LSW

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"> <li>• P – In business since 2010,</li> <li>• experience with contracts re: HIV/AIDS</li> </ul>     |
| 2. Subcontractors and/or Consultants  |
| <ul style="list-style-type: none"> <li>• Dr. Francisco Sastre, 18 years exp in behavioral health research, also HIV/AIDS</li> </ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"> <li>• P - Attached</li> </ul>  |
| 4. Litigation   |
| <ul style="list-style-type: none"> <li>• P - None</li> </ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"> <li>• P – Reference, 6 figure line of credit with 0 balance, financial reports enclosed</li> </ul> |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"> <li>• P- Attached</li> </ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** American Exchange

**DATE:** October 5, 2010

**EVALUATOR NAME:** Stephanie Kallio, LSW

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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|   |
|---|
| Part IV. Section II.  |
| 1. Services to be Provided                                    |
|   |
| A. Program Evaluation   |
| • P – very detailed   |
| B. Staffing Requirements                                      |
| • P – names, roles, and resumes of staff to carry out program |
| C. Reports  |
| • P - Annual and interim                                      |
| D. Implementation - Work Plan                                 |
| • P - Detailed work plan attached                             |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Analytic Insight

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS - OMS

\*\*\*\*\*

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"> <li>• Local expertise</li> <li>• Since 2007</li> <li>• Worked with ME DOE and CDC</li> <li>• examples of projects are very <b>specific</b>, detailed, clear and provide links to the actual work done in the past.</li> <li>• Page 5 – charts are blurry – although seem to be “extra” information in the examples of projects.</li> <li>• History of evaluation studies with State of Wisconsin (12 consecutive years)</li> </ul> |
| 2. Subcontractors and/or Consultants  |
| <ul style="list-style-type: none"> <li>• Bidder met this requirement. No subcontractors or consultants will be used.</li> </ul>   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"> <li>• Bidder met this requirement</li> </ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"> <li>• Bidder met this requirement – “none”</li> </ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"> <li>• Does not publicly release financial statements.</li> <li>• Been in business since 2007</li> <li>• Never failed to complete a project</li> <li>• Line of credit that hasn't been used in over 5 years</li> <li>• Owns office in Lewiston</li> </ul>   |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"> <li>• Certificate was provided but too blurry to read.</li> </ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Analytic Insight

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS - OMS

\*\*\*\*\*

|   |
|---|
| Part IV. Section II.  |
| 1. Services to be Provided  |
|   |
| A. Program Evaluation   |
| <ul style="list-style-type: none"> <li>• Q – I didn't see a section that was specifically titled this – but believe the majority of items were discussed under the Implementation/Work Plan section.</li> <li>• Discussed IRB plans</li> <li>• Didn't see any specific information on data security, confidentiality, and the State's OIT.</li> </ul> |
| B. Staffing Requirements  |
| <ul style="list-style-type: none"> <li>• Job descriptions and minimum qualifications were described</li> </ul>  |
| C. Reports  |
| <ul style="list-style-type: none"> <li>• Q – page 14: deliverables and due dates</li> <li>• Q - timelines of annual reports.</li> </ul>   |
| D. Implementation - Work Plan   |
| <ul style="list-style-type: none"> <li>• Q – page 12: initial period year 1 workplan</li> <li>• Q – page 13: deliverables and due dates</li> <li>• Workplan graphs are blurry</li> <li>• Plan contained time commitment by staff member.</li> <li>• Plan met requirements.</li> </ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Analytic Insight - (AI)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

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**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section I. Organizational Qualification and Experience  |
| 1. Overview of the Organization  |
| <p>General notes for the Analytical Insight were that the overall bid was weak. Upon review of the bid, for such areas as the design and organization, I felt that more detail could have been presented. However, it was very hard to follow in that it did not follow the required outline. It was difficult to follow. I could not tell if all requirements were all met. In addition, I felt that the types of services and work that they had completed were not a strong match for what was needed in the HIV RFP. I also did not believe that their level of expertise was a strong match for the HIV RFP. Based on the financial information submitted, they appeared financially viable. The cost proposal was low at \$203,263.71. A concern that I had was that based on the proposed cost, that AI did not have a complete grasp of what was necessary to complete the RFP. The basic criteria were not all met.</p> |
| •  |
| 2. Subcontractors and/or Consultants   |
| • None   |
| 3. Organizational Chart  |
| • Met criteria   |
| 4. Litigation  |
| • None   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Analytic Insight - (AI)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

|                             |
|-----------------------------|
| 5. Financial Viability      |
| • viable                    |
| 6. Certificate of Insurance |
| • met                       |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Analytic Insight - (AI)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

|                               |
|-------------------------------|
| Part IV. Section II.          |
| 1. Services to be Provided    |
|                               |
| A. Program Evaluation         |
| • Not sure                    |
| B. Staffing Requirements      |
| • sufficient                  |
| C. Reports                    |
| • met                         |
| D. Implementation - Work Plan |
| • met                         |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Analytic Insight

**DATE:** October 5, 2020

**EVALUATOR NAME:** Stephanie Kallio, LSW

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"> <li>• P – In business since 2007, previous experience with state of Maine contracts (DOE,CDC), references provided</li> <li>• I – Maine-based company</li> </ul> |
| 2. Subcontractors and/or Consultants  |
| <ul style="list-style-type: none"> <li>• P – None will be used for this project</li> </ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"> <li>• P - Attached</li> </ul>  |
| 4. Litigation   |
| <ul style="list-style-type: none"> <li>• P – No litigation history</li> </ul>   |
| 5. Financial Viability  |
| <ul style="list-style-type: none"> <li>• P – Line of credit unused in 5 years, own building, Financial records not publicly released due to being a sole-proprietor LLC</li> </ul>                  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"> <li>• P - Attached</li> </ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**BIDDER NAME:** Analytic Insight

**DATE:** October 5, 2020

**EVALUATOR NAME:** Stephanie Kallio, LSW

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

|                                      |
|--------------------------------------|
| Part IV. Section II.                 |
| 1. Services to be Provided           |
|                                      |
| A. Program Evaluation                |
| • Unclear                            |
| B. Staffing Requirements             |
| • Staff bios and experience provided |
| C. Reports                           |
| • Unclear                            |
| D. Implementation - Work Plan        |
| • Incomplete                         |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Analytic Insight

**DATE:** 10/5/2020

**EVALUATOR NAME:** Michelle Caldwell

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services, Care Coordination

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"> <li>(P) Located in state, provides health related program evaluations, analytical analysis</li> </ul>  |
| 2. Subcontractors and/or Consultants  |
| <ul style="list-style-type: none"> <li>None</li> </ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"> <li>An Org chart was provided</li> </ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"> <li>AI has never been involved in any lawsuit, litigation, claim or settlement since our founding in 2007; there are no current lawsuits, litigation, claims or settlements pending</li> </ul> |
| 5. Financial Viability  |
| <ul style="list-style-type: none"> <li></li> </ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"> <li>Certificate of Liability was provided</li> </ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Analytic Insight

**DATE:** 10/5/2020

**EVALUATOR NAME:** Michelle Caldwell

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services, Care Coordination

\*\*\*\*\*

|  |
|--|
| Part IV. Section II.   |
| 1. Services to be Provided   |
|  |
| A. Program Evaluation  |
| •  |
| B. Staffing Requirements   |
| • Project Manager, Senior Analyst, Junior Analyst, Operations Manager, |
| C. Reports   |
| •  |
| D. Implementation - Work Plan  |
| •  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** The Pacific Health Policy Group

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS - OMS

\*\*\*\*\*

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**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section I. Organizational Qualification and Experience  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"> <li>• Specializes in evaluations. Examples are very relevant.</li> <li>• Formed in 1994 – and has since provided consulting services in over 30 States (to Medicaid agencies and/or state legislatures)</li> <li>• Has assisted with 1115 waiver development (have worked with 11 states with 1115 waivers)</li> <li>• Knowledge of enhanced evaluation requirements adopted by CMS in recent years for 1115 waivers.</li> <li>• In June 2020 they submitted one of the first summative evaluations (Oklahoma)</li> <li>• Drafted evaluation design for NH SUD section 1115 waiver (2018)</li> <li>• In Mexico worked with Deloitte on the 1115 evaluation.</li> <li>• Experience with HEDIS data, MMIS claims/encounters</li> <li>• Experience includes analysis of survey data</li> <li>• Sufficient examples that related to this RFP were given for each state in table format.</li> <li>• Examples showed long term relationships with states – like AZ since 1994</li> <li>• New Mexico examples shows they didn't develop approved design plan but still developed and submitted reports in accordance with the already approved design plan. In contrast, Vermont's examples show they have had to make changes to an already approved design plan.</li> <li>• Recently completed Oklahoma's evaluation and is in the process of evaluating the new waiver period (thru 2023)</li> <li>• Lots of examples provided (more than 3)</li> <li>• Some HIV/AIDS experience in Oklahoma</li> </ul> |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** The Pacific Health Policy Group

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS - OMS

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|  |
|--|
| 2. Subcontractors and/or Consultants   |
| <ul style="list-style-type: none"><li>• Bidder met this requirement. No intent to use subcontractors. (however see note in staffing requirement section)</li></ul> |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"><li>• Bidder met this requirement.</li><li>• I – DHHS was at the top of the org chart!</li></ul>                                 |
| 4. Litigation  |
| <ul style="list-style-type: none"><li>• Bidder met this requirement.</li><li>• No litigation since formation in 1994</li></ul>                                     |
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• Bidder met this requirement</li><li>• Never had bank loans or a line of credit</li></ul>                                   |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Bidder met this requirement.</li></ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** The Pacific Health Policy Group

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS - OMS

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|   |
|---|
| Part IV. Section II.  |
| 1. Services to be Provided  |
| A. Program Evaluation   |
| <ul style="list-style-type: none"> <li>• The scope of work is clear and in line with requirements.</li> <li>• Project management section was very clear and detailed.</li> <li>• Just general mention of IRB – not a specific company.</li> <li>• PHPG has a formal QA program and internal peer review process.</li> <li>• Will prepare a data collection and tracking tool.</li> <li>• Will identify cohorts of members for comparison (e.g. newly diagnosed cases)</li> <li>• Spoke of T-MSIS and CDC Medical Monitoring Project as data is available.</li> <li>• Good detail about security and privacy.</li> </ul> |
| B. Staffing Requirements  |
| <ul style="list-style-type: none"> <li>• Bidder met requirements</li> <li>• Bidder mentioned Access and SQL as a skill set of the Senior Analyst.</li> <li>• Q - Resumes mention SME consultant. Is this considered a subcontractor?</li> <li>• I – resumes were of a different format and didn't actually contain dates of employment with PHPG for all but one staff member.</li> </ul>   |
| C. Reports  |
| <ul style="list-style-type: none"> <li>• Bidder met all requirements and responded to each report in paragraph format.</li> </ul>   |
| D. Implementation - Work Plan   |
| <ul style="list-style-type: none"> <li>• Work plan allows for adjustments due to data lags and factors outside of PHPG's control (e.g. our surveys).</li> <li>• Timeline was very detailed</li> <li>• Proposal contained time commitment by staff member.</li> <li>• Bidder met all requirements.</li> </ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Pacific Health Policy Group

**DATE:** 10/5/2020

**EVALUATOR NAME:** Michelle Caldwell

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare, Care Coordination Unit

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"> <li>• (P) Broad range of experience includes: designing and conducting Medicaid and health care related program evaluations; providing technical assistance to state governments, legislatures, providers and stakeholders regarding federal Medicaid rules and laws; and assisting states with all aspects of Medicaid State Plan, Section 1915 and Section 1115 waiver development, CMS submissions and negotiations, and on-going operations. Worked on behalf of eleven states with Section 1115 waivers.</li> <li>• (P) Served as the independent evaluator of Section 1115 waiver programs in 3 other states.</li> </ul> |
| 2. Subcontractors and/or Consultants  |
| •   |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"> <li>• (P) An organization chart was provided showing staff for the Project Manager, Operations Manager, Senior Analyst, Statistician and Subject Matter Expert.</li> </ul>   |
| 4. Litigation   |
| <ul style="list-style-type: none"> <li>• PHPG has no past or current litigation in which they are named. PHPG has never been named in litigation since their formation in 1994.</li> </ul>  |
| 5. Financial Viability  |
| <ul style="list-style-type: none"> <li>• (P) The company appears financially viable. They provided a year-end balance sheet, including profit/loss, for the past three (3) tax years.</li> </ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"> <li>• (P) General Liability Certificate was provided</li> </ul>  |

**STATE OF MAINE  
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**DATE:** 10/5/2020

**EVALUATOR NAME:** Michelle Caldwell

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare, Care Coordination Unit

\*\*\*\*\*

|  |
|--|
| Part IV. Section II.   |
| 1. Services to be Provided   |
|  |
| A. Program Evaluation  |
| •  |
| B. Staffing Requirements   |
| <ul style="list-style-type: none"> <li>• (I) Staffing includes: Project Manager, Operations Manager, Senior Analyst, Statistician, Subject Matter Expert</li> <li>• (P) Project Manager: Experience with 1115 waiver programs and has done comprehensive evaluations of Medicaid programs in 4 other states.</li> <li>• (P) Operations Manager: serves as Project Manager for PHPG's independent evaluation of the Vermont Section 1115 waiver program.</li> <li>• (P) All members of PHPG's proposed project team have significant experience in supporting Medicaid program and Section 1115 Demonstration evaluations.</li> </ul> |
| C. Reports   |
| <ul style="list-style-type: none"> <li>• (P) PHPG has a formal quality assurance program developed to ensure deliverables, including reports, are accurate and in compliance with contractual requirements and client expectations.</li> </ul>   |
| D. Implementation - Work Plan  |
| <ul style="list-style-type: none"> <li>• (P) Provided a solid implementation work plan for Tasks 1, 2 and 3 activities.</li> </ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Pacific Health Policy Group – (PHPG)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <b><u>Pacific Health Policy Group – (PHPG):</u></b>   |
| General notes for Pacific Health Group (PHPG) were that the overall RFP met all the necessary requirements. The RFP was very detailed and complete. PHPG was very experienced with very qualified and professional staff able to adequately complete all necessary aspects of the HIV RFP requirements. The organization, expertise, and experience easily met all requirements. The presentation met all the RFP requirements (Appendix F). Sections for Organization, Proposed Services, and the cost proposal were met. Financial viability was met as well as the cost proposal appeared reasonable and well thought out. One of the areas that I liked about the proposal was that the cost proposal was almost the lowest at \$589,781.36 and the RFP was strong in that the level of professional expertise was excellent in experience and qualifications. One thing that I did like about the costing out of the project was that the costs increased in later years of the project, and not in the beginning of the project (RFP) which seemed more reasonable to me. |
| •   |
| 2. Subcontractors and/or Consultants  |
| • None  |
| 3. Organizational Chart   |
| • Met criteria  |
| 4. Litigation   |
| • None  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

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**BIDDER NAME:** Pacific Health Policy Group – (PHPG)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

|                             |
|-----------------------------|
| 5. Financial Viability      |
| • viable                    |
| 6. Certificate of Insurance |
| • met                       |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Pacific Health Policy Group – (PHPG)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

|                               |
|-------------------------------|
| Part IV. Section II.          |
| 1. Services to be Provided    |
|                               |
| A. Program Evaluation         |
| • met                         |
| B. Staffing Requirements      |
| • sufficient                  |
| C. Reports                    |
| • met                         |
| D. Implementation - Work Plan |
| • met                         |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Pacific Health Policy Group

**DATE:** October 5, 2020

**EVALUATOR NAME:** Stephanie Kallio, LSW

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section I. Organizational Qualification and Experience                                      |
| 1. Overview of the Organization  |
| • P – In business since 1994, has done 1115 waivers in 11 states                                     |
| 2. Subcontractors and/or Consultants   |
| • P – Will not use subcontractors for project  |
| 3. Organizational Chart  |
| • P – Attached, DHHS at top  |
| 4. Litigation  |
| • P – No past or current litigation  |
| 5. Financial Viability   |
| • P – No bank loans or lines of credit, financial reports attached, not required to release publicly |
| • I – no line of credit  |
| 6. Certificate of Insurance  |
| • P - Attached   |

**STATE OF MAINE  
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**BIDDER NAME:** Pacific Health Policy Group

**DATE:** October 5, 2020

**EVALUATOR NAME:** Stephanie Kallio, LSW

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

|   |
|---|
| Part IV. Section II.                        |
| 1. Services to be Provided                  |
|   |
| A. Program Evaluation                       |
| • P - comprehensive                         |
| B. Staffing Requirements                    |
| • P – Job descriptions and resumes attached |
| C. Reports                                  |
| • P – Annual and interim reports            |
| D. Implementation - Work Plan               |
| • P – Detailed work plan                    |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Public Consulting Group

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS- OMS

\*\*\*\*\*

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\*\*\*\*\*

**Individual Evaluator Comments:**

|  |
|--|
| Part IV. Section I. Organizational Qualification and Experience  |
| 1. Overview of the Organization  |
| <ul style="list-style-type: none"> <li>• I – “cover letter”</li> <li>• Experience with DHHS – CDC, OFI and OBH</li> <li>• Experience with HIV surveillance data</li> <li>• Experience evaluating Medicaid 1115 waivers (MA)</li> <li>• Founded in 1986</li> <li>• 2,400 professionals and 37 offices worldwide</li> <li>• Engagement manager has experience overseeing Medicaid 1115 waivers</li> <li>• Currently developing an evaluation design for Nebraska’s SUD 1115 waiver</li> <li>• 2019 completed a vulnerability assessment for CDC – at-risk areas for opioid overdoses and bloodborne infections. This work was presented at the Northeast Epidemiology Conference in the Fall of 2019.</li> </ul> |
| 2. Subcontractors and/or Consultants   |
| <ul style="list-style-type: none"> <li>• Uses subcontractor Amaka Consulting Evaluation Services (ACES) who has HIV experience (20 years)</li> </ul>   |
| 3. Organizational Chart  |
| <ul style="list-style-type: none"> <li>• Bidder met requirement</li> <li>• Charts showed corporate structure as well as team/project structure.</li> <li>• Senior Analyst is located in ME and has extensive knowledge of MaineCare Service programs.</li> </ul>   |
| 4. Litigation  |
| <ul style="list-style-type: none"> <li>• Bidder met requirements and although no current litigation that would affect or compromise this proposal, they did list some current and past litigations.</li> </ul>   |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**BIDDER NAME:** Public Consulting Group

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS- OMS

\*\*\*\*\*

|  |
|--|
| 5. Financial Viability   |
| <ul style="list-style-type: none"><li>• Bidder met requirement.</li><li>• Section was very large</li></ul> |
| 6. Certificate of Insurance  |
| <ul style="list-style-type: none"><li>• Bidder met this requirement</li></ul>                              |

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**BIDDER NAME:** Public Consulting Group

**DATE:** 10/1/20

**EVALUATOR NAME:** Emily Bean

**EVALUATOR DEPARTMENT:** DHHS- OMS

\*\*\*\*\*

|   |
|---|
| Part IV. Section II.  |
| 1. Services to be Provided  |
|   |
| A. Program Evaluation   |
| <ul style="list-style-type: none"> <li>• Used/spoke of driver diagrams</li> <li>• Is familiar with Medicaid claims, member surveys, and the CDC Medical Monitoring Project.</li> <li>• Page 95 contains a new/suggested self-reported mental health outcome based on a member survey question</li> <li>• Regression modeling – control for demographic factors to identify disparities and provide more intensive outreach to specific populations.</li> <li>• Urban versus rural – due to national shift in prevalence and the rural care continuum.</li> <li>• Use of a time series design in place of comparison population</li> <li>• Use TMSIS as needed</li> <li>• IRB through University of Southern ME</li> <li>• May recommend updating surveys to include a digital option</li> </ul> |
| B. Staffing Requirements  |
| <ul style="list-style-type: none"> <li>• HIV SME/subcontractor 20 years' experience (Project Thanks and Project DASH)</li> <li>• Team lead specializes in 1115 waivers</li> <li>• Staff resumes were very detailed</li> </ul>   |
| C. Reports  |
| <ul style="list-style-type: none"> <li>• Bidder met the requirement</li> <li>• This section gave detailed information on report content and due dates</li> </ul>  |
| D. Implementation - Work Plan   |
| <ul style="list-style-type: none"> <li>• Proposal contained time commitment by staff member.</li> <li>• It contained a detailed staffing plan</li> <li>• Revise evaluation design is part of proposed work plan. Any revisions have to be approved by CMS.</li> <li>• Timeline chart was detailed and very clear.</li> </ul>  |

**STATE OF MAINE  
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**RFP #:** 202007124

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**BIDDER NAME:** Public Consulting

**DATE:** 10/5/2020

**EVALUATOR NAME:** Michelle Caldwell

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare, Care Coordination Unit

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\*\*\*\*\*

**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| •   |
| 2. Subcontractors and/or Consultants  |
| • Subject Matter Expert/Consultant is included in the staffing plan   |
| 3. Organizational Chart   |
| • Org chart was included in the proposal  |
| 4. Litigation   |
| • There is no pending or past litigation that would compromise PCG's ability to perform the work described in this proposal. Pending lawsuits are being pursued for undisclosed damages while past litigation matters that were resolved by settlement are subject to confidentiality provisions that prohibit certain disclosures. |
| 5. Financial Viability  |
| •   |
| 6. Certificate of Insurance   |
| •   |

**STATE OF MAINE  
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**DATE:** 10/5/2020

**EVALUATOR NAME:** Michelle Caldwell

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare, Care Coordination Unit

\*\*\*\*\*

|  |
|--|
| Part IV. Section II.   |
| 1. Services to be Provided   |
|  |
| A. Program Evaluation  |
| •  |
| B. Staffing Requirements   |
| • (P) Engagement Manager, Project Manager, Evaluation Manager, Data Analyst, Consultant/Subject Matter Expert,   |
| C. Reports   |
| • (P) PCG will track and record all data and information necessary to produce the Annual Monitoring Reports, Interim Evaluation Report, and Summative Evaluation Report. |
| D. Implementation - Work Plan  |
| • (P) Workplan has been broken down into 4 stages and includes a detailed project timeline.  |

**STATE OF MAINE  
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**BIDDER NAME:** Public Consulting Group – (PCG)

**DATE:** October 5, 2020

**EVALUATOR NAME:** Mark Fisher

**EVALUATOR DEPARTMENT:** DHHS/OMS

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| General notes for Public Consulting Group (PCG) were that the overall RFP met all the necessary requirements. The RFP was very detailed and complete. PCG was very experienced with very qualified and professional staff able to adequately complete all necessary aspects of the HIV RFP requirements. The organization, expertise, and experience easily met all requirements. The presentation met all the RFP requirements (Appendix F). Sections for Organization, Proposed Services, and the cost proposal were met. Financial viability was met as well as the cost proposal appeared reasonable and well thought out. One of the areas that I liked about the proposal was that the cost proposal was the lowest at \$584,288.11 but high up front expenses; and the RFP was strong in that the level of professional expertise was excellent in experience and qualifications |
| •   |
| 2. Subcontractors and/or Consultants  |
| • None  |
| 3. Organizational Chart   |
| • Met criteria  |
| 4. Litigation   |
| • There was litigation  |
| 5. Financial Viability  |
| • viable  |

**STATE OF MAINE  
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**EVALUATOR DEPARTMENT:** DHHS/OMS

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|                             |
|-----------------------------|
| 6. Certificate of Insurance |
| • met                       |

**STATE OF MAINE  
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**EVALUATOR DEPARTMENT:** DHHS/OMS

\*\*\*\*\*

|                               |
|-------------------------------|
| Part IV. Section II.          |
| 1. Services to be Provided    |
|                               |
| A. Program Evaluation         |
| • met                         |
| B. Staffing Requirements      |
| • sufficient                  |
| C. Reports                    |
| • met                         |
| D. Implementation - Work Plan |
| • met                         |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202007124

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

**BIDDER NAME:** Public Consulting Group

**DATE:** October 5, 2020

**EVALUATOR NAME:** Stephanie Kallio, LSW

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

|   |
|---|
| Part IV. Section I. Organizational Qualification and Experience   |
| 1. Overview of the Organization   |
| <ul style="list-style-type: none"> <li>• In business since 1986, CDC, OBH, OFI</li> </ul>   |
| 2. Subcontractors and/or Consultants  |
| <ul style="list-style-type: none"> <li>• P - Amaka Consulting and Evaluation Services, LLC, extensive experience with HIV/AIDS projects</li> </ul>  |
| 3. Organizational Chart   |
| <ul style="list-style-type: none"> <li>• P - Attached</li> </ul>  |
| 4. Litigation   |
| <ul style="list-style-type: none"> <li>• "No pending or past litigation that would compromise"</li> <li>• N – 2 litigation cases involving allegations of forged signatures, one pending, one dismissed by court, plaintiff appealing</li> <li>• One matter pending where PCG is attempting to have proprietary information redacted from a public records request</li> <li>• One matter where plaintiff attempting to get public records after failing to obtain marijuana dispensary application approved, was dismissed, plaintiff appealing</li> <li>• N- multiple settled litigation</li> <li>• PCG plaintiff in cases to obtain payment due, granted</li> </ul> |
| 5. Financial Viability  |
| <ul style="list-style-type: none"> <li>• Attached</li> </ul>  |
| 6. Certificate of Insurance   |
| <ul style="list-style-type: none"> <li>• Attached</li> </ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** October 5, 2020

**EVALUATOR NAME:** Stephanie Kallio, LSW

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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|   |
|---|
| Part IV. Section II.                        |
| 1. Services to be Provided                  |
|   |
| A. Program Evaluation                       |
| • P - Thorough                              |
| B. Staffing Requirements                    |
| • P – Job descriptions and resumes attached |
| C. Reports                                  |
| • P – Annual and Interim and Summative      |
| D. Implementation - Work Plan               |
| • P – detailed plan                         |



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D  
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT**

**RFP #: 202007124**

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

I, Emily Bean accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand that the evaluation process is to be conducted in an impartial manner. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the funding decision notices for public distribution.**

DocuSigned by:  
*Emily Bean*  
DD998F2974FB417...

9/28/2020

Signature

Date



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D  
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT**

**RFP #: 202007124**

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I, Michelle Caldwell accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the funding decision notices for public distribution.**

DocuSigned by:  
*Michelle Caldwell*  
AF5CCC0A6E8D415...

9/28/2020

Signature

Date



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D  
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT**

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Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand that the evaluation process is to be conducted in an impartial manner. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the funding decision notices for public distribution.**

DocuSigned by:  
*Mark Fisher*  
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9/30/2020

Signature

Date



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D  
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT**

**RFP #: 202007124**

**RFP TITLE:** Evaluation of Maine's Medicaid Section 1115 HIV Demonstration Waiver Program

I, Stephanie Kallio accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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DocuSigned by:  
*Stephanie Kallio*  
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9/28/2020

Signature

Date