



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.*

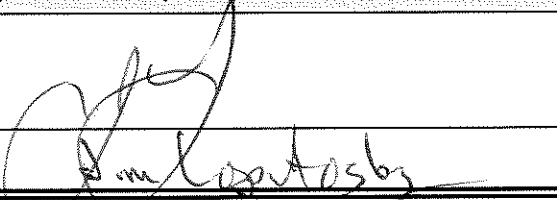

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Melinda Farrell	
(If applicable) Department Reference #:		OMS-23-1300	
Amount: (Contract/Amendment/Grant)	\$ 352,441.52	Advantage CT / RQS #:	CT-10A- 20221215000000001687
CONTRACT	Proposed Start Date:	2/1/2023	Proposed End Date: 1/31/2025
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		New England States Consortium Systems Organization (NESCSO) Shrewsbury, MA	
Brief Description of Goods/Services/Grant:		Evaluation Plan Design for the Section 1115 Waiver	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	<p>As part of a comprehensive effort to improve the publicly-funded Substance Use Disorder (SUD) service delivery system, the Department submitted an application to the Centers for Medicare and Medicaid Services (CMS) on November 26, 2019 for a Section 1115(a) Demonstration Waiver to improve access to residential substance use disorder (SUD) treatment for Medicaid beneficiaries.</p> <p>The Provider, through its subcontractor, shall design an evaluation plan of the ME DHHS-OMS 1115 Waiver: the Substance Use Disorder Care Initiative; and upon CMS approval of the design, implement the evaluation plan.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>NESCSO is a private, non-profit organization with which New England states participate through annual membership. Maine DHHS is a participating state. Through the membership agreement between DHHS and NESCSO, NESCSO provides, directly or through contracted services, a range of advisory, analytical, consulting and system development services. NESCSO's facilitation of this project is one of the benefits we receive from being a NESCSO member state. NESCSO would provide oversight, quality control, and project management services; the evaluation of the Section 1115(a) Demonstration Waiver will be performed by a subcontract to NESCSO are part of this agreement. NESCSO has provided similar services to multiple states, most recently Rhode Island.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>NESCSO conducted an RFP to select the subcontractor to perform the evaluation of the Section 1115(a) Demonstration Waiver. Costs were considered in the RFP evaluation to assure best value.</p>
4. Describe the plan for future competition for the goods or services.	<p>The RFP conducted by NESCO included renewal agreements for services to complete the evaluation of the Section 1115(a) Demonstration Waiver by 1/31/2027. The Department does not intend to continue these services beyond that timeframe.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			Date: 25-Dec-23
Typed Name:	Don Laporte		
Signature of DAFS Procurement Official:			Date: 2/2/2023
Typed Name:	Kathy Paquette		