



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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/OADS/IDD/Consultation		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Stacy Martin		
(If applicable) Department Reference #:		ADS-23-9714		
Amount: (Contract/Amendment/Grant)		\$ 252,125.00	Advantage CT / RQS #:	CT 10A 20221228000000001770
CONTRACT	Proposed Start Date:	3/1/2023	Proposed End Date:	2/28/2025
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:		Human Services Research Institute (HSRI) Cambridge, Massachusetts		
Brief Description of Goods/Services/Grant:		Consultation		

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

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

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Department has adopted and will implement a standardized needs assessment tool to determine eligibility and describe support needs for individuals eighteen (18) years and older with intellectual and developmental disabilities (IDD) or Autism Spectrum Disorder (ASD) to receive Home and Community Based Services (HCBS) from the Department. The instrument adopted by the Department is the Supports Intensity Scale for Adults (SIS-A). HSRI will support the Department with implementation services for the SIS-A.

The SIS-A will provide standardized needs assessment for the Lifespan Project, a project that will move forward a method to provide waiver services for members currently waitlisted or served by Medicaid-financed waiver services offered pursuant to MaineCare Benefits Manual Section 21 (serving individuals with ASD or IDD); Section 29 (serving individuals with ASD or IDD who live with their families or on their own); Section 18 (serving those with other related conditions); and Section 20 (serving those with brain injury). Consultation and research services are required to strategically collect member needs information to better understand the population and support the planning and design of the Lifespan project.

Services provided by HSRI will include population analysis and the development of a member assessment queue, to be provided to the SIS-A Assessment vendor. This queue will be developed to collect high quality data that best represents the population served and will support an analysis of the population’s aggregate needs. Services will also include the monitoring of the assessment to collect meaningful data for analysis of the population. Data analysis will be performed to define support tier frameworks, as well as expert stakeholder engagement processes to validate the tier design. HSRI will also support stakeholder and provider engagement with the Assessment and offer guidance on assessment policies and procedures, implementation, and will train SIS interviewers on the SIS-A supplemental questions used during the SIS-A assessment.

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

HSRI is uniquely qualified to provide these services. It has developed and refined a comprehensive strategic planning framework which has proven success in leading to needed systemic improvements in other states nationwide. HSRI has developed frameworks in Colorado, Georgia, Louisiana, Rhode Island, North Carolina, Hawaii, Minnesota, and Oregon. HSRI also previously performed work related to the current need in Maine from 2012 to 2017 on a prior implementation of the SIS. Recently, HSRI has supported the Department with stakeholder engagement and a process to select an assessment instrument from 2021 to present. HSRI knows and understands the Department’s history, process, and goals associated with the SIS and Lifespan project, and is uniquely experienced with the SIS, the DD/ID population, and the Department.

HSRI can implement methods for systematically assessing the support needs of individuals and allocating resources more efficiently and consistently, based on the support needs. OADS has been unable to locate any other vendors who have this expertise. HSRI is the only provider that has the extensive experience in performing the identified functions regarding assisting state implemented, standardized, and validated assessment tools.

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

The Department considers the cost of this agreement fair and reasonable based on favorable comparison to the rates in a previous contract with this Provider for similar services.

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

The Department does not anticipate further need for consultation and research services once the SIS been implemented and the Lifespan Project is completed. The Department does not intend to competitively procure these services in the future.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?




Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

PART III: SUPPLEMENTAL INFORMATION

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 2-28-23
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 2/28/2023