

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

| | | | | |
|---------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------|---------------------------------|-----------|
| Department Office/Division/Program: | | DHHS/Office of MaineCare Services | | |
| Department Contract Administrator or Grant Coordinator: | | Shawn Belanger Ryan Roberts | | |
| (If applicable) Department Reference #: | | OMS-21-1300 | | |
| Amount: (Contract/Amendment/Grant) | \$188,362.00 | Advantage CT / RQS #: | CT-10A- 20210112000000002026 | |
| CONTRACT | Proposed Start Date: | 2/1/2021 | Proposed End Date: | 1/31/2023 |
| 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 (NESCSCO) Shrewsbury, MA | | |
| Brief Description of Goods/Services/Grant: | | Evaluation Plan Design for the Section 1115 Waiver | | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|----------|-----------------------------------|--|----------------------------------|
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | L. Other Authorization |

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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

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PART III: SUPPLEMENTAL INFORMATION

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.

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.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Provider is a private, non-profit organization which New England states participate through annual membership. The Department is a participating state. Through this membership agreement, the Provider will provide, directly or through contracted services, a range of advisory, analytical, consulting and system development services. The Provider's facilitation of this project is one of the benefits we receive from being a member state. The Provider 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 the Provider are part of this agreement. The Provider has provided similar services to multiple states, most recently Rhode Island.

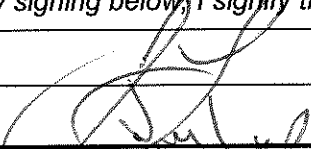
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Provider 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.

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

The Department does not intend to competitively procure these services at this time.

PART IV: APPROVALS

| | | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------|----------|
| Signature of requesting Department's Commissioner (or designee): | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
| Printed Name: |  | Date: | 1-feb-21 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Kathy Paquette</i> | | |
| Printed Name: | <small>41C2BA36FAF44CD...</small> Kathy Paquette | Date: | 3/1/2021 |