



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/ OBH / Christie Goodman Kelly Staples		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero		
(If applicable) Department Reference #:		MH4-23-4013		
Amount: (Contract/Amendment/Grant)		\$226,000.00	Advantage CT / RQS #:	CT 10A 20221129000000001460
CONTRACT	Proposed Start Date:	12/1/2022	Proposed End Date:	11/30/2024
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:		Applied Self Direction Boston, MA		
Brief Description of Goods/Services/Grant:		Consulting, Training and Technical Assistance 9817/FMAP funded Self-Directed Care Pilot		

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 purpose of this agreement is to utilize approved 9817/FMAP funds to hire the consulting firm Applied Self-Direction to support the development and implementation of a Self-Directed Care pilot program for individuals receiving behavioral health care services reimbursed by Medicaid funds.

Applied Self-Direction, a national leader in supporting the development and implementation of State's Self-Directed Care programs, will provide research regarding best practices and funding authority strategies, stakeholder engagement, marketing, and training, and provide technical assistance on the complex operations and infrastructure necessary to create an authentically self-directed, person-centered environment that meets all federal, state, and local rules and requirements. This includes labor, tax, and employment law, Medicaid rules and requirements, and more.

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

Vendor was selected based on their decades of experience as consultants, federal, and state administrators, people with lived experience self-directing, family members of people with disabilities, and Medicaid providers. Vendor has supported multiple states in launching, evaluating, and improving Self-Directed Care programs. Vendor is currently contracted to support OADS in the development of a Self-Directed pilot for individuals that receive services based on their qualifying status as a person with developmental disabilities. These pilots are a joint interdepartmental collaboration between OADS and OBH, with OBH leading the portion specific to behavioral health care services. Applied Self-Direction is the current vendor under contract with the Maine Developmental Disabilities Council in support of a collaboration to research, design, and implement the model of consumer directed services to Maine's Medicaid Services which includes the development of specific training and informational material for members with disabilities and families. Applied Self-Direction is a technical assistance and membership organization for stakeholders in self-directed services across the US. Applied-Self Direction specializes in operationalizing the philosophy of self-direction. Applied Services direction is the successor organization to the National Resource Center for Self-Directed Services and is technical assistance advisor to CMS. CMS is the joint partner with the State of Maine in providing the majority of funding for the Section 29 program. This agency is unique in their expertise and operational support for providers and government entities.

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

The Department worked with the federal and state funded Maine Developmental Disabilities Council in the research and advertising of a securing national resource, and through the support of CMS received commitment from Applied Self-Direction. A proposal was received, and the rates were reviewed in relation to current contracts held by the Department in receiving technical assistance. Applied Self-Direction's rates are within agency norms and are reasonable given the level of expertise this entity has in the scope of service sought. Cost reflects similar consultation and technical assistance agreements. Costs include funding for the following: hourly wages, development of training and delivery of training materials, travel expenses, etc. There has been a reduction of costs due to the work the Vendor is already doing for DHHS-OADS.

PART III: SUPPLEMENTAL INFORMATION

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

The department does not plan to continue the consultation/technical assistance services provided by Applied Self-Direction beyond the term of the 9817 FMAP pilot which is aligned with the term of this agreement. This is a time limited project to ensure the efficient and effective implementation of the services and supporting the service delivery model. The result of this project will be a developed training curriculum, and informational resources to utilize on an ongoing basis. The Department does not intend on competitively procuring this service in the future.

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

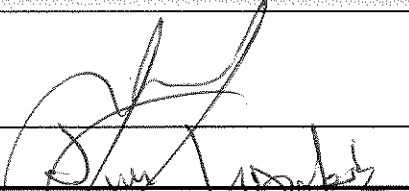

Does this request utilize ARPA/MJRP funds?

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.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	6-Mar-23
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/13/2023