

State of Maine Procurement Justification Form

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OADS/DD/Consultation -Lori Harding			
Department Contract Administrator or Grant Coordinator:	Nancy Tan/ Stacy Martin			
(If applicable) Department Reference #:	ADS-21-9714			
Amount: (Contract/Amendment/Grant)	\$47,464.00	Advantage CT #:	2021030400000002386	
CONTRACT	Proposed Start Date:	3/1/2021	Proposed End Date:	10/31/2021
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, Research, Training			

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.
<p>The Department seeks to adopt a standardized needs assessment tool to determine eligibility 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. These services are 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 ensure that the Department selects an appropriate needs assessment tool that adequately addresses current Mainecare waiver services eligibility criteria.</p>

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PART III: SUPPLEMENTAL INFORMATION

Services provided will include Provider engagement with stakeholders for review of available assessment tools; offering stakeholder review input to the Department so that it may select an assessment tool; developing a communications plan to engage stakeholders further; and describing what considerations must be addressed to assess individuals with the tool selected.

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

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 applied its framework in Colorado, Georgia, Missouri, Louisiana, Rhode Island, and Oregon. HSRI also previously performed work related to the current need in Maine from 2015 to 2017.

HSRI has the ability to 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.

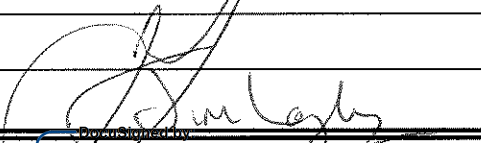

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

OADS does not anticipate further need for consultation and research services of this nature once a pilot project has been successfully completed to implement a standardized needs assessment tool.

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:	7-Apr-21
Signature of DAFS Procurement Official:			
Printed Name:	Kathy Paquette	Date:	4/22/2021