



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/DD/Consultation	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Stacy Martin	
(If applicable) Department Reference #:		ADS-21-9714A	
Amount: (Contract/Amendment/Grant)	Amend: New:	\$49,500.00 \$96,964.00	Advantage CT / RQS #: 2021030400000002386
CONTRACT	Proposed Start Date:		Proposed End Date:
	Original Start Date:	3/1/2021	Effective Date:
AMENDMENT	Previous End Date:	10/31/2021	New End Date:
	Project Start Date:		Grant Start Date:
GRANT	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 checked="" 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 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.

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.

Amendment to allow for additional time to complete the services and to expand on the current scope of services. The expanded scope services include:

Communications (Deliverable C). This task is to assist OADS with framing and communicating to stakeholders about the SIS-A assessments that will be undertaken.

Establishing an analysis plan and data collection plan (Deliverables D-H). These tasks involve establishing project intentions objectives, gathering base data on the service population, and creating analysis and SIS-A assessment plans.

Considering next steps (Deliverable I). This task covers recommendations for what comes next.

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 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.

The Department does not anticipate further need for consultation and research services once a pilot project has been completed to implement a standardized needs assessment tool. The Department does not intend on competitively procure these services.

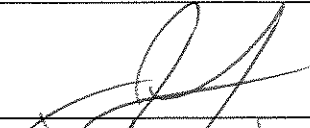

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	24 Mar 22
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	4/14/2022
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	4/14/2022	