

**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		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell		
(If applicable) Department Reference #:		ADS-23-9725		
Amount: (Contract/Amendment/Grant)	\$316,875.00	Advantage CT / RQS #:	CT 10A 20220812000000000470	
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	03/31/2024
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:		Katherine Murray dba Applied Self-Direction LLC Boston, Massachusetts		
Brief Description of Goods/Services/Grant:		Self-Directed Services		

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, through a contract managed by the Maine Developmental Disabilities Council, received ongoing technical assistance with the firm Applied Self-Direction at the suggestion of the Federal Agency Centers for Medicare and Medicaid Services to research and develop a framework to add opportunities for Medicaid Home and Community Based Service members to self-direction under a consumer directed model. New minimum services were added through the approval of CMS in the temporary amendment Appendix K of the HCBS waiver program Section 29 which has a capacity to provide funded openings for over 3,000 members. This contract is needed to support the Office of MaineCare Services and the Office of Aging and Disability Services in the creation of a comprehensive training series for support brokers, implementation of training and evaluation of the self-direction, and ongoing technical assistance to support the Department in the operational needs of the waiver program in regard to self-direction.

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

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.

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

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)

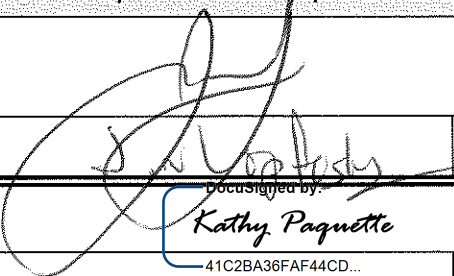

Does this request utilize ARPA/MJRP funds?

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):			Date:	29 - Aug - 22
Typed Name:				
Signature of DAFS Procurement Official:	 Kathy Paquette		Date:	9/2/2022
Typed Name:	Kathy Paquette	41C2BA36FAF44CD...		