



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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
Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.

Vendors were 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.

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

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.

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. The pilot is due to end on 3/31/25, and this renewal is intended to align with the completion of that work.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

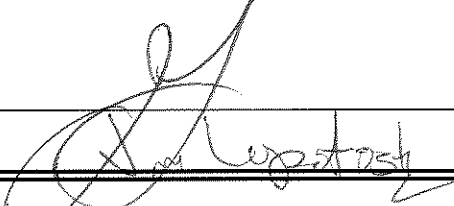
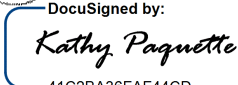
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	30-Oct-24
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAE44CD		
Typed Name:	Kathy Paquette	Date:	11/14/2024