



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:		Department of Health and Human Services / Office of the Health Insurance Marketplace		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero		
(If applicable) Department Reference #:		COM-21-5500B		
Amount: (Contract/Amendment/Grant)		Amend \$450,000.00 Total \$1,000,000.00	Advantage CT / RQS #:	CT 10A 20201028000000001331
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	11/1/2020	Effective Date:	11/1/2022
	Previous End Date:	10/31/2022	New End Date:	6/30/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Western Maine Community Action, East Wilton, ME		
Brief Description of Goods/Services/Grant:		Provide Health Insurance Marketplace Navigator Services for Maine residents, and small businesses and employees seeking health insurance coverage		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 checked="" type="checkbox"/>	L. Other Authorization – Competitive Award Adjustment

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.

OHIM is required by federal regulations to operate a Navigator program to provide outreach and enrollment assistance to consumers.

The purpose of this Amendment is to extend the period to allow the outreach operations which are especially relevant this year as the Department prepares for the transitions in coverage eligibility that will result from the end of the federal public health emergency.

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

Through RFP 202007118, an Evaluation Team reviewed the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding the contract to the only provider to submit a proposal.

Period	Start Date	End Date
Initial Period of Performance	11/1/2020	10/31/2021
Renewal Period #1	11/1/2021	10/31/2022

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

The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.

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

The Department intends to competitively procure these services (OC20222) with a contract start date of 7/1/2023

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):

DocuSigned by:
Debra Downer
5DC6307B8558482...

Typed Name:

Debra Downer, Deputy Director for
Competitive Procurement

Date:

Jan-03-2023

Signature of DAFS
Procurement Official:

DocuSigned by:
Kathy Paquette
41C2BA36FAF44CD...

Typed Name:

Kathy Paquette

Date:

1/26/2023