

**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/OFI	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin	
(If applicable) Department Reference #:		OFI-24-060	
Amount: (Contract/Amendment/Grant)	\$ 40,000.00	Advantage CT / RQS #:	CT 10A 20231205*1613
<b>CONTRACT</b>	Proposed Start Date:	2/1/2024	Proposed End Date: 3/31/2024
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		CSG Government Solutions, Inc. Chicago, IL	
Brief Description of Goods/Services/Grant:		Independent Verification and Validation (IV&V) services	

**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 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 Centers for Medicare and Medicaid Services (CMS) are updating their data transfer protocols (switching from Simple Object Access Protocol (SOAP) to Representational State Transfer (REST)). There are four (4) services that are being impacted by this change; Verify Current Income (VCI), Verify Lawful Presence (VLP), Social Security Administration (SSA), and Remote Identity Proofing (RIDP). CMS requires OFI to have Independent Verification and Validation (IV&V) of the testing effort that will be conducted as part of this change. This contract would be for the IV&V vendor to provide attestation to CMS that OFI has successfully tested the required changes.

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

Within approximately the last eighteen (18) months, the selected vendor has successfully provided IV&V services to the Department three (3) times. First, to certify the Federal Data Services Hub (FDSH) service connection for the new State Based Marketplace (SBM), second, to do the same for the My Maine Connection (MMC) platform, and third, to certify our connection to the FDSH in order to utilize the Renewal and Redetermination Verification (RRV) service to support the passive renewal process. Therefore, the vendor has experience and knowledge of Maine' systems and testing processes, which will be utilized for this effort. The urgency with which the Department must make these changes and the substantial efficiency to be gained by continuing to use the same vendor for the same service, weigh strongly in favor of pursuing this agreement on a sole source basis.

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

The scope of this effort is very similar to that of the RRV service mentioned above. There will be four (4) services that need to be tested. CSG has informed OFI that they will use the same pricing for each of these four (4) services.

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

Unless another new service is identified for certification within the period of performance of this contract, the Department anticipates doing a competitive procurement the next time it needs this type of service.

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

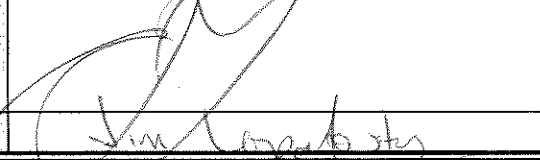

Does this request utilize ARPA/MJRP funds?

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):		
Typed Name:	Jim Tapscott	Date: 2-Jan-24
Signature of DAFS Procurement Official:		
Typed Name:	kathy Paquette	Date: 1/9/2024