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/Office of MaineCare Services			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Melinda Farrell			
(If applicable) Department Reference #:	OMS-24-100			
Amount: (Contract/Amendment/Grant)	$100,000.00	Advantage CT / RQS #:	CT 10A 20231127000000001503	
CONTRACT	Proposed Start Date:	**1/1/2024**	Proposed End Date:	12/31/2024
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:	Consumers for Affordable Health Care Augusta, ME			
Brief Description of Goods/Services/Grant:	Outreach & Education to Medicaid and CHIP population.			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. University Cooperative Project	☐	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 Federal Medicaid regulations (42 U.S.C. 1396a(2)) requires the State of Maine Medicaid program to participate in the proper and efficient administration of the State's Medicaid plan to provide for notice, information, education, etc. regards the availability of the program and its services to people both eligible and potentially eligible for such Medicaid services. We are also required to provide outreach regarding the CHIP program and report on those ongoing outreach efforts on an annual basis to CMS.

Consumers for Affordable Health Care (CAHC) provides staff trained in Medicaid and CHIP eligibility and services and provides a call center to perform the outreach and education to Maine people.

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

Consumers for Affordable Health Care (CAHC) is the only consumer health organization that conducts statewide outreach and education, including trainings and workshops, on the Medicaid and CHIP program. They have the expertise to assist the Department in resolving eligibility and coverage questions for MaineCare.

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

Total cost to run the program is $200,000. Under this contract, Consumers for Affordable Health Care provides $100,000 in matching funds, resulting in a cost-efficient vehicle to conduct this essential medical business. The program costs include wages, salaries and benefits and direct program costs; the Department considers these rates to be fair and reasonable.

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

The Department does not intend to competitively bid this 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:		Date:	3-6-24
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36EAE44CD...		
Typed Name:	Kathy Paquette	Date:	1/16/2024