



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:		Debbie Weston/Melinda Farrell	
(If applicable) Department Reference #:		OMS-19-9710K	
Amount: (Contract/Amendment/Grant)	Current: \$1,653,400.00 Amend K: \$284,000.00 Revised: \$1,937,400.00	Advantage CT / RQS #:	CT 10A 20210226000000002350
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2024
	Previous End Date:	New End Date:	6/30/3025
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Health Management Associates Inc Lansing, MI	
Brief Description of Goods/Services/Grant:		Reimbursement & Rate Studies for Hospitals and Behavioral Health Providers	

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 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.

MaineCare completed its Comprehensive Rate Setting Evaluation (CRSE) in 2021. The purpose of the evaluation was to develop a multiyear plan to update MaineCare's rate setting system, moving it from the inconsistent, outdated, patchwork system currently in place to one that is modernized, streamlined, consistent, predictable, and efficient.

This amendment extends the end date to allow time for the Provider to complete the rate study and update rates for most HCBS waiver services under Sections 21 and 29 of the MaineCare Benefits Manual (MBM) and assist the Department in the development of a reimbursement methodology and rates for a new MaineCare HCBS "Lifespan" waiver program that directly relates to Sections 21 and 29. In addition, this amendment add funds to model Inpatient service reimbursement using the same reimbursement model that MaineCare has implemented for Distinct Psych/SUD units. Feedback from providers resulted in additional changes to the model. These changes needed lengthy internal reviews prior to moving forward.

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

This Provider has conducted reimbursement & rate studies for these several behavioral health sections of policy under this agreement. They will be able to leverage this previous work to produce the deliverables much more quickly and below the Department's original cost projections. Specifically, it can take new vendors considerable time to learn the details of our services and how to work with our claims data; this project will be staffed by the same Provider staff who worked on the previous projects, so they would be able to hit the ground running on day 1. Further, because the MaineCare providers have worked with them on the previous projects, the providers are familiar with their process, and HMA is well-positioned to navigate the process of working with the providers.

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

The vendor has agreed to charge us the same hourly rate (\$210) that they charged us in their previous contract with us (OMS-19-9710) which started 10/1/18. These hourly rates compare favorably to hourly rates from comparable vendors. Burns' proposal is estimated at about \$300,000 less than what the Department initially estimated for these bodies of work.

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

Future studies will be awarded under a PQVL RFP.

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.

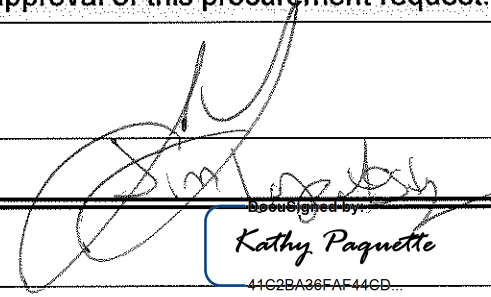
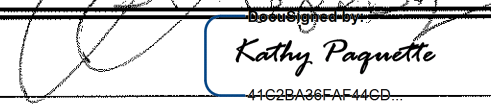
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	5-Nov-24
Signature of DAFS Procurement Official:	Assigned by:  Kathy Paquette 41G2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	1/17/2025