

**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:		Arlene Jones / Shawn Belanger	
(If applicable) Department Reference #:		OMS-21-300B	
Amount: (Contract/Amendment/Grant)	Orig: \$1,819,320.81 Amend: (9,671.70) Revised: \$1,828,992.51	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	5/1/2021	Effective Date: 1/1/2022
	Previous End Date:	6/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Change Healthcare Pharmacy Solutions, Inc. Murray, UT	
Brief Description of Goods/Services/Grant:		Staff Augmentation Services	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	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 purpose of this agreement is to procure a highly skilled, experienced, and qualified agency to provide recruitment of Resources and payroll functions for several Units at the Department's Office of MaineCare Services (OMS) and Office of Aging and Disability Services (OADS).

The amendment adds 6 months to the SUPPORT Act Program Manager position to allow time to fill the Limited Period Position approved in the State budget. This amendment also terminates the MaineMoMM MA II position.

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

The staff provided under this Agreement have specific knowledge of OMS systems and operations. Loss of these resources would result in significant compliance and issues affecting services to Medicaid members. As vacancies occur, the Department will use existing staffing contracts to fill those vacancies.

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

This is an ongoing service contract, and rates are the same as previous contracts.

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

As vacancies occur, the Department will use existing staffing contracts to fill those vacancies. The Department will review this Agreement prior to the end date to determine the need to continued services.

PART IV: VENDOR STATUS

Is the vendor currently working?

Yes

No

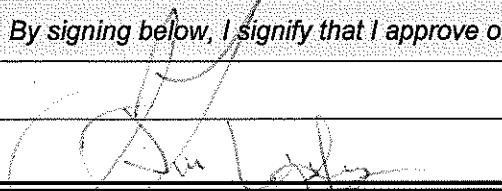

PART V: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

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

No – If No, proceed to Part VI

PART VI: APPROVALS

Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of this procurement request.		
Printed Name:		Date:	12-16-22
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	2/14/2022