



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:		Jennifer Levesque/Melinda Farrell	
(If applicable) Department Reference #:		OFI-23-060	
Amount: (Contract/Amendment/Grant)	\$10,000.00	Advantage CT / RQS #:	CT 10A 20221219000000001705
CONTRACT	Proposed Start Date:	1/1/2023	Proposed End Date: 4/30/2023
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:		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 Office for Family Independence is pursuing a technology initiative to implement a process for passive renewals on qualifying MaineCare cases, in accordance with federal regulatory requirements and to assist in the public health emergency continuous coverage unwinding process. That technology initiative requires the Department to utilize a new service through the Federal Data Services Hub (FDSH), and under federal requirements using that service depends on receiving independent attestation of our properly tested connection to it. This contract would be for the IV&V vendor to provide such attestation to CMS.

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 18 months, the selected vendor has successfully provided a functionally identical service to the Department twice, to certify the FDSH service connection for the new State Based Marketplace (SBM) and to do the same for the new My Maine Connection (MMC) platform. The new FDSH service in question -- called the RRV service and specifically supports states' passive renewal processes -- will build on the recently established connections that the selected vendor has recently certified. The urgency with which the Department must establish the RRV connection to meet our passive renewal project timeline 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.

Pursuant to a contract ending July 31, 2022, CSG's provided comprehensive IV&V services to the Department in its recent replacement of My Maine Connection, which services included FDSH certification for MMC and SBM as their own deliverables. That IV&V contract was awarded following a competitive procurement process, and the services were determined to be cost competitive.

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

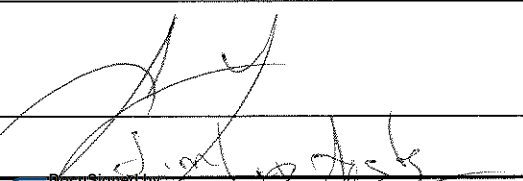
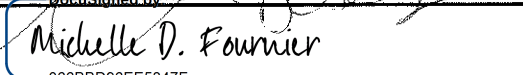
Unless another new service is identified for certification within the period of performance of this contract, the Department anticipates doing a competitive procurement the next time it needs this type of service.

### 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:		Date:	152 Jan 23
Signature of DAFS Procurement Official:	 <small>066BDD96EE5347F</small> Michelle D. Fournier		
Typed Name:	Michelle D. Fournier	Date:	2/13/2023