



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/Office of MaineCare Services/ Rachel Boynton		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger/Lyndsay Frank		
(If applicable) Department Reference #:	OMS-25-100		
Amount: (Contract/Amendment/Grant)	\$ 110,000.00	Advantage CT / RQS #:	CT 10A 202501300000OMS25100
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 12/31/2025
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.)			
<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 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.

Additionally, pursuant to the Federal Access Rule (42 CFR §§ 431, 438, 441, 447), the Department is building capacity for community-informed policymaking learning and action. CAHC will perform outreach and education regarding this work.

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 \$170,000: \$120,000 for MaineCare education and outreach, and \$50,000 for capacity building for community-informed policymaking learning and action.

Under this contract, Consumers for Affordable Health Care provides \$60,000 in matching funds for MaineCare education and outreach, 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. For the capacity building work, the Department received a \$25,000 grant from the Center for Health Care Strategies to be allocated to this work, which will be eligible for federal match. The grant funds and match funds (total \$50,000) will be used for these services.

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, 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.

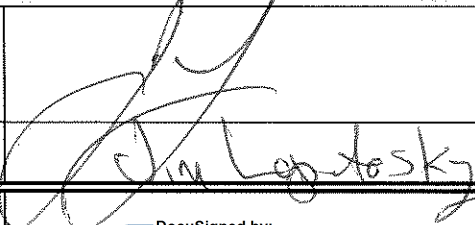
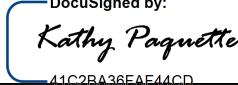
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	John Lapostosky	Date:	10 Feb 25
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAE44CD...		
Typed Name:	Kathy Paquette	Date:	2/20/2025