



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 | | |
| Department Contract Administrator or Grant Coordinator: | Althea Harris / Lyndsay Frank | | |
| (If applicable) Department Reference #: | OMS-25-200XA | | |
| Amount: (Contract/Amendment/Grant) | Amend A: \$39,081,002.00 Revised: \$ 78,162,006.00 | Advantage CT / RQS #: | Multiple, see attached |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| AMENDMENT | Original Start Date: | 7/1/2024 | Effective Date: |
| | Previous End Date: | 12/31/2024 | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | Multiple, see attached | | |
| Brief Description of Goods/Services/Grant: | Non-Emergency Medical Transportation 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 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. | <p>This contract provides for Non-Emergency Medical Transportation (NET) services to be delivered to Medicaid (MaineCare) recipients by the Broker, to recipients who live in the designated service area. This is a Maine Medicaid service provided pursuant to a 1915(b) waiver approved by the Center for Medicare and Medicaid Services (CMS) and in accordance with the MaineCare Benefits Manual, Section 113 (Non-Emergency Medical Transportation services). This amendment provides additional time and funding necessary to continue program operations during the court appeal process of the procurement decision for RFP #20230304. The procurement appeal is pending before the Business and Consumer Court will not likely be made until after January 1, 2025.</p> |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | <p>The current NET brokers were awarded contracts via a competitive RFP process that concluded on 6/30/2019. Two (2) other RFPs were published with no contracts awarded. RFP#20230304 was issued last year (2023), and all 8 contracts were awarded to Modivcare Solutions LLC in October of 2023. This decision was appealed by both Penquis and Waldo CAPs. The appeal was denied by an administrative hearing panel in May of 2024, however, both Penquis and Waldo CAPs have now appealed to the Business and Consumer Court. The Department has decided to contract with the three existing brokers until such time as the appeal process is concluded.</p> |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | <p>Rates paid to the NET brokers are established by an independent actuary (currently Deloitte) per CMS requirements.</p> |
| 4. Describe the plan for future competition for the goods or services. | <p>RFP#20230304 was issued 2023 and all eight contracts/regions were awarded to Modivcare Solutions, LLC. This decision is now pending appeal before the Business and Consumer Court. The Department intends to issue another RFP during the last renewal period of the contract awarded from RFP#20230304.</p> |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) | |
|--|--|
| Does this request utilize ARPA/MJRP funds? | |
| <input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s). | |
| <input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies. | |
| <input checked="" type="checkbox"/> No – If No, proceed to Part V. | |

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

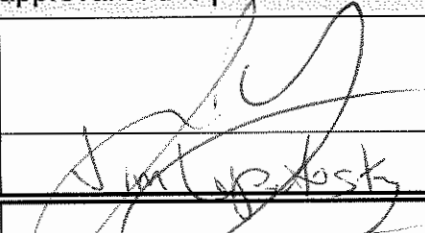
Procurement Justification Form (PJF)

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: | 30-Jan-25 |
| Signature of DAFS Procurement Official: | DocuSigned by: David Morris 2A844AF5081F482... | | |
| Typed Name: | David Morris | Date: | 2/21/2025 |

NOI 0220250138 02/21/2025 - 02/27/2025

Procurement Justification Form (PJF)

DHHS Office: OMS
 Service: NET-SFY25

| Vendor Name | Agreement Number | Amd | CT 10A | Start Date | End Date | Amendment Amount | Revised Amount |
|--------------------------------|------------------|-----|----------------------|------------|-----------|-------------------------------|-----------------|
| Modivcare Solutions, LLC | OMS-25-2001 | A | 20240813000OMS252001 | 7/1/2024 | 6/30/2025 | \$3,459,132.00 | \$6,918,265.00 |
| Modivcare Solutions, LLC | OMS-25-2002 | A | 20240813000OMS252002 | 7/1/2024 | 6/30/2025 | \$2,941,473.00 | \$5,882,946.00 |
| Penquis CAP, Inc | OMS-25-2003 | A | 20240813000OMS252003 | 7/1/2024 | 6/30/2025 | \$6,420,430.00 | \$12,840,860.00 |
| Penquis CAP, Inc | OMS-25-2004 | A | 20240813000OMS252004 | 7/1/2024 | 6/30/2025 | \$7,052,772.00 | \$14,105,545.00 |
| Waldo Community Action Partner | OMS-25-2005 | A | 20240813000OMS252005 | 7/1/2024 | 6/30/2025 | \$5,315,728.00 | \$10,631,457.00 |
| Modivcare Solutions, LLC | OMS-25-2006 | A | 20240813000OMS252006 | 7/1/2024 | 6/30/2025 | \$3,954,543.00 | \$7,909,086.00 |
| Modivcare Solutions, LLC | OMS-25-2007 | A | 20240813000OMS252007 | 7/1/2024 | 6/30/2025 | \$6,119,098.00 | \$12,238,196.00 |
| Modivcare Solutions, LLC | OMS-25-2008 | A | 20240813000OMS252008 | 7/1/2024 | 6/30/2025 | \$3,817,826.00 | \$7,635,651.00 |
| Total Items | | 8 | | | | Totals \$39,081,002.00 | \$78,162,006.00 |