



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:		DHSS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Melinda Farrell	
(If applicable) Department Reference #:		OMS-23-010	
Amount: (Contract/Amendment/Grant)		\$ 48,000.00	Advantage CT / RQS #: CT-10A-20230221000000002144
CONTRACT	Proposed Start Date:	3/18/2023	Proposed End Date: 3/17/2024
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:		Brown & Peisch, PLLC Washington, DC	
Brief Description of Goods/Services/Grant:		Legal Counsel	

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 Agreement provides legal services relating to Medicaid issues as authorized by a letter from Attorney General Aaron Frey. The authorization allows OMS to retain the services of Brown & Peisch to provide effective legal counsel to the Department on Medicaid issues, including participation in the Brown & Peisch Joint State Advisory Service, and also for miscellaneous legal Medicaid advice.

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

Brown & Peisch is a national law firm specializing in federal Medicaid issues. Many states use Brown & Peisch services for assistance with Medicaid issues, which by their very nature are complex. Brown & Peisch has the unique qualifications of being knowledgeable about the federal Medicaid laws and regulations, upcoming challenges to those laws and regulations, and is knowledgeable about many states' Medicaid programs. The state spends a large portion of its budget on Medicaid. Medicaid programs are vulnerable to challenges by the federal government (in the form of CMS or Office of Inspector General audits and recoupments), legal challenges by Medicaid providers and Medicaid recipients. Such challenges could be worth millions of dollars and it is expedient for Maine to utilize the best legal advice available, which includes Brown & Peisch.

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

Rates were reviewed and approved by the Attorney General's Office.

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

Brown & Peisch is a national law firm with critical federal Medicaid expertise, so there are no plans to put these services out to bid.

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

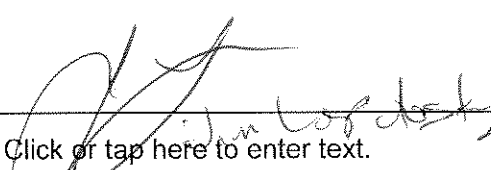
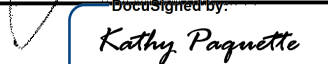
Does this request utilize ARPA/MJRP funds?

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):			Date:	16-Mar-23
Typed Name:	Click or tap here to enter text.	Date:	Click or tap to enter a date.	
Signature of DAFS Procurement Official:			Date:	3/23/2023
Typed Name:	Click or tap here to enter text.	Date:	Click or tap to enter a date.	