

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Lora Blackwell	
(If applicable) Department Reference #:		Multiple - see below	
Amount: (Contract/Amendment/Grant)	Original: \$68,343,190 Amend B: \$6,075,000 Revised: \$74,418,190	Advantage CT / RQS #:	Multiple - see below
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2020 4/1/2021
	Previous End Date:	New End Date:	6/30/2021 N/A
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple - see below	
Brief Description of Goods/Services/Grant:		Provision of Non-emergency medical transportation	

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

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
These agreements provide Non-Emergency Medical Transportation (NET) services to be delivered to Medicaid recipients by the Brokers, to recipients who live in the designated service area. This is a Maine Medicaid ("MaineCare") 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 increases the funding requirement to provide additional units of service based on increased demand

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PART III: SUPPLEMENTAL INFORMATION

during the Public Health Emergency.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The current NET brokers were awarded through an RFP process. The Department is currently conducting an RFP for the comprehensive evaluation of each of the transportation programs administered within the Department, and we will use the results to inform future NET procurements.

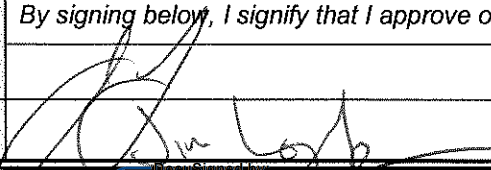
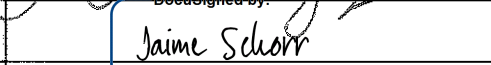
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Rates paid to the transportation brokers are established by an independent actuary (Deloitte) per CMS requirements.

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

The Department is currently completing a Department-wide evaluation of transportation services. Once the evaluation is complete and the Department determines a plan for these services moving forward, a future procurement date will be identified.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	10-Mar-21
Signature of DAFS Procurement Official:	<small>Designated by:</small> 		
Printed Name:	Jaime Schorr <small>6D6437754DD0459...</small>	Date:	4/20/2021

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The following list identifies all providers/vendors associated with this State of Maine Procurement Justification Form along with their specific contract information.

DHHS

Office:

OMS

Service:

Non-Emergency Transportation

Amend B

Start Date:

4/1/2021

Vendor/Provider Name, City & State	Contract (CT) Number	DHHS Agreement #	Amendment B Amount	Total Amendment Amount
ModivCare FKA Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003844	OMS-21-2001B	\$ 215,000.00	\$ 4,211,673.00
ModivCare FKA Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003845	OMS-21-2002B	\$ 473,000.00	\$ 5,736,499.00
Penquis CAP, Inc, Bangor, ME	CT 10A 20200611000000003846	OMS-21-2003B	\$ 763,000.00	\$ 12,304,479.00
Penquis CAP, Inc, Bangor, ME	CT 10A 20200611000000003847	OMS-21-2004B	\$ 830,000.00	\$ 11,875,965.00
Waldo Community Action Partner, Belfast, ME	CT 10A 20200611000000003848	OMS-21-2005B	\$ 1,400,000.00	\$ 9,449,766.00
ModivCare FKA Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003849	OMS-21-2006B	\$ 445,000.00	\$ 8,450,014.00
ModivCare FKA Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003850	OMS-21-2007B	\$ 930,000.00	\$ 12,047,694.00
ModivCare FKA Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003852	OMS-21-2008B	\$ 1,019,000.00	\$ 10,342,100.00
	TOTAL	8	\$ 6,075,000.00	\$ 74,418,190.00