

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 Arlene Jones	
(If applicable) Department Reference #:		OMS-20-035D	
Amount: (Contract/Amendment/Grant)	Orig \$2,363,674.91	Advantage CT / RQS #:	
	Amend \$1,090,182.24		
	Revised \$3,453,857.15		
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	7/1/2019 7/1/2020
	Previous End Date:	New End Date:	6/30/2020 12/31/2020
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Change Healthcare Pharmacy Solutions, Inc. Augusta, ME	
Brief Description of Goods/Services/Grant:		Staff Augmentation	

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	X	L. Other Authorization – RFP Extended

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.

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PART III: SUPPLEMENTAL INFORMATION

The purpose of this amendment is to provide staff to perform work duties within several units at the Department's Office of MaineCare Services (OMS) and the Department's Office of Aging and Disability Services (OADS). The Department's OMS units requiring staffing include the Value Based Purchasing/Care Management Unit, Prior Authorization Unit, HIV Waiver Program Unit, Pharmacy Help Desk Unit, Claims and Adjustment Unit, Non-Emergency Transportation (NET) Services Unit, and Policy and Provider Services Unit. Staff positions are required for the Department's Office of Aging and Disability Services, Classification Unit and the Clinical Review Team.

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

The Provider was selected by a competitive process under RFP#201603054.

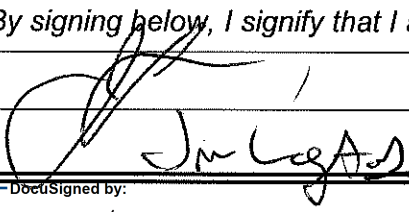
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs negotiated for this amendment are the same rates quoted by the Provider in their response to RFP#201603054.

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

This amendment is being initiated to provide ongoing services to allow the Department to complete the RFP process. The new contract resulting from the RFP will begin in 1/1/2021.

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:	18-Mg-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Jaime Schorr</i>		
Printed Name:	<small>6D6437754DD0459...</small> Jaime Schorr	Date:	6/12/2020