

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/Stephen Turner			
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Elizabeth Heath			
(If applicable) Department Reference #:		OMS-20-211			
Amount: (Contract/Amendment/Grant)	\$93,702	Advantage CT / RQS #:	10A 20200507000000003134		
CONTRACT	Proposed Start Date:	6/1/2020	Proposed End Date:	6/30/2021	
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:		DXC Technology Services LLC Dallas, TX			
Brief Description of Goods/Services/Grant:		MITA State Self-Assessment			

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
	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.

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PART III: SUPPLEMENTAL INFORMATION

In 2010, the Department completed its Medicaid Information Technology Architecture (MITA) 2.0 State Self-Assessment (SS-A) as part of the Medicaid Integrated Health Management Solution (MIMHS) implementation. Since that time, the Department has implemented program changes to align with ongoing requirements from the Centers for Medicare and Medicaid Services (CMS) as well as various MaineCare initiatives. These program changes have required the Department to update systems and business processes, as necessary.

Subsequently, CMS has updated requirements to MITA 3.0, and requires states to update their MITA SS-As to comply with these requirements in order to receive enhanced Federal funding. Therefore, the Department must reassess its business, technical, and information architectures in relation to the MITA 3.0 Framework. The Department has engaged a contractor (Deloitte) to perform the MITA assessment. DXC is the Department's MMIS Fiscal Agent and will support the Department as its subject matter expert under this agreement. This work is critical in order for Deloitte to perform the MITA assessment.

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

The Department has engaged the Provider to support the MITA SS-A work that is being performed by Deloitte. The Provider, in its role as the fiscal agent contractor for the Department's MIMHS, will perform critical subject matter expert support to the MITA contractor in all areas of MIMHS operations. The work is essential to providing an accurate MITA SS-A, which will be used to assess future direction of the Department as it relates to Medicaid and MaineCare claims processing.

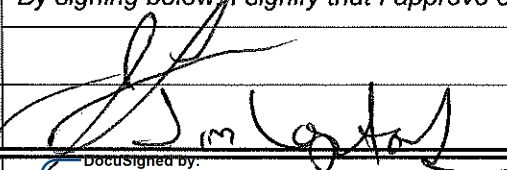
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Provider was awarded the Management Information System (MMIS) and Fiscal Agent Solution contract through the RFP process, and costs were reviewed to assure best value. The RFP included a rate card for technical staff for use in developing costs for ongoing support.

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

The Department does not intend to RFP these services. This is a one-time effort requiring the subject matter expertise of this Provider.

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>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	6/16/2020