

## 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:		Lora Blackwell Shawn Belanger			
(If applicable) Department Reference #:		Multiple			
Amount: (Contract/Amendment/Grant)	\$68,343,190	Advantage CT / RQS #:	Multiple		
CONTRACT	Proposed Start Date:	7/1/2020	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:		Multiple			
Brief Description of Goods/Services/Grant:		Non-Emergency Transportation			

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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

### 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.

## State of Maine Procurement Justification Form

### PART III: SUPPLEMENTAL INFORMATION

These agreements provide for Non-Emergency Medical Transportation (NET) services to be delivered to Medicaid recipients by the Broker, 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).

#### 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. This extension provides time for the Department to complete the RFP process.

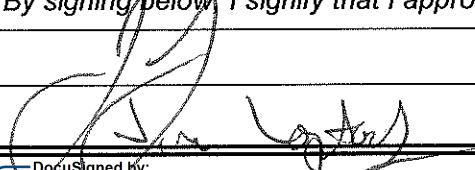
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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.

It is anticipated that a new RFP will be issued in SFY2021 with an award in place for new contracts to start 7/1/2021.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	10-Jun-20
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Jaime Schorr</i>		
<b>Printed Name:</b>	Jaime Schorr <small>606437764000459</small>	<b>Date:</b>	6/26/2020

## State of Maine Procurement Justification Form

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

**Start Date:**

7/1/2020

Vendor/Provider Name, City & State	Contract (CT) Number	DHHS Agreement #	Amendment Amount (if applicable)	Total Contract Amount
Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003844	OMS-21-2001		\$ 3,996,673.00
Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003845	OMS-21-2002		\$ 5,263,499.00
Penquis CAP, Inc, Bangor, ME	CT 10A 20200611000000003846	OMS-21-2003		\$ 11,541,479.00
Penquis CAP, Inc, Bangor, ME	CT 10A 20200611000000003847	OMS-21-2004		\$ 11,045,965.00
Waldo Community Action Partner, Belfast, ME	CT 10A 20200611000000003848	OMS-21-2005		\$ 8,049,766.00
Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003849	OMS-21-2006		\$ 8,005,014.00
Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003850	OMS-21-2007		\$ 11,117,694.00
Logisticare Solutions, LLC, Atlanta, GA	CT 10A 20200611000000003852	OMS-21-2008		\$ 9,323,100.00
	<b>TOTAL</b>	<b>8</b>		<b>\$ 68,343,190.00</b>