

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 Jennifer Levesque | |
| (If applicable) Department Reference #: | | OMS-21-100A | |
| Amount: (Contract/Amendment/Grant) | Orig Amt: \$62,750 Amend Amt: \$42,000 Revised Amt: \$104,750 | Advantage CT / RQS #: | CT 10A 20201207000000001768 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| AMENDMENT | Original Start Date: | 1/1/2021 | Effective Date: |
| | Previous End Date: | 12/31/2021 | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | | Consumers for Affordable Health Care Augusta, ME | |
| Brief Description of Goods/Services/Grant: | | Outreach & Education to Medicaid and CHIP population. | |

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.

The Federal Medicaid regulations (42 U.S.C. 1396a(2)) requires the State of Maine Medicaid program to participate in the proper and efficient administration of the State's Medicaid plan to provide for notice, information, education, etc. regards the availability of the program and its services to people both eligible and potentially eligible for such Medicaid services. We are also required to provide outreach regarding the CHIP program and report on those ongoing outreach efforts on an annual basis to CMS.

The Provider provides staff trained in Medicaid and CHIP eligibility and services and provides a call center to perform the

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PART III: SUPPLEMENTAL INFORMATION

outreach and education to Maine people.

This amendment adds matching federal funds to provide additional outreach services.

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

The Provider is the only consumer health organization that conducts statewide outreach and education, including trainings and workshops, on the Medicaid and CHIP program. The Provider has the expertise to assist the Department in resolving eligibility and coverage questions for MaineCare.

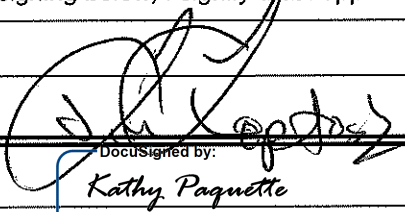
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Total cost to run the program is \$209,500. Under this contract Consumers for Affordable Health Care provides \$104,750 in matching funds, resulting in a cost-efficient vehicle to conduct this essential medical business. The program budget negotiated with the Provider details wages, salaries and benefits and direct program costs; the Department considers these rates to be fair and reasonable.

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

The Department does not intend to RFP these services.

PART IV: APPROVALS

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|---|--|--------------|-----------|
| 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: | 3-Jun-21 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Kathy Paquette</i> | | |
| Printed Name: | <small>41C2BA36FAF44CD...</small> Kathy Paquette | Date: | 6/10/2021 |