



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

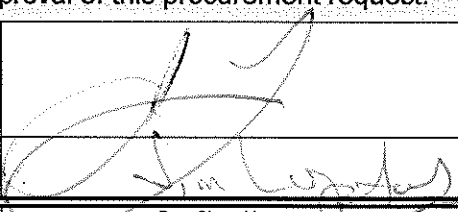
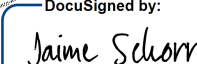
PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		Multiple See Attached	
Amount: (Contract/Amendment/Grant)	\$ 75,748,036	Advantage CT / RQS #:	Multiple See Attached
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2023
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 See Attached	
Brief Description of Goods/Services/Grant:		Non-Emergency Transportation	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	This contract provides 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. Reference the RFP number, if applicable.	The current NET brokers were awarded through an RFP process. The Department conducted a comprehensive evaluation of each of the transportation programs administered within the Department and are working with the Department of Transportation to coordinate ongoing NET procurements. This extension provides time for the Department to complete that process and issue an RFP.
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.	A new RFP will be issued with an award in place for new contracts to start 7/1/2023.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			Date: 15 - Jun - 22
Typed Name:	Jim Legros	Date:	6/24/2022
Signature of DAFS Procurement Official:	DocuSigned by: 		Date: 6/24/2022
Typed Name:	Jaime Schorr	Date:	6/24/2022

Procurement Justification Form (PJF)

Agreement Number	CT Number	Vendor Name	Agreement Amount
OMS-23-2001	CT 10A 20220609000000003289	ModivCare, formerly LogistiCare	\$ 5,053,018.00
OMS-23-2002	CT 10A 20220609000000003290	ModivCare, formerly LogistiCare	\$ 6,261,416.00
OMS-23-2003	CT 10A 20220609000000003291	Penquis CAP Inc	\$ 13,630,132.00
OMS-23-2004	CT 10A 20220609000000003292	Penquis CAP Inc	\$ 14,829,095.00
OMS-23-2005	CT 10A 20220609000000003293	Waldo Community Action Partner	\$ 10,097,253.00
OMS-23-2006	CT 10A 20220609000000003294	ModivCare, formerly LogistiCare	\$ 7,181,271.00
OMS-23-2007	CT 10A 20220609000000003295	ModivCare, formerly LogistiCare	\$ 11,420,981.00
OMS-23-2008	CT 10A 20220609000000003297	ModivCare, formerly LogistiCare	\$ 7,274,870.00