

## 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-20-100A		
Amount: (Contract/Amendment/Grant)	Orig Amt \$120,000 Amend Amt \$81,053 Revised Amt \$201,053	Advantage CT / RQS #:	CT 10A 20191030000000001443	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/1/2020	Effective Date:	8/1/2020
	Previous End Date:	12/31/2020	New End Date:	12/31/2020
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
	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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>

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## PART III: SUPPLEMENTAL INFORMATION

The Federal Medicaid regulations (42 U.S.C. 1396a(2)) requires the Department's Medicaid program to participate in the proper and efficient administration of the Department'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. The Department is also required to provide outreach regarding the Department's 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 outreach and education to Maine people.

### 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 Department's Medicaid and CHIP program. The Provider has the expertise to assist the Department in resolving eligibility and coverage questions for MaineCare.

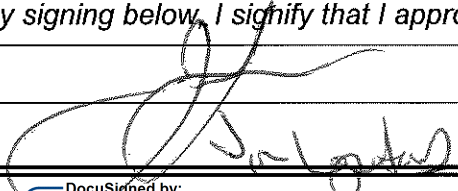
### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Total cost to run the program is \$382,106. Under this contract the Provider provides \$181,053.00 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 this service.

## 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>	11-Sep-20
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	9/18/2020