

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 Arlene Jones		
(If applicable) Department Reference #:		OMS-21-300		
Amount: (Contract/Amendment/Grant)	\$1,866,116.65	Advantage CT / RQS #:	CT 10A 20210526000000003392	
CONTRACT	Proposed Start Date:	5/1/2021	Proposed End Date:	6/30/2022
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:		Change Healthcare Pharmacy Solutions, Inc. Augusta, ME		
Brief Description of Goods/Services/Grant:		Staff Augmentation Services		

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.

The purpose of this agreement is to procure a highly skilled, experienced, and qualified agency to provide recruitment of Resources and payroll functions for several Units at the Department's Office of MaineCare Services (OMS) and Office of Aging and Disability Services (OADS).

The Provider shall provide staff augmentation services in support of the Department. Work duties of the supplied staff are related to prior authorization, care management, provider enrollment, Value-Based Purchasing, Pharmacy Helpdesk, HIV Waiver Services, classification updates, clinical review, policy and legislative research, transportation and claims

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PART III: SUPPLEMENTAL INFORMATION

adjustment services.

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

The staff provided under this Agreement have specific knowledge of OMS systems and operations. Loss of these resources would result in significant compliance and issues affecting services to Medicaid members. As resources leave from this contract, the Department will use existing staffing contracts to fill those vacancies.


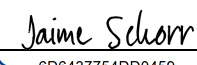
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This is an ongoing service contract, and rates are the same as previous contracts.

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

The Department issued RFP 202010160 Staff Augmentation in late 2020. All new resource needs plus vacancies that occur under this contract will be filled by the awarded Bidder, US Tech Solutions, under that RFP.

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>		
	<small>DocuSigned by:</small> 		
Printed Name:	66738ED17E0C4B2... Jim Lopatosky	Date:	Aug-31-2021
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	6D6437754DD0459... Jaime Schorr	Date:	9/10/2021