



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 / Brianne Carrero		
(If applicable) Department Reference #:		OMS-22-100A		
Amount: (Contract/Amendment/Grant)	Original: \$50,000 Amend: \$62,000 Revised: 112,000	Advantage CT / RQS #:	CT 10A 2021111800000001243	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/1/2022	Effective Date:	8/1/2022
	Previous End Date:	12/31/2022	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

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 checked="" 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.

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.

Consumers for Affordable Health Care (CAHC) provides staff trained in Medicaid and CHIP eligibility and services and provides a call center to perform the 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. Reference the RFP number, if applicable.

Consumers for Affordable Health Care (CAHC) is the only consumer health organization that conducts statewide outreach and education, including trainings and workshops, on the Medicaid and CHIP program. They have 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 \$224,000. Under this contract Consumers for Affordable Health Care provides \$112,000 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.

Consumers for Affordable Health Care is the only local organization that is qualified to provide statewide outreach and education on Medicaid and CHIP. There is little potential for other organizations to be in a position to provide these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

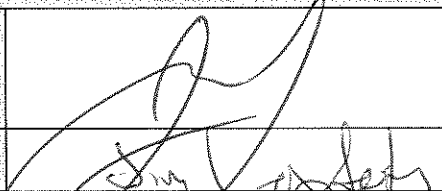

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):		
Typed Name:		Date: 22 Aug 22
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 9/2/2022