



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.

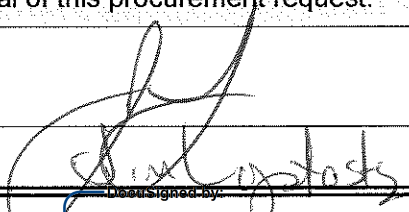
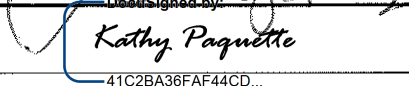
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OFI		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		OFI-23-700A		
Amount: (Contract/Amendment/Grant)	Orig: \$725,025.00 Amend: \$100,000.00 Revised: \$825,025.00	Advantage CT / RQS #:	CT 10A 20221229*1774	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	01/01/2023	Effective Date:	6/1/2023
	Previous End Date:	12/31/2023	New End Date:	No Change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Manatt Health Strategies Los Angeles, CA		
Brief Description of Goods/Services/Grant:		Consulting/Project Management for unwinding of Public Health Emergency		

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 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.	<p>The purpose of this agreement is to provide consulting support to coordinate efficient decision-making and organize into a unified document the multiple Pandemic Health Emergency Unwinding activities and workstreams across the Office for Family Independence, the Office of MaineCare Services, and Office of Health Insurance Management.</p> <p>The purpose of this amendment is to add \$100,000 for the existing contract term, to account for new deliverables and responsibilities as detailed in the amendment.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>This agreement is to facilitate a federally mandated requirement to assess ongoing eligibility within a 12-month period at the conclusion of a declared pandemic health emergency. This is therefore, a unique and limited effort. We do not have internal State resources to accomplish this work within the timeframe required. This vendor has direct relationships with the Centers for Medicare and Medicaid Services and has expertise in CMS programs and processes, putting them in a unique position to best assist Maine in this effort. Successful completion is crucial to ensure the state doesn't risk losing higher federal funding match opportunities.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The proposed rates are aligned with comparable consulting firms.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department doesn't intend to RFP these services at this time.</p>

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):			
Typed Name:	Kathy Paquette	Date:	24-Aug-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>	Date:	9/21/2023