

**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-21-103A		
Amount: (Contract/Amendment/Grant)		Current: \$ 717,174.00 Amend: \$ 998,161.00 Revised: \$1,715,335.00	Advantage CT / RQS #:	CT 10A 20200909000000000867
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	9/1/2020	Effective Date:	4/21/2022
	Previous End Date:	8/31/2023	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Public Consulting Group Inc. Boston, MA		
Brief Description of Goods/Services/Grant:		Asset Verification System (AVS) for MaineCare		

**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.

The purpose of this agreement is to provide an Asset Verification System (AVS) to be used by the Department to verify the assets of individuals applying for and receiving Medicaid benefits. The Social Security Act of 1940 (U.S. Code, Title 42, Chapter 7, Subchapter XIX) requires that each State have an asset verification system, for the purposes of determining or redetermining the eligibility of an individual for medical assistance.

This amendment is to add funding to this agreement as the number of AVS requests exceeded the original forecasted figures.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Provider is the country's most experienced and nationally recognized Medicaid AVS vendor. Since 2012, the Provider has been contracted by dozens of states to implement and operate CMS-compliant asset verification services.

The Provider's asset verification service connects agencies with 100 percent of the financial institutions in the United States to verify account ownership potentially impacting resource-based benefits eligibility. The Provider's AVS eliminates the need for Department staff to have to manually collect and review physical bank statements and/or other documents, except from those clients that are identified by AVS as exceeding established program resource limits. AVS identifies undisclosed bank accounts and provides the Department with the opportunity to identify and/or avoid fraudulent applications and/or other elements of a clients' eligibility and benefits. AVS also verifies account balances of disclosed bank accounts, in order to ensure a quality control/quality assurance check on the information and data that clients provide themselves at point of application, or upon review.

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

The amendment includes changes to the original pricing model to include a tiered option. The pricing tiers provide the Department with a lower total cost per month as compared to the original agreement.

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

The current agreement runs through August of 2023. The Department plans to publish an RFP for this service in late 2022.

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


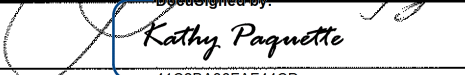
Does this request utilize ARPA/MJRP funds?

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:	10-11-22
Signature of DAFS Procurement Official:	Designated by:  Kathy Paquette		
Typed Name:	kathy Paquette	Date:	10/18/2022