



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:	Melanie Boucher/Jennifer Levesque		
(If applicable) Department Reference #:	OMS-23-5115		
Amount: (Contract/Amendment/Grant)	\$ 400,000	Advantage CT / RQS #:	CT 10A 20221004000000001028
CONTRACT	Proposed Start Date:	11/1/2022	Proposed End Date: 5/31/2024
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:	Results Marketing (Ethos)		
Brief Description of Goods/Services/Grant:	Outreach and public information campaign on the Public Health Emergency ending and Medicaid health coverage		

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 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.

This contract is to conduct an outreach and public information campaign around the ending of the federal Public Health Emergency (PHE) for COVID-19 pandemic. The service is needed to inform the public – Medicaid recipients and health providers in particular – about the upcoming end of the PHE. The PHE ending will end a number of health policy flexibilities, and as a result will force many people off Medicaid. The Department needs to 1.) raise awareness of the PHE ending, and 2.) provide information on alternative insurance options and avenues. The need for this service is immediate, as the exact timing of the PHE ending is unknown but could be as soon as January. The vendor will support a broad public information campaign, website, tool kit for partner agencies and other materials to assist the Department in conducting a successful “unwinding” of the PHE.

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

This vendor was identified because they already support an existing outreach and public information campaign for the Department under contract OMS-22-5010. The pre-existing campaign will serve as a foundation for the PHE work, allowing the Department to begin immediately on a campaign, and avoiding delays educating a new vendor on the PHE and its scope, as well as initial plan design.

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

This vendor’s costs and rates were selected through the State’s RFP process for the existing outreach and public information campaign that the PHE campaign will be built upon (RFP#202007123). The funding for the contract is part of the U.S. CDC Health Equity grant, which identified supporting health coverage as a key priority. As the PHE ending has significant implications for health coverage, this project was a strong fit for the grant.

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

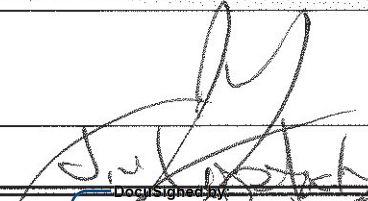

This is a one-time contract due to the one-time nature of the PHE ending. There are no plans for future iterations of this contract. If a future iteration of the contract is required, it will go out for RFP.

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:	24-Oct-22
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette</small>		
Typed Name:	Kathy Paquette	Date:	11/7/2022