



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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 #: | | Multiple (See table below) | | |
| Amount: (Contract/Amendment/Grant) | | \$0.00 | Advantage CT / RQS #: | Multiple (See table below) |
| CONTRACT | Proposed Start Date: | | Proposed End Date: | |
| AMENDMENT | Original Start Date: | 8/1/2020 | Effective Date: | 8/1/2022 |
| | Previous End Date: | 7/31/2022 | New End Date: | 7/31/2023 |
| GRANT | Project Start Date: | | Grant Start Date: | |
| | Project End Date: | | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | | Multiple (See table below) | | |
| Brief Description of Goods/Services/Grant: | | MaineCare Accountable Communities Program | | |

| 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 type="checkbox"/> | C. Single Source/Unique Vendor | <input type="checkbox"/> | I. Federal Agency Directed |
| <input type="checkbox"/> | D. Proprietary/Copyright/Patents | <input checked="" 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.

MaineCare's "Accountable Communities" initiative seeks to address this problem by creating incentives for health care providers to communicate with one another and keep MaineCare members healthy. Specifically, the "Accountable Community Lead Entity" with whom the Department will contract may be eligible to receive a shared savings payment for a defined MaineCare population if the Lead Entity meets contractual requirements that include coordination with health care providers in the area. Whether the Lead Entity receives such a payment – and the amount of such payment – is dependent upon (1) the amount of savings generated, and (2) the Lead Entity's performance on a number of quality measures.

This amendment updates the end date and the language for the terms and conditions of this agreement.

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

The Department will engage in a contract for Accountable Communities Services with providers that are qualified and approved by the Department's Office of MaineCare Services to provide these services.

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

The Provider may be eligible to receive a shared savings payment based on the savings and performance goals defined in the contract. The amount of any Shared Savings payment to the Provider or any Shared Loss recoupment from the Provider will be calculated by the Department pursuant to the method described in the contract.

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

The Department does not intend to RFP for these services as this is a willing/qualified service.

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

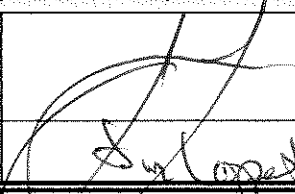
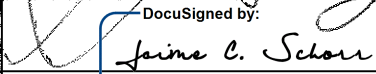
Does this request utilize ARPA/MJRP funds?

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: | <i>John Longestakis</i> | Date: | <i>26-Sep-22</i> |
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | Jaime C. Schorr | Date: | 11/28/2022 |

| <u>Vendor Name:</u> | <u>Agreement Number:</u> | <u>CT Number:</u> | <u>Amounts through PY 8 (amendment)</u> | <u>PY9 Projections (amendment)</u> | <u>Revised Totals</u> |
|---|--------------------------|--------------------------------|---|------------------------------------|-----------------------|
| Beacon Health, LLC | OMS-21-3001C | CT 10A 20200902000000000780 | \$1,200,000.00 | \$1,638,000.00 | \$2,838,000.00 |
| Kennebec Region Health Alliance | OMS-21-3002D | CT 10A 20200915000000000929 | \$2,800,000.00 | \$1,438,000.00 | \$4,238,000.00 |
| MaineHealth Accountable Care Org | OMS-21-3003D | CT 10A 20200915000000000930 | \$5,400,000.00 | \$2,400,000.00 | \$7,800,000.00 |
| Community Care Partnership of Maine LLC | OMS-21-3004C | CT 10A 20200915000000000931 | \$0.00 | \$0.00 | \$0.00 |
| | | Total | \$9,400,000.00 | \$5,476,000.00 | \$14,876,000.00 |