



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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:		Office of MaineCare Services			
Department Contract Administrator or Grant Coordinator:		Brienne Carrero \ Melinda Farrell			
(If applicable) Department Reference #:		OMS-24-100 A			
Amount: (Contract/Amendment/Grant)		Orig: \$100,000.00 Amend: \$ <u>54,575.00</u> Revised: \$154,575.00	Advantage CT / RQS #:	CT-10A- 20231127000000001503	
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	1/1/2024	Effective Date:	10/1/2024	
	Previous End Date:	12/31/2024	New End Date:	12/31/2024	
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 purpose of the \$54,575 amendment is to demonstrate increased local match of \$54,575 acquired by Consumers for Affordable Health Care that will bring in an equal amount of federal pass-through funds to this agency.

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.

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 \$154,575. Under this contract, Consumers for Affordable Health Care provides \$154,575 in matching funds, (including the amended amount of 54,575) resulting in a cost-efficient vehicle to conduct this essential medical business. The program costs include 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 able to provide these services.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

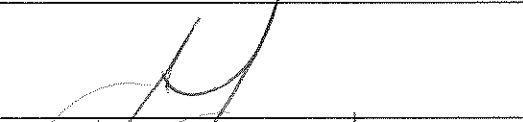
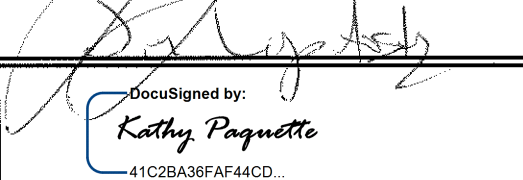
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	3 Nov-24
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	11/19/2024