



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 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:		Maine CDC/Disease Surveillance/Infectious Disease Prevention	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		CD0-23-5158C	
Amount: (Contract/Amendment/Grant)	Previous: \$3,316,200.00 Amend: \$1,923,300.00 Revised: \$5,239,500.00	Advantage CT / RQS #:	CT 10A 20230111000000001873
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	10/1/2024
	Previous End Date:	New End Date:	3/31/2025
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Medical Care Development Hallowell, ME	
Brief Description of Goods/Services/Grant:		Fiscal Intermediary	

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 – RFP Extended

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 for Fiscal Intermediary services for Maine CDC’s Infectious Disease Prevention Program, issuing payments for health insurance, medication co-payments, laboratory tests, food vouchers, dental assistance and insurance, rent/utility assistance, and assistance related to TB Control.</p> <p>The purpose of this amendment extends the term of the contract through 3/31/2025 to allow the Department additional time to get a new agreement in place and adds additional funds due to a variety of factors (listed below). The Department has revenue from drug manufacturer rebates to support these services through the contract term and will be exploring cost containment or federal supplemental funding going into the next contract term.</p> <ul style="list-style-type: none"> • Health Insurance Premiums: Private health insurance premiums increase each year and increased enrollment has led to increased costs. Medicaid unwinding has led to increased costs for MaineCare premiums, which were suspended during COVID. • Medication Copayments: Costs have been driven up by an injectable medication (Cabenuva) that cannot be accessed in the traditional route through our Pharmacy Benefits Manager. The Department is exploring ways to contain these costs in the next federal grant period. • Oral Health Services: Increased utilization due to increases in enrollment and overall increased costs of oral health care due to inflation since COVID. The Department is exploring ways to contain these costs in the next federal grant period. • Food Vouchers: Increased utilization due to programmatic changes to increase access and increases in enrollment. The Department is exploring ways to contain these costs in the next federal grant period. • Landlord/utilities: Increased utilization due to programmatic changes to increase access, increases in enrollment, and dramatically increased housing costs across Maine. The Department is exploring ways to contain these costs in the next federal grant period. • Assistance for TB Control Patients: Significant increases in TB cases as well as stricter procurement rules related to P-card purchases has led to increased utilization for TB services through this funding mechanism. • Administrative fees have increased as a result of the award from RFP 202402037.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>These services were originally competitively procured through RFP 201903052 which ended on 3/31/2024</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Beginning in the period 10/1/2024, MCD will honor the proposed fee schedule submitted under RFP 202402037. The initial contract under that RFP has been delayed due to various factors, including delays issuing the RFP and encumbering the previous amendments to the existing contract. Cost projections are based on actuals to date and projected utilization over the revised term.</p>
4. Describe the plan for future competition for the goods or services.	

PART III: SUPPLEMENTAL INFORMATION

The current provider was awarded the contract for services through RFP 202402037 and currently undergoing contract negotiations.

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.

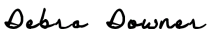

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):	DocuSigned by:  5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	oct-18-2024
Signature of DAFS Procurement Official:	DocuSigned by:  2A644AF5681F482...		
Typed Name:	David Morris	Date:	12/13/2024

NOI 1220241449 12/13/2024 - 12/19/2024