



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 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:		Jennifer Levesque/Stephanie Wood	
(If applicable) Department Reference #:		OMS-26-002	
Agency Department Code:	10A	Advantage CT / RQS #:	202603100000OMS26002
Amount: (Contract/Amendment/Grant)		\$ 273,640.00	
CONTRACT	Proposed/Original Start Date:	3/1/2026	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Manatt Health Strategies LLC Los Angeles, CA	
Brief Description of Goods/Services/Grant:		1115 Reentry Waiver	

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. Higher Education 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.

In 2023 the Maine State Legislature passed H.P. 764 – L.D. 1204 requiring MaineCare to apply for an 1115 Re-entry Waiver by April 2025, which will allow the use of MaineCare to cover medication for substance use disorders, case management services, and additional optional services for people who are incarcerated up to 90 days prior to release from jail or prison. December 2023 Congress passed the Consolidated Appropriations Act requiring all Medicaid programs to provide case management services and referrals to care 30 days prior to release from incarceration for eligible juveniles, starting in 2025.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Manatt is a consulting organization that has supported multiple states to successfully apply and implement an 1115 re-entry waiver. They are one of the only organizations with subject matter expertise at the intersection of Medicaid and Corrections. In addition to this expertise, Manatt has already been working with DHHS to plan for and implement Medicaid unwinding following the end of the Public Health Emergency; therefore, they are deeply familiar with our systems for member enrollment and eligibility, which is a significant portion of the re-entry work.

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

OMS developed the scope of work and sent it to Manatt to develop deliverables and related costs. We had meetings with them to right size the proposal and to cut costs that were unnecessary. When Manatt sent us their cost estimate, we compared it to other contracts within OMS and contracts specifically with Manatt to ensure the costs were fair and reasonable.

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

The Department does not intend to competitively procure 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) or (026) – 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

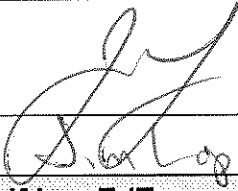
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Legault	Date:	13-Apr-26

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	Kathy Paquette	Date:	4/23/2026