



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 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:		Chris Moiles / Nicole Mitchell	
(If applicable) Department Reference #:		OMS-26-1027	
Amount: (Contract/Amendment/Grant)	\$ 26,240.00	Advantage CT / RQS #:	CT 10A 20250506000OMS261027
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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:		Myers & Stauffer LC St. Louis, MO	
Brief Description of Goods/Services/Grant:		Professional auditing consultation of MaineCare Meaningful Use Program Payments to healthcare providers	

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.

The 2009 Federal Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted to encourage the use of health information technology to improve general population health, encourage better health care through quality outcomes, expand patient involvement in managing their own care, and to prevent fraud, waste, and abuse. The HITECH Act established the MU/PI program to provide incentive payments to certain types of health care providers (deemed “Eligible Professionals” or “Eligible Hospitals”) that use certified Electronic Health Records (EHR) systems and meet progressive levels of health care reporting, and better integrate patient care through the appropriate “exchange” of patient health data. The MU program is governed by the Centers for Medicare & Medicaid Services (CMS) rules and regulations (42 C.F.R. Part 495 and 45 C.F.R. Part 170).

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

The Provider was the only bidder to submit a bid under RFP 201703070 which concluded on 6/30/2022.

Myers & Stauffer is uniquely qualified to provide these consulting services as they have more than 40 years' experience assisting Medicaid agencies with complex reimbursement issues for hospitals, long-term care facilities and more.

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

The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.

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

The Department does not plan to continue these services beyond the contract period.

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.

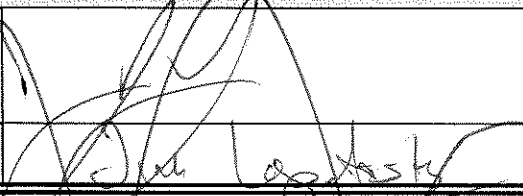

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	<i>E. J. Legasky</i>	Date:	11-Jun-25
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/26/2025