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 $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: | Chris Moiles / Stephanie Wood | | | | |
| (If applicable) Department Reference #: | OMS-27-2003 | | | | |
| Agency Department Code: | 10A | Advantage CT / RQS #: | 20260505000OMS272003 | | |
| Amount: (Contract/Amendment/Grant) | $ 6,619,680.50 | | | | |
| CONTRACT | Proposed/Original Start Date: | **7/1/2026** | Proposed/Most Recent End Date: | **12/31/2026** | |
| 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: | Penquis CAP<br>Bangor, Maine | | | | |
| Brief Description of Goods/Services/Grant: | Non-Emergency Medical Transportation Services – Region 3 | | | | |

| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|---|---|---|---|
| Check the box below for the justification(s) that applies to this request. (Check all that apply.) | | | |
| ☐ | A. Competitive Process | ☐ | G. Grant |
| ☐ | B. Amendment | ☐ | H. State Statute/Agency Directed |
| ☒ | C. Single Source/Unique Vendor | ☐ | I. Federal Agency Directed |
| ☐ | D. Proprietary/Copyright/Patents | ☐ | J. Willing and Qualified |
| ☐ | E. Emergency | ☐ | K. Client Choice |
| ☐ | F. Higher Education Cooperative Project | ☐ | 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.

This contract provides for Non-Emergency Medical Transportation (NET) services to be delivered to Medicaid (MaineCare) recipients by the Broker, to recipients who live in the designated service area of Region 3. This is a Maine Medicaid service provided pursuant to a 1915(b) waiver approved by the Center for Medicare & Medicaid Services (CMS) and in accordance with the MaineCare Benefits Manual, Section 113 (Non-Emergency Medical Transportation services).

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.

NET brokers were awarded contracts via a competitive RFP process that concluded on 6/30/2019. A new RFP 202303047 was issued in 2023, and all eight (8) contracts were awarded to ModivCare Solutions LLC.
Penquis CAP appealed the award decision, and we are extending the current agreement for an additional six (6) months for Region 3 while we await resolution from the Maine Supreme Court.

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

Rates paid to the NET brokers are established by an independent actuary per CMS requirements.

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

The Department will competitively procure these services with a contract start date of 7/1/2036.

## 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): | DocuSigned by: 66738ED17E0C4B2... | | |
| Typed Name: | Jim Lopatosky | Date: | Jun-24-2026 |
| 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: | | | |
| Typed Name: | | Date: | |