



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 / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple; see attached		
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple; see attached	
Amount: (Contract/Amendment/Grant)		\$0.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	1/31/2029
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:		Multiple; see attached		
Brief Description of Goods/Services/Grant:		MaineCare Accountable Communities Program		

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.

MaineCare's "Accountable Communities" initiative creates incentives for health care providers to communicate with one another and keep MaineCare members healthy. Specifically, the "Accountable Community Lead Entity" with whom the Department will contract may be eligible to receive a shared savings payment or be required to pay a shared loss payment for a defined MaineCare population based on the AC Lead Entities performance under the Contract terms. Whether the Lead Entity receives a payment or is subject to make a payment – and the amount of such payment – is dependent upon (a) the amount of savings/loss generated, and (2) the Lead Entity's performance on a number of quality measures.

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.

The Department will engage in a contract for Accountable Communities Services with providers that are qualified and approved by the Department's Office of MaineCare Services to provide these services.

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

The provider may be eligible to receive a shared savings payment based on the savings and performance goals defined in the contract. The amount of any Shared Savings payment to the Provider or any Shared Loss recoupment from the Provider will be calculated by the Department pursuant to the method described in the contract.

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

The Department does not intend to RFP for these services as this is a willing/qualified service.

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

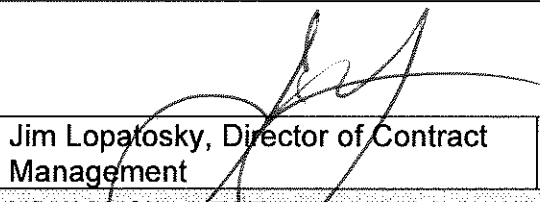
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ 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:	Jim Lopatosky, Director of Contract Management	Date:	17-Jul-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:	William J.E. Allen		
Typed Name:	Signed by: William J.E. Allen 2D5B6E39F57E44A...	Date:	7/20/2026

NOI W&Q 0720260532

Procurement Justification Form (PJF)

DHHS Office: OMS
 Service: Accountable Community- SFY27

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
Eastern Maine Healthcare Systems	OMS-27-3001	20260611000OMS273001	7/1/2026	1/31/2029	\$0.00
Kennebec Region Health Alliance	OMS-27-3002	20260611000OMS273002	7/1/2026	1/31/2029	\$0.00
MaineHealth Accountable Care	OMS-27-3003	20260611000OMS273003	7/1/2026	1/31/2029	\$0.00
Community Care Partnership of ME	OMS-27-3004	20260611000OMS273004	7/1/2026	1/31/2029	\$0.00
Aledade Accountable Care 268 LLC	OMS-27-3005	20260708000OMS273005	7/1/2026	1/31/2029	\$0.00
Total Items	5			Totals	\$0.00