



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:                     |                               | Maine DHHS                                                    |                                |           |
| Department Contract Administrator or Grant Coordinator: |                               | Chris Moiles/ Feargal Semple/ Stephanie Wood                  |                                |           |
| (If applicable) Department Reference #:                 |                               | CD0-27-4547                                                   |                                |           |
| Agency Department Code:                                 | 10A                           | Advantage CT / RQS #:                                         | 20260608000CD0274547           |           |
| Amount:<br>(Contract/Amendment/Grant)                   | \$500,000.00                  |                                                               |                                |           |
| CONTRACT                                                | Proposed/Original Start Date: | 7/1/2026                                                      | Proposed/Most Recent End Date: | 6/30/2027 |
| 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:              |                               | United Way Inc DBA United Way of Southern Maine, Portland, ME |                                |           |
| Brief Description of Goods/Services/Grant:              |                               | Maine Community Information Exchange                          |                                |           |

| 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.

Maine currently has many electronic referral platforms used by state, healthcare, and community-based organizations that are unable to exchange information with one another. The Maine Community Information Exchange (Maine CIE) seeks to connect these fragmented systems, by establishing a network of partners that use a shared language, resource database, and integrated technology to facilitate closed loop referrals and integrate data between health care and community-based service providers. The Maine CIE is the only initiative of its kind that looks to build a statewide information and services ecosystem that responds to the health and social needs of individuals and communities.

The work of the Maine CIE to strengthen healthcare and social needs data integration aligns closely with one of the Department's core initiatives for the Rural Health Transformation Grant: modernizing rural care delivery with innovative digital health technology. The Department named the Maine CIE as one of its priority projects as part of initiative 3.3 within its approved funding proposal to the U.S. Center for Medicare and Medicaid.

A wide range of partners have participated in the most recent phase of planning for the Maine CIE, including Maine 211, Health Info Net, Northern Light Health, MaineHealth, Maine Council on Aging, Maine DHHS, York County Community Corporation, Disability Rights Maine, Penobscot Community Health Center, Community Caring Collaborative, Good Shepherd Food Bank, Maine Health Access Foundation, United Way of Southern Maine, Kennebec Valley United Way, Maine Primary Care Association, St. George School Department, Zero to School, Spectrum Generations, and Health Reach. This group of multi-sector partners have established a board of directors to oversee development of the Maine CIE and have created a plan for building the systems needed to realize the CIE model, based on a nationally recognized maturity model.

Through this contract, the Department seeks to support the development of the Maine CIE, by providing funding to the United Way of Southern Maine to deliver administrative, operational, and technical services to the Maine CIE board. As part of the contract, the United Way of Southern Maine will create a financial plan for sustaining the Maine CIE beyond this contract period, including identifying financing mechanisms that can support its long-term operating costs.

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 Board of Directors for the Maine CIE have identified United Way of Southern Maine (UWSM) as the most appropriate entity to host the next stage of planning and implementation after engaging the group of partners listed above. United Way of Southern Maine manages Maine's 211 resource directory, making them an ideal backbone organization for coordinating the continued development of the CIE model.

UWSM serves as a trusted community partner and backbone organization, bringing together cross sector stakeholders to design and implement solutions that improve lives across Southern Maine and beyond. Through decades of convening partners, aligning systems, and mobilizing resources, UWSM has built the relationships, infrastructure, and credibility necessary to effectively lead complex, statewide initiatives. This expertise uniquely positions UWSM to continue advancing the

**PART III: SUPPLEMENTAL INFORMATION**

Maine CIE work, with the foundation for coordination, collaboration and implementation already established and actively in use.

This is best illustrated by UWSM's role as the backbone organization supporting 211 Maine. In fact, 211 Maine is both a clear example of UWSM's ability to lead this work at a statewide level, as well as providing a deep link to a service that is critical to the Maine CIE network itself. As Maine's designated statewide information and referral system, 211 Maine is deeply integrated across health, housing and human service providers and serves as a central access point for individuals and families seeking support.

UWSM is also connected to multiple state-wide and national resources that could support the ME CIE development and implementation. Across the U.S., CIEs are regularly led by either a United Way or 211 in that state or region. Through the United Way worldwide network and the national 211 network, UWSM is well-positioned to access and leverage the expertise, proven models, and best practices that exist nationally to help inform the development of the Maine CIE. In addition, UWSM's position within the United Way network across Maine ensures alignment and coordination beyond a single region, allowing for consistency and shared learning across the state.

Additionally, CMS has looked to states to specifically identify uniquely qualified partners to rapidly administer programs and quickly distribute RHTP funds. **Maine DHHS specifically identified United Way of Southern Maine as a proposed sole source contractor in our application to CMS**, noting that the organization uniquely has the required knowledge, experience, and expertise needed by the Department to support the continued planning and implementation of the Maine CIE, as part of Maine's rural health transformation efforts. The Department is thus requesting sole source authorization of this contract to expeditiously address rural health needs and meet CMS expectations for timely expenditure of funds.

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

The negotiated costs and rates align with current market values and previous vendors for administrative, operational, and technical support services.

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

If these services continue to be required, the department will commit to RFP in 2027.

**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**

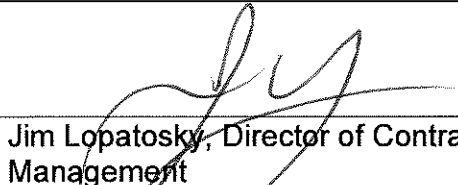
*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.*

☒ 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-Jun-26 |
| 2. Additional signature required <b>ONLY if box E (Emergency) is selected in PART II</b> . The signature below indicates approval by the Department's Commissioner, or the <u>designee specifically authorized to approve emergency procurement requests</u> . |                                                                                    |       |           |
| Signature of requesting Department's Commissioner (or designee):                                                                                                                                                                                               |                                                                                    |       |           |
| Typed Name:                                                                                                                                                                                                                                                    |                                                                                    | Date: |           |

**\*\*OSPS Section Only\*\***

|                                         |                                                                                                   |       |           |
|-----------------------------------------|---------------------------------------------------------------------------------------------------|-------|-----------|
| Signature of DAFS Procurement Official: | Signed by:<br> |       |           |
| Typed Name:                             | 41C2BA36FAF44CD...<br>Kathy Blais                                                                 | Date: | 7/23/2026 |