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-27-206			
Agency Department Code:	10-A	Advantage CT / RQS #:	202605040000OMS27206	
Amount: (Contract/Amendment/Grant)	$846,030.00			
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:	Deloitte Consulting LLP Dallas, TX			
Brief Description of Goods/Services/Grant:	MIHMS Testers			

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.

The DHHS Office of MaineCare Services (OMS) is required to implement program changes to comply with ongoing CMS requirements. These program changes will require OMS to update systems and business processes, as necessary, to comply with CMS requirements for a certified system. The services provided will include User Acceptance Testing support for required MIMHS enhancements. These services are critical and essential to comply with federal requirements and support ongoing agency responsibilities.

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.

Deloitte's staff performs testing services of system enhancements and Federally mandated changes to the State's MIHMS system (operated by Gainwell Technologies). These testers have specific knowledge of the MIHMS application, Gainwell processes, and OMS systems that integrate with MIHMS, and support projects that receive enhanced Federal matching funds.

A lack of proper testing can disrupt operations as well as interactions with both members and providers. This work requires specific knowledge of the State's MIHMS application and training a new provider will result in project delays and increased costs. The Department is continuously evaluating vendor options and is asking Deloitte to use all available internal and external resources, including leveraging any work done by Gainwell, to further manage costs and maximize value. The IT Staff Augmentation Master Agreement will continue to be utilized for those services that do not require this level of MIHMS-related expertise.

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

The Department has considerable knowledge of rates for testers based on current and past testing contracts. Deloitte's rate for testers is $120-$125 per hour, while rates for similar testers currently under contract by the State range from $90.70 to $114.90 per hour. The Department has worked carefully with Deloitte to refine the scope and associated fees for this project.

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

The Department does not intend to RFP these services at this time. The IT Staff Augmentation Master Agreement will continue to be utilized for those services that do not require this level of MIHMS-related expertise.

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:		Date:	1-21-26

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:	Signed by: Kathy Blais 41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	8/3/2026