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 / OFI / MaineCare / Jessica Drenning			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Nicole Mitchell			
(If applicable) Department Reference #:	OFI-26-061			
Agency Department Code:	10A	Advantage CT / RQS #:	CT-202604240000OFI26061	
Amount: (Contract/Amendment/Grant)	$470,000.00			
CONTRACT	Proposed/Original Start Date:	**6/1/2026**	Proposed/Most Recent End Date:	3/31/2027
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:	MANATT HEALTH STRATEGIES LLC LOS ANGELES, CA			
Brief Description of Goods/Services/Grant:	Medicaid Eligibility and Enrollment Policy and Operational Design Technical Assistance			

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 federal "Working Families Tax Cut" legislation, Public Law 119-21 (July 4, 2025), also referred to as the "One Big Beautiful Bill Act (OBBBA)," establishes new federal requirements for Medicaid Community Engagement (work requirements) and more frequent eligibility redeterminations for Medicaid expansion adults, including six-month renewal processes. These provisions require significant policy development, operational redesign, systems coordination, and federal engagement to ensure timely and compliant implementation.

The Department requires specialized technical assistance to interpret federal statutory and regulatory requirements, develop state policy options, and design associated eligibility and enrollment processes. External expertise in Medicaid policy, eligibility operations, and federal compliance is necessary to support implementation within required timeframes and across multiple agencies and systems.

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.

Manatt is a nationally recognized consulting firm with extensive experience in Medicaid eligibility policy, program design, and federal implementation strategy, including Medicaid Community Engagement policy development, State Plan Amendment processes, and cross-state analysis of eligibility and work requirement implementations. They have supported multiple states, including Maine, in complex Medicaid eligibility and enrollment initiatives.

Manatt also has familiarity with Maine's eligibility systems and operational workflows through prior engagement with the Department. Combined with its national perspective on federal guidance and implementation approaches, Manatt is well positioned to provide timely technical assistance and best practice insights to support the Department's short implementation timeline.

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

OFI in coordination with OMS developed a scope of work and provided it to Manatt to develop deliverables and related costs. OFI reviewed and refined the proposal through iterative discussions with the vendor to ensure alignment with priority activities and to eliminate non-essential scope elements.

The Department determined the negotiated rates are fair and reasonable based on prior contracts for similar services, the level of specialized Medicaid policy expertise required, and the complexity of federal implementation requirements.

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

The Department does not intend to competitively procure these services due to the time-sensitive nature of federal implementation requirements and the need to maintain continuity of specialized policy and operational technical assistance during the implementation 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) 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:	8-31-26

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:	8/17/2026