



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/OADS			
Department Contract Administrator or Grant Coordinator:	Stephanie Wood			
(If applicable) Department Reference #:	ADS-27-9798			
Agency Department Code:	10A	Advantage CT / RQS #:	CT 20260826000ADS279798	
Amount: (Contract/Amendment/Grant)	\$299,400.00			
CONTRACT	Proposed/Original Start Date:	8/1/2026	Proposed/Most Recent End Date:	7/31/2028
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:	Health Management Associates Okemos, MI			
Brief Description of Goods/Services/Grant:	Consulting and technical assistance for Sec. 24 (Lifespan), Sec. 21, and Sec. 29 operational implementation.			

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 Provider shall perform services to support technical assistance needs related to Section 24 (Lifespan waiver implementation), Sections 21 and 29 transition planning, waiver budget management, MaineCare rulemaking, and ongoing monitoring of cost and enrollment assumptions.

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 Provider performed the rate study and generated the rates structure for Sections 18, 20, 21, 29 and Lifespan, starting in 2023, and has extensive knowledge of the Office of MaineCare Services' (OMS) programs. There is no other provider who has the experience and knowledge regarding the rate structures for MaineCare.

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

The negotiated rate is consistent with the rate that the provider has been paid for recent contracts.

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

If rate-related work arises for OMS, there will be a determination of whether there is a requirement for specialized knowledge for efficient completion of the needed deliverables, and whether the deliverables are more general in nature and an RFP process is appropriate for identifying the best vendor for the deliverables being sought.

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

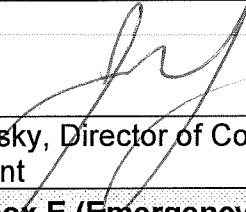
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ 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

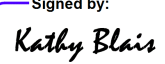
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky, Director of Contract Management	Date:	10-Sep-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: 		
Typed Name:	41C2BA36FAF44CD... Kathy Blais	Date:	9/28/2026