



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of 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:		Melinda Farrell	
(If applicable) Department Reference #:		OMS-25-200X	
Amount: (Contract/Amendment/Grant)	\$39,081,004.00	Advantage CT / RQS #:	Multiple, see attached
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2024</b>	Proposed End Date: <b>12/31/2024</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	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:		Non-Emergency Transportation	

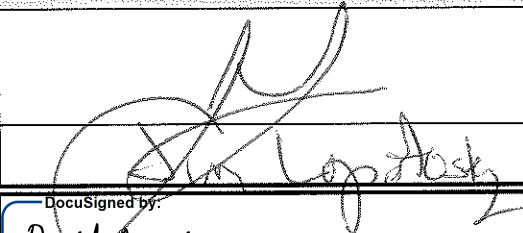
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	This contract provides for Non-Emergency Medical Transportation (NET) services to be delivered to Medicaid recipients by the Broker, to recipients who live in the designated service area. This is a Maine Medicaid (“MaineCare”) service provided pursuant to a 1915(b) waiver approved by the Center for Medicare and Medicaid Services (CMS) and in accordance with the MaineCare Benefits Manual, Section 113 (Non-Emergency Medical Transportation services).
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The current NET brokers were awarded through an RFP process. The Department is executing these 6-months contracts to ensure MaineCare Members continue to receive services pending the appeal of RFP# 202303047.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Rates paid to the transportation brokers are established by an independent actuary (Deloitte) per CMS requirements.
4. Describe the plan for future competition for the goods or services.	The Department is executing these 6-months contracts to ensure MaineCare Members continue to receive services pending the appeal of RFP# 202303047.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
Does the requesting Department signatory understand and acknowledge Maine’s COI Statute?	
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <a href="#">MRS Title 5, §18-A, 2.</a>	

PART VI: APPROVALS		
The signatures below indicate approval of this procurement request.		
Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 19-Aug-24
Signature of DAFS Procurement Official:	DocuSigned by: David Morris	
Typed Name:	David Morris	Date: 10/3/2024

NOI 1020241157 10/03/2024 - 10/09/2024

**DHHS Office:** OMS  
**Service:** NET-SFY25

Vendor Name	Agreement Number	Start Date	End Date	Agreement Amount
ModivCare, formerly LogistiCare	OMS-25-2001	7/1/2024	12/31/2024	\$3,459,133.00
ModivCare, formerly LogistiCare	OMS-25-2002	7/1/2024	12/31/2024	\$2,941,473.00
Penquis CAP Inc	OMS-25-2003	7/1/2024	12/31/2024	\$6,420,430.00
Penquis CAP Inc	OMS-25-2004	7/1/2024	12/31/2024	\$7,052,773.00
Waldo Community Action Partner	OMS-25-2005	7/1/2024	12/31/2024	\$5,315,729.00
ModivCare, formerly LogistiCare	OMS-25-2006	7/1/2024	12/31/2024	\$3,954,543.00
ModivCare, formerly LogistiCare	OMS-25-2007	7/1/2024	12/31/2024	\$6,119,098.00
ModivCare, formerly LogistiCare	OMS-25-2008	7/1/2024	12/31/2024	\$3,817,825.00
<b>Total Items</b>	8		<b>Total Amount</b>	\$39,081,004.00