



**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.*

<b>PART I: OVERVIEW</b>			
Department Office/Division/Program:		DHHS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Storm Dexter	
(If applicable) Department Reference #:		OMS-26-228	
Agency Department Code:	10A	Advantage CT / RQS #:	202510310000OMS26228
Amount: (Contract/Amendment/Grant)		\$ 504,703.00	
CONTRACT	Proposed/Original Start Date:	12/1/2025	Proposed/Most Recent End Date: 5/31/2026
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:		University of Southern Maine Portland, ME	
Brief Description of Goods/Services/Grant:		Healthcare Data Analysis and Professional Services	

<b>PART II: JUSTIFICATION FOR VENDOR SELECTION</b>			
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.

This Agreement professional services, subject matter expertise, and systems management for the following 8 major functional areas:

1. Serve as a subject matter content expert on all Department-specified applications;
2. Operate a HelpDesk OMS and DLC systems;
3. Provide healthcare data analytic services;
4. Prepare the Children's Health Insurance Program (CHIP) annual report;
5. Provide subject matter expertise and professional services for CMS required tools.
6. Provide subject matter expertise and professional services to support OMS and DLC systems;
7. Provide data analysis and strategic recommendations regarding State licensing functions;
8. Provide subject matter expertise in support of the MDS online training portal for providers and OMS.

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.

This is a competitive award resulting from RFP# 201808173. We are extending this agreement for a final 6 months to give additional time to shift the services to a new vendor.

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

Costs were reviewed and scored during the RFP review process to assure best value and have been reduced since the previous amendment.

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

The Department will be consolidating these services into OMS-26-227; with the goal of saving funds and improving service delivery.

**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**

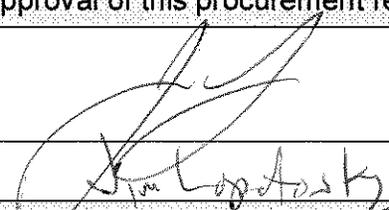
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	John Lapostolle	Date:	24 - Nov - 25

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:	DocuSigned by: 		
Typed Name:	Kathy Paquette	Date:	12/3/2025