



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 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/CDC/Div of Disease Prevention/MCH		
Department Contract Administrator or Grant Coordinator:		Brianne Carrero \ Emily Clifton		
(If applicable) Department Reference #:		CD0-25-4298		
Amount: (Contract/Amendment/Grant)		\$ 1,442,142.00	Advantage CT / RQS #:	CT 10A 2022110100000001256
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date:	9/30/2026
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Medical Association Manchester, Maine		
Brief Description of Goods/Services/Grant:		Continuing project management of maternal health grant		

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 checked="" 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.

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 contract provides funding to address three critical maternal health topics that were included in the State Maternal Health Innovation Grant application. They include:

1. Funding to support Maine’s birthing hospitals in implementing the [Alliance for Innovation on Maternal Health \(AIM\) Safety Bundles](#), a maternal quality improvement safety program designed to address high risk issues in pregnant patients and provide a standardized approach for providers to offer integrated patient-centered screenings, education, and monitoring to improve care for pregnant people;
2. Resources to enhance the collection, analysis, and review of data related to deaths and serious health issues associated with pregnancy and birth to improve health outcomes for pregnant people and infants across the state
3. Provide leadership to the Maternal Health Task Force and the activities related to it, including the strategic plan implementation.

These initiatives are designed to decrease the maternal mortality rate in Maine and improve health outcomes for pregnant and post-partum people.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Maine Medical Association was selected to provide this service because they are the parent company in which the Perinatal Quality Collaborative 4 Maine (PQC4ME) is housed. The PQC4ME has the staffing and expertise needed to implement high quality services statewide. In addition, they are the only Perinatal Quality Collaborative in Maine.

Additionally, the State Maternal Health Innovation grant was a highly competitive grant awarded to nine states. In order to be successful in the bidding process, Maine was required to name contractors and demonstrate the ability to effectively implement programming. The PQC4ME was specifically named within the awarded proposal because, as mentioned above, they have the expertise that no other collaborative has around perinatal initiatives.

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

The negotiated costs are based up on the market price for the staffing required for this project and the budget accepted by HRSA for this grant.

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

MMA’s CQI-PQC4ME is the only perinatal quality collaborative in Maine. If another quality collaborative emerges, the services will be bid out.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

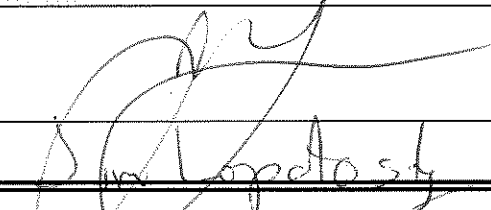
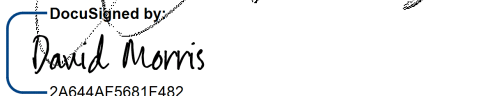
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	David Morris	Date:	16 Dec 21
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	1/21/2025

NOI 0120250048 01/21/2025 - 01/27/2025