



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 \$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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS / Maine CDC / Division of Environmental and Community Health / Childhood Lead Poisoning Prevention Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Ruth Green		
(If applicable) Department Reference #:		CD0-25-5307		
Amount: (Contract/Amendment/Grant)		\$54,600.00	Advantage CT / RQS #:	
CONTRACT	Proposed Start Date:	12/1/2024	Proposed End Date:	9/24/2025
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:		Magellan Diagnostics, Inc, N. Billerica, MA (subsidiary of Meridian Biosciences)		
Brief Description of Goods/Services/Grant:		LeadCare II blood lead analyzers and testing supply kits.		

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.

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 buyer purchase order is to procure up to 26 LeadCare II blood lead analyzers. The Maine Center for Disease Control and Prevention’s (CDC) Childhood Lead Poisoning Prevention Program (CLPPP) is providing the analyzers to CLPPP-approved healthcare practices participating in a pilot initiative to increase blood lead testing rates, particularly among MaineCare enrolled children. The pilot is a Health Services Initiative of Maine DHHS and approved by the U.S. Centers for Medicare and Medicaid Services, to support both State and federal regulations that require children enrolled in MaineCare be tested for lead at ages 1 and 2 years. The analyzers will allow healthcare providers to perform in-office blood lead testing (i.e., draw, instantly analyze, and report results of a blood lead test during one, routine patient visit). In-office testing can be an effective method for improving testing rates because it removes barriers to testing such as the need to travel to a laboratory to have a blood sample taken.

The Maine DHHS Commissioner’s Office initiated the pilot in support of DHHS’s priority focus on improving blood lead testing rates. The pilot initiative plan, including the purchase and distribution of these LeadCare II analyzers, was approved by the DHHS Commissioner’s Office. The provision and requirements related to receipt of these LeadCare II analyzers are also dictated by memoranda of understanding between DHHS and each healthcare organization receiving an analyzer.

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

Magellan Diagnostics is a unique vendor as they are the sole manufacturer of the only testing device that is approved by the U.S. Food and Drug Administration and waived under the federal Clinical Laboratory Improvement Amendments of 1988, and therefore allowed for the use of testing a child for lead in the blood in a provider’s office (i.e., in-office testing) under the *Rules Related to the Lead Poisoning Control Act* (10-144 CMR § 5.D.2).

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

CLPPP negotiated a bulk buy, discounted price of \$2,100 for each analyzer. The price includes one kit of testing supplies to complete 48 tests.

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

There is no plan to purchase additional LeadCare II blood lead analyzers.

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.


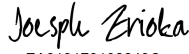
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Ben Munn	Date:	1/17/25
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
Typed Name:	Joseph Zrioka, IT Procurement Director	Date:	1/21/2025