



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:		MCDCP / MBCHP Maraquita Hollman / Leslie Jeffers		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CD0-24-4585		
Amount: (Contract/Amendment/Grant)		\$ 217,346.00	Advantage CT / RQS #:	CT 10A 20230607**3567
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/29/2025
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:		Maine Medical Association Manchester ME		
Brief Description of Goods/Services/Grant:		Clinical Quality Improvement		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 agreement is part of a three-year pilot project (a two-year agreement, followed by a one-year agreement while an RFP is undertaken) to meet U.S. CDC Cooperative Agreement DP22-2022 deliverables and to gather evidence that will help direct future Maine CDC Breast and Cervical Health Program (MBCHP) work.

DP22-2022 requires implementing breast and cervical cancer screening Evidence-Based Interventions (EBIs) at primary care practices/clinics—work which Maine has not undertaken previously. This pilot project will be used to gather evidence on the effectiveness and success of this clinical improvement work for the future RFP.

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

MBCHP is implementing cancer screening EBIs work for the first time. Maine Medical Association (MMA) will provide administrative services to MBCHP by (1) offering direct technical assistance to practices/clinics for EBI implementation, and (2) assisting practices/clinics with gathering validated data required for submission to U.S. CDC.

The Department is sole-sourcing this pilot project with the Maine Medical Association (MMA) for the following reasons:

- MMA's Center for Quality Improvement (CQI) mission is to provide clinics with technical assistance and to develop strategies that transform the quality, safety, and value of health care.
- For almost two decades, they've been a proven neutral convener for clinical quality improvement work (originally through Maine Quality Counts and then Qualidigm).
- The organization maintains a strong statewide network of primary care practices.
- CQI staff are highly respected and trusted within the healthcare improvement field, which will lead to success in recruiting clinics for the EBIs pilot project work in a timely manner.
- CQI, through its ongoing link to Maine Quality Counts, was the first certified Project ECHO® convener in the state. Thus, staff have extensive knowledge and experience in collaborating for successful virtual learning.

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

The costs and rates of this vendor are considered fair and reasonable and the best value for the Department.

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

The Department intends to RFP these services with a 7/1/2026 start date.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)



Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	15-Jun-23
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	6/26/2023