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 $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.

PART I: OVERVIEW					
Department Office/Division/Program:	Maine Center for Disease Control and Prevention/ Division of Disease Prevention/Feargal Semple				
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/Stephanie Wood				
(If applicable) Department Reference #:	CD0-26-4564				
Agency Department Code:	10A	Advantage CT / RQS #:	20260327000CD0264564		
Amount: (Contract/Amendment/Grant)	$26,682.00				
CONTRACT	Proposed/Original Start Date:	**5/1/2026**	Proposed/Most Recent End Date:	**9/30/2026**	
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:	MaineHealth DBA: Lincoln Medical Partners Primary Care, Damariscotta, ME 04543				
Brief Description of Goods/Services/Grant:	Hypertension Quality Improvement Initiative				

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice

☐	F. Higher Education Cooperative Project	☐	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.

The purpose of this agreement is to work with practices identified by MaineCare who have low rates of controlling hypertension within the MaineCare provider network. Maine CDC has available funding to partner with MaineCare to support PC Plus providers in quality improvement efforts related to improving their hypertension control rate. The Provider will implement a clinical quality improvement project (Electronic Medical Record efficiency, medication adherence, team-based care strategies) with the goal of improving hypertension control within their MaineCare population.

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.

The Provider was identified using Hypertension Control Data that the provider submits to MaineCare on an annual basis. Mainecare identified five practices with a Hypertension Control rate under 75% over the last two performance periods, this provider being one. The department reached out to the five identified practices, this provider responded indicating they had interest and capacity to implement a clinical quality improvement project that aligned with the department's needs.

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

The costs for this service are reasonable and reflect the scope of work and project to be implemented by the provider. Staffing rates were dictated by the scope of the project and type of staff and are consistent with similar projects implemented by the department, both current and past.

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

This is a one-time quality improvement project. Any future projects and providers will be identified using MaineCare hypertension control data.

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:	Jim Lobdell	Date:	27-Apr-26

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:	Signed by: Kathy Blais 41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	6/30/2026