



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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		OMS-24-3020A		
Amount: (Contract/Amendment/Grant)		Current: \$ \$34,380.20 Amend A:\$ 34,380.20 Revised: \$ 68,760.40	Advantage CT / RQS #:	CT 10A 20231030000000001249
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	12/1/2023	Effective Date:	12/1/2024
	Previous End Date:	11/30/2024	New End Date:	11/30/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Paul H. Brookes Publishing Co., Inc. Baltimore, MD		
Brief Description of Goods/Services/Grant:		Ages and Stages Questionnaire Online Accounts		

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 checked="" 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.

The purpose of this agreement is to provide an online solution to augment developmental screenings as COVID-19 has reduced in-office well-child visits.

The Legislative Report, "Resolve, To Improve Access to Early and Periodic Screening, Diagnostic, and Treatment Services for Children," in response to Resolves 2019, Ch. 66 (LD 1635), identified increasing Maine's rate of developmental screening as a major focus in upcoming years, with a goal that 80% of Maine's youth receive a screen. One current challenge in assessment and data collection is that most developmental screening programs are paper based.

The vendor's online system will allow providers, Help Me Grow, MaineCare, Maine Women Infants and Children Nutrition Program (WIC), Public Schools, Early Head Start, Head Start, Public Health Nursing, Home Visiting, child-care providers, Child Development Services, and medical providers to see results and help manage referrals. DHHS anticipates ASQ online could reach up to 36,000 children under age three for developmental screening. If Maine increased its developmental screening rate to 60%, an additional 4,320 children would be screened each year.

The purchasing of ASQ Online includes a "Hub" account, six "Enterprise" accounts, all applicable data linking fees, starter toolkits and questionnaires in various languages for each of the five enterprise accounts, toolkits for additional programs, and includes the cost per screen administered.

As the Help Me Grow Screening Specialist provides ASQ trainings to child cares across Maine, she will provide screening kits to the child cares she trains, and assist them in monitoring their children's development.

The purpose of this amendment is to extend this agreement for another year as the work is ongoing and necessary.

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

Paul H. Brookes Publishing Co., Inc is the developer and owner of the developmental screening tool, the Ages and Stages Questionnaire. Entities must request permissions for use or reproduction of anything published by Brookes Rights & Permissions | Brookes Publishing Co.

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

The quote represents standard pricing with a five percent volume discount for ASQ starter kits and questionnaires.

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

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**PART III: SUPPLEMENTAL INFORMATION**

The Department does not plan to go out to RFP.

**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.

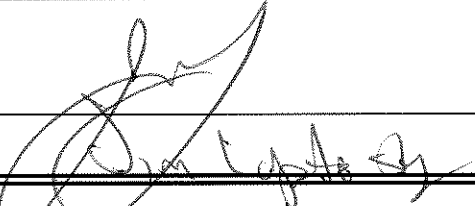

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*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:		Date:	7-7-Jan-25
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	1/28/2025