



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

Table with 5 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount: (Contract/Amendment/Grant), Advantage CT / RQS #, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

Table with 2 columns of justification options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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 to expand the number of tests for Hepatitis C and to link patients who test positive to medical care. The target population for this testing will be people who inject drugs, people who are incarcerated, people who are incarcerated and soon to reenter their communities, people without health insurance or Medicaid coverage, and people living 200% below Federal Poverty Guidelines.

Maine CDC is responsible for protecting public health from blood-borne diseases such as Hepatitis C. Maine CDC accomplishes this in part through conducting Hepatitis surveillance, which provides Maine CDC with information necessary to determine where the highest-burden areas in the State are and what the highest risk factors for transmission are. In recent years, Maine has seen a sharp increase in Hepatitis B and C cases, especially among persons who inject drugs and those who are incarcerated. In order to address the increase in Hepatitis C, Maine CDC has obtained federal grant funding from SAMHSA to increase Hepatitis C testing and to link patients who test positive to medical care. The Maine CDC will use this federal funding to conduct Hepatitis C testing and linkage to care in high burden counties in the State, Penobscot, Washington, Aroostook, and Cumberland Counties.

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

Municipal Public Health facilities and Healthcare facilities that are Federally Qualified Health Clinics (FQHC) are mandated to provide services to these individuals and therefore, have greater access to these high-risk individuals than other health care facilities.

MaineGeneral Medical Center operates the largest outpatient SUD clinic in Kennebec county. A survey by the Viral Hepatitis Prevention Coordinator revealed that there are no Federally Qualified Health Clinics or community-based organizations with the capacity to do this work.

The provider meets the Department's qualifications for providing this service and are willing to conduct services of this agreement.

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

Maine CDC determined that the costs will be fair and reasonable for confirmatory hepatitis B & C testing based on the rates of the laboratories throughout the State.

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

The Department does not intend to competitively procure these services, as they are awarded on a willing and qualified basis.

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:	8-29-22
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	8/29/2022