

Template Name	HIVHEPCTESTLINKAGE-SFY26
Amendment Number	
Service Group	3cdb36b4-2c53-ea11-81a4-0ee8306a0a7a
Contract Start Date	10/1/2025
Contract End Date	9/30/2027
Submitted to DCM	8/18/2026
CA Reviewed Contract Date	8/25/2026
CA Reviewed PJF Date	8/25/2026
CA Reviewed Data Date	8/25/2026
CM Reviewed Contract Date	9/1/2026
CM Reviewed PJF Date	9/1/2026
CM Reviewed Data Date	9/1/2026
Legal Review Complete Date	
Sent to PGM Revisions Date	
PGM Revisions Completed Date	
DCM Dir Approved Contract Date	9/2/2026
DHHS Prep Date	
Sent to DHHS Approver Date	
DHHS Approved Date	
Sent to SPRC Date	
SPRC Approved Date	
Sento to Provider Date	
Received From Provider Date	
Advantage Approved Date	
Submitted to DAFS Date	
Encumbered Date	
Enc Contract Sent to Provider	



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 CDC / Infectious Disease and Epidemiology		
Department Contract Administrator or Grant Coordinator:		Brianne Carrero / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple, see addendum		
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see addendum	
Amount: (Contract/Amendment/Grant)		Multiple, see addendum		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2027
AMENDMENT	New Effective Date:	7/1/2026	New End Date (if Applicable):	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple, see addendum		
Brief Description of Goods/Services/Grant:		Hepatitis Testing and Linkage to Care		

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.

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 necessary information to determine where the highest-burden areas in the State, and the highest risk factors for transmission. 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. To address the increase in Hepatitis C, Maine CDC has obtained federal grant funding from the 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, Kennebec, Aroostook, and Cumberland Counties.

This agreement is also 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 the Federal Poverty Guidelines.

The purpose of this amendment is to revise Rider A language to reflect updated guidance from the federal funder and to revise the Table of Allowable Expenses to comply with appropriate formats and clearly distinguish between year 1 and year 2 budgets. Two of the three agreements are also being amended to add additional Year 1 funding based on increased demand for testing services in response to increases in new HIV/HCV cases in Penobscot and Cumberland counties and related increased costs.

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.

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 healthcare facilities. Selected vendors offer substance use treatment services, infectious disease testing (specifically viral hepatitis and HIV), and linkage to care in areas of high burden of hepatitis C and HIV, with specific attention to settings with high-risk individuals. Each vendor selected will cover a different area in the State of Maine.

The providers meet 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 laboratory rates 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 the contracts 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, 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:

Date:

9-Sep-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

41C2BA38FAF44CD...

Typed Name:

kathy blais

Date:

9/21/2026

Procurement Justification Form (PJF)

DHHS Office: CDC
 Service: HIVHEPCTESTLINKAGE-SFY26

Vendor Name	Agreement Number	Amend Number	CT 10A	Start Date	End Date	Amend Amount	Revised Amount
City of Portland	CD2-26-5185	A	20250723000CD2265185	10/1/2025	9/30/2027	\$15,000.00	\$89,000.00
Maine General Medical Ctr	CD5-26-5185	A	20250723000CD5265185	10/1/2025	9/30/2027	\$0.00	\$72,000.00
Penobscot Comm Health Ctr	CD6-26-5180	A	20250723000CD6265180	10/1/2025	9/30/2027	\$20,000.00	\$94,000.00
Total Items amended	3				Totals	\$35,000.00	\$255,000.00