



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:		Maine CDC / Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/ Stacy Martin		
(If applicable) Department Reference #:		CD0-23-4554		
Amount: (Contract/Amendment/Grant)	\$ 50,000.00	Advantage CT / RQS #:	CT 10A 20220928000000000934	
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	6/29/2024
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 Developmental Disabilities Council Augusta, ME		
Brief Description of Goods/Services/Grant:		Breast and Cervical Health		

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.

Under the U.S. CDC's cooperative agreement DP22-2202, the Maine Breast and Cervical Health Program (MBCHP) is required to implement strategies to increase the screening rates for breast and cervical cancer within the population of WWD (Women with Disabilities).

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

Maine Developmental Disabilities Council (MDDC) is the selected vendor because this organization is unique and distinct in meeting the following top-priority criteria:

- Statewide coverage;
- Focuses on both Intellectual Disabilities (ID) and Developmental Disabilities (DD);
- Focuses on Research, Education, Policy, and Advocacy for Maine people with disabilities;
- Notes addressing healthcare needs and *decreasing healthcare disparities* as top areas of work (see Goal #2 of MDDC's 2022-26 State Plan Goals and Objectives)
- Includes adults as a primary part of the population being served. (The MBCHP currently serves women aged 35 and older.)

(See Appendix A for detailed comparisons with other organizations serving this population in Maine.)

Under the Olmstead Rights Supreme Court decision, this organization is designated as Maine's "Developmental Disabilities Service" agency; and within the Administration for Community Living (ACL), an agency that administers programs authorized through a variety of federal statutes, MDDC is designated as Maine's State Council on Developmental Disabilities. MDDC involves people with ID/DDs, their family members, and state and local agencies/organizations to effect appropriate supports for people living with disabilities. In January 2022, the federal DHHS's Agency for Healthcare Research and Quality (AHRQ) highlighted MDDC's work with two Maine patient safety organizations: Maine Groups Improve Care for Patients with Intellectual/Developmental Disabilities, to develop a physician practice readiness form for adults with disabilities. This form is now being promoted as a promising practice in healthcare at the national level and will be utilized as a starting platform for MBCHP's work.

MDDC is the only vendor qualified to perform the services required under this federal grant and is thus the most appropriate and efficient use of funds on behalf of Maine citizens.

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

This contract is deliverables-based, with each task identified by due date and dollar-value, and the costs are fair and reasonable based upon other agreements with similar target goals. MBCHP will only approve a properly submitted invoice if the deliverable has been completed satisfactorily and on time.

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

MBCHP will monitor the ID/DD organizational landscape during the period of this contract. If these services continue into the last three years of the cooperative agreement, and if another qualified vendor is identified, MBCHP will go out to competitive bid.

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

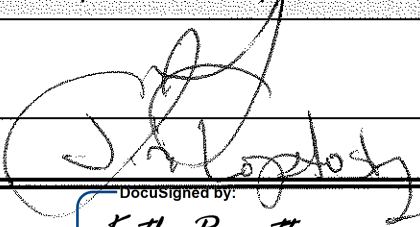
Does this request utilize ARPA/MJRP funds?

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: 29-Sep-22
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette	
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 10/20/2022