



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 Division of 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-24-3020	
Amount: (Contract/Amendment/Grant)		\$ 34,380.20	Advantage CT / RQS #: CT 10A 20231030000000001249
CONTRACT	Proposed Start Date:	12/1/2023	Proposed End Date: 11/30/2024
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:		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 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 checked="" type="checkbox"/>	D. Single Source/Unique Vendor	<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, MaineCare, Maine Women, Infants and Children Nutrition Program, 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.

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 proprietary 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.

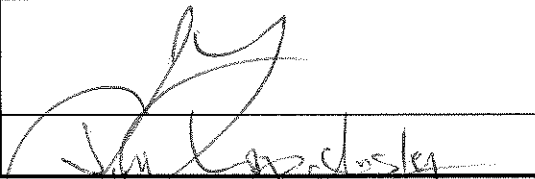

The quote represents standard pricing with a five percent volume discount for ASQ starter kits and questionnaires.

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

As this software is proprietary, 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?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	John E. Hennessey	Date:	16 Sep 24
Signature of DAFS Procurement Official:	DocuSigned by:  Joseph Zrioka EA813178102243C...		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	9/25/2024

The service is not proprietary. Other vendors could bid for the service. Please post.