



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 Centers for Disease Control & Prevention/ Division of Disease Prevention/ Chronic Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		CD0-26-4512		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 10A 20250715000CD0264512	
Amount: (Contract/Amendment/Grant		\$ 20,000.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		HealthInfoNet New Gloucester, ME		
Brief Description of Goods/Services/Grant:		Maintenance of population health dashboard for cardiovascular disease		

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 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. Higher Education 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.

This agreement provides hosting for the dashboard and will provide quality improvement support, and enable Maine CDC access to a de-identified, limited version of HealthInfoNet’s Health Analytics Reporting Platform (HARP) to better track, monitor and report areas of the state with high risk for developing cardiovascular disease. This agreement also aligns with MaineCare’s Primary Care plus model and promotes better use of data for Hypertension quality control for healthcare providers throughout the State of Maine

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

HealthInfoNet (HIN) is an independent non-profit 501c3 operating foundation designated by State Government and recognized in legislative statute as the operator of the Statewide State-Designated Health Information Exchange. HIN is the only Health Information Exchange (HIE) in Maine and is the only organization in Maine able to facilitate the required data reporting for the department under the CDC-RFA-DP-23-0004 grant. DP23-0004 requires hypertension performance measure data from area health centers for named priority populations. HIN has already built the infrastructure and has the agreements in place with health centers and payers in Maine to capture the required data. Another Vendor stepping into this work would disrupt the flow of health data and be required to establish new contractual agreements with the health systems and payers in Maine.

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

The rates outlined in the proposed budget are reasonable and equitable to rates outlined in other service agreements where personnel and services are rendered for the exchange of health information.

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

The Department will RFP these services if applicable. HealthInfoNet has the exclusive rights for this information as a functionary as the State of Maine’s Health Information Exchange.

**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**

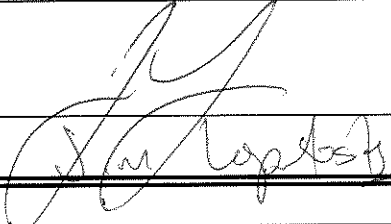
Procurement Justification Form (PJF)

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 10-Oct-25

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date:

Signature of DAFS Procurement Official:	Signed by: <i>John Spier</i> 2A1D91BCA418470...
Typed Name:	John Spier
Date:	10/10/2025