



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

## 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:		DHHS/CDC/Division of Disease Prevention/MCH Maryann Harakall / Darren Bean		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CD0-23-4298		
Amount: (Contract/Amendment/Grant)	\$ 1,777,500.00	Advantage CT / RQS #:	CT 10A 20221101 ** 1256	
CONTRACT	Proposed Start Date:	11/1/2022	Proposed End Date:	9/30/2024
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:		Maine Medical Association Manchester Maine 04351-0190		
Brief Description of Goods/Services/Grant:		Project management of maternal health grant		

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.

This contract provides funding to address two of the three critical maternal health topics that were included in the State Maternal Health Innovation Grant application. They include:

1. Funding to support Maine's 24 birthing hospitals in implementing the [Alliance for Innovation on Maternal Health \(AIM\) Safety Bundles](#), a maternal quality improvement safety program designed to address high risk issues in pregnant patients and provide a standardized approach for providers to offer integrated patient-centered screenings, education, and monitoring to improve care for pregnant people;
2. Resources to enhance the collection, analysis, and review of data related to deaths and serious health issues associated with pregnancy and birth to improve health outcomes for pregnant people and infants across the state

These two initiatives will help decrease the maternal mortality rate in Maine and improve health outcomes for pregnant and post-partum people.

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

Maine Medical Association was selected to provide this service because they are the parent company in which the Perinatal Quality Collaborative 4 Maine (PQC4ME) is housed. The PQC4ME has the staffing and expertise needed to implement high quality services statewide. In addition, they are the only Perinatal Quality Collaborative in Maine.

Additionally, the State Maternal Health Innovation grant was a highly competitive grant awarded to nine states. In order to be successful in the bidding process, Maine was required to name contractors and demonstrate the ability to effectively implement programming. The PQC4ME was specifically named within the awarded proposal because, as mentioned above, they have the expertise that no other collaborative has around perinatal initiatives.

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

The negotiated costs are based up on the market price for the staffing required for this project and the budget accepted by HRSA for this grant.

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

MMA's CQI-PQC4ME is the only perinatal quality collaborative in Maine. If another quality collaborative emerges, the services will be bid out.

### 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.

PART III: SUPPLEMENTAL INFORMATION

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Tom L. Waples</i>	Date:	<i>22 Nov-22</i>
Signature of DAFS Procurement Official:	DocuSigned by: <i>David Morris</i>		
Typed Name:	DAFS Procurement Official	Date:	12/20/2022