



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:	DHHS/MaineCDC/DDS/ID Epi Program		
Department Contract Administrator or Grant Coordinator:	Brienne Carrero / Nicole Mitchell		
(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:	1/1/2026	Proposed/Most Recent End Date: 12/31/2027
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:	Multiple, See addendum		
Brief Description of Goods/Services/Grant:	Tuberculosis (TB) Consultant		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

Tuberculosis (TB), a highly infectious disease, has become increasingly difficult to clinically manage over the last decade due to a number of complex issues that include Multi-Drug Resistant (MDR)-TB, co-morbidities that include hepatitis and HIV/AIDS, and dwindling healthcare workforce with the expertise to properly treat.

The elimination of TB, a State and federally mandated reportable communicable disease, is the primary mission of Maine's TB Program. In order to fulfill this mission, it is critical to be able to properly identify and treat people who have TB disease. To ensure TB patients are identified early, that effective evidence-based care is provided, and that the spread of disease is controlled, it is imperative that the State of Maine purchase clinical and consulting services from physicians with the unique knowledge, skills, and expertise to mitigate this public health threat.

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.

The State of Maine does not currently employ physicians who meet the following necessary criteria to ensure proper identification, treatment, and mitigation of Tuberculosis:

- Board Certified: Infectious Disease or Board-Certified Pulmonology and
- Specialty in Tuberculosis identification and treatment and
- Ability to cover Maine's wide geographic region

There are no Board-Certified doctors in Infectious Disease and Pulmonology within other local and state agencies that could perform Tuberculosis consultations throughout Maine. The Department deems these providers are qualified and the providers are willing to do the service.

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

All TB Consultants agree to payment at a monthly flat rate reimbursement fee for clinics and consultations. Regardless of the time it takes to consult on one individual patient or how many patients are seen in a clinic the TB Consultant cannot bill beyond the flat rate fee schedule. Because of our flat fee payment schedule, the TB Consultants provide services at cost and in many cases below cost. In addition, TB Consultants who contract with the State of Maine agree that all diagnostics and procedures are to be reimbursed at Maine's Care fee schedule, thereby reducing service costs by 50-70%.

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

These services are provided to the State at a rate less than the market value. The Providers receiving funds for this service are willing and qualified; if other providers come forward to do this service, and sufficient funding is available, the Department will also contract with them.

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

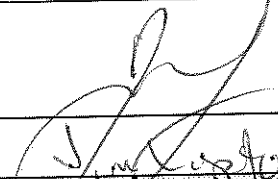
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	<i>J. [unclear]</i>	Date: 9-Feb-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:	DocuSigned by: <i>Kathy Paquette</i>	
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 2/17/2026

Procurement Justification Form (PJF)

DHHS Office: MCDCP
 Service: TB-SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
MAINE MEDICAL PARTNERS	CD0-26-5160	20260102000CD0265160	1/1/2026	12/31/2027	\$14,000.00
CENTRAL MAINE MEDICAL CTR	CD3-26-5159	20260102000CD3265159	1/1/2026	12/31/2027	\$14,000.00
MAINEGENERAL MEDICAL CTR	CD5-26-5161	20260105000CD5265161	1/1/2026	12/31/2027	\$14,000.00
EASTERN MAINE MEDICAL CENTER	CD6-26-5163	20260102000CD6265163	1/1/2026	12/31/2027	\$14,000.00
MAINEHEALTH dba MAINE MEDICAL CENTER	CDM-26-5165	20260102000CDM265165	1/1/2026	12/31/2027	\$52,000.00
Total Items	5			Totals	\$108,000.00