



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 CDC / Infectious Disease and Epidemiology	
Department Contract Administrator or Grant Coordinator:		Brianna Carrero / Melinda Farrell	
(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:	10/1/2025	Proposed/Most Recent End Date: 9/30/2027
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:		Multiple, see addendum	
Brief Description of Goods/Services/Grant:		Hepatitis Testing and Linkage to Care	

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.

Maine CDC is responsible for protecting public health from blood-borne diseases such as Hepatitis C. Maine CDC accomplishes this in part through conducting Hepatitis surveillance, which provides Maine CDC with necessary information to determine where the highest-burden areas in the State, and the highest risk factors for transmission. In recent years, Maine has seen a sharp increase in Hepatitis B and C cases, especially among persons who inject drugs and those who are incarcerated. To address the increase in Hepatitis C, Maine CDC has obtained federal grant funding from the SAMHSA to increase Hepatitis C testing and to link patients who test positive to medical care. The Maine CDC will use this federal funding to conduct Hepatitis C testing and linkage to care in high-burden counties in the State, Penobscot, Washington, Kennebec, Aroostook, and Cumberland Counties.

This agreement is also to expand the number of tests for Hepatitis C and to link patients who test positive to medical care. The target population for this testing will be people who inject drugs, people who are incarcerated, people who are incarcerated and soon to reenter their communities, people without health insurance or Medicaid coverage, and people living 200% below the Federal Poverty Guidelines.

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.

Healthcare facilities that are Federally Qualified Health Clinics (FQHC) are mandated to provide services to these individuals and therefore, have greater access to these high-risk individuals than other healthcare facilities. Selected vendors offer substance use treatment services, infectious disease testing (specifically viral hepatitis and HIV), and linkage to care in areas of high burden of hepatitis C and HIV, with specific attention to settings with high risk individuals. Each vendor selected will cover a different area in the State of Maine.

The providers meet the Department's qualifications for providing this service and are willing to conduct services of this agreement.

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

Maine CDC determined that the costs will be fair and reasonable for confirmatory hepatitis B & C testing based on laboratory rates throughout the State.

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

The Department does not intend to competitively procure these services, as the contracts are awarded on a willing and qualified basis.

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.

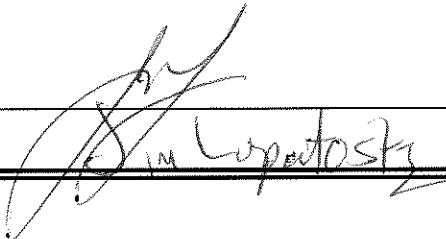
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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

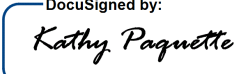
The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosty	Date:	15 - Dec -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:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	12/29/2025

DHHS Office: CDC

Service: HIVHEPCTESTLINKAGE-SFY26

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amount
PORTLAND CITY OF	CD2-26-5185	20250723000CD2265185	10/1/2025	9/30/2027	\$74,000.00
MAINEGENERAL MEDICAL CTR	CD5-26-5185	20250723000CD5265185	10/1/2025	9/30/2027	\$72,000.00
PENOBSCOT COMMUNITY HEALTH CTR	CD6-26-5180	20250723000CD6265180	10/1/2025	9/30/2027	\$74,000.00
Total Items	3			Totals	\$220,000.00