

State of Maine
Master Score Sheet

RFA# 202301013					
Healthcare Disparities Funding for Community Paramedicine					
Bidder Name:		North East Mobile Health Services - Bowdoinham	North East Mobile Health Services - Jackman	Northern Oxford Regional Ambulance Service DBA Med-Care	Portland Fire Department
Proposed Cost:		\$67,500	\$75,000	\$85,000	\$60,000
Scoring Sections	Points Available				
Section I: General Information/Service Provider and Group Eligibility	Pass/Fail	Pass	Pass	Pass	Pass
Section II: Community Rurality	20	11	13	20	8
Section III: Health Disparities	20	5	2	18	20
Section IV: Capacity Expertise and Previous Experience	10	4	5	10	10
Section V: Scope of Work	20	2	2	20	20
Section VI: Budget Proposal	15	3	3	15	15
Section VII: Performance/Outcome Metrics	15	2	2	15	15
TOTAL	<u>100</u>	<u>27</u>	<u>27</u>	<u>98</u>	<u>88</u>

RFA# 202301013

Healthcare Disparities Funding for Community Paramedicine

Bidder Name:		Saint George Ambulance	Topsham Fire and Rescue	United Ambulance Services	
Proposed Cost:		\$82, 450	\$60,000	\$85,000	
Scoring Sections	Points Available				
Section I: General Information/Service Provider and Group Eligibility	Pass/Fail	Pass	Pass	Pass	
Section II: Community Rurality	20	14	18	20	
Section III: Health Disparities	20	8	15	20	
Section IV: Capacity Expertise and Previous Experience	10	5	8	10	
Section V: Scope of Work	20	5	17	20	
Section VI: Budget Proposal	15	1	15	15	
Section VII: Performance/Outcome Metrics	15	0	11	15	
TOTAL	<u>100</u>	<u>33</u>	<u>84</u>	<u>100</u>	



**STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY**

**Michael J. Sauschuck
Commissioner**

**Janet T. Mills
Governor**

AWARD NOTIFICATION LETTER

April 21, 2023

Richard Petrie
North East Mobile Health Services
24 Washington Ave
Scarborough, ME 04074

**SUBJECT: Notice of Conditional Contract Awards under RFA# 202301013,
Healthcare Disparities Funding for Community Paramedicine**

Dear Richard Petrie:

This letter is in regard to the Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

- Northern Oxford Regional Ambulance Service DBA Med-Care
- Portland Fire Department
- Topsham Fire and Rescue
- United Ambulance Services

The applicants listed above received the evaluation team's highest scores. The Department will be contacting the aforementioned applicants soon to negotiate a contract. As provided in the RFA, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor. The vendor shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFA, following announcement of this award decision, all submissions in response to the RFA are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract. A Statement of Appeal Rights has been provided with this letter; see below.

The department intends to send out individual feedback at a later date.

Thank you for your interest in doing business with the State of Maine.

Sincerely,

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J. Sam Hurley, MPH, EMPS, NRP
Director, Maine Emergency Medical Services

STATEMENT OF APPEAL RIGHTS

Any person aggrieved by an award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).



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AWARD NOTIFICATION LETTER

April 21, 2023

Dakota Turnbull
Northern Oxford Regional Ambulance Service DBA Med-Care
290 Highland Terrace
Mexico, ME 04257

**SUBJECT: Notice of Conditional Contract Awards under RFA# 202301013,
Healthcare Disparities Funding for Community Paramedicine**

Dear Dakota Turnbull:

This letter is in regard to the Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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AWARD NOTIFICATION LETTER

April 21, 2023

Sean Donaghue
Portland Fire Department
380 Congress St.
Portland, ME 04101

**SUBJECT: Notice of Conditional Contract Awards under RFA# 202301013,
Healthcare Disparities Funding for Community Paramedicine**

Dear Sean Donaghue:

This letter is in regard to the Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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J. Sam Hurley, MPH, EMPS, NRP
Director, Maine Emergency Medical Services

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AWARD NOTIFICATION LETTER

April 21, 2023

Kevin LeCaptain
Saint George Ambulance
3 School St
Saint George, ME 04860

**SUBJECT: Notice of Conditional Contract Awards under RFA# 202301013,
Healthcare Disparities Funding for Community Paramedicine**

Dear Kevin LeCaptain:

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AWARD NOTIFICATION LETTER

April 21, 2023

Christopher McLaughlin
Topsham Fire and Rescue
100 Main St
Topsham, ME 04086

**SUBJECT: Notice of Conditional Contract Awards under RFA# 202301013,
Healthcare Disparities Funding for Community Paramedicine**

Dear Christopher McLaughlin:

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AWARD NOTIFICATION LETTER

April 21, 2023

Dennis Russell
United Ambulance Services
192 Russell St
Lewiston, ME 04240

**SUBJECT: Notice of Conditional Contract Awards under RFA# 202301013,
Healthcare Disparities Funding for Community Paramedicine**

Dear Dennis Russell:

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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Bowdoinham

DATE: April 3, 2023

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Soliana Goldrich, Heather Pelletier, Karen Pearson and Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/Service Provider and Group Eligibility	Pass	
• <u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	11
Section III. Health Disparities	20	5
Section IV. Capacity, Expertise and Previous Experience	10	4
Section V. Scope of Work	20	2
Section VI. Budget Proposal	15	3
Section VII. Performance/Outcome Metrics	15	2
<u>Total Points</u>	<u>100</u>	<u>27</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Bowdoinham

DATE: April 3, 2023

**OVERVIEW OF SECTION I
General Information/Service Provider and Group Eligibility**

Section I. General Information/Service Provider and Group Eligibility

Evaluation Team Comments:

- A. *EMS Agency*
 - Yes or No
- B. *Does the agency have a CP designation or are they in the process?*
 - They have a CP designation currently.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Bowdoinham

DATE: April 3, 2023

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	11

Evaluation Team Comments:

Component	Grading Criteria for Community Rurality	Points eligible
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10

- A. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or No
- B. *What is rurality's effect on overall community health?*
 - They speak to a response time for 911 calls.
 - They don't speak to how the community is affected and why this time is the length it is.
- C. *What is rurality's effect on access to healthcare?*
 - They state that there are no clinics, however Richmond has a health center with an assortment of services.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Bowdoinham

DATE: April 3, 2023

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	5

Evaluation Team Comments:

- A. *What health disparities or underserved populations exist within the community?*
 - Aging population is called out.
- B. *What evidence is there?*
 - They provide percentages, but don't state where they come from. The age is a future oriented number but doesn't hit the national average in terms of aging population.
- C. *How does the CP program support in the reduction of healthcare disparities?*
 - Specifically highlight that they will utilize 911 response versus Community Paramedicine.
 - Discusses well-patient checks, follow-up care, and safety inspections, but does not connect it back to the health disparities.
- D. *How does the plan increase or improve healthcare resources for underserved populations?*
 - This would expand the service area of Community Paramedicine to the Bowdoin area.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Bowdoinham

DATE: April 3, 2023

**EVALUATION OF SECTION IV
Capacity, Expertise and Previous Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Capacity, Expertise and Previous Experience	10	4

Evaluation Team Comments:

- A. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- 15 years as an EMS service.
 - Began operation of a CP program in 2022.
 - They speak about the Jackman project. The first three services are not community paramedicine services. There is concern that this is the primary focus which is not in line with the RFA requirements.
 - They had high satisfaction scores, but don't specify what those scores are or how they got them.
 - Spoke to medical oversight.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Bowdoinham

DATE: April 3, 2023

**EVALUATION OF SECTION V
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	20	2

Evaluation Team Comments:

A. Demonstrates how applicant will achieve outcomes:

- *Reduce health disparities*
 1. They discuss education and well-patient checks, but there is not much spoken to in terms of health disparities.
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. They speak to a 911 responder working a 12 hours shift 7 days a week. How does this relate to CP programming and leave time for CP? This is not a CP service.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. Spoke to COVID testing and education.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. They speak more to emergency response than overall CP.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

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DATE: April 3, 2023

**EVALUATION OF SECTION VI
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	15	3

Evaluation Team Comments:

A. Budget narrative

- They speak about salary at 4 hrs a day whereas in the scope they speak to a salary of 12 hours a day. Both sections speak to emergency response as well.
- The narrative aligns with the budget form.
- The narrative states it's a dedicated CP/Emergency Response Vehicle. These are conflicting services.

B. Budget form

- Provide a budget form.

C. Requested costs

- Discusses using the grant to fund CP and emergency response.

D. Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?

- No as it is not allocable, reasonable, or consistently treated.

E. Sustainability Model

- Discusses that the towns would have to be on board but does not speak to how they will show the value to the town.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Bowdoinham

DATE: April 3, 2023

**EVALUATION OF SECTION VII
Performance/Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/Outcome Metrics	15	2

Evaluation Team Comments:

- A. *Establish and track performance outcome metrics*
- No specific metrics are provided
 - One of the goals is emergency response
 - They list goals not outcomes nor metrics. They are activities and goals which is not what is requested.
 - Mentions AARP in this section which was not mentioned anywhere else in the application.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Jackman

DATE: April 3, 2023

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Soliana Goldrich, Heather Pelletier, Karen Pearson and Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
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RFA #: 202301013

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**OVERVIEW OF SECTION I
General Information/Service Provider and Group Eligibility**

Section I. General Information/Service Provider and Group Eligibility

Evaluation Team Comments:

- A. *EMS Agency*
 - Yes or No
- B. *Does the agency have a CP designation or are they in the process?*
 - Does have a CP designation.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Jackman

DATE: April 3, 2023

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	13

Evaluation Team Comments:

Component	Grading Criteria for Community Rurality	Points eligible
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10

- A. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or No
- B. *What is rurality's effect on overall community health?*
 - Lack of providers in the area.
- C. *What is rurality's effect on access to healthcare?*
 - Speak to difficulty accessing healthcare such as palliative and hospice care.
 - Travel long distances.
 - Mentions looking to expand into telehealth, palliative care, and hospice which are not community paramedicine. There are aspects that could be considered CP, but as a whole they are not.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Jackman

DATE: April 3, 2023

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	2

Evaluation Team Comments:

- A. *What health disparities or underserved populations exist within the community?*
- The application speaks to an aging population, higher rates of poverty and being! geographically isolated.
- B. *What evidence is there?*
- Evidence is not cited for the most part although it appears this section was taken from! multiple sources.
 - The first 4 paragraphs appear to be from Jackman: A Life-Long Community to Grow-Up! and Grow-Old In an AARP action Plan. They appear to come directly from page 4 and! are not cited.
 - Mentions a survey from Somerset County Health but does not specify background on! this information and its applicability.
 - Ethical concerns based on potential plagiarism
- C. *How does the CP program support in the reduction of healthcare disparities?*
- Does not specifically highlight areas of need for reduction.
- D. *How does the plan increase or improve healthcare resources for underserved populations?*
- Mentions utilizing the survey to guide future programming.
 - The section appears to be taken from other sources without proper citations or! notations, so it is hard to ascertain what the goals are.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

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**EVALUATION OF SECTION IV
Capacity, Expertise and Previous Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Capacity, Expertise and Previous Experience	10	5

Evaluation Team Comments:

- A. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- They have a CP designation and have since May 2022.
 - The examples of the Jackman project are not aligned with CP as it exists currently.
 - Mention medical direction and provider collaboration.
 - Discusses some of the CP training and capacities they perform.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Jackman

DATE: April 3, 2023

**EVALUATION OF SECTION V
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	20	2

Evaluation Team Comments:

A. Demonstrates how applicant will achieve outcomes:

- *Reduce health disparities*
 1. CP follow up visits.
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. Discusses a community health resource manual which may not be CP.
 2. Discusses community education briefly and may not be a CP capacity.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. Mention COVID testing and education.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. Discusses palliative and hospice care which are not community paramedicine functions and are not allowable.
 2. Also discusses utilizing funding for AARP capacities. While this is good collaboration it is not a CP function, so funding should not be used in this way.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Jackman

DATE: April 3, 2023

**EVALUATION OF SECTION VI
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	15	3

Evaluation Team Comments:

A. Budget narrative

- They include a narrative that matches the form.
- Community education specifies AARP which is not in line with CP. Community education could be a component, but not as it is described.
- Palliative care and hospice care is not a CP service.

B. Budget form

- Specifies \$8872.50 for COVID salaries, but in the scope it discusses COVID testing as needed. That breaks down to over \$45 an hour. According to the U.S. Bureau of Labor Statistics the mean hourly wage for paramedics is \$23.80. 3 hours a week seems high when the service is as needed.
- Lists durable medical equipment at \$15,000. This is something that is covered under Medicare for hospice patients. This is well outside of the scope of practice of a CP provider.

C. Requested costs

- They request \$75,000, but only are serving one zip code. They could receive a max of \$62,500

D. Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?

- There are many components that are not allocable. The telehealth, palliative care, and hospice section are not allocable.
- The salaries are also at over \$45 an hour and pay is not mentioned elsewhere, so this does not appear to be reasonable.
- While collaboration is a positive it is not within the scope for CP to provide services for another agency such as an AARP. This means that the community education section is not allocable.

E. Sustainability Model

- They state that the town has committed to funding the program in the future. Unsure if this was specified at any town meeting.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services - Jackman

DATE: April 3, 2023

**EVALUATION OF SECTION VII
Performance/Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/Outcome Metrics	15	2

Evaluation Team Comments:

- A. *Establish and track performance outcome metrics*
- No measures or metrics are listed.
 - Listed out activities and goals versus metrics.
 - No health outcomes are listed, and no metrics are provided.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: April 3, 2023

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Soliana Goldrich, Heather Pelletier, Karen Pearson and Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/Service Provider and Group Eligibility	Pass	
• <u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	20
Section III. Health Disparities	20	18
Section IV. Capacity, Expertise and Previous Experience	10	10
Section V. Scope of Work	20	20
Section VI. Budget Proposal	15	15
Section VII. Performance/Outcome Metrics	15	15
<u>Total Points</u>	<u>100</u>	<u>98</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: April 3, 2023

**OVERVIEW OF SECTION I
General Information/Service Provider and Group Eligibility**

Section I. General Information/Service Provider and Group Eligibility

Evaluation Team Comments:

- A. *EMS Agency*
 - Yes or No
- B. *Does the agency have a CP designation or are they in the process?*
 - They do not have a current designation, but have an application in.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: April 3, 2023

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	20

Evaluation Team Comments:

Component	Grading Criteria for Community Rurality	Points eligible
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10

- A. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or No
- B. *What is rurality's effect on overall community health?*
 - Increased substance use disorder.
 - They note that poverty and median incomes are lower in the area. They also note disability is high.
 - They mention losing primary care providers and increased time in getting to a provider.
- C. *What is rurality's effect on access to healthcare?*
 - They mention difficulty in getting transportation to providers especially with decreased number of providers.
 - They mention Rumford Hospital is decreasing its specialty services.
 - Highlights the extensive healthcare needs for their population which may make access especially difficult.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: April 3, 2023

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	18

Evaluation Team Comments:

- A. *What health disparities or underserved populations exist within the community?*
 - Aging population, poverty, low levels of education are all disparities.
 - They note lack of mental healthcare which is linked to substance use disorder.
 - They also note the pandemic's impact on access to care.
 - Avoidable use of 911 services and emergency room utilization.
- B. *What evidence is there?*
 - Oxford community health needs assessment and census data.
- C. *How does the CP program support in the reduction of healthcare disparities?*
 - They discuss past program support such as immunizations.
 - They discuss health monitoring and decreasing continued hospital admissions in the scope.
- D. *How does the plan increase or improve healthcare resources for underserved populations?*
 - There was not a ton here. This is a plan to revive a prior CP program which is not currently active.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: April 3, 2023

**EVALUATION OF SECTION IV
Capacity, Expertise and Previous Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Capacity, Expertise and Previous Experience	10	10

Evaluation Team Comments:

- A. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- They had a CP program that was very robust between 2016 and 2018. They spoke to increasing the volume between year 1 and 2.
 - They discuss fit testing with other agencies and doing immunizations during COVID-19.
 - They speak to collaborating with other agencies.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: April 3, 2023

**EVALUATION OF SECTION V
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	20	20

Evaluation Team Comments:

- A. Demonstrates how applicant will achieve outcomes:*
- *Reduce health disparities*
 1. They discuss addressing chronic conditions which will help long-term.
 2. Discusses reducing unnecessary ED visits and connection to primary care which will help address disparities.
 - *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. They are re-starting a service that previously existed.
 2. They are addressing specific needs within their community.
 - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. They discuss COVID vaccination capacity.
 - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. They speak to telehealth facilitation which will be extremely valuable in connecting rural patients to services.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: April 3, 2023

**EVALUATION OF SECTION VI
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	15	15

Evaluation Team Comments:

- A. *Budget narrative*
 - This details the line items and aligns with the budget form.
- B. *Budget form*
 - Provided and still aligns with narrative.
- C. *Requested costs*
 - Requesting \$85,00 for two years. Two years is not feasible, so it would need to be amended to align with the RFA.
- D. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - Aligns in financial asks outside of the length of time.
- E. *Sustainability Model*
 - Speak to sustainability through grant funding and potential reimbursement. They discuss agreements with partner organizations.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: April 3, 2023

**EVALUATION OF SECTION VII
Performance/Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/Outcome Metrics	15	15

Evaluation Team Comments:

- A. *Establish and track performance outcome metrics*
- The pre/post ED admission metrics are useful.
 - They speak to internal and external metrics.
 - This could have been better fleshed out but does recognize areas to be tracked and spells them out.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013
RFA TITLE: Healthcare Disparities Funding for Community Paramedicine
BIDDER: Portland Fire Department
DATE: April 3, 2023

SUMMARY PAGE

Department Name: Department of Public Safety
Name of RFA Coordinator: Soliana Goldrich
Names of Evaluators: Soliana Goldrich, Heather Pelletier, Karen Pearson and Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/Service Provider and Group Eligibility	Pass	
• <u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	8
Section III. Health Disparities	20	20
Section IV. Capacity, Expertise and Previous Experience	10	10
Section V. Scope of Work	20	20
Section VI. Budget Proposal	15	15
Section VII. Performance/Outcome Metrics	15	15
<u>Total Points</u>	<u>100</u>	<u>88</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: April 3, 2023

**OVERVIEW OF SECTION I
General Information/Service Provider and Group Eligibility**

Section I. General Information/Service Provider and Group Eligibility

Evaluation Team Comments:

- A. *EMS Agency*
 - Yes or No
- B. *Does the agency have a CP designation or are they in the process?*
 - They do not have a CP designation but included a letter of intent.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013
RFA TITLE: Healthcare Disparities Funding for Community Paramedicine
BIDDER: Portland Fire Department
DATE: April 3, 2023

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	8

Evaluation Team Comments:

Component	Grading Criteria for Community Rurality	Points eligible
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality’s effect on overall community health (5pts) - Rurality’s effect on access to healthcare (5pts) 	10

- A. *Is there a HRSA eligible zip code that is served?*
 - Yes or **No**
- B. *What is rurality’s effect on overall community health?*
 - Equated homelessness with rurality although they may not be the same. Are the people experiencing homelessness coming from rural areas?
 - People experiencing homelessness may face similar issues to those living in rural areas.
 - Speaks to an area of 22.5 square miles that the population is inhabiting. It may not be directly rural, but this makes an argument for the similarities in experience.
 - Mentions rural zip codes that are not currently served through their mobile medical outreach project.
- C. *What is rurality’s effect on access to healthcare?*
 - Discusses the large health disparities and large stretch of mileage that the population they are trying to serve is located.
 - They speak to preventative care being an issue with this population.
 - Discusses needs seen in rural areas although they may not themselves be rural.
 - They discuss co-occurring disorders, and this is a key component in rural areas and for community paramedicine.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: April 3, 2023

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	20

Evaluation Team Comments:

- A. *What health disparities or underserved populations exist within the community?*
 - This application focuses on the unhoused population within the Portland area.
 - They discuss decreased access to care, risk of lost belongings, discrimination, and nuances in the barriers to care for this population.
- B. *What evidence is there?*
 - They cited their 911 call volume to the identified population, an article from the National Institute of Health and the Maine Shared Community Health Needs Assessment report.
 - They did a good job of citing and pulling out specific data from each article.
- C. *How does the CP program support in the reduction of healthcare disparities?*
 - They detail focusing on substance use disorder, reduction of 911 transports, and decreasing the specific barriers for this population.
 - Showed initiative in how they respond to the questions with some newer thinking around meeting the needs of this population.
- D. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Highlights connections to appropriate providers and ensuring that the population is connected to the correct providers to meet their needs.
 - Discusses prevention education as well which is key in community paramedicine.
 - Highlights the opportunity to better provide care through mainstream services to this population through care coordination.
 - The call out areas of specific focus that are backed up by protocols. Addressing some of these items will likely help with overall stigma which is a barrier to care especially with this population.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: April 3, 2023

**EVALUATION OF SECTION IV
Capacity, Expertise and Previous Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Capacity, Expertise and Previous Experience	10	10

Evaluation Team Comments:

- A. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- They do not have a CP program, but the Mobile Medical Outreach was approved by Maine EMS and they received funding for it. It shows an existing infrastructure for a similar program.
 - Makes a good case based on their current providers, staffing, protocols etc.
 - Given the fact that the population they are serving often doesn't have a home addressing the need for HIPAA compliant vehicles is a unique and beneficial way to meet that need.
 - The included video provided good insight into day-to-day operations.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: April 3, 2023

**EVALUATION OF SECTION V
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	20	20

Evaluation Team Comments:

- A. *Demonstrates how applicant will achieve outcomes:*
- *Reduce health disparities*
 1. The scope of work is created to increase outreach, there are many medics ready to respond, their scope meets the needs to this community.
 2. The direct referral process and connections to other services all address the disparities.
 - *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. The application highlighted a significant number of barriers to care for the population. By bringing services to the patients, they eliminated those barriers therefore improving and increasing healthcare services for this population.
 - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. Mentioned within the intake form, not mentioned elsewhere.
 - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. This would enable community paramedicine to begin and serve those experiencing homelessness.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: April 3, 2023

**EVALUATION OF SECTION VI
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	15	15

Evaluation Team Comments:

- A. *Budget narrative*
 - Focuses on salary and training. They cover everything addressed within the budget form. It addresses all questions that may come up.
- B. *Budget form*
 - Provided and aligns with the narrative.
- C. *Requested costs*
 - Request \$60,000 and is well defined.
- D. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - Not specifically called out in the application but meets all the principles.
- E. *Sustainability Model*
 - Address ongoing grant efforts and working with the city.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: April 3, 2023

**EVALUATION OF SECTION VII
Performance/Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/Outcome Metrics	15	15

Evaluation Team Comments:

- A. *Establish and track performance outcome metrics*
- Clearly establish metrics and discuss coordinating with other departments.
 - Outcomes are not limited to only internal outcomes.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013
RFA TITLE: Healthcare Disparities Funding for Community Paramedicine
BIDDER: St. George Ambulance
DATE: April 3, 2023

SUMMARY PAGE

Department Name: Department of Public Safety
Name of RFA Coordinator: Soliana Goldrich
Names of Evaluators: Soliana Goldrich, Heather Pelletier, Karen Pearson and Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/Service Provider and Group Eligibility	Pass	
• <u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14
Section III. Health Disparities	20	8
Section IV. Capacity, Expertise and Previous Experience	10	5
Section V. Scope of Work	20	5
Section VI. Budget Proposal	15	1
Section VII. Performance/Outcome Metrics	15	0
<u>Total Points</u>	<u>100</u>	<u>33</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: St. George Ambulance

DATE: April 3, 2023

**OVERVIEW OF SECTION I
General Information/Service Provider and Group Eligibility**

Section I. General Information/Service Provider and Group Eligibility

Evaluation Team Comments:

- A. *EMS Agency*
 - Yes or No
- B. *Does the agency have a CP designation or are they in the process?*
 - Currently has a CP designation.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: St. George Ambulance

DATE: April 3, 2023

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14

Evaluation Team Comments:

Component	Grading Criteria for Community Rurality	Points eligible
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10

- A. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or No
- B. *What is rurality's effect on overall community health?*
 - Address lack of healthcare availability to the aging population.
 - Identify rurality, but don't link it well to overall community health.
 - Mention emergency room visits and extended stays.
- C. *What is rurality's effect on access to healthcare?*
 - Discuss 15-30 minute drive as an access issue. This amount of time is a norm even within more populous towns.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: St. George Ambulance

DATE: April 3, 2023

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	8

Evaluation Team Comments:

- A. *What health disparities or underserved populations exist within the community?*
 - Speak to aging population and transportation based on their location.
- B. *What evidence is there?*
 - Not a lot of evidence. They include the median ages of Tenants harbor and Spruce head, not specific on where they got the information.
- C. *How does the CP program support in the reduction of healthcare disparities?*
 - They discuss the decrease of hospitalization and capacity to stay at home with CP.
 - Not a lot of detail especially considering that it is an existing program.
- D. *How does the plan increase or improve healthcare resources for underserved populations?*
 - They discuss the option for providing COVID-19 testing at home.
 - State they will expand but is not detailed. What services will be provided?

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: St. George Ambulance

DATE: April 3, 2023

**EVALUATION OF SECTION IV
Capacity, Expertise and Previous Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Capacity, Expertise and Previous Experience	10	5

Evaluation Team Comments:

- A. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- They are currently providing CP services and have multiple providers that have training established.
 - They discuss seeing patients in multiple areas and enabling patients to stay home.
 - Doesn't discuss baseline resources to demonstrate improved resources provided by CP.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: St. George Ambulance

DATE: April 3, 2023

**EVALUATION OF SECTION V
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	20	5

Evaluation Team Comments:

- A. Demonstrates how applicant will achieve outcomes:*
- *Reduce health disparities*
 1. Doesn't demonstrate how they will reduce health disparities.
 2. Speak to some opportunities for this, but not specifically stated.
 - *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. Discuss increased time with patients
 - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. They discuss COVID-19 testing increased capacity.
 - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. Expanding the number of hours for a part time staff member.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013
RFA TITLE: Healthcare Disparities Funding for Community Paramedicine
BIDDER: St. George Ambulance
DATE: April 3, 2023

**EVALUATION OF SECTION VI
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	15	1

Evaluation Team Comments:

- A. *Budget narrative*
 - Provides a very general overview that focuses on COVID-19 testing.
- B. *Budget form*
 - Provides a budget form with variable numbers.
 - It is confusing with the price per class and number of people being trained.
 - \$2000 does not even cover the class cost listed for Community Paramedicine Clinician.
 - The numbers don't add up to the requested amount.
- C. *Requested costs*
 - Requests money that is not justified. It is not spoken to anywhere in the application with any specificity.
- D. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - No it doesn't conform to the principals. It requests funding well above the number of towns served that meet the requirements. They listed towns, but did not specify zip codes served. They would be eligible for a max of \$65,000 based on the RFA requirements.
 - Ranges are not eligible and some of the budget items are specific to EMS agency requirements versus CP agencies. It is not allocable to provide funding for non-community paramedicine services.
- E. *Sustainability Model*
 - Very short mention of working with the hospital and reimbursement in the future. Does not speak in full to how they will be sustainable.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: St. George Ambulance

DATE: April 3, 2023

**EVALUATION OF SECTION VII
Performance/Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/Outcome Metrics	15	0

Evaluation Team Comments:

- A. *Establish and track performance outcome metrics*
 - No mention of any performance or outcome metrics.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Topsham Fire and Rescue

DATE: April 3, 2023

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Soliana Goldrich, Heather Pelletier, Karen Pearson and Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/Service Provider and Group Eligibility	Pass	
• <u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	18
Section III. Health Disparities	20	15
Section IV. Capacity, Expertise and Previous Experience	10	8
Section V. Scope of Work	20	17
Section VI. Budget Proposal	15	15
Section VII. Performance/Outcome Metrics	15	11
<u>Total Points</u>	<u>100</u>	<u>84</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Topsham Fire and Rescue

DATE: April 3, 2023

**OVERVIEW OF SECTION I
General Information/Service Provider and Group Eligibility**

Section I. General Information/Service Provider and Group Eligibility

Evaluation Team Comments:

- A. *EMS Agency*
 - Yes or No
- B. *Does the agency have a CP designation or are they in the process?*
 - Don't currently have a designation, but they intend to apply.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Topsham Fire and Rescue

DATE: April 3, 2023

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	18

Evaluation Team Comments:

Component	Grading Criteria for Community Rurality	Points eligible
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10

- A. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or No
- B. *What is rurality's effect on overall community health?*
 - 911 focused on their answer in how long it takes to transport someone. Not necessarily population health tied.
 - Implies that people will delay specialty care due to their emergent care needs.
 - Touches on the need for community paramedicine and access to specialty services and preventative care.
- C. *What is rurality's effect on access to healthcare?*
 - Speak to transport times.
 - Discusses the lack of PCPs available within their service area.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Topsham Fire and Rescue

DATE: April 3, 2023

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	15

Evaluation Team Comments:

- A. *What health disparities or underserved populations exist within the community?*
 - They note the aging population, those in poverty, and those that are uninsured.
 - They mentioned those that have disabilities and those that may not choose to receive care.
 - Doesn't note the connections between the disparities and connected needs.
- B. *What evidence is there?*
 - Utilize data from the census and the history of 911 calls from Topsham.
- C. *How does the CP program support in the reduction of healthcare disparities?*
 - They indirectly note frequent utilizers of the 911 needs but doesn't speak directly to how CP will support those.
 - Speaks to more time with patients as well as those who are home bound.
- D. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Speaks generally to the support of CP in addressing these issues, is not well fleshed out.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Topsham Fire and Rescue

DATE: April 3, 2023

**EVALUATION OF SECTION IV
Capacity, Expertise and Previous Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Capacity, Expertise and Previous Experience	10	8

Evaluation Team Comments:

- A. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- There is no previous CP experience.
 - Doesn't address additional training for CP and medical direction and involvement. These are important pieces for rollout and continued success in the program.
 - They spoke to some providers having taken appropriate classes and involving community partners to build this capacity.
 - Selectboard approved the request to apply for the grant.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013
RFA TITLE: Healthcare Disparities Funding for Community Paramedicine
BIDDER: Topsham Fire and Rescue
DATE: April 3, 2023

**EVALUATION OF SECTION V
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	20	17

Evaluation Team Comments:

- A. Demonstrates how applicant will achieve outcomes:*
- *Reduce health disparities*
 1. They discuss the high level of calls in some areas such as nursing homes. This may be more of a 911 capacity than a CP capacity.
 2. Speak about outreach to help meet the needs of the aging population.
 - *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. Community paramedicine would be a new service within this area.
 2. They speak to nationally approved systems and United as places they can look to be able to model.
 3. Not well touched upon compared to some of the other sections.
 - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. They have provided COVID-19 immunizations in the past and can as needed.
 - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. They speak about initial conversations with partners.
 2. They discuss the relationships they have with partners, and they will leverage those relationships and capabilities to build out an evidence-based model. This will be helpful in supporting those who are homebound.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Topsham Fire and Rescue

DATE: April 3, 2023

**EVALUATION OF SECTION VI
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	15	15

Evaluation Team Comments:

- A. *Budget narrative*
 - Met the requirements. It encompassed everything in the form.
- B. *Budget form*
 - Included and seems reasonable.
- C. *Requested costs*
 - \$1,000 seems low in the training cost and may not meet the need.
 - Requested \$60,000 total
- D. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - They don't speak directly to this, but it seems to meet the requirements.
- E. *Sustainability Model*
 - They speak to sustainability well and discuss the use of this as a pilot year in order to get the town invested in CP in the future.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Topsham Fire and Rescue

DATE: April 3, 2023

**EVALUATION OF SECTION VII
Performance/Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/Outcome Metrics	15	11

Evaluation Team Comments:

A. Establish and track performance outcome metrics

- Didn't establish performance metrics that are defined SMART (specific, measurable, achievable, relevant, and time-bound) goals
- Speaks to tracking visits and patients in MEFIRS and tracking financial reports
- What does the internal tracking system do that MEFIRS doesn't? If this is a 911 tracking system, what does it add?
- What are the goals of the evaluation? Are you working with local hospitals for example to track outcomes?

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013
RFA TITLE: Healthcare Disparities Funding for Community Paramedicine
BIDDER: United Ambulance Services
DATE: April 3, 2023

SUMMARY PAGE

Department Name: Department of Public Safety
Name of RFA Coordinator: Soliana Goldrich
Names of Evaluators: Soliana Goldrich, Heather Pelletier, Karen Pearson and Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/Service Provider and Group Eligibility	Pass	
• <u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	20
Section III. Health Disparities	20	20
Section IV. Capacity, Expertise and Previous Experience	10	10
Section V. Scope of Work	20	20
Section VI. Budget Proposal	15	15
Section VII. Performance/Outcome Metrics	15	15
<u>Total Points</u>	<u>100</u>	<u>100</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Services

DATE: April 3, 2023

**OVERVIEW OF SECTION I
General Information/Service Provider and Group Eligibility**

Section I. General Information/Service Provider and Group Eligibility

Evaluation Team Comments:

- A. *EMS Agency*
 - Yes or No
- B. *Does the agency have a CP designation or are they in the process?*
 - United has a CP designation

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Services

DATE: April 3, 2023

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	20

Evaluation Team Comments:

Component	Grading Criteria for Community Rurality	Points eligible
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10

- A. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or No
- B. *What is rurality's effect on overall community health?*
 - Lewiston/ Auburn is not technically rural but serves several rural towns. Knowing that the primary area of service is not rural it is important to make the case that they address rurality.
 - They make a case intellectually about rurality and healthcare and section III highlights these community issues.
 - Discuss throughout application difficulty for community members to thrive in place and higher incidences of chronic disease and hospital readmission rates.
- C. *What is rurality's effect on access to healthcare?*
 - Mostly addressed in the third section which meets the burden.
 - Addresses a shortage of PCP providers and transportation.
 - Discuss the use of the ED as used for main source of care.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013
RFA TITLE: Healthcare Disparities Funding for Community Paramedicine
BIDDER: United Ambulance Services
DATE: April 3, 2023

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	20

Evaluation Team Comments:

- A. *What health disparities or underserved populations exist within the community?*
 - It was very well established based on the broken-out county needs.
 - Addressed the lack of PCPs, chronic diseases, mental health, and substance use issues.
 - Tied together incidents of chronic disease, mental health and substance use issues to tie to higher usage of the ED. This addressed access issues overall including with low income, unemployment, and other social determinants of health.
- B. *What evidence is there?*
 - They provided good citing of data with the CHNA data, census data etc.
 - Provided a table breakdown by county.
- C. *How does the CP program support in the reduction of healthcare disparities?*
 - Collaboration and reduction of burden on other healthcare providers.
 - Discuss access and quality of life along with culturally appropriate care.
 - Integrated care and a link between primary care and acute care to drive towards managed care versus emergency care.
- D. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Thriving in place initiative and discussion in barriers to care really highlight how they will speak to the underserved populations previously addressed.
 - Speaks to asthma management as well in discussing how to address a chronic need and the differentiation between chronic versus acute care.
 - Does a good job of showing ongoing needs being met.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Services

DATE: April 3, 2023

**EVALUATION OF SECTION IV
Capacity, Expertise and Previous Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Capacity, Expertise and Previous Experience	10	10

Evaluation Team Comments:

- A. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- Details the specifics of previous collaboration, prevention programs, and specific examples of how they have previously provided care.
 - They include specific entities and providers that they have collaborated with.
 - Includes a chart showing services provided.
 - Spoke well to their capacity and expertise based on training, ongoing training, and collaboration.
 - They also name the team they plan to work with for this program which was helpful.
 - The way this was written spoke to their grant writing capacities.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Services

DATE: April 3, 2023

**EVALUATION OF SECTION V
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	20	20

Evaluation Team Comments:

A. Demonstrates how applicant will achieve outcomes:

- *Reduce health disparities*
 1. They documented it well and talked about measurable outcomes. They also spoke about evaluation and demonstrated value.
 2. Narrative supports the charts that come up throughout the application.
 3. Direct services section was well done and outlined what they are doing.

- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. Tied statewide health initiatives to community paramedicine and describe exact services to address those.
 2. They discuss partnerships in this section again with new nuances under the improved capacity.

- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. Mention the ripple effects of COVID in another section and discuss testing in the chart in this section.

- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. Tied existing tools and prevention techniques to their scope such as the naloxone leave behind.
 2. Addressed well in the budget and in page 11 of the application where they discuss use of funds.
 3. Included continuous quality improvement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013
RFA TITLE: Healthcare Disparities Funding for Community Paramedicine
BIDDER: United Ambulance Services
DATE: April 3, 2023

**EVALUATION OF SECTION VI
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	15	15

Evaluation Team Comments:

A. Budget narrative

- They support the initiative they previously spoke to in the costs.
- Recognizes the subcontractors and is transparent.
- Describes the line items in the budget form.
- It is beneficial to have an outside source that is evaluating in overall improvement of services.

B. Budget form

- Speaks to paying the staff needed to run this program/initiative.
- Aligns with the narrative.

C. Requested costs

- \$85,000 requested

D. Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?

- They mention that it conforms to the cost principles and there are no concerns about it not meeting the principles.

E. Sustainability Model

- They acknowledge sustainability and the scope looks sustainable.
- They are not hiring additional staffing rather they are expanding services which supports with sustainability.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Services

DATE: April 3, 2023

**EVALUATION OF SECTION VII
Performance/Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/Outcome Metrics	15	15

Evaluation Team Comments:

A. Establish and track performance outcome metrics

- External evaluator will help drive these metrics and is a useful tool if anything is missed.
- They identified measurable metrics that are linked to outcomes as well as patient satisfaction.
- They discuss the six-month success stories which shows a chronic condition being addressed.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: NorthEast Mobile (Bowdoinham)

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. General Information/Service Provider and group eligibility

- 1. EMS Agency*
 - Yes
- 2. Does the agency have a CP designation or are they in the process?*
 - Yes, in Jackman ME (which is submitting a separate funding application)
 -

II. Community rurality

- 1. Is there a HRSA eligible zip code that is served?*
 - Yes
- 2. What is rurality's effect on overall community health?*
 -
 -
 -
- 3. What is rurality's effect on access to healthcare?*
 - Long response time for ambulance
 - Lack of medical facilities (clinics, practices)
 -

III. Health Disparities

- 1. What health disparities or underserved populations exist within the community?*
 - Aging population
 - Low income
 -
- 2. What evidence is there?*
 - Census data
 -
 -
- 3. How does the CP program support in the reduction of healthcare disparities?*
 - Providing for follow-up care, well-pt checks, home safety inspections
 - EMS first responder
 -
- 4. How does the plan increase or improve healthcare resources for underserved populations?*
 - Collaborative arrangement with area EMS agencies to provide CP services similar to Jackman model

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: NorthEast Mobile (Bowdoinham)

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- 15 years experience as EMS
- Plans to use the Jackman model to collaborate with EMS agencies in Bowdoinham area
-

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- **Reduce health disparities:** education and well patient checks; local immunization clinics
- **Improve and increase healthcare resources offered by EMS to rural communities and underserved populations:** home safety checks; community resource manual,
- **Improved capacity and services to prevent and control COVID-19 infection (or transmission):** COVID testing and education
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas: fund 1 licensed CP 4 hrs/day, 7 days/week*
-

VI. *Budget Proposal*

1. *Budget narrative*

- minimal
-

2. *Budget form*

- provided
-
-

3. *Requested costs \$67,500.00*

- salary
- testing supplies
- vehicle, equipment, supplies (partial cost request)
- overhead

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

-
-
-

5. *Sustainability Model*

- State reimbursement
- Community subsidies

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- No specific metrics provided
-
-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: NorthEast Mobile (Jackman)

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - Yes
 2. *Does the agency have a CP designation or are they in the process?*
 - Yes, May 2022
 -
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - Yes
 2. *What is rurality's effect on overall community health?*
 - Lack of providers
 - Long ambulance response time
 - Higher rates of chronic conditions
 3. *What is rurality's effect on access to healthcare?*
 - Closest hospitals are 1+ hours away
 - No "public access" pharmacy
 - Shortage of primary care physicians
 - Large geographic areas results in long travel distances/times
 - Lack of palliative/hospice care
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - Aging population
 - disabled
 - chronic conditions/chronic pain
 2. *What evidence is there?*
 - HRSA Uniform Data System
 - Somerset Public Health (survey?)
 -
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Palliative/hospice @ home to keep people in the area instead of having to receive care at distant sites
 4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Implementing community telehealth program
 - assistance with navigating and accessing resources (27% rated it as the highest priority)

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: NorthEast Mobile (Jackman)

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

IV. Capacity, Expertise and Previous Experience

1. How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?

- *Pilot program initial success (according to patient satisfaction scores). Four areas of responsibility with paramedics (with advance training): 1. Emergency Response Paramedic (ALS); 2. Rural Health Care Technician; 3. Critical Access Integrated Paramedic (CAIP)—telehealth (this is the one that has been in the news); 4 CP-Affiliate level for services referred by physician*
- *Medical Directors (PCP and EM)*
- *Clinical Practice Cte (area physicians, Main EMS MDPB, CAIP, EMS QI office)*

V. Scope of Work

1. Demonstrates how applicant will achieve outcomes:

- **Reduce health disparities:** *CP follow-up visits; palliative/hospice care; telehealth*
- **Improve and increase healthcare resources offered by EMS to rural communities and underserved populations:** *community education and community health resource manual; quarterly education sessions at the community center; updating AARP Age-Friendly Community Plan [a one-time effort]*
- **Improved capacity and services to prevent and control COVID-19 infection (or transmission):** *COVID testing and education*
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas? Providing palliative and hospice care for residents*

VI. Budget Proposal

1. Budget narrative

- *Community education*
- *COVID testing/education*
- *Telehealth/Palliative/Hospice Care*
- *Admin. overhead*

2. Budget form

- *Provided*

3. Requested costs

- *Provided \$75K*
- *[Why isn't AARP subsidizing the \$2000 budgeted cost for printing/distribution of AARP materials?]*
- *[why does this program need to purchase hospice equipment? Doesn't Medicare pay for those?]*

4. Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?

5. Sustainability Model

- *State reimbursement*
- *Residents and NEMHS committed to funding shortfall in the future*
-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: NorthEast Mobile (Jackman)

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

VII. Performance/Outcome Metrics

1. Establish and track performance outcome metrics

- *Only process measures and activities listed*
- *No health outcomes listed*
- *No metrics provided*
- *Note: services, roles, training/licensure need to be more clearly defined for the Palliative Care/Home Hospice Program*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MedCare

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - Yes
 2. *Does the agency have a CP designation or are they in the process?*
 - 2016-2018 CP program approved
 -
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - Yes [zip codes provided]
 2. *What is rurality's effect on overall community health?*
 - Increased SUD
 - 911 called more often
 -
 3. *What is rurality's effect on access to healthcare?*
 - Long travel distances to PCP
 - Lack of services at CAH,
 - Lack of providers
 - Limited revenue from communities for EMS; reliance on patient billing
 - Impact of COVID-19 on limiting access to healthcare
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - poverty
 - aging population
 - low education rate
 -
 2. *What evidence is there?*
 - Oxford CHNA 2022
 -
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Decrease in hospital readmission rates for those with targeted chronic conditions
 - "increase in positive outcomes" (not specified)
 -
 4. *How does the plan increase or improve healthcare resources for underserved populations?*
 -

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MedCare

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

IV. Capacity, Expertise and Previous Experience

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- *CP program 2016-18 increased volume of CP visits from 129-311*
- *COVID vaccine clinic*
- *Connections with FD, PD, sheriff's office*

V. Scope of Work

1. *Demonstrates how applicant will achieve outcomes:*

Connecting to resources; connections to PCP; target chronic illness to reduce hospital readmissions; vaccinations; telehealth

- ***Reduce health disparities:*** *connections to PCP; facilitating telehealth visits*
- ***Improve and increase healthcare resources offered by EMS to rural communities and underserved populations:*** *restarting a formerly successful CP program which includes healthcare resources;*
- ***Improved capacity and services to prevent and control COVID-19 infection (or transmission):*** *vaccinations, telehealth visits*
- ***How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas targeting chronic illness to reduce hospital readmissions***

VI. Budget Proposal

1. *Budget narrative*

- *Cover cost of services*
- *Purchase equipment*
- *Train staff*

2. *Budget form*

- *provided*

3. *Requested costs: \$85K*

- *salary*
- *training*
- *vehicle, fuel; medical and tech equipment*

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

-
-
-

5. *Sustainability Model*

- *Additional grants*
- *Home Health and Rumford Hospital reimbursement*
-

VII. Performance/Outcome Metrics

1. *Establish and track performance outcome metrics*

- *QA/QI on every CP visit*
- *Pre/Post ED or Hospital visit*
- *Monitor readmission rate at Rumford Hospital pre and 1 year post CP implementation*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Dept.

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - Yes
 2. *Does the agency have a CP designation or are they in the process?*
 - In process for CP Extended/Enabled Community Health Project
 - Portland Mobile Medical Outreach program (MMO) operates as an approved EMS pilot, 2021.
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - No
 2. *What is rurality's effect on overall community health?*
 - Focus on homeless population in areas difficult to access
 - High rate of ED use
 - Prevalence of SUD/MH
 3. *What is rurality's effect on access to healthcare? This population experiences barriers to accessing healthcare similar to rural populations:*
 - lack of transportation
 - Long wait lists/times
 - Unwillingness to leave possessions to seek care
 - Poor medicine management
 - Lack of understanding of accessing healthcare
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - Lack of housing
 - Mental health issues
 - SUD
 2. *What evidence is there?*
 - 2017 NIH article
 - 2022 Maine Shared CHNA
 - Voices of Hope documentary (youtube)
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - MMO program resulted in 25% drop in 911 calls to shelter locations
 - Provide SU prevention education resources
 - Direct referrals to MAT/recovery programs
 - Assist with connections to primary care, MH care, SUD tx
 - Reduce calls for 911

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Dept.

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - *Provide non-emergent medical care to persons with SUD/MH issues and who are homeless (unhoused)*
- IV. *Capacity, Expertise and Previous Experience*
 1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
 - *MMO approved by EMS MDPB as pilot site in 2021, with data/reporting structures in place*
 - *FR CARA funding 2017*
 - *17 trained paramedics*
 - *81 interactions/month*
- V. *Scope of Work*
 1. *Demonstrates how applicant will achieve outcomes: 10 areas with protocols*
 - *Reduce health disparities: direct referral to MAT/recovery; connections to primary care, MH services, SU tx*
 - *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations; SUD prevention education resources*
 - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas:*
- VI. *Budget Proposal*
 1. *Budget narrative*
 - *No administrative \$*
 - *CP training costs*
 -
 2. *Budget form*
 - *provided*
 3. *Requested costs*
 - *salary*
 - *training*
 - *consultant (? For additional training with a primary care practitioner?)*
 - *printing and supplies*
 4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
 -
 -
 -
 5. *Sustainability Model*
 - *Grant funding through diverse agencies/non-profits*
 - *City of Portland*
 -
- VII. *Performance/Outcome Metrics*
 1. *Establish and track performance outcome metrics*
 - *# contacts (# unique)*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Dept.

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

- *# referrals into primary care*
- *# med. administrations*
- *# MMO protocol usage*
- *Demographic info*
- *Outcomes include personal success stories*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: St.George Ambulance

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - Yes
 2. *Does the agency have a CP designation or are they in the process?*
 - Yes
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - Yes
 2. *What is rurality's effect on overall community health?*
 - Aging population
 -
 -
 3. *What is rurality's effect on access to healthcare?*
 - Long travel times to doctors and hospital
 -
 -
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - Aging population
 -
 -
 2. *What evidence is there?*
 - [reports not cited]: Median age @ Spruce Head = 64
 -
 -
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Not specified
 -
 4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Not specified
 -

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: St.George Ambulance

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- *Currently operating a CP program*
- *2 CP providers @ Clinician level, 3 @ Affiliate level*
-

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- **Reduce health disparities:** *working with providers to reduce unnecessary visits*
- **Improve and increase healthcare resources offered by EMS to rural communities and underserved populations:** *not specified*
- **Improved capacity and services to prevent and control COVID-19 infection (or transmission): will provide COVID testing:** *expansion of C-19 testing at home with new equipment*
- **How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas** *expanding position and more training for CP providers*

VI. *Budget Proposal*

1. *Budget narrative*

- *Minimal, focusing on training and COVID-19 testing training and supplies*
- *Does not discuss training for roster*

2. *Budget form*

- *Provided, but includes a range of amounts for a couple of line items*
- *Confusion on INR and COVID equipment*
- *Training costs do not calculate out right*

3. *Requested costs*

- *Equipment, training, fuel/vehicle*

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

-
-
-

5. *Sustainability Model*

- *Billing for services in 2024*
-
-

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- *Not specified*
-
-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Topsham Fire & Rescue

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - Yes
 2. *Does the agency have a CP designation or are they in the process?*
 - No, they are in process but no date is specified

- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - Yes [**NOTE that NEMHS also covers Bowdoinham**]
 2. *What is rurality's effect on overall community health?*
 - Lack of cardiac cath and specialty services at local hospital, resulting in long transports to Portland (MMC)
 - [people delay or forego needed cardiac care]
 3. *What is rurality's effect on access to healthcare?*
 - Long travel times to cardiac and specialty care
 - [Long transport times means that the EMS service response for local emergencies is reduced]
 - shortage of paramedics: only 1 paramedic working per day
 - overcrowded local hospital

- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - Aging population not often able to travel
 - Uninsured (and therefore unwilling to be treated)
 - poverty
 2. *What evidence is there?*
 - 2020 US Census info for Topsham
 - History of 911 calls
 -
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Assist aging population with basic needs
 - Connect with PCP
 - Assist in determination of needed transport
 4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Adding an additional paramedic;
 - working with local NFs and hospitals to help meet needs of uninsured

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Topsham Fire & Rescue

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- *Roster of 50*
- *Paramedics with CP experience and training*
- *Majority of resources in-house (vehicle, equipment)*

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- **Reduce health disparities:** *through discharge follow-up, monitoring frequent 911 callers*
- **Improve and increase healthcare resources offered by EMS to rural communities and underserved populations:** *reduce travel times*
- **Improved capacity and services to prevent and control COVID-19 infection (or transmission):** *outreach and vaccination services*
- **How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas?** *Connection to local PCPs; helping to keep aging population healthy at home*

VI. *Budget Proposal*

1. *Budget narrative*

- *Provided*

2. *Budget form*

- *Provided*

3. *Requested costs*

- *Primarily payroll: 30hrs/wk/52wks @ \$28/hour*
- *Fuel (\$3.49/gal)*
- *Training, advertising*

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

-
-
-

5. *Sustainability Model*

- *Town selectmen approved continuation if program is successful*
-
-

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- *Via MEFIRS*
- *Internal Emergency Reporting Software (needs more specification)*
- *# CP visits; # CP patients;*
- *Services provided*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - Yes
 2. *Does the agency have a CP designation or are they in the process?*
 - Yes (since 2013)
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - Yes although Androscoggin county includes Lewiston-Auburn and is considered metro; also serves rural towns in Cumberland county.
 - Of the 28 towns served, 85.7% have rural populations
 2. *What is rurality's effect on overall community health?*
 - Higher incidence of chronic conditions
 - Increased likelihood of hospital readmission post 30-day discharge
 - Higher mortality than urban
 - Mental health issues (including high suicide rates for youth)
 - Lack of housing
 3. *What is rurality's effect on access to healthcare?*
 - Shortage of primary care and specialty healthcare providers (esp. MH)
 - Difficult topography/geography
 - Overuse of ED (substituting for primary care)
 - Lack of transportation
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - Mental health
 - Aging population
 - Low income
 - Above 3 result in higher incidence of chronic disease, SUD/MH, More visits to ED, higher mortality, all resulting in poorer health outcomes
 2. *What evidence is there?*
 - 2022 CHNA
 - 2019 Androscoggin health data
 - Census data
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Care coordination for high risk patients
 - Culturally appropriate care
 -

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - *Implement Thriving in Place initiative to expand services to underserved/rural population*
 - *Reducing unnecessary transports/visits to ED*
- IV. *Capacity, Expertise and Previous Experience*
 1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
 - *CP pilot program (2013 -) developed from Home Visit Program (2011)*
 - *2,349 visits to 90 CP patients in 2022*
 - *CP trained staff*
 - *Dedicated CP vehicle*
 - *Contracting with external evaluators and Expert Advisory Team for TIP initiative*
- V. *Scope of Work*
 1. *Demonstrates how applicant will achieve outcomes:*
 - **Reduce health disparities:** *through expansion with and connections to care/providers; additional services*
 - **Improve and increase healthcare resources offered by EMS to rural communities and underserved populations:** *Table 5 under Direct Services; education*
 - **Improved capacity and services to prevent and control COVID-19 infection (or transmission):** *Provide COVID-19 testing as part of monitoring and screening*
 - **How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas:** *implement Thriving in Place initiative which focuses on expansion (breadth/depth) of services to underserved/rural populations, which will help address identified health disparities.*
- VI. *Budget Proposal*
 1. *Budget narrative*
 - *Provided*
 2. *Budget form*
 - *Provided*
 3. *Requested costs*
 - *Personnel*
 - *Vehicle*
 - *fuel*
 - *Evaluation services*
 4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Yes*
 5. *Sustainability Model*
 - *State CP reimbursement in 2024*
- VII. *Performance/Outcome Metrics*
 1. *Establish and track performance outcome metrics*
 - *Also includes process measures*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 3/30/2023

EVALUATOR NAME: Karen Pearson

EVALUATOR DEPARTMENT:

- *Table 7 outlines in detail the metrics*
- *#patients, # visits, # and type of CP services*
- *Reduction in # 911 calls*
- *Reduction in ED visits*
- *Reduction in # 30-day post discharge hospital readmissions*
- *Improved quality of life*
- *Cost savings*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: North East Mobile Health Services - Bowdoinham

DATE: March, 27, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. General Information/Service Provider and group eligibility

1. EMS Agency

- **Yes** or **No**

2. Does the agency have a CP designation or are they in the process?

- Existing in Jackman (sister agency) will expand in Bowdoinham (See #4 re 911 response)

•

•

II. Community rurality

1. Is there a HRSA eligible zip code that is served?

- **Yes** or **No**

2. What is rurality's effect on overall community health?

- No clinics or medical practices **P**
- Transport times

•

3. What is rurality's effect on access to healthcare?

•

- Decreased access to healthcare

•

III. Health Disparities

1. What health disparities or underserved populations exist within the community?

- Aged population **Q**

•

•

2. What evidence is there?

- (no details)

•

•

3. How does the CP program support in the reduction of healthcare disparities?

- Well patient
- Follow up

•

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: North East Mobile Health Services - Bowdoinham

DATE: March, 27, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

4. *How does the plan increase or improve healthcare resources for underserved populations?*

- They suggest the grant would fund a 911 response mode would serve as CP medic? **Q**

-
-

IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- References experience with Jackman CP program, but notes specifically this will be a 911 medic in Bowdoinham **Q**

-
-

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities* **Q**
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations* **Q**
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)* **P**
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas* **Q**

VI. *Budget Proposal*

1. *Budget narrative*

- CP medic or 911 medic? **Q**

-
-

2. *Budget form*

- **Q**

-
-

3. *Requested costs*

- Justification for additional (>\$60k) **Q**

-
-

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- **Q**

-
-

5. *Sustainability Model*

- What will be the agency's role in advocating for a continued program? **Q**

-
-

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- **P**

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: North East Mobile Health Services - Jackman

DATE: March, 28, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. General Information/Service Provider and group eligibility

1. EMS Agency
 - Yes or No
2. Does the agency have a CP designation or are they in the process?
 - Yes **P**
 -
 -

II. Community rurality

1. Is there a HRSA eligible zip code that is served?
 - Yes or No
2. What is rurality's effect on overall community health?
 - 1 Primary care clinic (not open 7 days) **P**
 -
 -
3. What is rurality's effect on access to healthcare?
 - Decreases access to healthcare
 - Travel times
 - Hospital is one hour away **P**

III. Health Disparities

1. What health disparities or underserved populations exist within the community?
 - Decreased hospital access
 - No pharmacy
 - Only 1 PCP **P**
2. What evidence is there?
 - Disability
 - Disease rates
 - **P**
3. How does the CP program support in the reduction of healthcare disparities?
 - Detailed plans for collaboration with county public health **P**
 -
 -

4. How does the plan increase or improve healthcare resources for underserved populations?

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: North East Mobile Health Services - Jackman

DATE: March, 28, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

- Increases education, implement telehealth, establish hospice at home **I**
-
-

IV. Capacity, Expertise and Previous Experience

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Existing program with plans for collaboration and expansion.
- Medical director involvement
- **Q (they note 911 medic) /P**

V. Scope of Work

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities* **P**
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations* **P**
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)* **P**
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas* **P**

VI. Budget Proposal

1. *Budget narrative*

- Notes education, COVID testing, expansion **P**
-
-

2. *Budget form*

- Detailed **P**
-
-

3. *Requested costs*

- Request additional (>\$60k), but needs rational **Q**
-
-

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- **P**
-
-

5. *Sustainability Model*

- Residents have committed to future funding **P**
-
-

VII. Performance/Outcome Metrics

1. *Establish and track performance outcome metrics*

- **P**
-
-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: Northern Oxford Regional Ambulance Service – dba Med-Care

DATE: March, 24, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - **Yes** or **No**
 2. *Does the agency have a CP designation or are they in the process?*
 - Had been approved
 - Plans to “revive” with this grant
 -
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or **No**
 2. *What is rurality's effect on overall community health?*
 - Decreases access **P**
 -
 -
 3. *What is rurality's effect on access to healthcare?*
 - Decreased **P**
 -
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - Access to healthcare
 - Long travel times
 - **P**
 2. *What evidence is there?*
 - Poverty
 - Aged population
 - Distance to PCP **P**
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Reduce lengthy 911 transports **P**
 - Reach patients with decreased or no healthcare access
 -
 4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Plan to revive CP program **P**

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: Northern Oxford Regional Ambulance Service – dba Med-Care

DATE: March, 24, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

•
•
IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Successful pilot CP program **P**

•
V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities* **P**
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations* **P**
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)* **P**
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas* **P**

VI. *Budget Proposal*

1. *Budget narrative*

- Details various aspects
- Includes salary, travel, vehicle and admin expenses **P**

•
2. *Budget form*

- Line items **P**

•
3. *Requested costs*

- Request additional to limit, provides rural needs justification **P**

•
4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- **P**

•
5. *Sustainability Model*

- Do speak to sustainability, however no details/ plan after these funds expire. **Q**

•
VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- Speak to internal and hospital metrics.
- Speak to reduced readmissions **P**

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: Portland Fire Department

DATE: March, 23, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - **Yes** or **No**
 2. *Does the agency have a CP designation or are they in the process?*
 - Is applying for designation
 - Details existing mobile outreach as a launching point **P**
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or **No**
 - There are zip codes eligible that are not served by mobile outreach.
 2. *What is rurality's effect on overall community health?*
 - Mentions eligible zip codes, but the focus is on homeless in urban area **Q**
 -
 -
 3. *What is rurality's effect on access to healthcare?*
 - As noted above in II.2 **Q**
 -
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - Detailed narrative on homeless population
 - **P**
 2. *What evidence is there?*
 - High call volume in underserved **P**
 -
 -
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Adjusting existing mobile outreach into CP **P**
 - Focus on SUD, access to healthcare, reduction of 911 transports **I**
 -
 4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Details with included protocols, 9 areas of CP focus **P/ I**
 -

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: Portland Fire Department

DATE: March, 23, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

•
IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Large fire/Carolyn service with adequate personnel
- Working from existing mobile outreach experience **P**

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities* **P**
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations* **P**
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)* **N**
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas* **P**

VI. *Budget Proposal*

1. *Budget narrative*

- Focus on salary and training
- Medical director involvement **P**

•
2. *Budget form*

- Line items **P**

•
•
3. *Requested costs*

- In-line with RFA **P**

•
•
4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- Yes **P**

•
•
5. *Sustainability Model*

- Addresses grant funding efforts and goal of city support for permanent CP program **P**

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- Performance metrics
- Success stories **P**

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: Saint George Ambulance

DATE: March, 22, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. General Information/Service Provider and group eligibility

1. EMS Agency
 - Yes or No
2. Does the agency have a CP designation or are they in the process?
 - Yes
 - P

II. Community rurality

1. Is there a HRSA eligible zip code that is served?
 - Yes or No
2. What is rurality's effect on overall community health?
 - Lack of healthcare availability in town P
 - Aged population
 -
3. What is rurality's effect on access to healthcare?
 - Decreased access P
 - Decreased ability to age in place

III. Health Disparities

1. What health disparities or underserved populations exist within the community?
 - Older population
 - Transportation to healthcare
2. What evidence is there?
 - Q
 -
 -
3. How does the CP program support in the reduction of healthcare disparities?
 - N
 -
 -
4. How does the plan increase or improve healthcare resources for underserved populations?
 - State they will "expand" services but do not detail Q
 -
 -

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: Saint George Ambulance

DATE: March, 22, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

IV. Capacity, Expertise and Previous Experience

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Existing CP program but do not detail that experience
- **Q**

V. Scope of Work

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities* **N**
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations* **N**
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)* **P**
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*

VI. Budget Proposal

1. *Budget narrative*

- General lacks details
- **Q**
-

2. *Budget form*

- Notes "INR testing equipment", but this is not detailed or mentioned elsewhere
- **P/Q**
-
-

3. *Requested costs*

- Requests additional funds (beyond \$60k) but does not detail eligibility **Q**
-
-

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- **Q**
-
-

5. *Sustainability Model*

- No discussion of sustainability **N**
-
-

VII. Performance/Outcome Metrics

1. *Establish and track performance outcome metrics*

- No discussion of performance or outcome measures **N**
-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: Topsham Fire and Rescue

DATE: March, 21, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - **Yes** or **No**
 2. *Does the agency have a CP designation or are they in the process?*
 - Not currently
 - Communicated their intent to apply **P**
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or **No**
 2. *What is rurality's effect on overall community health?*
 - Long transport to "specialty services" **P**
 - Distant trauma/ stroke centers
 -
 3. *What is rurality's effect on access to healthcare?*
 - 911 medics have long transport times and can have extended out of service times **P**
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - General benefit
 - Do note transportation issues
 - Medication review **Q**
 2. *What evidence is there?*
 - Municipality
 - Poverty
 -
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Indirectly notes frequent utilizations **Q**
 -
 -
 4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - **N**
 -
 -

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: Topsham Fire and Rescue

DATE: March, 21, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

IV. Capacity, Expertise and Previous Experience

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Would use existing 911 paramedic
- Does not address additional training
- CP medical director involvement **Q/N**

V. Scope of Work

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities*
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission) **P***
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*

VI. Budget Proposal

1. *Budget narrative*

- Details payroll breakdown
- **P**
-

2. *Budget form*

- Line item detail **P**
- Training \$1k? – Is that adequate with no prior CP training? **Q**
-

3. *Requested costs*

- \$60k **P**
-
-

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- Yes **P**
-
-

5. *Sustainability Model*

- Does express a plan to use pilot year to advocate for a permanent position from town **P**
-
-

VII. Performance/Outcome Metrics

1. *Establish and track performance outcome metrics*

- General description does not detail data to be collected and how it will measure outcomes. **Q/N**
- Social media resources?

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: United Ambulance Service

DATE: March, 20, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. *General Information/Service Provider and group eligibility*
 1. *EMS Agency*
 - **Yes** or **No**
 2. *Does the agency have a CP designation or are they in the process?*
 - Existing CP
 -
- II. *Community rurality*
 1. *Is there a HRSA eligible zip code that is served?*
 - **Yes** or **No**
 2. *What is rurality's effect on overall community health?*
 - Increase chronic diseases **P**
 - Disadvantages to "thriving in place"
 -
 3. *What is rurality's effect on access to healthcare?*
 - Transportation **P**
 - Shortage of primary care providers
- III. *Health Disparities*
 1. *What health disparities or underserved populations exist within the community?*
 - Details each of 3 counties
 - Mental Health, SUD
 - Lack of services, poverty **P**
 2. *What evidence is there?*
 - Socioeconomic data
 - Lifestyle and environment risk data
 - Chronic disease data **P**
 3. *How does the CP program support in the reduction of healthcare disparities?*
 - Community engagement **P**
 - Pathway to clinical and social support
 -
 4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - Increase healthcare access
 - Implement thriving in place
 - Asthma management

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

Bidder Name: United Ambulance Service

DATE: March, 20, 2023

EVALUATOR NAME: Ken Rosati

EVALUATOR DEPARTMENT: Cutler Institute, University of Southern Maine

IV. Capacity, Expertise and Previous Experience

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Demonstrates current CP efforts
- Details team and network to support CP efforts **P**
-

V. Scope of Work

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities* **P**
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations* **P**
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)* **P**
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas* **P**

VI. Budget Proposal

1. *Budget narrative*

- Details personal and subcontract plans
- **P**
-

2. *Budget form*

- Specific to wages and other costs **P**
-
-

3. *Requested costs*

- Within guidelines for RFA **P**
-
-

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- Yes **P**
-
-

5. *Sustainability Model*

- Speak directly to sustainability using existing personnel, vehicles, resources **P**
-
-

VII. Performance/Outcome Metrics

1. *Establish and track performance outcome metrics*

- Details indicators, data sources, and frequency
- Notes quantitative review
- Development of quarterly narrative and metrics
- Six-month success stories
- Reasonable look back time frame (6 months) **P**

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: North East Mobile Health Services

DATE: 04/02/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. General Information/Service Provider and Group Eligibility

P:

N:

Q:

I: In this section they did not make a statement for group eligibility regarding having a current or in the process of building a CP program. In the health disparities section they state: *NEMHS has an established Maine EMS Board approved Community Paramedic Program that we have implemented in the Jackman area, and it is working well. Our intention is to use that experience to establish a program here working collaboratively with the EMS agencies that typically respond to this area.*

II. Community Rurality

P: Establishes the zip codes and metrics of rurality. However, their citing of a 79,000 median income is not a health disparity as it is well above the State's median income.

N:

Q:

I:

III. Health Disparities

P: Older population

N:

Q:

I:

IV. Capacity, Expertise, and Previous Experience

P: Has a CP program in Jackman and would like to replicate this success in this new region.

N:

Q:

I:

V. Scope of Work

P: Establishes a limited scope of CP services that is inline with the larger CP model.

N:

Q:

I:

VI. Budget Proposal

P: Appears reasonable

N:

Q:

I:

VII. Performance/Outcome Metrics

P:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

**RFA TITLE: Healthcare Disparities Funding for Community
Paramedicine**

BIDDER NAME: North East Mobile Health Services

DATE: 04/02/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

N: These are not quality measures. They are not measuring how their services improve health outcomes. They are measuring only for completion of the service.

Q:

I:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: North East Mobile Health Services-Jackman

DATE: 04/02/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. General Information/Service Provider and Group Eligibility

P:

N:

Q:

I: In this section they did not make a statement for group eligibility regarding having a current or in the process of building a CP program. In the health disparities section they state: *NEMHS has an established Maine EMS Board approved Community Paramedic Program that we have implemented in the Jackman area, and it is working well. Our intention is to use that experience to establish a program here working collaboratively with the EMS agencies that typically respond to this area.*

II. Community Rurality

P: Establishes the zip codes and metrics of rurality. Identifies the impact of rurality on healthcare access and outcomes.

N:

Q:

I:

III. Health Disparities

P: Very, well established high rate of health disparities related to regionality and rurality

N:

Q:

I:

IV. Capacity, Expertise, and Previous Experience

P: Well established CP program for more than 15 years.

N:

Q:

I:

V. Scope of Work

P: Establishes that they will invest in the continued success and expansion of their current model to address health-related social needs and healthcare needs that have not yet been fully addressed.

N:

Q:

I:

VI. Budget Proposal

P: Appears reasonable

N:

Q:

I:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

**RFA TITLE: Healthcare Disparities Funding for Community
Paramedicine**

BIDDER NAME: North East Mobile Health Services-Jackman

DATE: 04/02/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

VII. Performance/Outcome Metrics

P:

N: These are not quality measures. They are not measuring how their services improve health outcomes. They are measuring only for completion of the service. There is an opportunity here to direct them to was they could improve the measurement of their services to improve requests for funding and health outcomes.

Q:

I:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance Service

DATE: 04/02/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. General Information/Service Provider and Group Eligibility
P: Well established
N:
Q:
I:
- II. Community Rurality
P:
N:
Q:
I:
- III. Health Disparities
P: Low income, distances from healthcare providers, healthcare provider resources are reduced due to the public health emergency (PHE).
N:
Q:
I:
- IV. Capacity, Expertise, and Previous Experience
P: Well established since 1988. CP since 2016.
N:
Q:
I:
- V. Scope of Work
P: Very well described and demonstrates a clear understanding of the scope and goals of a CP program.
N:
Q:
I:
- VI. Budget Proposal
P: Great job here.
N:
Q:
I:
- VII. Performance/Outcome Metrics
P: Excellent- demonstrates a clear understanding of the goals of a CP program.
N:
Q:
I:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 04/02/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. General Information/Service Provider and Group Eligibility
P: Establishes the necessary criteria
N:
Q:
I:
- II. Community Rurality
P:
N: None of the zip codes serviced by the applicant are identified as eligible for rural health grants by HRSA. They have not provided a list of zip codes served by the applicant's Mobile Medical Outreach (MMO) program. The applicant attempts to tie their application validity to serving the urban homeless population in Portland.
Q:
I: *While there are zip codes for communities within Cumberland County that qualify as rural areas, none of these are served by the Mobile Medical Outreach (MMO) program of the Portland Fire Department. Clearly, by definition, none of the work that is done by the MMO team qualifies as serving a rural community* The applicant states they do not serve rural areas and then attempts equate urban homelessness to rurality. This is not sufficient per the terms of the RFA. "Rurality of the mind" is not rurality.
- III. Health Disparities
P: Establishes the health disparities of the homeless population well.
N: Homelessness in an urban setting is not rurality. Does not tie urban homelessness to rurality.
Q:
I:
- IV. Capacity, Expertise, and Previous Experience
P: Established program since 2016 focused on SUD and MH intervention for homeless individuals.
N:
Q:
I:
- V. Scope of Work
P: Well established scope and directly addresses health disparities experienced by individuals with homelessness.
N: Again all focused on an urban population.
Q:
I:
- VI. Budget Proposal
P: Checks the boxes.
N:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

**RFA TITLE: Healthcare Disparities Funding for Community
Paramedicine**

BIDDER NAME: Portland Fire Department

DATE: 04/02/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

Q:

I:

VII. Performance/Outcome Metrics

P: They have clearly thought about this, but they should develop these as being more measurable. For example: reduced ED utilization.

N:

Q:

I:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Saint George Ambulance

DATE: 03/15/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments: Overall comment- Confirmed with Soliana Goldrich that her name at the top of the RFA proposal does not indicate that she wrote it. It was intended to address the application to her. This RFA was completed by Kevin LeCaptain.

I. General Information/Service Provider and Group Eligibility

P:
N: Very limited documentation
Q:
I:

II. Community Rurality

P: Identifies rurality
N:
Q:
I:

III. Health Disparities

P:
N: No health disparities are identified. 15-30 minutes of time spent in the doctor's offices or traveling to the doctor's office is not a health disparity or a barrier to care. They provide no description of the health disparities in the population they serve and provide no statistics and do not site public health reports. They fail to meet the application requirements.
Q: What are the services they provide for which individuals now face barriers to obtaining?
I: Community paramedicine is not a convenient alternative to primary care, which is what it sounds like they are proposing. They fail to meet the RFA standard: ***The Health Disparities Grant (HDG) Program provided funding to address health disparities, including those from COVID-19, and advance health equity.... Identify what health disparities exist within your community as well as any underserved populations². Please provide evidence (e.g., statistics, reports, rurality data, etc.) to illustrate how said population is underserved or experiencing health disparities. Demonstrate how your CP program will support in the reduction of health disparities. How does your plan improve and/or increase healthcare resources for underserved populations?***

IV. Capacity, Expertise, and Previous Experience

P: They state they have staff taking CP classes and say that they are delivering CP services. They mention the intention of expanding COVID testing to avoid spread.
N: They do not describe the services they call CP and how they are related to health disparities.
Q:
I:

V. Scope of Work

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

**RFA TITLE: Healthcare Disparities Funding for Community
Paramedicine**

BIDDER NAME: Saint George Ambulance

DATE: 03/15/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

P: They mention the intention of expanding COVID testing to avoid spread. Continue training to be able to offer a CP class in their area. Add a part time position.

N: They mention expanding their other services, but they have never defined these services and how they relate to health disparities.

Q: They say they are going to approach a hospital with real numbers- real numbers of what and for what services?

I:

VI. Budget Proposal

P:

N: The first 3 lines for CP classes do not make sense mathematically.

Q:

I:

VII. Performance/Outcome Metrics

P:

N: Absolutely no reference to performance metrics.

Q:

I:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Topsham Fire & Rescue

DATE: 03/15/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. General Information/Service Provider and Group Eligibility
P:
N: They do not currently have a community paramedicine designation and have not yet submitted an application.
Q: Will they be able to obtain an approved community paramedicine designation prior to the distribution of funds deadline?
I:
- II. Community Rurality
P: Confirms that Topsham is HRSA eligible for rural health grants.
N: Answers the questions, but with little documentation.
Q:
I:
- III. Health Disparities
P: Establishes a high-level definition of health disparity based on the barriers to care of lack of health insurance and/or transportation or having a disability.
N:
Q: Are they planning as part of this program to provide care coordination to connect these individual to Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs) that provide primary care and do not charge patients for uncovered services?
I:
- IV. Capacity, Expertise, and Previous Experience
P: Intent is good.
N: Clear statement of qualifications and plan is lacking.
Q: Are any of their 50 providers Community Paramedicine certified?
I:
- V. Scope of Work
P: These funds would assist in the initiation of a community paramedicine program.
N: Not a well-defined program. They are talking about providing services in nursing facilities and assisted living facilities that are otherwise reimbursed for the services this agency plans to deliver.
Q: Does the contract allow for these funds to appropriated for the initiation of a community paramedicine program? What services are they delivering in nursing facilities and assisted living facilities that are not already being reimbursed for to those facilities. Community paramedicine cannot become a gap filler for an under-staffed facility that is being reimbursed for the same services.
I:
- VI. Budget Proposal
P:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

**RFA TITLE: Healthcare Disparities Funding for Community
Paramedicine**

BIDDER NAME: Topsham Fire & Rescue

DATE: 03/15/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

N:

Q:

I:

VII. Performance/Outcome Metrics

P:

N: These are not SMART goals. They are not well defined or measurable. There are no performance metrics identified here in this proposal.

Q:

I:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 03/14/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. General Information/Service Provider and Group Eligibility
P:
N:
Q: Does EMS expect the applicant to have provider proof of their eligibility statements?
I:

- II. Community Rurality
P: Serves zip codes determined by HRSA as eligible for rural health grants
N: Makes an intellectual case for rurality's impact on healthcare access but does not support this with data on the population they serve. This may be addressed in the Health Disparities section.
Q:
I:

- III. Health Disparities
P: Very well documented and presented health disparities for each county the applicant serves. Also documented well COVID-related health disparities. Well established community paramedicine program. Part of two hospital systems and home visits are central to their program
N:
Q:
I:

- IV. Capacity, Expertise, and Previous Experience
P: Well qualified. Well documented.
N:
Q:
I:

- V. Scope of Work
P: Strategic and measurable plan for their scope of work. Builds on their existing model.
N:
Q:
I:

- VI. Budget Proposal
P: They are proposing to do a lot of work for the budget.
N:
Q:
I: They document the cost here well, but knowing how costly it is to operationalize and deliver these services, I would guess that their real costs will be higher than the highest award amount.

- VII. Performance/Outcome Metrics

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

**RFA TITLE: Healthcare Disparities Funding for Community
Paramedicine**

BIDDER NAME: United Ambulance Service

DATE: 03/14/2023

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: DHHS, Office of MaineCare Services

P: Strategic and measurable plan for their performance and outcome measures.

N:

Q:

I:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northeast Mobile Health Services – Bowdoinham

DATE: 3/28/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. *General Information/Service Provider and group eligibility*

1. *EMS Agency*

- Yes or No

2. *Does the agency have a CP designation or are they in the process?*

- Northeast Mobile Health Services has a CP designation although it wasn't mentioned in the application.

II. *Community rurality*

1. *Is there a HRSA eligible zip code that is served?*

- Yes or No

2. *What is rurality's effect on overall community health?*

- Mentions that there are no clinics although Richmond does have a health center with primary care providers.

3. *What is rurality's effect on access to healthcare?*

- Discusses the length of time for emergency response.

III. *Health Disparities*

1. *What health disparities or underserved populations exist within the community?*

- Application discusses the age of Bowdoinham residents. It states that almost 20% of people are age 60 or older.

2. *What evidence is there?*

- The application includes percentages specific to Bowdoinham, but does not specify where the numbers came from.

3. *How does the CP program support in the reduction of healthcare disparities?*

- It states that a CP program will allow for increased care such as follow up care and safety inspections and speaks to having an EMS responder in the local area.

4. *How does the plan increase or improve healthcare resources for underserved populations?*

- This would bring a new service to the area.

IV. *Capacity, Expertise and Previous Experience*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northeast Mobile Health Services – Bowdoinham

DATE: 3/28/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- North East Mobile Health Services has a community paramedicine program that has been in operation since May of 2022. This operates with a pilot project in Jackman.
- One of the components of the pilot project is community paramedicine.

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities*
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. *Mentions providing COVID testing and education as needed*
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. *Discusses establishing a program in a new area, although the agency does have an existing program.*

VI. *Budget Proposal*

1. *Budget narrative*

- Looking at a salary for 4hrs a day 7 days a week.
- Other funding is for COVID supplies, vehicle and equipment supplies and administrative overhead

2. *Budget form*

- The largest line item is salary at \$47,320 and vehicle/equipment and supplies at \$13,155

3. *Requested costs*

- Requesting \$67,500 in total

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- It is requesting funding for both CP and emergency response which is not allocable.

5. *Sustainability Model*

- They discuss pushing towards reimbursement and requesting funding from the towns that are being served.

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- Discusses goals of the program but does not specify any numerical tracking.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northeast Mobile Health Services – Jackman

DATE: 3/28/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. *General Information/Service Provider and group eligibility*

1. *EMS Agency*

- Yes or No

2. *Does the agency have a CP designation or are they in the process?*

- Northeast Mobile Health Services has a CP designation mentioned in their healthcare disparities section.

II. *Community rurality*

1. *Is there a HRSA eligible zip code that is served?*

- Yes or No

2. *What is rurality's effect on overall community health?*

- There is a large area with very few providers within the area.

3. *What is rurality's effect on access to healthcare?*

- Residents have to travel far distances for most services and don't have access to palliative or hospice care currently.

III. *Health Disparities*

1. *What health disparities or underserved populations exist within the community?*

- People 60 and older make up 31.3% of Jackman's population.
- People with disabilities, diabetes, high blood pressure and obesity are highlighted as health disparities.

2. *What evidence is there?*

- The application discusses using data from HRSA.
- Discusses work with Somerset County Public Health – not sure if this is from a needs assessment or other document/work.

3. *How does the CP program support in the reduction of healthcare disparities?*

- Discusses expanding their existing program using the Somerset county public health survey to inform future efforts.
- Discusses implementation of programs to meet some of the aforementioned needs such as a palliative care/hospice at home program. That would not be currently allowed through the CP statute nor rules.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northeast Mobile Health Services – Jackman

DATE: 3/28/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

4. *How does the plan increase or improve healthcare resources for underserved populations?*

- Discusses overall program expansion in capacity.

IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Northeast Mobile Health Service has a current CP designation and started practicing in May of 2022.
- They also have a pilot program that overlaps with their CP services.

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities*
 1. Mentions the increase of services to meet requested needs.
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. Discusses overall education and expansion of their existing CP program.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. Discusses conducting COVID testing and education as needed.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. Discusses expanding their program to deliver community education and develop a community health resource manual.
 2. Discusses providing quarterly education sessions at the community center and updating a the Jackman Age-Friendly Community plan for AARP.

VI. *Budget Proposal*

1. *Budget narrative*

- Includes a narrative breakdown by line item.

2. *Budget form*

- The form breaks down costs by: community education, COVID testing/Education, Telehealth, palliative, hospice, and allocated admin overhead.
- Salaries are mentioned in the first three items adding up to a total of: \$42,087

3. *Requested costs*

- Request a total of \$75,000
- The largest expense is Salaries and the second largest is equipment at \$15,000
- There is only one zip code: 04945, so they would only be eligible for \$60,000. The zip code falls into the other parameters.

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northeast Mobile Health Services – Jackman

DATE: 3/28/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

- Some pieces do, some do not. The AARP and palliative and hospice care pieces would not be allocable. The other components though do appear to fall into the principles.

5. *Sustainability Model*

- Discusses working to push reimbursement forward and having commitments for future funding from their agency and the residents of Jackman-Moose River.

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- Discusses goals of all previously aforementioned items and measures through outcomes. No specific numerical performance measures are mentioned,

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: 3/28/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. General Information/Service Provider and group eligibility

1. EMS Agency

- Yes or No

2. Does the agency have a CP designation or are they in the process?

- They have an application submitted to the state that is in the review process.

II. Community rurality

1. Is there a HRSA eligible zip code that is served?

- Yes or No

2. What is rurality's effect on overall community health?

- They serve a coverage area of over 500 square miles which can lead to long wait times.
- There are limited resources available in a large area. Med-Care uses a subsidy that only covers 22% of the annual budget.
- There is a dearth of providers in the area and the Rumford hospital obstetrics unit will be closing in the near future.
- There are only 9 primary care providers within the coverage area.

3. What is rurality's effect on access to healthcare?

- There are long travel times for provider care both emergent and preventative.
- There are very few providers locally making access difficult.

III. Health Disparities

1. What health disparities or underserved populations exist within the community?

- Oxford county has high rates of poverty, disabilities, and low educational attainment.
- Poverty has been a large barrier in accessing transportation to and from appointments to obtain preventative and ongoing healthcare.

2. What evidence is there?

- They utilized evidence from the Oxford County Community Health Needs Assessment Report and the U.S. Census Quick Facts.

3. How does the CP program support in the reduction of healthcare disparities?

- This helps reduce healthcare disparities through greater access by those who are otherwise unable to access adequate care.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: 3/28/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

4. *How does the plan increase or improve healthcare resources for underserved populations?*

- They seek to directly connect patients to primary care as well as assessing needs and providing other connections as needed.

IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Had a pilot project in 2016 and doubled their visits in a year.
- Set up a drive through vaccine clinic to address COVID-19 and provided 1,541 COVID vaccinations.

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities*
 1. This will bridge the gap in access to healthcare especially for those who are unable to currently access preventative care.
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. Med-Care would be re-starting a community paramedicine service in their area and focus on chronic illnesses.
 2. The goal is to increase access to services and decrease need for emergency visits.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. They have the capacity to provide COVID-19 vaccinations and other vaccinations in the community and the home as needed.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. These funds would allow Med-Care to re-start their community paramedicine program.
 2. It will support with paying for training, equipment, and covering cost of delivery of services.

VI. *Budget Proposal*

1. *Budget narrative*

- Provides a narrative breakdown per line item in the budget form.
- Seeks to have funding to address a variety of needs including start up and sustainability for two years.

2. *Budget form*

- Requesting \$85,000 in total for over two years.
 1. The first year they are requesting \$48,600 with \$0 in contribution from Med-Care.
 2. The second year they are requesting \$36,400 with \$8,020 of contribution from Med-Care.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance Service DBA Med-Care

DATE: 3/28/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

- The largest portion of money is \$31,200 each year and the second largest expenditure is a Vehicle at \$5,000 the first year and \$3,320 the second year.

3. *Requested costs*

- They are requesting funding for salary, fuel, equipment, training, technology, administrative fees and a vehicle.

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- The funding would have to fit into 15 months versus two years to comply with the RFA. This would need to be updated.
- The requested costs do meet the federal government's standards.

5. *Sustainability Model*

- The requested funds should cover two years of service and provide time to find other means of funding including grants and further reimbursement.

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- They will review all community paramedicine reports through their current Quality assurance/improvement program.
- They will monitor patients for hospitalizations and EMS utilization.
- They will look at the readmission rate to Rumford hospital from prior to starting the program and a year after.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 3/27/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. *General Information/Service Provider and group eligibility*

1. *EMS Agency*

- Yes or No

2. *Does the agency have a CP designation or are they in the process?*

- Letter of intent and protocols included in application.

II. *Community rurality*

1. *Is there a HRSA eligible zip code that is served?*

- Yes or No

2. *What is rurality's effect on overall community health?*

- Portland recognizes that it is not rural, but in the population they serve they are affected by rural predicaments.
- The population that would be served by CP often doesn't have access to transportation and may be in more secluded areas of the city. They also may not be able to access preventative healthcare.

3. *What is rurality's effect on access to healthcare?*

- The population to be served spans 22.5 square miles and lacks transportation and may have difficulty in mainstream healthcare settings.
- Preventative care is not always accessible.

III. *Health Disparities*

1. *What health disparities or underserved populations exist within the community?*

- Portland is focusing on the unhoused population within the city. Those folks struggle with a myriad of issues including mental health, substance use, and access to care.
- People experiencing homelessness often struggle to access preventative care and have poorer health outcomes than housed community members.

2. *What evidence is there?*

- They highlighted multiple sources of evidence including an article from the National Institute of Health, Maine Shared Community Health Needs Assessment Report 2022 and Department data.
- Last year 9.5% of the call volume was in close proximity to the Oxford Street shelter. This is a disproportionate use of EMS compared to the population size.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 3/27/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

3. *How does the CP program support in the reduction of healthcare disparities?*
 - The homeless population struggles with a variety of unmet needs especially regarding healthcare. This program helps get those individuals the care they need with less barriers.

4. *How does the plan increase or improve healthcare resources for underserved populations?*
 - This supports in expanding an existing program to encompass CP as well specifically targeting people experiencing homelessness.
 - It enables the providers to meet patients where they are and support in connecting to other care.

IV. Capacity, Expertise and Previous Experience

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
 - Portland has not had CP in the past, but has had their mobile medical outreach (MMO) program starting in 2016. It currently operates as a pilot project. MMO has a lot of overlapping concepts with community paramedicine in what they provide service wise and meeting community members in the community for preventative care.

V. Scope of Work

1. *Demonstrates how applicant will achieve outcomes:*
 - *Reduce health disparities*
 1. The scope of work is built to meet patients where they are at and to address the concerns of the homeless population.

 - *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. It helps decrease barriers in accessing care for those experiencing homelessness.

 - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. COVID is mentioned in the intake form. There is not a lot of other mentions.

 - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. This would bring community paramedicine to this area and while it may not be rural those experiencing homelessness are notoriously underserved.

VI. Budget Proposal

1. *Budget narrative*
 - The majority of the funds will be used for personnel and training/development costs.

2. *Budget form*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 3/27/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

- Requesting \$60,000 in total.

3. *Requested costs*

- Salary and training are the two highest costs at \$51,000 and \$5,100 respectively.

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- It appears to conform to the cost principles.

5. *Sustainability Model*

- Requested funds account for less than 50% of the operational costs of the existing program.
- Eventually the city should absorb some of the costs of the program.

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- Collect an assortment of information from every contact.
- Focus on contacts per day, referrals to primary care, and medication administration for performance metrics.
- Look at personal stories for outcomes.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: St. George Ambulance

DATE: 3/27/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. *General Information/Service Provider and group eligibility*

1. *EMS Agency*

- Yes or No

2. *Does the agency have a CP designation or are they in the process?*

- St. George currently has a CP designation

II. *Community rurality*

1. *Is there a HRSA eligible zip code that is served?*

- Yes or No

2. *What is rurality's effect on overall community health?*

- Did not really answer this question.

3. *What is rurality's effect on access to healthcare?*

- It takes about 15-30 minutes to get to the nearest hospital.

III. *Health Disparities*

1. *What health disparities or underserved populations exist within the community?*

- Location of St. George and access to healthcare. This was not very in depth.
- Mentioned the aging population of St. George.

2. *What evidence is there?*

- Used median ages for "Tenants Harbor at 56.4 and Spruce Head 64"

3. *How does the CP program support in the reduction of healthcare disparities?*

- The program aims to reduce need for other office visits and 911 calls.

4. *How does the plan increase or improve healthcare resources for underserved populations?*

- The program would expand the manpower provided, number of trained staff, and capacity for COVID-19 testing.

IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- They have had a community paramedicine program for years and have established relationships with community providers.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: St. George Ambulance

DATE: 3/27/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities*
 1. The hope is that an increased amount of time given to CP visits will decrease 911 calls for those most at risk.
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. Greater amount of time can be dedicated to patients with improved hours spent towards community paramedicine.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. Funding requested for COVID-19 testing capacity.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. Expand to a part time staff member for the next 15 months.

VI. *Budget Proposal*

1. *Budget narrative*

- Discusses expanding COVID-19 testing capacity, providing CP education, and expanding to have a part time position dedicated to CP.

2. *Budget form*

- Included a breakdown of costs. The costs for the COVID-19 test equipment and vehicle were variable. The costs exceed the amount they would be eligible for. They do not mention what zip codes they serve but mention 5 towns. They would be eligible for a max of \$72,500. There are two towns mentioned that have 200 people per square mile or less, so the max eligibility would be \$65,000 based on criteria.

3. *Requested costs*

- Requests \$10,000-30,000 for COVID-19 testing equipment
- Requested costs for classes for 9 providers
- Requested funding for a vehicle for \$15,000-25,000

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- The budget includes two variable prices which is not reasonable. \$10,000-\$30,000 for COVID-19 testing equipment seems to be well beyond reasonable.
- The other costs appear to align with the principles.

5. *Sustainability Model*

- Discusses working with the hospital for potential funding and utilizing these funds prior to reimbursement.

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- No mention in the application.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Topsham Fire and Rescue

DATE: 3/22/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. *General Information/Service Provider and group eligibility*

1. *EMS Agency*

- Yes or No

2. *Does the agency have a CP designation or are they in the process?*

- Agency does not currently have a designation, but have begun work on a designation application.

II. *Community rurality*

1. *Is there a HRSA eligible zip code that is served?*

- Yes or No

2. *What is rurality's effect on overall community health?*

- Access to hospitals that meet the patients needs
- High transport times when transporting to a hospital that can meet specialty needs

3. *What is rurality's effect on access to healthcare?*

- High transport times increase overall times for all especially with their staffing capacity

III. *Health Disparities*

1. *What health disparities or underserved populations exist within the community?*

- 25% of the population is over the age of 65
- 12.4% of the population lives in poverty making it difficult to access healthcare resources

2. *What evidence is there?*

- Utilized census data to tie statistics to the disparities

3. *How does the CP program support in the reduction of healthcare disparities?*

- Allows for more time with patients than in the 911 setting
- Would help with those who are confined to their home due to lack of transportation

4. *How does the plan increase or improve healthcare resources for underserved populations?*

- It provides additional time with a patient, enabling the providers to assess and address further concerns/needs.

IV. *Capacity, Expertise and Previous Experience*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Topsham Fire and Rescue

DATE: 3/22/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- Selectboard approved request to apply for the grant
- Have the capacity to have existing staff dedicate 30 hours per week to community paramedicine
- Members have some existing comparable knowledge

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities*
 1. They will utilize outreach to help meet the needs of the aging population within the catchment area
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. This would be a new service within their area and therefore expand overall capacity
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. Will provide COVID-19 vaccinations as needed by the community
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. They will utilize the funds to support with initiating a community paramedicine program within the area. The goal is that this will support those who can't access needed resources due to the distance.

VI. *Budget Proposal*

1. *Budget narrative*

- Grant funds would not be usable until July 1, 2023 due to the town process.
- Payroll is the main expense and would be a rate of \$28 an hour for 30 hours a week

2. *Budget form*

- Requests \$60,000 with a breakdown of payroll, fuel, and supplies as the primary costs

3. *Requested costs*

- Costs are requested for payroll at \$50,646, Fuel at \$4,354, Training at \$1,000, Outreach/Advertising at \$1,000, Supplies at \$2,000 and \$1,000 for equipment.

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- It seems to as all of the costs are startup related and there is a plan in place for future funding.

5. *Sustainability Model*

- Select board approved the application of this grant with the knowledge that they may have to fund community paramedicine in the future.

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- They will track visits in MEFIRS

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Topsham Fire and Rescue

DATE: 3/22/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

- They will track financial reports and provide success stories to the state office

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Services

DATE: 3/15/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. General Information/Service Provider and group eligibility

1. EMS Agency

- Yes or No

2. Does the agency have a CP designation or are they in the process?

- United has had a CP program since May 2013.

II. Community rurality

1. Is there a HRSA eligible zip code that is served?

- Yes or No

- Lists over 10 zip codes with less than 200 people per square mile

2. What is rurality's effect on overall community health?

- Higher incidences of chronic disease and potential readmission as well as higher rates of death.
- Discusses rurality making it difficult for community members to thrive in place.

3. What is rurality's effect on access to healthcare?

- Primary care and healthcare provider shortage make access difficult.
- ED becomes the main source of primary care despite its shortcomings.

III. Health Disparities

1. What health disparities or underserved populations exist within the community?

- Androscoggin County – age, education, household income. Mental health and substance use is also a large concern.
- Cumberland County – Overdose EMS calls are high and access to healthcare that is culturally appropriate is a barrier.
- Oxford County – Reliance on emergency services for health concerns potentially due to rurality and poverty.
- COVID-19 has created increased disparities

2. What evidence is there?

- Provided tables with break down by county.
- Androscoggin county ER visits under mental health is much higher than the Maine average.
- Cumberland County - Over a quarter of adults not receiving preventative care due to wait and lack of providers.
- Oxford County – Higher rates of poverty and lower income levels shown in the table.

3. How does the CP program support in the reduction of healthcare disparities?

- Culturally appropriate care
- Provides another pathway to support in rural areas

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Services

DATE: 3/15/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

4. *How does the plan increase or improve healthcare resources for underserved populations?*

- Brings the treatment to the patient and enables them to stay in their home for longer.
- Expands the existing programming to better serve the population they serve.

IV. *Capacity, Expertise and Previous Experience*

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*

- They started providing CP services at the start of availability and provided all services within the sphere.
- United provided services to 90 patients in 2022 through 2,349 runs. They provided a variety of services.
- Identified as best practice model in prior evaluation.
- High utilizer program, home asthma self-management education program, and rural health transformation initiative all sought to bring innovative interventions to known disparities in the community.

V. *Scope of Work*

1. *Demonstrates how applicant will achieve outcomes:*

- *Reduce health disparities*
 1. Thriving in Place (TIP) Initiative will combine: partnerships, direct service, and evaluation.
 2. Looks to streamline services and improve overall communication/engagement to decrease disparities.
- *Improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
 1. Looks to identify and expand relationships with 3 agencies as well as increasing overall education.
 2. Looking to expand direct services to the top of the scope.
 3. Evaluation phase will support in better understanding how the services are working and areas for improvement.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
 1. Direct services identifies: COVID-19 testing and education around transmission of COVID-19.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
 1. This program expands their current services and with the evaluation creates space to see where improved services are needed.

VI. *Budget Proposal*

1. *Budget narrative*

- Budget will focus on staffing, subcontracts with Dr. Wilcox and Partnerships for Health (PFH) as well as vehicle fuel and maintenance.

2. *Budget form*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #:202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Services

DATE: 3/15/23

EVALUATOR NAME: Soliana Goldrich

EVALUATOR DEPARTMENT: Department of Public Safety

- Breakdown of costs aligns with the narrative.

3. *Requested costs*

- \$85,000 requested
- \$48,000 to personnel and \$18,000 to subcontractors

4. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*

- Provides a statement of conformity and description of how money will be utilized.

5. *Sustainability Model*

- There is not additional staff being hired rather funding is used towards expansion. This will allow for continued services after utilization of these funds.

VII. *Performance/Outcome Metrics*

1. *Establish and track performance outcome metrics*

- PFH will create a performance monitoring system within 3 months of award. They will report quarterly to the department.
- Some of the metrics include number of 911 calls, emergency room visits, and number of patients seen.
- Quarterly reports will be provided as well as 6-month success stories.



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY

Janet T. Mills
Governor

Michael J. Sauschuck
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

I, (print name at right) Heather Pelletier
accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Public Safety. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFA.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFA nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

I agree to hold confidential all information related to the contents of Requests for Applications presented during the review process until such time as the Department formally releases the award decision notices for public distribution.

Signature

3/9/2023
Date



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY

Janet T. Mills
Governor

Michael J. Sauschuck
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

I, (**print name at right**) ___Karen Pearson___ accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Public Safety. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFA.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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A handwritten signature in blue ink that reads "Karen Pearson".

Signature

3/10/2023
Date



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY

Janet T. Mills
Governor

Michael J. Sauschuck
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202301013

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

I, Soliana Goldrich accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Public Safety. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFA.

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I agree to hold confidential all information related to the contents of Requests for Applications presented during the review process until such time as the Department formally releases the award decision notices for public distribution.

A handwritten signature in black ink, appearing to read 'S. Goldrich'.

3/9/2023

Signature

Date