

**State of Maine  
Master Score Sheet**

RFA# 202306130					
Healthcare Disparities Funding for Community Paramedicine					
Bidder Name:		Portland Fire Department	United Ambulance Services	Maine Health North Star	Central Lincoln County Ambulance Service
Proposed Cost:		\$40,000	\$15,000	\$88,000	\$99,835.56
Scoring Sections	Points Available				
Section I: General Information/Service Provider and Group Eligibility	Pass/Fail	Pass	Pass	Pass	Pass
Section II: Community Rurality	20	10	16	0	14
Section III: Health Disparities	20	20	10	3	15
Section IV: Capacity, Expertise and Previous Experience	10	10	10	5	10
Section V: Scope of Work	20	20	18	5	18
Section VI: Budget Proposal	15	15	10	3	15
Section VII: Performance/Outcome Metrics	15	13	13	5	15
<b>TOTAL</b>	<b><u>100</u></b>	<b><u>88</u></b>	<b><u>77</u></b>	<b><u>21</u></b>	<b><u>87</u></b>

<b>Bidder Name:</b>		<b>Med-Care Ambulance</b>	<b>Memorial Ambulance Corps</b>	<b>North East Mobile Health Services</b>	<b>Waterville Fire Department</b>
<b>Proposed Cost:</b>		<b>\$15,000</b>	<b>\$90,500</b>	<b>\$100,000</b>	<b>\$100,000</b>
<b>Scoring Sections</b>	<b>Points Available</b>				
Section I: General Information/Service Provider and Group Eligibility	Pass/Fail	Pass	Pass	Pass	Pass
Section II: Community Rurality	20	20	20	20	20
Section III: Health Disparities	20	20	20	12	20
Section IV: Capacity, Expertise and Previous Experience	10	10	10	5	10
Section V: Scope of Work	20	20	17	8	18
Section VI: Budget Proposal	15	15	15	7	15
Section VII: Performance/Outcome Metrics	15	14	14	12	13
<b>TOTAL</b>	<b><u>100</u></b>	<b><u>99</u></b>	<b><u>96</u></b>	<b><u>64</u></b>	<b><u>96</u></b>

<b>Bidder Name:</b>		<b>Sanford Fire Department</b>	<b>St. George Ambulance</b>		
<b>Proposed Cost:</b>		<b>\$100,000</b>	<b>\$99,150</b>		
<b>Scoring Sections</b>	<b>Points Available</b>				
Section I: General Information/Service Provider and Group Eligibility	Pass/Fail	Pass	Pass		
Section II: Community Rurality	20	15	20		
Section III: Health Disparities	20	10	20		
Section IV: Capacity, Expertise and Previous Experience	10	6	10		
Section V: Scope of Work	20	15	20		
Section VI: Budget Proposal	15	6	15		
Section VII: Performance/Outcome Metrics	15	12	14		
<b>TOTAL</b>	<b><u>100</u></b>	<b><u>64</u></b>	<b><u>99</u></b>		



**STATE OF MAINE  
DEPARTMENT OF Public Safety**

**Janet T. Mills  
Governor**

**Michael Sauschuck  
Commissioner**

**AWARD NOTIFICATION LETTER**

September 8, 2023

Sean Donaghue  
Portland Fire Department  
380 Congress Street  
Portland, ME 04101

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Donaghue:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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:

- Portland Fire Department
- United Ambulance Services
- Central Lincoln County Ambulance Service
- Med-Care Ambulance
- Memorial Ambulance Corps
- North East Mobile Health Services
- Waterville Fire Department
- Sanford Fire Department
- St. George Ambulance

The bidders listed above received the evaluation team's highest rankings. The Department will be contacting the aforementioned bidders 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.

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

Sincerely,



J. Sam Hurley  
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).



**STATE OF MAINE  
DEPARTMENT OF Public Safety**

**Michael Sauschuck  
Commissioner**

**Janet T. Mills  
Governor**

**AWARD NOTIFICATION LETTER**

September 8, 2023

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

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Russell:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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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Director, Maine Emergency Medical Services



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**STATE OF MAINE  
DEPARTMENT OF Public Safety**

**Janet T. Mills  
Governor**

**Michael Sauschuck  
Commissioner**

**AWARD NOTIFICATION LETTER**

September 8, 2023

Joshua Pobrislo  
MaineHealth North Star  
102 Hutchins Dr  
Portland, ME 04102

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Pobrislo:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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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Thank you for your interest in doing business with the State of Maine.

Sincerely,

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J. Sam Hurley  
Director, Maine Emergency Medical Services

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**STATE OF MAINE  
DEPARTMENT OF Public Safety**

**Michael Sauschuck  
Commissioner**

**Janet T. Mills  
Governor**

**AWARD NOTIFICATION LETTER**

September 8, 2023

Nicholas Bryant  
Central Lincoln County Ambulance Service  
29 Piper Mill Road  
Damariscotta, ME 04543

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Bryant:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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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Sincerely,



J. Sam Hurley  
Director, Maine Emergency Medical Services

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**STATE OF MAINE  
DEPARTMENT OF Public Safety**

**Michael Sauschuck  
Commissioner**

**Janet T. Mills  
Governor**

**AWARD NOTIFICATION LETTER**

September 8, 2023

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

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Turnbull:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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  
Director, Maine Emergency Medical Services

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**STATE OF MAINE  
DEPARTMENT OF Public Safety**

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Governor**

**Michael Sauschuck  
Commissioner**

**AWARD NOTIFICATION LETTER**

September 8, 2023

Walter Reed  
Memorial Ambulance Corps  
77 Sunshine Rd  
Deer Isle, ME 04627

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Reed:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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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Sincerely,

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J. Sam Hurley  
Director, Maine Emergency Medical Services

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**STATE OF MAINE  
DEPARTMENT OF Public Safety**

**Janet T. Mills  
Governor**

**Michael Sauschuck  
Commissioner**

**AWARD NOTIFICATION LETTER**

September 8, 2023

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

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Petrie:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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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**STATE OF MAINE  
DEPARTMENT OF Public Safety**

**Janet T. Mills  
Governor**

**Michael Sauschuck  
Commissioner**

**AWARD NOTIFICATION LETTER**

September 8, 2023

Everett Flannery  
Waterville Fire Department  
7 College Ave  
Waterville, ME 04901

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Flannery:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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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**STATE OF MAINE  
DEPARTMENT OF Public Safety**

**Michael Sauschuck  
Commissioner**

**Janet T. Mills  
Governor**

**AWARD NOTIFICATION LETTER**

September 8, 2023

Rick Smith  
Sanford Fire Department  
972 Main St.  
Sanford, ME 04073

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. Smith:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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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**STATE OF MAINE  
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**Michael Sauschuck  
Commissioner**

**AWARD NOTIFICATION LETTER**

September 8, 2023

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

**SUBJECT:** Notice of Conditional Contract Awards under RFA # 202306130,  
Healthcare Disparities Funding for Community Paramedicine

Dear Mr. LeCaptain:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for RFA#202306130. 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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Director, Maine Emergency Medical Services



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**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Portland Fire Department

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>10</b>
Section III. Health Disparities	<b>20</b>	<b>20</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>10</b>
Section V. Scope of Work	<b>20</b>	<b>20</b>
Section VI. Budget Proposal	<b>15</b>	<b>15</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>13</b>
<u>Total Points</u>	<u>100</u>	<u>88</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Portland Fire Department

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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?*
  - In the process and anticipate applying soon.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Portland Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section II. Community Rurality	<b>20</b>	<b>10</b>

**Evaluation Team Comments:**

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

- **Yes or No**
- Provided research that showed individuals experiencing homelessness come from areas that are HRSA-eligible zip codes.
- Looking at just Portland technically no, but based on the people they are serving they are serving it is possible.
  1. Potentially if you had included a zip code of the people experiencing homelessness you could have made the argument for a HRSA eligible zip code.

*B. What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*

- They discussed providing resources to a group that has a lot of health disparities.
- This appears to be a good model to help a community that is often missed within healthcare systems.
- Those experiencing homelessness often can't make it to a healthcare resource because they risk losing all their belongings. Having a resource come to them enables them to access services with lower risks.
- Lack of education and waitlists also present a big barrier to access to care.
- Notes that the rural health crisis means that patients will come to the cities to access care. While it is a city and technically not rural, they are identifying that they are serving rural patients.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Portland Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

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

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- Make cogent argument about the scope of those served.
  - Cite a report versus just using a narrative approach. Maine Shared Community Health Needs Assessment Report from 2022 and NIH 2017 article. They used the evidence to drive their programming and then used their own data to create a solid argument.
  - Discuss poverty as a health disparity
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- Address that this will build on an already successful model, MMO.
  - This serves folks that otherwise aren't able to get their healthcare needs met.
  - This is proactive, and they are working with the park rangers and other city officials versus waiting for an issue to come up.
  - Discussed improvement of 20% in 911 call volume from the MMO program.
  - Did not mention how these services will tie the patient back to the system. CP services are plan of care driven, so it would be nice to see a goal of tying the patient back to providers. This could include things like finding housing, attending appointments, getting established with a PCP. This would show better integration.
  - This model does provide a good pathway to a number of resources like SUD, mental health, etc.
  - Regularly track the location of the encampments which is both proactive and a good step.
  - Reduction in 911 call volume speaks to higher quality care by having non-emergent care. This also could be less stigmatized care.
  - This model supports an overall decrease in stigma for this population.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Portland Fire Department

**DATE:** 8/21/23

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

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>10</b>

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**Evaluation Team Comments:**

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

- They are building on a 7-year program.
- They note 17 paramedics that are assigned to the team.
- They have MDPB-approved protocols.
- Have established relationships with city officials that support collaborative care with this program.
- They are providing HIPAA-compliant care within a dedicated vehicle in regular hours.
- They have established data collection capacities.
- They have already received funding to build the MMO program which speaks to the sustainability capacity of the CP program.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Portland Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

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

**Evaluation Team Comments:**

*A. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. The program objectives are measurable and clear and target underserved populations.
  2. Notes substance use education which speaks to preventative care for this population.
  3. They also spoke about MAT referrals which is a healthcare navigation pathway.
  4. Specifically speak to reduction in barriers to access and relieving the 911 system.
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Speak about COVID screening in protocol 11 and that is included in Appendix C.
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Speaks to an underserved population receiving care.
  2. This population may not have a PCP, so medical direction and connection to other providers through referral becomes vital.
    - a. How do we connect this population back to primary care?
  3. Who holds the plan of care for this model?
    - a. This population has so many significant barriers such as transportation, so who holds the plan of care for those without a PCP? How do we ensure that this aligns with the statute and potentially future billing?
  4. This model is expanding services to an area not currently receiving CP and for a population that has a significant number of barriers to care.
  5. This is a population/patient-focused model

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Portland Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

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

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**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Clear and detailed
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - Conforms to all the cost principles.
  
- C. *Sustainability Model*
  - They already have funding and have municipal buy-in to sustain the program.
  - They discuss that this grant is only funding 30% of the program.
  - Data driven model



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Portland Fire Department

**DATE:** 8/21/23

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>13</b>

---

**Evaluation Team Comments:**

A. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Does not include a measurement of success for the program.
- Discusses at least 5 metrics they will follow.
- Does not use SMART format.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** United Ambulance Services

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

---

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>16</b>
Section III. Health Disparities	<b>20</b>	<b>10</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>10</b>
Section V. Scope of Work	<b>20</b>	<b>18</b>
Section VI. Budget Proposal	<b>15</b>	<b>10</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>13</b>
<u>Total Points</u>	<u>100</u>	<u>77</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** United Ambulance Services

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** United Ambulance Services

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section II. Community Rurality	<b>20</b>	<b>16</b>

---

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
- **Yes** or No
  - Listed a number of zip codes that are designated as rural based on HRSA standard.
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
- Poor health outcomes based on social determinants of health.
  - Discusses transportation barriers.
  - Discussed rural health disparities more generally but didn't identify specifics to the agency.
  - Nice national definitions of rurality's effects on healthcare.
  - A service level elaboration would have supported a stronger argument here.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** United Ambulance Services

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	<b>20</b>	<b>10</b>

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- Refers to the Community Health Needs Assessment, but doesn't provide a citation.
  - Provided tables that were helpful.
  - Compared prevalence of the gaps compared to Maine, which provides good context.
  - Provides information by specific counties served.
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- Provided broad definitions of Community Paramedicine.
  - What are the Primary care services? What is the referral pathway?
  - Has good goals, but they don't clearly delineate processes.
  - Does not provide a clear picture in how the services will be applied.
  - Work through prehospital care and outreach which is identified in the thriving in place program section.
  - Services appear to stem from the healthcare system versus population needs.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** United Ambulance Services

**DATE:** 8/21/23

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

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

---

**Evaluation Team Comments:**

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

- They show clear capacity based on having a full staff ready to go and deliver a CP model.
- Have had a CP program since 2013.
- Had the capacity prior to receiving a CP designation.
- Based on the number of visits per patient it would potentially be about 26 visits per patient which appears to be a regular service versus episodic

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** United Ambulance Services

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	<b>20</b>	<b>18</b>

**Evaluation Team Comments:**

*A. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Direct services and partnerships with community-based organization.
  2. CP services fill gaps by working with other healthcare agencies/resources.
    - a. Identify a number of resources, but did not identify primary care.
  3. Appears to be healthcare system oriented.
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Discuss testing and transmission education.
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Is this a population-based program versus health system-focused? The application wasn't completely clear here.
    - a. Looking at the statute it states physician, but also discusses plan of care. Who holds the plan of care in this?
  2. Partnerships and outreach with PCPs will help expand referral pathways and knowledge of CP programming.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** United Ambulance Services

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	<b>15</b>	<b>10</b>

---

**Evaluation Team Comments:**

*A. Budget narrative and Budget form*

- Included both, but the narrative stated \$85,000.
- Indirect is unclear.

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

- Asks for a higher amount for the evaluation contract and isn't fully clear on why.

*C. Sustainability Model*

- Vaguely addresses sustainability model.
- Speaks to the expansion of model through TIP and potential future reimbursement.



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** United Ambulance Services

**DATE:** 8/21/23

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>13</b>

---

**Evaluation Team Comments:**

*A. Establish and track 5 performance outcome metrics (SMART goal format)*

- Did a good job identifying what they will measure, but didn't identify success.
- Provide a nice table that identifies metrics.
- Discusses a reporting template, but doesn't specify what it looks like.
- Lists 3 surveys, but doesn't specify how they will identify things like social isolation.
  1. Where does the survey come from?

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Maine Health North Star

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>0</b>
Section III. Health Disparities	<b>20</b>	<b>3</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>5</b>
Section V. Scope of Work	<b>20</b>	<b>5</b>
Section VI. Budget Proposal	<b>15</b>	<b>3</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>5</b>
<u>Total Points</u>	<u>100</u>	<u>21</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Maine Health North Star

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Maine Health North Star

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section II. Community Rurality	<b>20</b>	<b>0</b>

---

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
- Yes or **No**
  - Not stated in the application, but the clinic is in Portland.
  - Farmington would be considered rural.
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
- Not stated in the application.
  - They do mention homelessness and lack of PCPs, but not tied back to this.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Maine Health North Star

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	<b>20</b>	<b>3</b>

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- Identify having a cardiology-led program, but doesn't identify what health disparities are being address through this program.
  - Identify refugees, asylees, and immigrants as populations that are taxing the cardiology system.
  - Limited discussion/notation on underserved populations.
  - Mentions a homeless shelter they may serve.
  - Doesn't appear to be population-driven.
  - Mentions health disparities such as hypertension, diabetes, etc., but does not identify how they will receive care through this program.
  - The population is a single hospital clinic's population.
  - How does payment work here? Appears there may be an overlap in catchment area to an area already being served.
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- Does not speak to healthcare disparities nor resources for underserved populations.
  - Speaks to needs for the cardiac clinic.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Maine Health North Star

**DATE:** 8/21/23

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

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>5</b>

---

**Evaluation Team Comments:**

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

- Mention that they have a CP program in Franklin County.
- Doesn't speak to the successes or how that translates to the Portland area.
- Gap in where they are currently providing services and suggested area here.
- Mentions a few chronic conditions, but the application does not specify that these services will be addressed within the scope.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Maine Health North Star

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

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

**Evaluation Team Comments:**

*A. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Post-discharge follow-up is mentioned, but unclear if this will be in the Portland area and addressed through this funding.
    - a. Appears that this service will only address the Portland metro area.
  2. Appears to be specialized care in an urban setting for a selected population.
  3. Unclear if this population is experiencing health disparities.
  4. Briefly mention hypertension and diabetes and potential other comorbidities.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Speaks to COVID education in the context of cardiac self-care.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. It doesn't speak to expansion as this is a limited scope with a limited population in an urban setting.
  2. Scope of work is confined to cardiac patients versus addressing any other patients who are affected by health disparities.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Maine Health North Star

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

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

**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Identifies two areas that will be funded.
  - No narrative
  - No training to work with cardiac fellows.
  - Math is inaccurate.
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - Does not justify the need for a vehicle when the work is in the clinic.
  - Subscription to Rescue Net appears to be a 911 item. This is a 5-year subscription, but this is a 1 year grant.
    1. Why is it paying for a 5-year subscription? Why use a separate system when you could utilize the hospital-based system? Some of these pieces are already reimbursed through healthcare needs. Why are we requesting separate funding?
  
- C. *Sustainability Model*
  - Not mentioned and doesn't discuss what Maine Health will assume cost wise



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Maine Health North Star

**DATE:** 8/21/23

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>5</b>

---

**Evaluation Team Comments:**

- A. *Establish and track 5 performance outcome metrics (SMART goal format)*
- List 3 metrics with vague language.
  - Not SMART format and does not identify 5 metrics.
  - No mention of reporting to Maine EMS and no mention of success stories.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Central Lincoln County Ambulance Service

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>14</b>
Section III. Health Disparities	<b>20</b>	<b>15</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>10</b>
Section V. Scope of Work	<b>20</b>	<b>18</b>
Section VI. Budget Proposal	<b>15</b>	<b>15</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>15</b>
<u>Total Points</u>	<u>100</u>	<u>87</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Central Lincoln County Ambulance Service

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Central Lincoln County Ambulance Service

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

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

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
- **Yes or No**
  - Identifies 13 zip codes that will be served.
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
- Affordable housing for staff is tough.
  - Due to the lack of local definitive care EMS units are out for long periods of time to transport to further hospitals.
    1. Difficulty in available staffing for emergent care.
  - Mention low rates of PCP visits by residents.
  - Length of time, vehicle and fuel expenses are mentioned.
  - Chronic disease prevalence.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Central Lincoln County Ambulance Service

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

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

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- List the Community Health Needs Assessment as evidence.
  - Identify the aging community and chronic conditions.
  - Identify the 30 miles to healthcare resources, however this is not a recognized health disparity as this is a common distance to resources everywhere regardless of rurality.
  - Discuss lack of primary care resources – MaineCare has identified 8 enhanced primary care plus (PC+) providers.
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- Supports reduction in healthcare disparities by supporting compliance with a plan of care.
  - Potential reduction in hospital visits and ED admissions.
  - Could have elaborated on how the program will specifically address these concerns.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Central Lincoln County Ambulance Service

**DATE:** 8/21/23

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

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

---

**Evaluation Team Comments:**

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

- Had a CP program in the past, but speaks to the difficulty in sustaining during COVID.
- Discuss the addition of a new chief who will hopefully reinvigorate the program.
- Worked to develop referral flow and data collection capacities.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Central Lincoln County Ambulance Service

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	<b>20</b>	<b>18</b>

**Evaluation Team Comments:**

*A. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations.*
  1. Spoke to having dedicated staff time to provide CP services.
  2. Healthcare metric-driven services.
  3. Identify lack of transportation and high blood pressure.
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Discuss having home testing kits available.
  2. Discuss referrals and education.
  3. Will follow COVID guidelines.
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Discuss increasing PCP referrals via hospital and provider outreach.
  2. Population-focused/driven

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Central Lincoln County Ambulance Service

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

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

**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Narrative fleshes out itemized lines very well
  - Math aligns
  - Only ask for things that specifically address the CP programming.
  - Speaks to decrease in stigma through the vehicle.
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - Yes
  
- C. *Sustainability Model*
  - Speak to this and note the limitations of grant funds.
  - Speak to leveraging other funding sources.
  - Note the ability to expand CP services will lead to higher visit volume which will effect CP reimbursement formulas.



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Central Lincoln County Ambulance Service

**DATE:** 8/21/23

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

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>15</b>

---

**Evaluation Team Comments:**

A. *Establish and track 5 performance outcome metrics (SMART goal format)*

- They identify 5 metrics
- Provide great examples
- Identifies 35 new referrals as a goal amongst others

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

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

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>20</b>
Section III. Health Disparities	<b>20</b>	<b>20</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>10</b>
Section V. Scope of Work	<b>20</b>	<b>20</b>
Section VI. Budget Proposal	<b>15</b>	<b>15</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>14</b>
<u>Total Points</u>	<u>100</u>	<u>99</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

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

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

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

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section II. Community Rurality	<b>20</b>	<b>20</b>

---

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
- **Yes** or No
  - List over 10 separate zip codes
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
- Lack of funding for CP services.
  - Older population
  - Loss of primary care providers.
  - Strain on ambulatory care services leads to increased 911 system usage.
  - Poverty
  - Lack of full hospital services.
  - Individuals with disabilities.
  - Lack of transportation.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

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

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

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

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- People experiencing poverty, disabilities, and low education level.
  - Evidence comes from CHNA.
  - Aging population – near retirement age
  - Median household income is below the state’s median income level.
  - Discuss lack of access to PCPs, There are 8 enhanced PC+ providers in Franklin county, but the majority are in Farmington.
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- Meet patients where they are at.
  - Work with PCPs to reduce 911 calls.
  - Reduction in the 911 system usage to focus on preventative.
  - Discuss services during the winter.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

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

**DATE:** 8/21/23

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

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

---

**Evaluation Team Comments:**

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

- They were a fully functional CP program until budget cuts in 2018.
- That program grew from 2016-2018.
- Discuss how budget had affected the programming.
- Discuss previous issues with scheduling and identified having hired an administrative position that will support with this.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

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

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

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

**Evaluation Team Comments:**

*A. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Engaging in Telehealth visits
  2. Increase healthcare access by connection with PCPs.
  3. Discuss connection to other healthcare services.
  4. Identify specific concerns they will address.
  5. Discuss patient navigation assistance.
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Discuss vaccination efforts
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. They discuss expansion by reinstating a successful CP program.
  2. Discuss that this would increase healthcare resources for an underserved population.
  3. Discuss utilizing these funds for training.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

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

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section VI. Budget Proposal	<b>15</b>	<b>15</b>

---

**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Included
  - Did not identify where the numbers came from exactly
  - Identified concerns with fuel costs
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - Yes
  
- C. *Sustainability Model*
  - Speak to the usage of telehealth for this
  - Discuss future reimbursement
  - Discuss collaboration with home health services



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

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

**DATE:** 8/21/23

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

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>14</b>

---

**Evaluation Team Comments:**

A. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Enumerated goals and articulated expectations for the metric.
- Included 5 metrics.
- Did not include identified successes for the metrics.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Memorial Ambulance Corps

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>20</b>
Section III. Health Disparities	<b>20</b>	<b>20</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>10</b>
Section V. Scope of Work	<b>20</b>	<b>17</b>
Section VI. Budget Proposal	<b>15</b>	<b>15</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>14</b>
<u>Total Points</u>	<u>100</u>	<u>96</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Memorial Ambulance Corps

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Memorial Ambulance Corps

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

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

---

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
  - **Yes** or No
  - Identified 5 zip codes
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
  - Lack of a dedicated community medical clinic.
  - Identify an injury rate due to being an island fishing community.
    1. A population that likely won't seek care.
  - Identified a void with a community nursing home closing.
  - Note distance to care.
  - Discuss potential connection to higher rates of OUD.
  - Mention chronic conditions.
  - Lack of access to mental health services.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Memorial Ambulance Corps

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

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

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- Aging population
  - Low-income/poverty
  - Mention under or un-insured folks that will likely keep them from getting care.
  - Identify low education
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- Discusses lack of access to home health services.
    1. CP shouldn't supplant services.
  - Talk about aging in place/ patients remaining in homes.
  - Discuss linkages to social and community services and PCPs.
  - Highlight the trust factor with their agency within their community.
  - Discussed a waiting list for CP services.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Memorial Ambulance Corps

**DATE:** 8/21/23

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

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

---

**Evaluation Team Comments:**

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

- Discussed having CP clinicians/ staffing capacity.
- Discussed the success of their existing program and hope to continue.
- Noted that two CP providers are RNs.
- Address training both initial and ongoing.
- Discuss a CP wait list.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Memorial Ambulance Corps

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

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

**Evaluation Team Comments:**

A. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Mentions complete care, but doesn't identify what that means.
  2. Lack of specificity.
  3. Discuss connection to PCPs and facilitation of PCP goals.
  4. Discuss lack of internet access, but don't identify what this means.
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Education on COVID
  2. Vaccinations
  3. Testing with appropriate training.
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Discuss weekly visits at PCP's behest – be cautious with episodic.
  2. Discusses rapid reporting to PCPs.
  3. Expand COVID testing and services.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Memorial Ambulance Corps

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

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

**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Well outlined
  - The narrative explained the monetary asks well.
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - Yes
  
- C. *Sustainability Model*
  - Documented that they use grant funding.
  - Discussed the future usage of CP reimbursement through MaineCare.
  - Mentioned bringing on resources to pursue more grants. Would need more clarity.
  - New hires are trained to be CPs which helps continue the pipeline.
  - Discuss acquiring fundraising staff.
  - Discuss receipt of Island Health and Wellness Foundation funding. Speaks to a strong collaborative relationship.



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Memorial Ambulance Corps

**DATE:** 8/21/23

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>14</b>

---

**Evaluation Team Comments:**

A. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Has 5 metrics
- Some are measurable but don't have definitions of success. What are they measuring the numbers access?
- Some lack of specificity in how they will document and track these metrics.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>20</b>
Section III. Health Disparities	<b>20</b>	<b>12</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>5</b>
Section V. Scope of Work	<b>20</b>	<b>8</b>
Section VI. Budget Proposal	<b>15</b>	<b>7</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>12</b>
<u>Total Points</u>	<u>100</u>	<u>64</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

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

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
  - **Yes** or No
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
  - Medically underserved
  - Hospitals are an hour out
  - PCP underserved
    1. Has 1 PC+ in Jackman - Jackman Community Health Center is enrolled
  - Healthcare provider shortage area.
  - Higher chronic conditions rate than the Maine average.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	<b>20</b>	<b>12</b>

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- Aging community
  - Poverty
  - Between Knox and Waldo County there are 17 PC+ providers.
  - Provide a leading cause of death chart, not tied to disparities.
  - Use Maine CDC health profile data.
  - Somerset County: significant food insecurity, 3 or more chronic conditions, heart failure hospitalization rates high, other chronic conditions, and falls.
  - Midcoast: SDOH, the aging population living alone, chronic conditions, TBI rate, chronic heavy drinking, smoking averages higher than the state average.
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- By identifying these high-risk areas these people are particularly likely to benefit from CP interventions.
  - The identification of the health disparities are not sufficiently tied to CP interventions.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

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

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

---

**Evaluation Team Comments:**

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

- They have been a CP program for some time.
- Jackman has been approved for a year.
- Jackman has 5 paramedics trained to the affiliate level.
- Medical direction
- Doesn't say much regarding the Midcoast capacity.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	<b>20</b>	<b>8</b>

**Evaluation Team Comments:**

*A. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Telehealth facilitation is mentioned but doesn't specify how this helps.
  2. Reduction of transportation burdens.
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Discuss COVID education and vaccination in rural communities.
  2. Discuss COVID testing.
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. State they will fill hospice and palliative care gaps in care.
    - a. Concerns that this is subcontracting a Home Health or Hospice Plan of Care to a CP provider.
    - b. This would be a major licensing issue.
  2. Don't specify the exact scope of work.
  3. Include a chart with services that are considered CP based on the existing scope, but doesn't include much narrative on these.
  4. Discusses usage of funds for AARP work products which is not allowable.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	<b>15</b>	<b>7</b>

**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Doesn't state the total amount requested.
  - Give a lot of detail in the narrative, but concerns around the home health/hospice overlap.
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - AARP work products/project would not be considered allocable.
    1. This is not considered CP work
    2. This includes the AARP line, reference community resource manual and guide lines as well. This totals \$4,070 .
  
- C. *Sustainability Model*
  - Relying on the CAPE model in Jackman.
  - Midcoast mentions hopefully getting contracts to sustain.



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

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

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>12</b>

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**Evaluation Team Comments:**

- A. *Establish and track 5 performance outcome metrics (SMART goal format)*
- Include 5 metrics
  - They are not in SMART formats.
  - Include a lot of surveys, concerns about the administrative burden of these tasks.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** North East Mobile Health Services

**DATE:** 8/21/23

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Waterville Fire Department

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>20</b>
Section III. Health Disparities	<b>20</b>	<b>20</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>10</b>
Section V. Scope of Work	<b>20</b>	<b>18</b>
Section VI. Budget Proposal	<b>15</b>	<b>15</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>13</b>
<u>Total Points</u>	<u>100</u>	<u>96</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Waterville Fire Department

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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 anticipate completing an application in the near future.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Waterville Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

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

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
  - **Yes** or No
  - Discuss all of Kennebec County being rural
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
  - Long wait times to see PCP
  - Lack of local resources to address SUD treatment, maintenance and follow-up.
  - Lack of healthcare navigation skills from patients.
  - SUD overdoses
  - Discuss stigma for those experiencing homelessness and SUD both in the community and amongst healthcare providers.
  - Discuss lack of ED/inpatient discharge follow-up.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Waterville Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

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

**Evaluation Team Comments:**

*A. What health disparities or underserved populations exist within the community? What evidence is there?*

- Unhoused
- SUD
- Poverty
- High-risk ED discharge patients
- Provide census data, naloxone administration data from their agency
- Include Inland trending high-risk diagnosis readmission rates
- Identify stigma amongst the SUD community

*B. How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

- Post-discharge follow-up and coordination
- Identify difficulty in accessing care, however, 21 enhanced primary care (PC+) providers
  1. Only identifies Northern Light providers
  2. Could look at working with a broader range of providers
- Comprehensive follow-up assessments based on PCP
- Discuss usage of OPTIONS pilot project and potential referral pathway
- Discuss home health and hospice care gaps
  1. CP can support with wait time, but cannot supplant services

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Waterville Fire Department

**DATE:** 8/21/23

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

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

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**Evaluation Team Comments:**

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

- 8 paramedics out of 32 full time
- Dedicated CP staff
- Secured partnership with Northern Light Inland to address training and Northern Light training needs.
- Some paramedics have prior CP experience.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Waterville Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	<b>20</b>	<b>18</b>

**Evaluation Team Comments:**

A. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Bridging healthcare gaps as prescribed by Northern Light and their PCP offices.
  2. Work with NLIH outreach staff to address homelessness and SUD concerns.
    - a. Concerns that this cuts off other populations by solely focusing on Northern Light patients and Northern Light Primary Care practices.
  3. Hope that this will reduce avoidable high ED utilization and readmission within 72 hours.
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Discuss vaccines including influenza and COVID-19.
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Discuss staffing 2 dedicated CP providers for regularly scheduled times.

**EVALUATION OF SECTION VI**



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Waterville Fire Department

**DATE:** 8/21/23

**Budget Proposal**

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

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**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Well laid out w/ methodology for determining salaries
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - Yes
  
- C. *Sustainability Model*
  - Yes including private donor
  - Looking at models including patient billing, municipal funding, and hospital contributions.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Waterville Fire Department

**DATE:** 8/21/23

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>13</b>

---

**Evaluation Team Comments:**

- A. *Establish and track 5 performance outcome metrics (SMART goal format)*
- Includes 5 metrics that are not in SMART format

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Sanford Fire Department

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>15</b>
Section III. Health Disparities	<b>20</b>	<b>10</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>6</b>
Section V. Scope of Work	<b>20</b>	<b>15</b>
Section VI. Budget Proposal	<b>15</b>	<b>6</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>12</b>
<u>Total Points</u>	<u>100</u>	<u>64</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Sanford Fire Department

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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 submitted an application to Maine EMS.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Sanford Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section II. Community Rurality	<b>20</b>	<b>15</b>

---

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
- **Yes** or No
  - Identify 2 zip codes
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
- Mentions homebound residents, but doesn't identify what the effect is.
  - Discusses disparities, but isn't well-defined.
  - Frequent 911 calls for non-emergent issues.

**EVALUATION OF SECTION III**

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Sanford Fire Department

**DATE:** 8/21/23

**Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	<b>20</b>	<b>10</b>

---

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- Aged population
  - General disparities
  - Homebound
  - Unhoused
  - No evidence cited
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- Work in the field with the MHU.
    1. Physician directed as per statute .
    2. Does not mention the need for mental health services but discusses working with the MHU.
  - Discusses reducing the “DHS” caseload
    1. Unclear as to what this means. Does this reference CPS? APS?
  - Doesn’t address the how or go into many specifics

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Sanford Fire Department

**DATE:** 8/21/23

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

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>6</b>

---

**Evaluation Team Comments:**

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

- Discuss promoting a paramedic internally to become the CP provider.
- Calls for one full-time staff person who is dedicated to CP on a regular schedule.
- Aligns this schedule with the MHU and other healthcare entities .
- Does not identify the needed further education for the chosen paramedic
  1. This however is outlined in protocols.
- Does not identify any training for CP
  1. As identified in the protocols they will provide further CP education (starting with diabetes and nutritional certifications).

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Sanford Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Scope of Work	<b>20</b>	<b>15</b>

**Evaluation Team Comments:**

*A. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. List skills that medics currently provide, don't clearly tie this to the health disparities.
  2. Mention working with patients with Diabetes, COPD, and CHF.
    - a. Provides protocols for these patient populations
  3. Discusses an automatic patient load which may not be feasible. This does not take into account referral processes or patient consent.
    - a. They will be receiving patients both from SMHC ER physicians and physician referrals through Nasson Health connected with the MHU program.
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Focused on vaccinations for the homeless.
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Focuses on equipment versus skills.
  2. Dedicated CP position at 40 hours a week.



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Sanford Fire Department

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget Proposal	<b>15</b>	<b>6</b>

---

**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Lacks sufficient details to support how this budget will support with the effectiveness of this CP model.
  - Doesn't specify why the costs such as the vehicle costs were the rate they were.
  - Does not address any training costs.
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - The 911 vehicle is not included within the request.
  
- C. *Sustainability Model*
  - States municipal funding and AFG grant.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** Sanford Fire Department

**DATE:** 8/21/23

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

	<u>Points Available</u>	<u>Points Awarded</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>12</b>

---

**Evaluation Team Comments:**

- A. *Establish and track 5 performance outcome metrics (SMART goal format)*
- Discusses success stories.
  - States 5 metrics, but they are not in SMART goal format.
  - Does not specify how these will support with care.
  - Doesn't connect to the scope of work.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** St. George Ambulance

**DATE:** 8/21/23

**SUMMARY PAGE**

**Department Name:** Department of Public Safety

**Name of RFA Coordinator:** Soliana Goldrich

**Names of Evaluators:** Anthony Roberts, Heather Pelletier, Karen Pearson, Ken Rosati

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. General Information/ Service Provider and Group Eligibility	<b>Pass</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	<b>20</b>	<b>20</b>
Section III. Health Disparities	<b>20</b>	<b>20</b>
Section IV. Capacity Expertise and Previous Experience	<b>10</b>	<b>10</b>
Section V. Scope of Work	<b>20</b>	<b>20</b>
Section VI. Budget Proposal	<b>15</b>	<b>15</b>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>14</b>
<u>Total Points</u>	<u>100</u>	<u>99</u>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** St. George Ambulance

**DATE:** 8/21/23

**OVERVIEW OF SECTION I  
Preliminary Information**

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.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** St. George Ambulance

**DATE:** 8/21/23

**EVALUATION OF SECTION II  
Community Rurality**

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

**Evaluation Team Comments:**

- A. *Is there a HRSA eligible zip code that is served?*
  - **Yes** or No
  - Listed 6 eligible zip codes
- B. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
  - Lack of access to preventative care
  - Discuss transportation times such as 30 minutes
  - Discuss 20-minute travel times for EMS. These are not necessarily identified lengths of time that count as a disparity.
  - Discussed difficulty in finding learning opportunities for CP
  - State there are no healthcare providers within the catchment area.
    1. There are 6 enhanced primary care offices (PC+) within the county

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** St. George Ambulance

**DATE:** 8/21/23

**EVALUATION OF SECTION III  
Health Disparities**

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

**Evaluation Team Comments:**

- A. *What health disparities or underserved populations exist within the community? What evidence is there?*
- Age
  - Transportation
  - Discuss patient discomfort with telehealth creating a barrier of what is often seen as a rural solution
  - Chronic diseases
  - Cite several sources
  - Cite geographic barriers to care
- B. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- Follow up care especially with the aging population and concerns with medication management.
  - Bringing medical care to the home helps with transportation barriers.
  - Discuss acting as a liaison between other providers to overcome the aforementioned barriers.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** St. George Ambulance

**DATE:** 8/21/23

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

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

---

**Evaluation Team Comments:**

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

- Have been a program since the pilot phase in 2012.
- Noted that they have a referral system with Pen Bay utilizing the EMR.
- Have 5 trained CP providers
  1. 2 at the clinician level
  2. 3 at the affiliate level
- Discuss wanting to increase point of care INR testing.
- Good relationship with the town and school system.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** St. George Ambulance

**DATE:** 8/21/23

**EVALUATION OF SECTION V  
Scope of Work**

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

**Evaluation Team Comments:**

*A. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Dedicated CP schedule – 20 hours a week
    - a. Supports continuity of care
  2. Discussed participating in community health initiatives which helps with overall community outreach.
  3. Mention telehealth facilitation.
  4. Talk about coordination with hospital staff following post-surgical discharge.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Address COVID and discuss testing capacity and vaccinations.
  2. Discuss monitoring patients with COVID.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. They have a dedicated vehicle specific to CP services.
  2. Dedicating CP hours – expanded from current offerings.
  3. Develop protocols to meet increased needs, such as post-surgical discharge.
  4. Training to build CP capacity.
  5. Point of Care - INR testing, COVID



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** St. George Ambulance

**DATE:** 8/21/23

**EVALUATION OF SECTION VI  
Budget Proposal**

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

**Evaluation Team Comments:**

- A. *Budget narrative and Budget form*
  - Narrative outlined well with rationale for the budgeted costs
  - Budget costs aligned with narrative
  
- B. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - Yes
  
- C. *Sustainability Model*
  - Imply municipal buy in and EMS agency buy in.
  - Discuss usage of the data from this grant funding to approach hospitals.
  - Discuss length of time that they hope the vehicle will last.
  - Recognize the potential budget increases due to increase of CP services for internal costs.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFA #: 202306130**

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

**BIDDER:** St. George Ambulance

**DATE:** 8/21/23

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

	<u>Points Availabl e</u>	<u>Points Awarde d</u>
Section VII. Performance/ Outcome Metrics	<b>15</b>	<b>14</b>

---

**Evaluation Team Comments:**

A. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Have 5 metrics listed
- Support each metric with a brief narrative and rationale
- While it has metrics still doesn't fully flesh out successes determination

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** August 14, 2023

**EVALUATOR NAME:** Anthony Roberts

**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 Applications (RFA) 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 RFA Coordinator or Lead Evaluator for this RFA.*

\*\*\*\*\*

**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?*
    - Has designation
  
- 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? What is rurality's effect on access to healthcare?*
    - Lack of definitive care locally
    - Recruiting and maintaining staff to live locally and the inability of staff to afford housing in the community
    - Lack of a central hub for healthcare locally
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - *Due to a 100% rural service area, many patients have difficulty with transportation to their PCP's office, and the agency documents statistical data to support the above notation and potentially limits the population's adherence to follow-up appointments.*
  
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - *With the implementation of an effective community paramedicine plan, the agency proposes providing services often required of a PCP's office, such as visits to ensure patients' compliance with chronic conditions of Diabetes, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease with the goal of decreasing Emergency Department visits and improving quality of life.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** August 14, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

*IV. Capacity, Expertise and Previous Experience*

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

- The agency has a Community Paramedicine history, but the pandemic and staffing shortages led to a significant decline in the program. The agency has a new EMS Director and believes that with additional funding and refocused attention, the impact of the program will increase.

*V. Scope of Work*

*1. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Target populations that include patients who lack reliable transportation, patients with high no-show rates to medical appointments, patients already working with case or care managers, patients who require frequent blood pressure checks or blood work and have been identified as at-risk for food insecurity, and patients who have placed a high volume of 911 calls for medical care.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Plan in place to address COVID issues.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Provide dedicated agency staff time to the community paramedicine program.
  2. Purchase of a community paramedicine vehicle and very good supporting reason due to other vehicle choice is the agency's fly car which is often confused as a law enforcement vehicle.
  3. Recruitment of a primary care-based physician to serve as the program's medical director.
  4. To potentially serve other agencies that do not have community paramedicine programs in place.

*VI. Budget Proposal*

*1. Budget narrative and Budget form*

- Yes

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

- Yes

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** August 14, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

3. *Sustainability Model*
    - In place and noted.
- 
- VII. *Performance/Outcome Metrics*
    1. *Establish and track 5 performance outcome metrics (SMART goal format)*
      - Yes

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Maine Health North Star

**DATE:** August 11, 2023

**EVALUATOR NAME:** Anthony Roberts

**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

*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 or No

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

- 
- 
- 

*III. Health Disparities*

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

- Limited discussion or notation concerning underserved populations.

*2. How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

- No descriptive programming support is accurately discussed in the reduction of healthcare disparities.

*IV. Capacity, Expertise and Previous Experience*

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

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Maine Health North Star

**DATE:** August 11, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

- Northstar notes an operational CP program in Franklin County but no indication of the success of past work.

V. *Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Standard description of a community paramedicine program.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. One sentence addressing COVID.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Funds will be used to purchase Capital Equipment consisting of one (1) vehicle and subscription for RescueNet Live.

VI. *Budget Proposal*

1. *Budget narrative and Budget form*

- Yes

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

- No

3. *Sustainability Model*

- None

VII. *Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Yes

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** August 15, 2023

**EVALUATOR NAME:** Anthony Roberts

**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

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

- One EMS agency covers 500 miles with one station.
- Over the past few years, access to healthcare in the area has decreased.
- COVID-19 pandemic exacerbated the lack of access within the communities.
- Local primary care offices have lost several primary care providers.

*III. Health Disparities*

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

- Median household income below the state median
- Oxford County Community Health Needs Assessment identified Oxford County with lower income and educational attainment and higher rates of living in poverty or with a disability.
- Much of the population is at or near retirement age.

*2. How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

- Bring healthcare services directly into the houses of patients needing healthcare the most, and this will help to address the healthcare disparities.
- Reducing the pressing issues of access to care and transportation with the aging population becomes more difficult, particularly during winter weather.
- Working with other primary care providers in the area.



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** August 15, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

*IV. Capacity, Expertise and Previous Experience*

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

- Med-Care started its program in 2016 and showed initial success, but budget constraints, lack of reimbursement, and the impact on operations caused the discontinuation of the program. Agency has added an administration position prior to RFA to assist in the program.
- Med-Care has documented well that the agency is an integral part of the community.

*V. Scope of Work*

*1. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Engage in providing telehealth visits.
  2. Work in providing direct connections to PCPs and assessing for individual needs and connections with appropriate resources.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Agency has a significant past history in providing services during the COVID pandemic.
  2. Current plan in place to deal with pandemic issues.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Plan in place for 15 months of service, which will allow the agency to develop long-range planning for program.

*VI. Budget Proposal*

*1. Budget narrative and Budget form*

- Yes

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

- Yes

*3. Sustainability Model*

- Yes, nice notation of pursuing reimbursement options to ensure program will be maintained and grow withing the agency.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** August 15, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

*VII. Performance/Outcome Metrics*

*1. Establish and track 5 performance outcome metrics (SMART goal format)*

- Yes

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** August 15, 2023

**EVALUATOR NAME:** Anthony Roberts

**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
  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? What is rurality's effect on access to healthcare?*
    - Limited access to mental health providers
    - The community's only nursing home closed in October 2021, leaving 65 persons that had to find new healthcare, and most of the patients moved off the island.
    - Most of the current community paramedicine patients are unable to drive or do not own a vehicle.
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Year around the community is increasing in elderly, with many living in poverty, and the island has a very large seasonal population that drives up housing prices.
    - Many members of the community are uninsured, underinsured, and illiteracy is a serious issue.
    - Many of the current community paramedicine patients, the weekly CP visits may be the only face-to-face interactions the patients have during the week.
  
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Currently, there is a waiting list to become a community paramedicine patient.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** August 15, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

- Program has been shown to increase resources for the population, and additional funding will continue the success.

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

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

- Program has shown success and will continue with the current model,

**V. Scope of Work**

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*

1. Increasing the number of patients seen

- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*

1. Documented success in responding to a pandemic,

- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*

1. Increased the number of CP patients served by the agency.

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- Yes

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

- Yes

3. *Sustainability Model*

- Yes

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Yes

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** August 17, 2023

**EVALUATOR NAME:** Anthony Roberts

**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
  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? What is rurality's effect on access to healthcare?*
    - In the regions served, the rural communities are very well noted for their rurality, including limited hospice and home health care services, isolated communities, and some of the largest communities that hold a Maine Governor's Designation of Medically Underserved Populations.
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Underinsured, no insurance, limited PCP coverage, landlocked community, poverty, educational deficit, seasonal populations, and lengthy transportation to medical services.
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Overall board approach of increasing healthcare outreach with community paramedicine services.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** August 17, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

*IV. Capacity, Expertise and Previous Experience*

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

- The Midcoast Region CP program will be a new startup program.
- Program success is hard to judge by current documentation, although noted that there is a severe lack of “on the ground” home health and hospice care in the region, but RFA has a plan noted of increasing partnerships with home healthcare.

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Plans indicate in both regions for an increase in basic community paramedicine services.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Documented history of responding to COVID and continuing past success.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. New start program in Midcoast Region and increase services in Jackman.

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- Yes, but no total cost indicated.

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

- Yes

3. *Sustainability Model*

- Yes

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Yes

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Portland Fire Department

**DATE:** August 11, 2023

**EVALUATOR NAME:** Anthony Roberts

**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

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

- In process

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

The volume of the homeless population that Portland/Portland Fire faces each day adds a component that makes that population take on a "rural facet".

*III. Health Disparities*

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

As Portland Fire notes in their application, "Portland serves as the unofficial regional, and perhaps, statewide hub for individuals experiencing homelessness" And the agency has documented that very well.

*2. How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

Portland has identified a number of access to care barriers in the plan, including lack of medical services to those unhoused, long waitlists, possible loss of belongings while attending healthcare appointments, lack of education in regard to accessing care, obvious need for more mobile clinics, and poor medication management.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Portland Fire Department

**DATE:** August 11, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

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

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

Portland Fire's Mobile Medical Outreach was created in 2016 due to the need of the community. The outreach program has been progressive and effective in the population(s) they serve.

**V. Scope of Work**

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Providing substance use related education resources and direct referrals to medication-assisted treatment programs and recovery resources.
  2. Reduce barriers to care by providing pathways to: primary care, mental health, and/or substance use treatment, and other approved appropriate resources.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. As noted in established protocols, Portland Fire will conduct COVID screenings.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Not a specially addressed question by the agency but in Part 3 – Health Disparities, the agency addressed items that the expansion of community paramedicine resources would serve.

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

Included

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

Yes

3. *Sustainability Model*

Statements does not specially address sustainability but does address that 93% of awarded monies will be used for personnel salaries for clinicians.

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

Not very well defined



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Sanford Fire Department

**DATE:** August 17, 2023

**EVALUATOR NAME:** Anthony Roberts

**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
  2. *Does the agency have a CP designation or are they in the process?*
    - In the process
  
- 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? What is rurality's effect on access to healthcare?*
    - The City of Sanford sees a severe lack of resources and access to healthcare.
    - Groups include elderly, unhoused, and homebound populations
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Elderly population is increasing, and primary care resources are decreasing.
    - The unhoused population is increasing and underserved.
    - The homebound population frequently goes unnoticed and overlooked by the community.
  
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Current plan involves the startup of a community paramedic program with a standard approach.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Sanford Fire Department

**DATE:** August 17, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

*IV. Capacity, Expertise and Previous Experience*

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

- Current plan involves the startup of a community paramedic program with a standard approach.

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. Using standard community paramedic approaches.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Not addressed
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. Budget included.
  - 2.

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- Yes

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

- Yes

3. *Sustainability Model*

- No

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Limited

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** August 19, 2023

**EVALUATOR NAME:** Anthony Roberts

**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
  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? What is rurality's effect on access to healthcare?*
    - Located on a peninsula in Knox County and consists of 117 square miles with a thirty-minute drive to the nearest hospital.
    - Limited and decreased home health services due to decreased staffing of agencies.
    - No healthcare providers, clinics, or offices in service area.
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Population year around is 2,594
    - One of the most aged populations in the region.
    - Census data show that the population is rapidly aging.
  
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Provide clinicians for an underserved population(s)
    - Assist with primary functions in conjunction with PCPs

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** August 19, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

*IV. Capacity, Expertise and Previous Experience*

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

- St. George started a CP program in 2012
- Increased funding will increase CP service

*V. Scope of Work*

*1. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*

- 1. Increase CP services to the community.*
- 2. Increase participation in community healthcare networks and partnerships.*

- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*

- 1. Active participation in past COVID response and documented plans for COVID response in the future.*

- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*

- 1. Dedicated CP position for 20 hours a week*
- 2. Purchase of a dedicated CP vehicle*

*VI. Budget Proposal*

*1. Budget narrative and Budget form*

- Yes

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

- Yes

*3. Sustainability Model*

- Yes

*VII. Performance/Outcome Metrics*

*1. Establish and track 5 performance outcome metrics (SMART goal format)*

- Yes

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** United Ambulance Service

**DATE:** August 11, 2023

**EVALUATOR NAME:** Anthony Roberts

**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

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

Nice definitions of rurality's effect on access to healthcare and overall community health but does not address the specific issues in the two (2) EMS Regions that United Ambulance serves.

*III. Health Disparities*

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

Disparities are noted in Androscoggin, Oxford, and Cumberland Counties that consist of age, education, and household income, and note the results of those disparities. Significant evidence is documented in the application.

*2. How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

The plan is generalized in nature with broad community paramedicine definitions to discuss the reduction of healthcare disparities and improving resources for underserved populations.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** United Ambulance Service

**DATE:** August 11, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

*IV. Capacity, Expertise and Previous Experience*

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

*Application notes required capacity and expertise as well as previous experience but the application does not effectively document the impact of the agency's past work.*

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *United documents its Thriving In Place initiative (TIP), which is intended to span all three counties noted above.*
  2. *Three components are noted: Partnerships, Direct Services, and Evaluation.*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *Addressed in the Direct Services Component of the TIP.*
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Addressed in the Direct Services Component of the TIP*
  2. *Addressed in the Partnership Component of the TIP*

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- *Yes*

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

- *Yes*

3. *Sustainability Model*

- *Yes*

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Present*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Waterville Fire Department

**DATE:** August 18, 2023

**EVALUATOR NAME:** Anthony Roberts

**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
  2. *Does the agency have a CP designation or are they in the process?*
    - In process
  
- 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? What is rurality's effect on access to healthcare?*
    - Large incidence of Substance Use Disorders
    - Gaps in healthcare between high-risk populations being discharged from Emergency Departments and lengthy wait times to see PCP.
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Poverty, underserved populations, substance abuse, limited primary care facilities and clinicians.
  
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Currently planned by Waterville Fire has a two-prong approach to populations they have identified: Substance Abuse Disorders and access to healthcare immediately following a high-risk discharge from the emergency department.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Waterville Fire Department

**DATE:** August 18, 2023

**EVALUATOR NAME:** Anthony Roberts

**EVALUATOR DEPARTMENT:** Department of Public Safety

*IV. Capacity, Expertise and Previous Experience*

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

- Agency does not have prior experience in CP but has an effective plan moving forward with obtainable and needed goals for their community.

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Waterville Fire has identified health disparities in the community and has planned an effective approach to address those gaps.*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *Has a history dealing with COVID and plans for vaccinations in the future if needed.*
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Appropriate financial planning documented for initiation of CP program.*

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- Yes

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

- Yes

3. *Sustainability Model*

- Yes

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Yes



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Portland Fire Department

**DATE:** 08/10/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**Individual Evaluator Comments:** Notes, Questions/Concerns

- 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?*
    - *CP designation is "nearly complete"*
  
- II. *Community rurality*
  1. *Is there a HRSA eligible zip code that is served?*
    - *Not as traditionally determined, but serves individuals displaced from qualifying zip codes due to the health disparities associated with rurality.*
  2. *What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?*
    - *32% of the individuals served relocated to Portland as homeless to gain access to the services for individuals with homelessness that are not available in rural areas*
    - *The health disparities of rurality directly lead to the population served by this agency. Portland is a regional hub for services related to homelessness. Underserved individuals in rural areas migrate to Portland to have better access to services.*
    - *Thus, the agency meets the Community Rurality criteria*
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - *Homelessness: shorter life expectancy, higher morbidity, utilization of acute services. Homelessness is a strong SDOH factor*
    - *Lack of access due to not leaving belongings, lack of available services (need more mobile clinics), long waitlists, poor med management, lack of health education*
    - *Maine Continuum of Care: health priorities for those with homelessness: Mental Health, Substance and Alcohol Use, Access to Care*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Portland Fire Department

**DATE:** 08/10/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- *Reliance on EMS for health care services: 9.5% of their calls to the areas around Oxford shelter*
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - *Provide mobile healthcare services. Are these CP services as referred by the patient's PCP according to their plan of care or is this a MIH model? MaineCare's model will be a CP model.*
    - *Mobile healthcare services directly decrease disparities of healthcare access as individuals with homelessness are not required to leave their belongings*
    - *Services reduce EMS calls from shelters by 25%*
- IV. *Capacity, Expertise and Previous Experience*
1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience? Question: Will they expand their hours to provide better access to services?*
    - *Mobile Medical Outreach (MMO) since 2016*
    - *MMO is now an approved pilot program of EMS*
    - *17 trained PFD paramedics*
    - *HIPAA compliant vehicle*
    - *Reports bi-monthly to the Medical Direction and Practices Board (MDPB)*
- V. *Scope of Work*
1. *Demonstrates how the applicant will achieve outcomes:*
    - *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
      1. *Provides SUD prevention education*
      2. *Care coordination or navigation to primary care and behavioral health services*
      3. *Provides basic medical care, resources, and referrals*
      4. *Well established protocols**Are these services referred by or prescribed by the patient's PCP or the provider that manages their plan of care? If not then this is a MIH model and not a CP model.*
    - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
      1. *COVID screening*
      2.
    - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
      1. *It is not explicitly stated in this section. One could assume it would help to support the growing influx of individuals with homelessness to their services region, based upon previous responses.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

2. *The Budget section indicates that they want to use 93% of the funds to pay the salaries of existing providers. There does not appear to be an intent to acquire additional providers.*
3. *The statement that “the program continues to define its role and services provided with other city of Portland agencies and area nonprofit agencies” may imply the intent to support their continued evolution of their care model?*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- *Fund existing program*
- *93% of the funding will be used to pay existing providers.*
- *Funding not explicitly communicated as being used to improve or increase the services.*

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

- *Given that the grant is to improve and increase services to address health disparities, I am not certain that they meet the **allocatable** principle. Maybe because they are addressing health disparities even though they are not improving or increasing services from their pre-grant status? Grant Language: The grant focuses on a reduction in health disparities, improving and increasing healthcare resources offered by EMS to underserved populations and people living in rural communities.*
- *Are consultant fees eligible for the grant?*
- *They include training cost, but do not define the training.*

3. *Sustainability Model*

- *Plan for the City of Portland to absorb the cost of the program.*

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *The “performance metrics” described are business metrics.*
- *Anecdotal stories are not performance metrics*
- *Performance metrics would be:*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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**BIDDER NAME:** United Ambulance Service

**DATE:** 8/15/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**Individual Evaluator Comments:** Notes, Questions/Concerns

- 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? What is rurality's effect on access to healthcare?
    - Access to healthcare: availability of insurance coverage, availability of services, timeliness of access, and the healthcare workforce.
    - Shortage of primary care and other healthcare provider types leads to ED utilization as source of primary care
    - coastal highway infrastructure, access to care is often complicated by inclement weather, rugged terrain, and paucity of sources of care
    - higher incidences of chronic disease, higher likelihood of readmission within 30 days of discharge, and an overall higher rate of death when compared to urban communities (no citation of research or data to support)
    - factors such as living alone, unemployment, poverty, and social disconnect often result in unhealthy lifestyles such as inactivity, tobacco use, and alcohol and substance use, which negatively impact on community health and wellbeing and negate the opportunity for all community members to thrive in place. (no citation of research or data to support)

III. Health Disparities

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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**BIDDER NAME:** United Ambulance Service

**DATE:** 8/15/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

1. *What health disparities or underserved populations exist within the community? What evidence is there? They provided tables without citing its data source. 2019, 2020, or 2022 community needs assessment, maybe??*

**Androscoggin: Health disparities shown despite lack of eligibility for rural health grants by the Health Resources and Services Administration (HRSA)**

- higher chronic diseases, mental health distress, and substance use disorders, each of which is associated with poorer health outcomes, increased use of ER visits for ambulatory care, and higher rates of death than the state average.
- Suicide is highlighted as a top indicator with special concern for Maine youth.
- Substance and alcohol use were also identified as top health priorities. In 2020, overdose, drug-induced, and alcohol-induced deaths combined for a rate of 47.9 per 100,000 population.
- Data table shows significantly higher prevalence of mental health, SUD rates as compared to Maine average rates.
- Higher COVID rates

**Cumberland: 2022 community health needs assessment (source?)**

- Cites a lack of access to primary care in Cumberland County- **Cumberland County has 47 enhanced primary care practice that are part of the PCPlus program. More information is available here: <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/primary-care>**
- In Cumberland County, the rate of emergency medical responses for overdoses per 10,000 population was higher than the Maine average, at 81.2.
- **All rates cited in the table are lower or higher and when higher is better than Maine averages. This does not make a case for disparities. Exceptions- .8% higher 65+ living alone and .1% higher peds blood lead levels.**
- Noted increase in Middle school aged youth who reported seriously considering suicide over the previous community assessment. **The rate is still lower than Maine average.**

**Oxford:**

- These disparities appear to result in many community members seeking care in the emergency room for issues, such as asthma and mental health, that can better be cared for in ambulatory facilities.
- Substance use appears to be increasing with a substantially higher percent of infants being born with drug-affected conditions and the rate of overdose deaths increasing significantly between 2019 and 2020.
- disparity in access to care is especially concerning when examined against the rate of overdose deaths (25.8 per 100,000 population), drug-induced deaths (22.1 per 100,000 population), and alcohol-induced deaths (14.9 per 100,000 population), as well as suicidal ideation among high school youth (19.1%) and middle school youth (20.8%).
- lack of a county/municipal transportation system (**Are CP providers aware of OMS non-emergency transportation (NET)?**)
- absence of substance / alcohol use treatment programs as the top drivers of poor health in the community **[Behavioral Health Home services available in Oxford County](#), [Opioid Health Home services available in Oxford County](#)(offers**

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*treatment for uninsured individuals as well) OMS MaineMOM Program A CP program should be connecting patients with available services.*

- *Chronic conditions appear to be slightly elevated over state averages.*
- *Mental health conditions are marginally elevated over state averages.*
- *Drug-affected infant reports per 1,000 births significantly higher than the state average. MaineMOM Program*
- *Alcohol-induced deaths per 100,000 population (higher than state average)*
- *Primary care visits that were more than 30 miles from the patient's home rate is double the state average.*
- *Ratio of population to psychiatrists 173,148 (Oxford) vs, 12,985 (state)*
- *Slightly higher COVID rates*

**COVID-19 Impact:** *Healthcare usage data (July 2020 – July 2021) showed higher non-COVID ICU bed occupancy and deaths than before the pandemic. Emerging data also suggests that the pandemic has had negative impacts on behavioral health with an increase of drug overdose deaths in 2020 (33% increase) and in 2021 (23% increase).*

2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

- *Decrease unnecessary EMS transportations to EDs while promoting preventive strategies and outreach through the use and promotion of primary care provider (PCP) services. Promotion of their primary care services or connection to primary care providers? Are their primary care services are supplanting connection to a primary care provider?*
- *Aimed at reducing 30-readmission rates. It appears that their program and the services they intend to deliver are focused on the needs of the hospital system to which they are tied.*
- *Home visit program*
- *Care Coordination Care coordination is important to connect patients to primary care, BH, and SUD services providers. These counties have significant numbers of enhanced primary care practices: Cumberland has 47, Androscoggin has 21, and Oxford has 7. [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/PCPlusListing\\_Jul2022.pdf](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/PCPlusListing_Jul2022.pdf)*
- *Being part of two hospital systems, UACPP is able to frame their services as an extension of the hospitals and deliver basic primary care services in the patient's home without requiring them to travel to a healthcare facility. This is Mobile Integrated Health and an extension of the hospital services. CP is supposed to deliver services as part of the plan of care **with** the primary care provider or the provider that manages the patient's plan of care. Replacing the primary care function is not a long-term solution. They are asking for funding for a hospital program that is already funded through regular home health healthcare billing. In the diagram there is not care coordination to connect the patient to primary care to sustain the reduction in avoidable ED utilization. I am suspect of their connection to the hospital and the hospital's fiscal goals that are very aligned with the limited goals of the program.*

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- *By treating patients within their homes, UACPP is often able to provide care without needing to immediately transport a patient to the ER for services that may be more intensive, costly, or complex than needed. This is often critical for frail patients and those with complex medical or mental health conditions. CP is not triggered by 911/emergency calls. It is driven by the PCP Plan of Care.*
- *UACPP is able to provide traditional primary care services to patients in their homes. These include routine vaccinations, wound care, and check-ups for patients with chronic diseases (e.g., hypertension, diabetes). This may be particularly important for uninsured patients and patients with limited mobility, who may otherwise not be able to access these services. Again- this is focused on their delivery of primary care services. This is a mobile integrated health model and not a CP model. They are not connecting the patients to the larger healthcare system and diverse services. MIH has value, but is not CP and has different goals that are prioritized differently than CP.*

IV. Capacity, Expertise and Previous Experience

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

- *UAS was officially registered by the Board as a CP Program on May 8th, 2013. It was the only recognized CP pilot program to provide all services within the scope and sphere of practice.*
- *In 2022, UACCP provided 2,349 runs to approximately 90 patients and performed services such as blood glucose analysis, chronic disease education, specimen collection, medication reconciliation, home safety assessment (including fall assessment), and follow ups. These numbers further demonstrate that they are supplanting primary care services and not connecting the members with a primary care provider. 26 visits (average of 2 visits per patient per month) per patient in one year is not episodic. This is ongoing care replacing primary care services.*
- *Employs: advanced EMT/CPT, AAS/AE-C/EMT-P/CP, Dennis Russell, M.Ed/ATC/CSCS/NRP/IC/CP, MD*
- *Figure 2 demonstrates that their CP program keeps the member engaged to receive their primary care services via CP rather than coordinating care with a primary care practice and helping the patient become connected to and their care integrated into the healthcare system*
- *CDC programs are great and are a valid part of a CP model when referred by the primary care provider for these services.*
- *Central Maine Healthcare: Rural Health Transformation Initiative: Participation in this program is in alignment with the CP model, but it appears they are no longer part of this program that aims to connect the patient with primary care and BH services in the community.*

V. Scope of Work

1. Demonstrates how the applicant will achieve outcomes:

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Thriving in Place model cited, "CP programs are not designed to be standalone healthcare services. Rather, they serve in expanded roles and fill gaps in access to healthcare in rural communities by working closely with other providers, services, and organizations in the community." They identify partners as "state, regional, and community-based organizations in areas such as mental health, lead poisoning prevention, chronic disease self-management, and suicide prevention. Wondering why they are not identifying primary care as a partner?*
  2. *Direct Services: The TIP Initiative proposes a four-tiered approach designed to supplement existing primary care and the public health infrastructure, while filling existing service gaps. The majority of the services summarized in Table 5 are currently being provided and will be expanded to all service areas. Table five describes routine primary care services that can be part of a CP model when delivered according to the patient's primary care Plan of Care. No evidence that they are working according to the patient's POC and as requested by the patient's physician/provider.*
  
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *COVID-19 testing*
  2. *COVID-19 transmission education*
  
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *It appears that they intend to measure the disparities based on the ME CDC programmatic eligibility and high utilizer criteria*
  2. *Will evaluate the reduction of health disparities and efficacy to support funding by measuring value:*
    - Process evaluation: Number served sessions completed, services delivered, patient perception, healthcare provider perception, successes and challenges in implementation of TIP*
    - Outcome Evaluation: The goals they identify are good here, but they lack measurable specificity, and the identification of what success looks like.*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*
  - *Appears compliant and reasonable*
  -
2. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - *yes*
  -
3. *Sustainability Model*
  - *Yes- Is the hospital supporting their services with FFS billing?*



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

*VII. Performance/Outcome Metrics*

*1. Establish and track 5 performance outcome metrics (SMART goal format)*

- *They have not provided SMART goal metrics*
- *They have not defined success for what they intend to measure.*
- *Measuring before and after is not a metric.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Maine Health North Star

**DATE:** 8/15/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**Individual Evaluator Comments:** Notes, Questions/Concerns

- I. General Information/Service Provider and group eligibility
  1. EMS Agency
    - *No- Did not establish. We know they are, but they did not provide the required supporting information.*
  2. Does the agency have a CP designation or are they in the process?
    - *Did not establish*
  
- II. Community rurality
  1. Is there a HRSA eligible zip code that is served?
    - *No- Did not establish. We know they are in Farmington and have a CP service there. However, they did not list the HRSA rural zip codes and the service for which they are asking for funds is in Portland. Also, the program is an extension of MaineHealth's cardiac fellows that is in alignment with home health in that it creates a physician-based department in the residence of the patient which is a model limited to home health.*
  2. What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?
    - *Not established*
    - *Mentioned homelessness, but did not tie it to rurality*
    - *Appears to be trying to obtain funding for an existing service model in Portland that is not focused on rurality.*
  
- III. Health Disparities
  1. What health disparities or underserved populations exist within the community? What evidence is there?
    - *States that the clinic director serves homelessness, immigrant, and refugee patients in a clinic at the Preble St shelter. This is good, but is not CP*
    - *States that many patients have social barriers= lack of transportation, language, social supports, financial, lack of insurance, housing instability, food insecurity, and SUD.*
    - *Does not link to rurality. Does not tie homelessness to rurality and rural zip codes.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Maine Health North Star

**DATE:** 8/15/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- *Many patients do not have a primary care provider*
- 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
  - *Links patient to primary care, social workers, transportation, pharmacies, shelters other resources.*
  - *Follow up care to improve continuity. Patients need care navigation for success.*
  - *Describes a new program in Franklin County but does not ask for funding for this CP model. Asks for funding for the MaineHealth Cardiac program model in Portland.*

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

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
  - *Use the Operational Excellence model to identify opportunities for process improvements.*
  - *3 lead paramedics*
  - *One certified CP and Operations manager of the CP program*
  - *Support of the MaineHealth system*
  - *Referrals from primary care providers. However, one issue with the model is that the CP providers are assessing the patient for service needs, making a plan of care for those services and additional visits which they will deliver. This is replacing primary care and not coordinating to primary care. There are 47 enhanced primary care providers in Cumberland County; some of which work closely with the shelters.*

**V. Scope of Work**

1. *Demonstrates how the applicant will achieve outcomes:*
  - *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
    1. *To the degree that they are addressing homelessness with services in place- yes.*
    2. *Patients with mobility issues that need post inpatient care follow-up- yes.*
    3. *They did not address rurality at all.*
  - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
    1. *COVID -19: only with regard to patients with cardiac conditions. Does not expand services related to COVID-19.*
    - 2.
  - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
    1. *The funding request is to buy specialized equipment on behalf of MaineHealth for their cardiac program. This is not CP and this equipment id reimbursed through billing for the reading of the telemetry reports by physicians.*
    - 2.

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

**RFA #:** 202306130

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

**BIDDER NAME:** Maine Health North Star

**DATE:** 8/15/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

The NorthStar Community Paramedicine Program will focus on the following areas:

- Medication reconciliation and compliance.
- Assessment of chronic respiratory disease (asthma, COPD, emphysema and CHF).
- Assessment of Diabetes.
- Home safety assessment and evaluation.
- Episodic care ordered by the PCP (blood draw, vaccination, basic wound evaluation and care, etc).
- Evaluation of social needs for activities of daily living (ADLs).
- Telehealth visits.

## VI. *Budget Proposal*

### 1. *Budget narrative and Budget form*

- *They are asking for \$88,000. They have not identified one HRSA zip code.*
- *They are asking for funding for specialized equipment for one limited program that is not CP. This does not meet the federal gov't's cost principles of allocability and reasonableness.*
- *Purchase of a vehicle*
- *Asking for \$29,000 to fund their subscription to telemetry software for the MaineHealth cardiac program. This is a model that is aligned with Home Health.*

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

- *It is not validly allocatable to this grant opportunity to assign costs for equipment for goods reimbursed via the home health services billed for those services.*
- *It is not reasonable because the proposed costs do not assist the requester in meeting the goals and objectives of the grant funding. Instead, they fund a particular home health project in a non-rural region that does not fund the expansion of CP services as otherwise described in the application on pages 3 and 4 in Franklin County.*

### 3. *Sustainability Model*

- *Has MaineHealth's full support.*
- 

## VII. *Performance/Outcome Metrics*

### 1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Their performance metrics are physician centric.*
- *They did not provide success metrics.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**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?
    - Did not address in this section. Notes their participation in the Maine State CP Program in section 4.
  
- II. Community rurality
  1. Is there a HRSA eligible zip code that is served?
    - Yes – listed 13
  2. What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?
    - They did not describe the impact of rurality on the population they serve.
    - They focused on their own transport challenges for emergencies. They cite the driving distance is long for both emergencies and CP.
    - They cite the impact on their staffing in finding affordable housing.
    - They did not meet the burden of this section.
  
- III. Health Disparities
  1. What health disparities or underserved populations exist within the community? What evidence is there?
    - Describes what CP does and the benefit it provides for aged communities to deliver in-home services.
    - Cites a 3% reduction in accessing a PCP in 2015 to 2017 and a lack of PCPs in their region.
    - 30 miles to drive to a primary care visit is a standard distance and does not represent a disparity.
    - They did not show that the prevalence of chronic conditions, SUD, mental health diagnoses, food insecurity, homelessness, or other impacts are greater than the Maine average.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

*Please see chart below that shows the enhanced primary care practices in Lincoln County that are OMS PCPlus practices. This list is not all of the PCP practices in Lincoln County. These are the ones that have enhanced care management capacity and receive a population-based monthly payment for health management.*

Lincoln County			
LMP Family Care Center - Boothbay Harbor	19 St. Andrews Lane	Boothbay Harbor	(207) 633-7820
HRCHC dba Sheepscot Valley Health Center	47 Main Street	Coopers Mills	(207) 549-7581
LMP Primary Care - Damariscotta	24 Miles Center Way	Damariscotta	(207) 563-4780
LMP Family Practice - Waldoboro	592 West Maine Street	Waldoboro	(207) 832-6394
Medomak Family Medicine	1034 Main Street	Waldoboro	(207) 832-5813
Pen Bay Waldoboro Family Medicine	27 Mill Street	Waldoboro	(207) 832-2323
LMP Family Medicine - Wiscasset	49 Hooper Street	Wiscasset	(207) 882-7911
Wiscasset Family Health	35 Water Street	Wiscasset	(207) 882-6008

- *They have not established the health disparities adequately for the population they serve.*
2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- *They only state that they deliver basic CP services in the home. It is assumed that this addresses the 30-mile drive to a PCP office and the 3% reduction in PCP visits.*
  - *They have not met the burden of this section fully. Later in the Scope section they mention that one target population characteristic is food insecurity.*
  - *Workflows (identification of patients) are insular to the LincolnHealth (MaineHealth) health system (Epic EHR). This limits access to CP services to those patients who seek to receive primary care from this health system. In the Scope section they mention that they will be working “in partnership with LincolnHealth and all willing local primary care practices”. The intention to include “all willing local primary care providers” is good, but they have not identified a workflow for the inclusion of patients not identified through Epic. Flagging as a concern in that this may limit the scope of their services to reduce health disparities to only those patients connected to the MaineHealth system. It also identifies that the CP services are not linked to a PCP plan of care and referral.*

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

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- *Has been part of the State initiatives to build CP capacity in Maine.*
  - *Participated in study to show the impact on reduced ED visits with Muskie which showed a reduction over 60 days. However, this short duration measure is not valid statistically to show sustainable improvement. There may be improvement, but they did not provide longer term data to show this value.*
  - *100 CP visits per year*
  - *Delivers CP services in conjunction with and under the license of LincolnHealth.*

**V. Scope of Work**

1. *Demonstrates how the applicant will achieve outcomes:*
- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

1. *Patient interventions focus on patients that are high-cost patients to the health system. Their referrals come through MaineHealth EHR, Epic software. This limits access to CP services to the patients that are MaineHealth patients.*
  2. *Concern is that they are focusing on the patients identified through the Epic software that have costly utilization patterns and not on the actual needs of the total population.*
  3. *They have not distinctly identified the health disparities of the population they serve in this application or their plan to improve them.*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
    1. *CLC will follow COVID precautions*
    2. *COVID testing kits*
    3. *COVID education and referrals for patients who test positive*
  - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
    1. *CP staff funding/time and investment in CP operations management.*
    2. *It appears that they would like to use the funding to expand referral sources. This may mitigate against some of the concerns identified in previous sections.*
    3. *Purchase of a CP vehicle that is not a full ambulance to reduce transportation cost and resistance to CP services*
    4. *Recruitment of a Medical Director.*
    5. *Expand CP services in Lincoln County*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*
  - *Math adds up*
  - *Purchase of a vehicle that costs less in transportation and receives less resistance than a full ambulance vehicle.*
  - *Indirect cost line? What is this cost?*
2. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - *Yes*
  -
3. *Sustainability Model*
  - *Yes*
  -

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*
  - *Their performance metrics are measurable and focus on the expansion of the services in the region.*
  - *Concern that the metrics are not focused on the improvement of patient conditions, continuity of care, and reduction of avoidable inpatient utilization.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- *I am encouraged that they identify the outreach of primary care providers as a metric. The expansion of these connections will improve the value and availability of their services to the full population they serve and not just the patients connected to MaineHealth.*



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**Individual Evaluator Comments:** Notes, Questions/Concerns

- I. General Information/Service Provider and group eligibility
  1. EMS Agency
    - Yes, but did not respond to this section of the application
  2. Does the agency have a CP designation or are they in the process?
    - Did not state in this section. They were part of a pilot program in 2016 and it was discontinued due to a lack of funding/reimbursement. They express feeling they are operationally ready to implement one. Not clear where they stand on meeting this requirement.
  
- II. Community rurality
  1. Is there a HRSA eligible zip code that is served?
    - Yes- They listed 16 zip codes with 4 duplications for a total of 12 unique zip codes that qualify
  2. What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?
    - Lack of funding for EMS/CP services
    - Poverty (lower median income than Maine average)
    - Lower educational attainment levels
    - Higher rates of poverty and individuals with disabilities
    - Older population at or near retirement age
    - Loss of primary care providers, 42.2% driving over 30 miles for PCP appointments, strained resources
    - This distance is not a valid barrier to services. It is a standard distance in Maine.
    - Strain of reduced acute and ambulatory care resources is shifted to EMS to meet the rural population needs
  
- III. Health Disparities
  1. What health disparities or underserved populations exist within the community? What evidence is there?
    - Higher rate of poverty and disabilities

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- Lower median income
  - “Mental Health Issues”
  - SUD
  - SDOH in general
  - COVID exacerbated the loss of healthcare resources leading to critical shortage of primary care providers
  - 30-minute drives to primary care in the winter cited. A 30-minute drive is also normal. This is not a health disparity. This is a common challenge by all who live in this climate regardless of urban or rural locality.
  - They did not cite a public report to demonstrate evidence. They only provided a narrative.
2. How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?
- Provides assessments and basic primary care services in the home.
  - They deliver these services to patients that need them the most, but do not qualify for other programs. How do they know what the patient qualifies for? Are they familiar with all of the Medicare and MaineCare programs and their eligibility criteria? Are they referring for patient assessment by the appropriate agencies? <https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/area-agencies-on-aging>
  - Targeting high utilizers working with PCPs
  - Patient navigation to connect with primary care through medical director
- IV. Capacity, Expertise and Previous Experience
1. How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?
- History of participation in CP pilots.
  - Not currently participating. What is their status regard the requirement for a CP designation?
  - Added an admin position to support scheduling and managing the CP Program through their current operational structure. Not clear here what CP Program they are talking about since earlier they indicated they had to discontinue their CP Program. Are they speaking of a future CP program?
- V. Scope of Work
1. Demonstrates how the applicant will achieve outcomes:
- Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations
    - 1. Increase healthcare access for underserved populations by providing direct connections to PCPs, assessing individual needs, delivering basic

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

*medical and preventive services like specimen collection, disease education, med reconciliation and connecting with appropriate resources.*

2. *Telehealth Facilitation*
  3. *Target patients with chronic illness to reduce readmissions*
  4. *Patient navigation*
  - 5.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
    1. *COVID Vaccines*
    - 2.
  - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
    1. *Fund the program's restart. 15 months of funding.*
    2. *Provide access again to patients that are experiencing disparities and fragmented care utilization patterns.*
    - 3.

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- *They are asking for way less than they qualify for. I feel like they should get the full amount per the 12 zip codes plus the costs they have itemized.*

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

- *Yes*

3. *Sustainability Model*

- *They are seeking options to build out the service and its connections with other providers to increase reimbursement.*

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *The performance metrics are measurable for change, but they have not defined success. This seems common in among EMS providers.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**Individual Evaluator Comments:** Notes, Questions/Concerns

- 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- 04627, 04681, 04683, 04645, and 04650
  - 2. What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?
    - Occupational hazards lead to risk of OUD risk? *This is not a health disparity due to rurality. This could be associated with any workplace rural or urban.*
    - Socioeconomic pressure
    - Underserved community- limited access to mental health services
    - Lack of public transportation to MH services.
    - In the Scope section they describe that many residents do not have computer skills or Wi-Fi that reduces their ability to stay in contact with PCP.
  
- III. Health Disparities: Lack of clarity in this application on the definition of episodic
  - 1. What health disparities or underserved populations exist within the community? What evidence is there?
    - 2021 Closure of the Island Nursing Home (INH). CP services will allow people to age at home.
    - They state that Medicare and MaineCare do not pay for in-home nursing care. *This is incorrect. MaineCare pays for in-home nursing care via MBM, Chap II, Section 96 & Section 40: Home Health.*
    - States that if INH reopened as a residential facility, it would not have skilled nursing services. *INH reopening as a residential facility will provide nursing services (licensure requirement). It would not provide skilled nursing services. An individual needing skilled nursing services would require a SNF or Home Health level of care. CP is not a replacement for SNF or home health services by statute.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- *CP could provide medication support and regular check-ups to support individuals aging in place. They describe these individuals as illiterate and having dementia. The acuity level of the individuals described is not unique to rurality and requires a higher level of medical supervision. CP is to be episodic (not on-going) and is not a replacement for skilled nursing and/or home health. It sounds like these are patients that need private duty nursing services, home health, or residential nursing facility services. Concerned that the need described here is for a model of services that is not in the scope CP licensure.*
  - *Health risks linked to depression and lack of access to care.*
2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- *They seek to improve access to services via CP*
  - *Issue is that they cite the needs for SNF& Home Health level of care and mental health services. CP is not a model of these services.*
- IV. *Capacity, Expertise and Previous Experience*
1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- *All of our CP clinicians are Maine licensed EMEs, A-EMTs and Paramedics. In 2022, they performed 1,008 patient visits where they took vitals such as blood pressures, blood glucose levels, weights, temperatures, oxygen saturations, lung sounds, pulse & respiration rates, medication sorting and whatever else the patient's PCP requested. Sounds like CP and not like what they were describing they intend to deliver in the health disparities section.*
  - *Two of their CP clinicians are RNs.*
  - *Staff trainings to update and maintain capacity/skills.*
- V. *Scope of Work*
1. *Demonstrates how the applicant will achieve outcomes:*
- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
    1. *Our CP program has been and will continue to reduce health disparities by providing services, such as obtaining vital sign data, organizing medicines and being the eyes and ears of our patients' PCPs.*
    2. *Weekly CP visits with reporting to the PCP. This is not episodic. The CP model is not a long-term treatment model in the home. This supplants home health and is not in compliance with the statute.*
  - *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
    1. *COVID education*
    2. *COVID vaccines and testing*
  - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
    1. *Funds will expand service to more patients*
    - 2.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** 8/16/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

**VI. Budget Proposal**

**1. Budget narrative and Budget form**

- Asking for more than the maximum allowable grant.
- To be allocated as compensation of the clinicians for performing patient visits
- Adding more clinicians and 6 patients (current waiting list)
- Additional equipment and supplies for expanded staffing

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

- They are asking for \$90,500 to deliver 242 visits to only 6 additional patients. This is more than 40 visits per patient per year. This is almost weekly. **This illustrates that they are not providing episodic care and are requesting CP funds for a service model that is not compliant with statute. Their model supplants regular primary care, on-going nursing care, and home health. As such this request does not comply with the cost principles because the grant funds are not allocatable for a model that is not CP.**
- Wage levels are fine.
- All patients referred to US by their PCP are treated equally, regardless of their race, religion, gender, health, age or economic status.

**3. Sustainability Model**

- Plan to bring on more staff to write grant proposals for sustainable funding.
- Ongoing financial support from the Island Health and Wellness Foundation

**VII. Performance/Outcome Metrics**

**1. Establish and track 5 performance outcome metrics (SMART goal format)**

- They have provided measurable metrics
- **The have not provided the metrics that define success and so their metrics are incomplete.**

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** 8/18/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**Individual Evaluator Comments:** Notes, Concerns/Questions

*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: 04945, 04856, 04843, 04849, 04847

- **Jackman Region:** The three largest communities hold a Maine Governor's Designation of Medically Underserved Population (Figure 3), are Federally Designated Primary Care Health Professional Shortage Areas (Figure 4) and are Federally Designated Dental Health Professional Shortage Areas (Figure 5).

- **Midcoast Region:** All areas of Knox and Waldo Counties, including the Midcoast region, are designated HRSA Rural Grant Eligible (Figure 1.). In addition, the communities in the region are designated by the New England Rural Health Roundtable as Isolated Rural or small rural (Figure 2).

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

- *Jackman Region: Severe lack of access to healthcare facilities/clinics*
- *Midcoast region: Cites more than a fifteen-minute distance from healthcare facilities. This is not a valid disparity of distance/access.*
- *Inclement weather is not a health disparity of rurality for a fifteen-minute drive. This is a standard in Maine for all localities (urban and rural) with similar normal distance from healthcare facilities.*

*III. Health Disparities*

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

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** 8/18/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- *Jackman:*
    - *Of residents aged 60+, 20.5% had lived in poverty in the last 12 months; that percentage rose to 22.4% for persons aged 65+ compared to 11.6% for the US and 11.5% for Maine (US Census Bureau)*
    - *Aging population*
    - *Causes of death cited are the same for urban areas and is not distinct to rural regions.*
    - *Cites 2021 ME CDC Health Profile Data: high poverty rate, food insecurity, higher rate of cancer and cardiovascular deaths, significant rates of chronic conditions, fall-related ED visits, higher than average ambulatory care-sensitive conditions hospitalizations, sedentary lifestyle*
    - *2022 Maine Shared Community Health Needs Assessment for Somerset County top 4 health priorities: MH, SDOH, SUD, Access to care, Older adult health*
  - *Midcoast Region: Note that Table 2 was titled incorrectly as citing Somerset data (contains data for the Midcoast region- Knox and Waldo Counties)*
    - *2021 ME CDC Health Profile Data: Persons 65 and older living alone slightly higher than ME & US averages, higher rates of chronic conditions, falls rate, TBI ED visits rates, Ambulatory care-sensitive conditions ED visits, tobacco use, alcohol use, sedentary lifestyle*
    - *2022 Maine Shared Community Health Needs Assessment for Knox and Waldo: SDOH, MH, SUD, Access*
  - *COVID-19 impact: PHE funds ending that had stabilized healthcare resources, vaccine hesitancy associated with higher fatality rates due to COVID early in the pandemic, need for education and early treatment*
2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
- *Many of the noted conditions and health disparities are sensitive to the CP model of care*
  - *Community needs survey identified needs that are addressable by CP*
  - *Mostly the applicant focused on home health and hospice, the AARP program, and a possible educational publication. Home health and Hospice are not CP services and funding for the AARP program is not valid for this Grant opportunity.*

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

1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
- *North East Mobile Health Service (NEMHS) is a licensed EMS transporting service in Maine with more than 15 years' experience as an EMS Service. NEMHS currently employs 95 staff members working in our various divisions. We operate emergency and transport services throughout Maine and perform transports into neighboring regions, including into Canada. Our current divisions include Scarborough, Brunswick, Rockport, Jackman, and Special*



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** 8/18/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

*Events. We have the capacity to train and staff our EMS providers to meet the needs of each of our divisions, resulting in a large workforce capable of meeting all our service demands, including community paramedicine.*

- *We currently have a Maine EMS Board approved Community Paramedicine program in operation in the Jackman-Moose River Region since May of 2022. Five paramedics trained to the current Community Paramedicine – Affiliate level provide these services under the direction of the Agency Medical Director, Dr. Jonnathan Busko, and the Primary Care Medical Director, Dr. Patricia Doyle who is the lead physician for the Jackman Community Health Center.*

V. **Scope of Work**

1. **Demonstrates how the applicant will achieve outcomes:**

**CONCERN:** *“As noted in the “Impact of Rurality” section, while there are home health programs that ostensibly have responsibility for the Jackman – Moose River Region in their catchment area, none provide actual on the ground services to these patients. NEMHS has been in discussion with these agencies and there is significant interest in forming partnerships to create home health and hospice access for these patients.”*

*Community Paramedicine is not licensed to deliver home health and hospice services. These service models have a high degree of licensing and regulatory requirements including Medicare certification.*

- **Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations**
  1. *Decline to define scope stating that they cannot based on the status of the work on licensure and CP Scope of practice being finalized. The provider has been involved in the drafting of the scope of practice that is under review for approval with the Board and the scope of work they will deliver with this grant money should be explicitly defined.*
  2. *Includes this chart to describe a minimum array of services:*

Social Monitoring	Medical Monitoring	Therapeutics	Education
- Well checks - Home safety checks - Fall risk assessment - Social Services communications - Service access facilitation	- Vital signs monitoring - Medication inventory and compliance assessment - Weight checks - Specimen collection - Post-discharge assessments - COVID 19 testing	- Medication administration - Vaccinations - Wound care - Communications with medical and social care teams - Address food insecurity	- Chronic disease management - Lifestyle choices - Social determinants of health management - Discharge instruction review and clarification (with care team) - Medication adherence - COVID19 avoidance and transmission reduction

3. **Jackman/Moose River Region:**

- *They intend to deliver home health services within the scope of CP Practice. This is not allowable. CP service providers cannot deliver on behalf of a home health agency the home health services according to the patient’s home health plan of care. It is*

## STATE OF MAINE INDIVIDUAL EVALUATION NOTES

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*not about scope of practice. It is about licensure. CP agencies are not licensed as home health agencies. These are high standards intended to protect the patient and include federal inspections/audits. CP agencies may deliver episodic care. Home health services are not episodic and cannot be transferred to or subcontracted to an agency that does not have a home health license. A home health agency cannot circumvent regulatory requirements and transfer the home health plan of care and services to an unlicensed agency that statutorily cannot deliver this model of care. [https://gateway.maine.gov/dhhs-apps/aspen/type\\_pop\\_services.asp?types=3](https://gateway.maine.gov/dhhs-apps/aspen/type_pop_services.asp?types=3)*

- *They intend to deliver hospice services. Hospice providers in Maine must meet intensive licensure requirements and federal inspection/audit. CP providers do not hold hospice licenses and cannot deliver hospice services on behalf of a licensed agency simply as a CP/EMS agency. It is not about scope of practice. It is about licensure and the fact that hospice services are not episodic. They are long-term services. They are highly regulated and once an individual chooses hospice services, they are unable to receive curative services. Hospice agencies have established processes to comply and bill appropriately. Hospice agencies cannot circumvent these requirements by transferring a hospice plan of care to an unlicensed CP provider. <https://legislature.maine.gov/statutes/22/title22sec8622.html>*
- *In partnership with Northern Light Health, Maine Health, and other hospitals / healthcare systems that provide **specialty services who wish to participate**, on the order of a physician, PA, or NP and, within the MEMS approved community paramedicine scope of practice, facilitate telehealth visits to reduce transportation burdens. Why Specialty services? Why not primary care providers? Why hospitals and health systems and not individual provider practices?*
- *We have been involved in discussions with Somerset County Public Health on the need for increased community education and distribution of resource documents to the residents of Jackman-Moose River. This grant will allow us the opportunity to conduct quarterly education sessions at the community center. We have also been approached about taking a leadership role in the Town of Jackman Age-Friendly Community Plan which is an accreditation by the American Association of Retired Persons. This program addresses Social Determinants of Health specifically targeting the elderly population in the community. This work will consist of updating the community plan, submitting the required re-verification application to AARP, and then using*

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*the work products of the plan as part of the CP "treatment."  
Some of these funds will be used for that purpose.*

*They are intending to use the funds for the Age Friendly AARP program which is not a CP model and is not a valid request for the grant funds. Grant funding should not be used to fund another program.*

- *In partnership with the clinician staff of the Jackman Community Health Center- Provide, within the MEMS approved community paramedicine scope of practice, in home non-emergency services to patients of the Health Center as ordered by the physician, PA, and NP staff. Concern here is that it is known that they run an after-hours acute care clinic for this health center. We would want to be clear that this is not their intent here and that these are services that are part of the plan of care only and not a substitute for an urgent care facility.*

- *"There is also a strong desire by the residents to establish a palliative care/hospice-at-home program for the area. Currently, residents who have entered the phase of their illness where it is necessary to provide palliative or hospice care cannot receive it in the area. They must be admitted to a hospice program in Waterville, Skowhegan, or Augusta to receive this care. The grant funds would be used to help get this program established."*

*CP is not a statutorily allowable for medical palliative care/hospice at home. Hospice services provider need to have a hospice license and deliver services under the covered hospice services enrollment.*

- *Deliver community education regarding: This is part of the AARP work*
  - *Individually modifiable lifestyle social determinants of health*
  - *Resources available to support social determinant of health challenges.*
- *Develop a community health resource manual for the patients with whom we interact. This is part of the AARP work*

**4. Midcoast Region:**

- *Home health and hospice services on behalf and in coordination with the home health and hospice agencies. As described above this is not allowable under the CP model and statute.*
- *Provide, within the MEMS approved community paramedicine scope of practice, in home non-emergency services to patients of the practices as ordered by the physician, PA, and NP staff.*

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- *Based on the priority areas identified in the “Health Disparities” section of this application, identify specific patients within the practice with an identified disease or services gap and, within the MEMS approved community paramedicine scope of practice, develop, and as ordered by physician, PA, or NP staff, implement plans of care for these disease processes or services gaps.*
  - *Deliver community education regarding: **This is part of the AARP work***
    - *Individually modifiable lifestyle social determinants of health*
    - *Resources available to support social determinant of health challenges.*
  - *Develop a community health resource manual for the patients with whom we interact. **This is part of the AARP work***
  - *COVID testing/medication initiation within scope and per physician order*
  - *In partnership with Northern Light Health, Maine Health, and other hospitals / healthcare systems that provide **specialty services who wish to participate**, on the order of a physician, PA, or NP and, within the MEMS approved community paramedicine scope of practice, facilitate telehealth visits to reduce transportation burdens. **Why Specialty services? Why not primary care providers? Why hospitals and health systems and not individual provider practices?***
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
    1. *Will deliver COVID tests when ordered by a PCP/Provider.*
    2. *Initiate COVID medication when indicated by provider/within CP scope of practice.*
  - *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
    1. *Telehealth facilitation of routine appointments with hospitals and healthcare systems. **Concern here is that traditionally EMS agencies have relationships with hospitals. The CP model is intended to be based in treatment relationships with primary care providers and maybe some specialties. This agency seems focused on relationships with large entities: Home Health and Hospice Agencies, hospitals, and healthcare systems.***
    2. *As described above in the limited ways that are allowable in the CP model of care.*

VI. *Budget Proposal*

1. *Budget narrative and Budget form*

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- *Training, education, and salary of CP staff to expand CP services in the Jackman Region.*
  - *“Specific projects such as the AARP Age-Friendly program and development of resources manuals will require work outside of the clinical scope of the community paramedicine program and will incur materials costs and, for the Midcoast Resource manual, salary costs.”*  
*Grant funds cannot be allocated for other projects and programs.*
  - *Building referral and care coordination relationships: staff salary*
2. *Does it conform to the federal government’s four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
- *The Age Friendly AARP program funding does not comply with allocation.*
  - *To the degree that these funds are to implement a program to deliver home health and hospice services the funds are not reasonable or allocatable.*

Section	Cost	Comments
Training and education		
- 6 Community Paramedicine Technician (CP-T) classes	\$7,500	6 paramedics will attend CPT training @ \$1,250 / class
- Salary/Fringe/Benefits 6 CP-T classes	\$45,390	6 paramedics, 170 hours didactic/clinical @ \$45.50/hr wage/fringe/benefits
- 10 Community Paramedicine Affiliate (CP-A) classes	\$2,500	10 EMTs and AEMTs will attend CPT training @ \$250/class
- Salary/Fringe/Benefits 10 CP-A classes	\$5,200	10 EMTs/AEMTs, 16 hours @ \$32.50/hr wage/fringe/benefits
Salary		
- 10 hours per week dedicated CP time in the Midcoast region	\$23,660	10 paramedic hours per week @ \$45.50/hr wage/fringe/benefits
Focus projects		
- AARP including salary and work products / materials	\$1,500	60 hours of work time @ \$45.50/hr wage/fringe/benefits + \$1,500 work product production (printing, copying, distribution)
- Community Resource Manual and Reference guide	\$2,570	40 hours of work time @ \$45.50/hr wage/fringe/benefits + \$750 work product production (printing, copying, distribution)
Collaboration and Partnership building	\$2,366	52 hours distributed unevenly over the year @ \$45.50/hr wage/fringe/benefits
Allocated Administrative Overhead and incidentals	\$9,314	9% standard and incidentals

- *Question about the allocate administrative overhead. What is this and what are the incidentals?*

3. *Sustainability Model*

- *Intention to build contractual relationships to improve funding sustainability.*
- 

VII. *Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *These are not quality metric for the most part. These are measuring quantity and not quality and value.*
- *The Outcome measures could be turned into SMART goal metrics and would require definitions of success.*
- *Success stories are nice to share to get buy-in from patients and providers, but they are not outcome measures.*

**STATE OF MAINE  
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**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**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?
    - Not yet but anticipates submitting an application.
  
- II. Community rurality
  1. Is there a HRSA eligible zip code that is served?
    - Yes, specifically 04901, but cites all of Kennebec County (there are 29 unique zip codes in Kennebec County)
  2. What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?
    - SUD, overdoses
    - ED discharge without any SUD services and primary care follow-up (high risk)
    - Behavioral Health and SDOH issues associated with SUD
    - High-risk ED utilization and frequent users of ED and express care service users without immediate primary care follow-up (within the NLH system could take months for follow-up) or SUD services
    - CP is not a model that aligns with MOUD initiation. It could align with follow-up from ED initiation with an order from a physician.
    - Waterville FD wants to partner with Inland Hospital to follow-up on high-risk patients discharged from inpatient or ED.  
*Inland Hospital's associated primary care locations are enrolled in PCPlus and area being paid population-based payments to deliver Care Plans, Care Coordination, and Care Transition Services for their patients described as follows  
MBM, Chapter 6, Section 3.04(A-D):*

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PCPs shall document all covered services provided to Members in their EHR. PCPs shall:

- A. **Care Plans.** Partner with Members and other care team members to create care plans that support members' needs. Use shared-decision aids and consider Members' health literacy levels in assessment and care planning. Include both clinician and patient action plans in the care plan as clinically appropriate;
- B. **Care Coordination.** Engage in coordination with any external care coordinator, case manager, discharge planners, or care team of the Member, as determined appropriate by the needs of the Member, in accordance with all applicable state and federal privacy laws and best practices to support the Member's care goals. This may include but is not limited to coordinating covered services with providers of: Section 13, Targeted Case Management; Section 17, Community Support Services; Section 91, Health Home Services – Community Care Teams; Section 92, Behavioral Health Homes; and Section 93, Opioid Health Homes. When coordinating and partnering with other providers, PCPs shall not duplicate efforts;
- C. **Assessments.** Connect Members to clinically appropriate assessments including, but not limited to, Medical Eligibility Determination (MED) assessments for long-term care needs;
- D. **Care Transition Services.** Provide care transition services between healthcare providers and settings to ensure continuity of care and reduce emergency department (ED) use, morbidity, mortality, inpatient admissions, readmissions, and lengths of stay.

- *Primary care providers should be providing timely follow-up and connection to CP services when the patient needs CP follow-up. CP should not be an extension of hospital care because that is home health. Inland Hospital is also part of Beacon Accountable Community and is responsible for locating, coordinating, and monitoring for their patients.*

*Kennebec County PCPlus Providers are not limited to Inland:*

Practice and Emergency Room Name	Address Street, Suite #	City/Town	(207) 791-XXXX
<b>Kennebec County</b>			
Augusta Family Medicine	15 Enterprise Drive, 2nd Floor	Augusta	(207) 621-8800
Be Well My Friend	12 Shuman Avenue, Suite 6	Augusta	(207) 307-0958
Family Focused Healthcare	219 Capitol Street, #5	Augusta	(207) 213-6713
Family Medicine Institute	15 East Chestnut St.	Augusta	(207) 626-1561
Kennebec Pediatrics	6 East Chestnut Street, Suite 310	Augusta	(207) 626-2977
HRCHC dba Belgrade Area Health Center	4 Clement Way	Belgrade	(207) 495-3323
Northern Light Primary Care - Clinton	1309 Main Street	Clinton	(207) 426-0976
Gardiner Family Medicine	5 Central Maine Crossing	Gardiner	(207) 582-6608
Manchester Care Center	23 Bowdoin Street	Manchester	(207) 621-2500
DFD Russell Medical Center - Monmouth	11 Academy Road	Monmouth	(207) 524-3501
Northern Light Primary Care, Oakland	74 Water Street	Oakland	(207) 465-7342
Oakland Family Medicine	9 Pleasant Street	Oakland	(207) 465-4000
Twin Pines Family Medicine	3 Evergreen Drive	Oakland	(207) 861-9355
Elmwood Primary Care	211 Main Street	Waterville	(207) 877-3400
Waterville Family Practice	31 Front Street	Waterville	(207) 873-1181
Maine Dartmouth Family Practice	149 North Street	Waterville	(207) 861-5000
Northern Light Primary Care, Waterville (Concourse)	16 Concourse West	Waterville	(207) 873-1036
Thayer Internal Medicine	149 North Street	Waterville	(207) 873-1098
Waterville Pediatrics	295C Kennedy Memorial Drive, Suite 1	Waterville	(207) 873-5437
Winthrop Family Medicine	16 Commerce Plaza, Suite 3A	Winthrop	(207) 624-3800
Winthrop Pediatrics and Adolescent Medicine	16 Commerce Plaza, Suite 2A	Winthrop	(207) 377-2114

**STATE OF MAINE  
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- *In home healthcare services have delays after discharge of one to two weeks. One to two weeks wait for follow-up in-home services is standard. If the patient's acuity was too high to be in the home for a week without follow-up, then is it possible that the patient was released too early or under-treated?*

**III. Health Disparities**

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

- *Poverty*
- *Homelessness*
- *SUD*
- *Lack of transportation and care navigation*
- *Stigma among providers has led to lower expectations among healthcare professionals for patients with SUD to have positive health outcomes. People with SUD have poorer health outcomes.*

2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

- *Waterville FD would like to utilize CP to increase naloxone saturation in the community*
- *Participates in the Maine EMS Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) EMS Referral Program pilot*
- *They intend to use MEFIRS to find patients and deliver CP services. CP services must be delivered according to the order/direction of the patient's provider (the provider who is managing the plan of care). What they are proposing is not a CP model as the services are not delivered according to the patient's provider request according to the plan of care.*
- *"It is well known within the Northern Light Inland healthcare system that scheduling an appointment to see a PCP for routine healthcare may take months to achieve." NLH Inland practices are part of PCPlus and are being reimbursed monthly for the follow-up and care coordination services their patients need. Payment to a CP provider to fill a gap that is already reimbursed by MaineCare to PCPs would be considered a duplication. In the CP model the PCP should be referring for specific services to CP agencies according to the patient's plan of care.*
- *Vulnerable citizens of NLH are waiting weeks for follow-up from their PCP after an inpatient or ED discharge.*
- *Gaps for home health and hospice services: These services are not part of the CP model of care. Waterville FD indicates that they would be taking direction from the hospital discharging physician.*
- *Waterville FD mentions that the follow-up comprehensive assessments would be prescribed by the patient's PCP and it is not clear if follow-up naloxone when initiated in the ED would meet the standard of care. Patients should be referred for follow-up MOUD and services from an SUD services provider. Most of their proposal talks about working with the hospital discharge processes and cites the lack of PCP follow-up. This is confusing. Their processes need to be clarified.*



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- *They describe working with NL Inland Hospital to deliver in-home assessments for discharged high-risk patients (Stroke, pneumonia, CHF, COPD, AMI). It is confusing with whom they are partnering. The PCP should be ordering the follow-up care and ensuring there is no duplication, but also making sure patients have adequate follow-up care.*

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

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

- *Eight paramedics (24 other staff are EMT and AEMT)*
- *CP would be staffed independent of the 911 functions/services.*
- *Have some staff with former CP exposure or experience.*
- *NLH will provide funds and opportunities for CP training. Concern here that their training is to meet the needs of Inland's patients. There are other health systems and another hospital in Waterville. CP services are focused on the needs of the population served. It appears that this program focuses on the needs of one hospital and health system and their patients.*
- *The CP model is supposed to be centered on the needs of the population and community not those of the hospital system.*

**V. Scope of Work**

**1. Demonstrates how the applicant will achieve outcomes:**

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *SUD: bridging healthcare gaps as prescribed by NL Inland Hospital and affiliated PCP offices. Working with community outreach staff to make visits to homeless encampments/soup kitchens to develop relationships and measure healthcare needs. This is MIH and not CP. CP services are only those referred by the patient's PCP or provider that is managing the patient's plan of care.*
  2. *WFD indicates that CP and the Options Program would be used together. These are two separate programs and models.*
  3. *I think that the CP model needs to be clarified with WFD. They are talking about community health clinic types of interventions delivered at encampments and other places where underserved people may be found to address SUD risks among populations. This is a great idea, but not part of the CP model. CP patient visits are ordered by the PCP per patient with a specific scope of services to be delivered in the referral. They are billed per patient per referral. This is not what WFD is describing in this section.*
  4. *NL Inland Hospital is also hopeful the SUD encampment outreach will reduce ED utilization by patients with SUD and reduce ED readmissions within 72 hours after ED discharge. Concern that this is hospital-needs focused and not patient focused. What about th patients of the other hospital in Waterville?*
  5. *Indicate that individuals with homelessness are not receiving follow-up by PCPs and that patients with homelessness do not have access to a*

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*PCP due to lack of transportation. They indicate that they would work with the PCP Medical Director for a review and referral for CP. Is the goal to get the patient connected with a PCP and transportation to a PCP? Otherwise, we are creating two tiers of healthcare- those that receive primary care and those who receive only CP. MaineCare pays for transportation to healthcare appointments.*

6. *Scope of work for addressing healthcare gaps: They state here it will be specifically prescribed by the patient's PCP and reported back to the PCP.*
7. *CP services are not a replacement for adequate and standard of care primary care. The workflow needs to be clarified that it is driven by the PCP, is not home health, and is focused on the needs of the population and not only one health system/hospital.*
8. *In-home vaccinations*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *COVID vaccinations*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Homeless populations*
  2. *High-risk ed and inpatient patients discharged from Inland Hospital.*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- *Request \$100,000*
- *Staff funding dedicated to their CP service model*
- *Their staff funding request includes mobile healthcare services outreach in homeless encampments. Mobile health clinic is not a CP model.*
- *Salary rates appear valid.*
- *CP vehicle*

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

- *Yes, if they reform their model to be limited to the CP model only*
- 

3. *Sustainability Model*

- *Private donor pledge*
- *Patient billing and hospital contributions through their budget process. What is this?*

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *They describe areas of performance that are focused on the hospital's needs and not the needs of patients and experience of patients.*
- *They do not define success.*

**STATE OF MAINE  
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**Individual Evaluator Comments:** Notes, Comments/Concerns

- 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, but they have submitted an application
  
- II. Community rurality
  - 1. Is there a HRSA eligible zip code that is served?
    - Yes: 04073 and 04083
  - 2. What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?
    - homebound
    - homeless
    - elderly
  
- III. Health Disparities
  - 1. What health disparities or underserved populations exist within the community? What evidence is there?
    - Lack of resources and access to healthcare
    - Individuals who are elderly, homeless, and homebound
    - Primary care resource reduction
    -
  - 2. How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?
    - CP services will provide access to healthcare services to those facing access issues
    - They suggest that the CP unit would work with the Mental Health Unit (MHU) to address healthcare needs at calls with individuals facing an MH crisis. **While this is an innovative model, this is not a CP model as the services are not part of the person's plan of care as managed by the patient's PCP. This model is**

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*more of an MIH or mobile crisis model of care. MaineCare may not reimburse for these services as part of the CP model of care.*

- *Homebound patients: Often access care via emergency access points due to delayed care when they are unable to access MH or medical care. The MHU would utilize CP providers to provide medical care when they are serving a patient. Again, this is not a CP model of care as the service is not referred by the patient's PCP and is not part of the patient's plan of care managed by the PCP. MaineCare would not reimburse for CP services referred, ordered, or prescribed by the MHU. Even if a physician is involved this is not the provider that manages the plan of care.*
- *The goal of CP services is to connect the patient to the healthcare system and regular PCP care. The model proposed by Sanford appears to deliver the services needed on an acute care/emergent basis not connected to the patient's plan in a way that increases continuity over time.*

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

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

- *Long history of delivering EMS services*
- *Existing paramedic staff will be promoted to manage CP services*
- *Details of their operational staffing and supply plan*

**V. Scope of Work**

1. Demonstrates how the applicant will achieve outcomes:

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Patient assessment according to the Maine EMS SFD standards*
  2. *SFD lists the services they intend to deliver based on the paramedic/community paramedic scope of practice.*
  3. *Focus on treatment and infection reduction among the populations cited as having barriers to access services.*
  4. *Cite that they will have an immediate patient load of 100-120 patients with homelessness. This is unfortunately not a CP model of care. This is a mobile integrated health model. The services delivered by CPs are prescribed by the patient's provider and most appropriately the patient's primary care provider according to the patient's plan of care.*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *COVID vaccines*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  - 1.
  - 2.

**VI. Budget Proposal**

1. Budget narrative and Budget form

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Sanford Fire Department

**DATE:** 8/20/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- *Lacks sufficient details to evaluate.*
  - 
  - 2. *Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
    - *Not allocatable because the model they propose is not CP and does not include requirements to meet statutory requirements.*
    - *Cannot evaluate reasonableness due to lack of detail.*
  - 3. *Sustainability Model*
    - *They have not directly addressed, but appear to have City/Municipal support*
    -
- VII. *Performance/Outcome Metrics*
1. *Establish and track 5 performance outcome metrics (SMART goal format)*
    - *They did not provide measurable SMART goals or definitions of measurable success metrics.*
    - *Success stories are great to build buy-in, but they are not performance metrics.*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** 8/20/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

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**Individual Evaluator Comments:** Notes, Questions/Concerns

- 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: 04860, 04859, 04855, 04858, 04563, 0486, 04852
  - 2. What is rurality's effect on overall community health? What is rurality's effect on access to healthcare?
    - Barriers to access: no healthcare providers, clinics, or offices within the towns of their catchment area.
    - 30-minute drive to Pen Bay (This is a standard distance in rural and urban areas.)
    - ED utilization is higher than in urban areas (Medicaid research cited).
    - Many of their current CP patients receive surgical follow-up care, regular wound care, post-follow-up visits in the clinics- they say that patients find the travel too much to keep their scheduled follow up visits. Note: MaineCare covers travel to healthcare appointments provided by transportation brokers.
    - Healthcare workforce shortage
    - Lack of public health initiatives in rural areas with reduced population density
  
- III. Health Disparities
  - 1. What health disparities or underserved populations exist within the community? What evidence is there?
    - Aging population (median age is 63.1 years)
    - Geographic barriers to care
    - Chronic disease
    - Need for safety checks, home fall risk assessments, chronic disease health assessments needed

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** 8/20/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

•  
2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

- *safety checks*
- *home fall risk assessments*
- *chronic disease health assessments*
- *med reconciliation*
- *med instruction, education, and planning*
- *Future: post-surgical follow-up working with “ancillary health services and discharge teams”. Note: Does ancillary health services include the patient’s PCP or other provider that is managing the patient’s plan of care? The CP provider would need to be sure that they are not delivering home health services and that the post-surgical follow-up is episodic and not long-term in nature.*
- *Telehealth capacity to connect patients with providers remotely*
- *Chronic disease monitoring to update the patient’s plan of care with the PCP*
- *Medical equipment assessment or instruction*

IV. *Capacity, Expertise and Previous Experience*

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

- *Have established patients to deliver CP services in 2019-2022*
- *2 providers certified at the Clinician Level and three at the Affiliate level.*

V. *Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Dedicated CP staffing*
  2. *Regularly scheduled uninterrupted blocks of time to deliver in-home services*
  3. *Community health initiatives and educational outreach. Note: not part of a CP model. This service would not be reimbursed as part of a MaineCare CP program.*
  4. *Coordination with hospital staff for post inpatient or surgical follow-up. Note: need to ensure this is connected with the patient’s PCP and to ensure it is episodic only and not replacing home health.*
  5. *Home visits and monitoring of patients with COVID-19*
  6. *Dedicated CP vehicle*
  7. *Increased training of staff for CP service capacity*
  8. *Point of care INR testing*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *COVID Vaccines*
  2. *Home visits and monitoring of patients with COVID-19*
  3. *COVID-19 testing capacities*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** 8/20/2023

**EVALUATOR NAME:** Heather Pelletier

**EVALUATOR DEPARTMENT:** DHHS, Office of MaineCare Services

- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Additional staff*
  2. *Vehicle*
  3. *Dedicated scheduled CP hours*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- *While the amount requested exceeds the allowable amount, they provide sufficient detail and data to evaluate the validity of their request.*
- *It appears to be appropriate and aligned with the guidelines of the grant funding*

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

- *Yes*
- 

3. *Sustainability Model*

- *They have aligned their model with the proposed model for reimbursement*
- *Town funding with proof from pilot*
- *Seek assistance from Pen Bay with data proof of business case from pilot*
- *Continued training of providers planned*
- 

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *These are descriptive metric and not really performance metrics.*
- *They do not define success*
-



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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 all locations in Lincoln County are eligible for HRSA rural funding
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Due to lack of local definitive care, EMS units are out for long periods of time to transport/transfer to EMMC, MMC, etc. and less available for local response
    - High rate of no-shows for primary care visits by rural residents (exacerbated by transportation issues)
    - Chronic disease prevalence
    - Barriers to primary care include lack of transportation
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - **P:** evidence cited: 2022 Lincoln Cty ME Shared CHNA
    - Aging population
    - Chronic diseases
    - Patients at risk for food insecurity
    - High rate of 911 calls for non-emergent
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - **P:** ability of CP to provide frequent in-home follow-up visits helps ensure patient compliance with medications and medical plan, which helps prevent situations which might result in hospital readmission or ED visit.
    -

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- **P:** CLC was part of a collaborative CP program 2015-2019
- Trained CP providers
- Worked with hospital system
- Helped develop referral, workflow, and data collection processes

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations
  1. **P:** Dedicated CP staff time
  2. **P:** Outreach to area hospital and primary care practices to identify potential patients eligible for CP services/follow-up based on criteria shown to be barriers for this population to access care
- Improved capacity and services to prevent and control COVID-19 infection (or transmission)

**P:**

  1. COVID home testing kits available at each CP visit
  2. Ability to provide education and referrals for additional COVID followup care for high-risk patients
- How will these funds support in the initiation or **expansion** of community paramedicine resources in rural or underserved areas
  1. **P:** Use of a dedicated CP vehicle (**Q:** is this an additional vehicle for CLC?)
  2. **P:** Primary care-based Medical Director will help ensure both quality of CP services and connections to primary care services for rural patients

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- **P:** Narrative and table align; narrative fleshes out the itemized line items well

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

- yes

3. *Sustainability Model*

- **P:** Leveraging grant funds to seek additional funding based on the ability to expand CP services and increase CP volume of visits.
- **P:** Using increased CP volume as part of reimbursement formulas
- **P:** Grant \$ to focus on infrastructure and capacity building activities

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

**P:** indicates measurable goals

- Increase of 35 new referrals by the end of the grant period
- Data collection on 911 calls: decrease in repeat 911 calls

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *Referral outreach goals: within 6 months increase by 5 the number of PCP offices, ED staff or other sources of referral*
- *Includes goals related to expansion of service area through formal agreements with other services and program outreach plans (and materials)*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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?*
    - They did until 2018.
  
- II. *Community rurality*
  - 1. *Is there a HRSA eligible zip code that is served?*
    - Yes (**I:** 11 rural towns in their service area)
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare? **I:** notes impact of low-income and rurality on EMS funding*
    - poverty
    - large geographic service area and difficult terrain creating longer response times
    - Lack of transportation
    - Shortage of healthcare providers results in high number of 911 calls
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Based on CHNA
      - low-income population, low levels of education
      - poverty
      - chronic diseases/disability
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - **P:** CP provides a touchpoint by conducting in-home assessments/visits to help reduce the number of non-emergent 911 calls and increase medical compliance for those at high risk of hospital readmission (primarily those with chronic conditions)
    - Acting as an extension of the PCP

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- 2016-18 CP program grew from 129 to 311 CP visits; trained CP provider
- **Q:** need source of data for statement in application: “data and statistics identified decrease in readmissions and substantial increase in positive outcomes.”

*V. Scope of Work*

*1. Demonstrates how the applicant will achieve outcomes:*

- Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations
  1. Linkages to PCP
  2. Targeting patients with chronic conditions for CP visits
  3. Telehealth facilitation
- Improved capacity and services to prevent and control COVID-19 infection (or transmission)
  1. Will continue to provide COVID vaccines to home-bound patients
- How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas
  1. Reinstatement of successful CP program
  2. Aid in the identification of other needs for referral and community services

*VI. Budget Proposal*

*1. Budget narrative and Budget form*

- **P:** budget narrative explains the need for these additional amounts to help cover expansion and maintenance costs

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

- Yes
- 

*3. Sustainability Model*

- Reimbursement for specific services and partnering with hospital and home health

*VII. Performance/Outcome Metrics*

*1. Establish and track 5 performance outcome metrics (SMART goal format)*

**P:** outlines pre/post data collection and tracking for specific patient population

- Decrease in the number of ED visits
- Reduction in hospital readmissions for CP patients with chronic conditions
- Decrease in EMS utilization
- Patients enrolled in the CP program for medication management: track pre/post use of EMS.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

\*\*\*\*\*

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**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, 2018-Deer Isle and outer islands
  
- II. *Community rurality*
  - 1. *Is there a HRSA eligible zip code that is served?*
    - Yes (listed 5 zip codes and town names)
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Job-related injuries (fishing) leading to chronic conditions, chronic pain often leading to dependence on opioids
    - Lack of healthcare facility
    - Lack of transportation
    - Lack of adequate/affordable housing exacerbated by influx of affluent and seasonal “people from away”
    - Lack of computer skills or access to computer/wifi to access PCP
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - **P:** evidence includes PPH article on health risks and care gaps for DownEast fishermen (noted as attached but not included in this reviewer’s packet)
    - Elderly; dementia
    - un-underinsured; low income
    - Low literacy rate
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - The closure of Island Nursing Home has increased the demand for CP services

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *CP providers include routine checks of in-home patients to assess basic needs and connect to community services (food, heat, etc.)* **P:** recognizing that social determinants affect health outcomes
- **P:** trust factor of CPs (CP providers live in the community)
- Linkages to PCPs

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

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

- **P:** capacity: 12 EMT/A-EMTs provide CP; 2 CPs are also RNs
- CP training
- **I:** waiting list for referrals from PCPs for CP services
- **I:** in 5 years, CP grew from 9 patients (32 visits) in 2018 to 34 patients (1,008 visits) [!] in 2022

**V. Scope of Work**

1. Demonstrates how the applicant will achieve outcomes:

- Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations
  1. “eyes and ears” of PCP to help ensure more complete care for the patient and specific needs
  2. **N:** very little specificity in the scope of work; not sure if the “complete care” referenced in application means more than medical care (e.g., community services)
- Improved capacity and services to prevent and control COVID-19 infection (or transmission)
  1. Continue to provide vaccine education
  2. Administer antigen tests with appropriate training
- How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas
  1. Funding to expand COVID education and testing services, including the training of administering antigen tests

**VI. Budget Proposal**

1. Budget narrative and Budget form

- **P:** will outlined and described, especially the formulas for deriving the total cost
- **Q:** what resources will they be “bringing on” in order to pursue more grants?
- **I:** if they increased the salaries to meet \$20/hr national average, they could request the full \$100K but not have any \$\$ for supplies.

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

- yes

3. Sustainability Model

- New hires are trained to be CPs
- hire dedicated fundraising staff
- Island Health & Wellness Foundation grants (since 2018) promised to continue

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *MaineCare reimbursement*

VII. *Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Tracking outputs: # of: patients, # med reconciliations*
- *Increase in medication compliance*
- *Reduction in food insecurity*
- *Q: need clarification on “number of medical emergencies caught during a visit resulting in our calling 911 for an ambulance”*
- *Q: how with they track “improved quality of life and productivity”? (self-report? Survey?)*
- *Q: will they document/track hospitalizations/readmissions and ED visits (pre-post)?*



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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\*\*\*\*\*

**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: Jackman (Moose River region)
  
- II. *Community rurality*
  - 1. *Is there a HRSA eligible zip code that is served?*
    - Yes but Rockport and Camden is more densely populated
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Jackman: healthcare provider shortages; limited access to healthcare facility (FQHC); no hospice or VNA care
    - Midcoast: limited healthcare access and hospice services
    - Lack of transportation
    - Lack of SUD treatment facilities
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - **P:** Evidence cited: 2022 Maine CHNA; Maine CDC Health Profile Data
    - Rate of chronic conditions higher than Maine/national average
    - Medically underserved designation (ME Gov and federal HPSA designation for primary care and dental)
    - Elderly
    - Low-income/poverty
    - Food insecurity
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - application indicates the prevalent diseases and conditions that would benefit from CP [note cut and paste inconsistencies in Table 2 caption and paragraph above it]

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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

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

- *CP program in Jackman since May 2022 with 5 paramedics trained to CP Affiliate level*
- **Q:** *is Jackman CP program also part of the Critical Access Physician Extender (CAPE) program? (Same medical director, etc.)*

**V. Scope of Work**

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Telehealth facilitation*
  2. *Focus on filling gap of hospice providers*
  3. *Community education***Q:** *how does updating AARP's Age Friendly Community Plan constitute a CP service?*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *Education; testing; vaccination*
  2. *Initiate medications for COVID per PCP referral order*
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Jackman (expansion): implement home health/hospice program for targeted patients in partnership with agencies that do not deliver in-place services*
  2. *Midcoast (initiation): Home health and hospice care (similar to Jackman proposal)***Q:** *are there licensure requirements to stand up a palliative care/hospice @ home program?*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- *Does not state total requested*
- **P:** *workforce and capacity building (training) Q: is the training for CP scope of work or for hospice-related training?*
- **N:** *Not sure that salaries and benefits for AARP work is an appropriate request*

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

- *Mostly (see comment above regarding what looks to be AARP subcontract work)*
- 

3. *Sustainability Model*

- **I:** *not sure if this is part of their sustainability plan: CAPE model (EMS-healthcare collaboration)*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *Based on evidence of CP value, Midcoast region will hopefully garner contracts [with??] to sustain CP*

**VII. Performance/Outcome Metrics**

**1. Establish and track 5 performance outcome metrics (SMART goal format)**

- *Patient tracking through MEFIRS*
- *Patient satisfaction: survey*
- *Patient quality of life: survey*
- *Reduction in social isolation: survey*
- *Reduction in transportation burden [not sure how this is defined or tracked]*  
*P: Using HIN to track pre-post ED visits and hospitalizations for primary diagnosis*  
*Q: what is the anticipated cost to administer the 3 surveys?*  
*Q: will the surveys be standardized?*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Maine Health North Star

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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
    - **I:** *this application is outside their current CP program located in Farmington*
  
- II. *Community rurality*
  - 1. *Is there a HRSA eligible zip code that is served?*
    - Yes or No
    - **Not stated in the application, but the clinic is located in Portland**
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - *Rurality not stated in application*
    - *Similar barriers to healthcare as faced by rural population: Lack of PCPs, lack of transportation, uninsured, housing instability and food insecurity*
    -
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - **N:** *Evidence is not cited*
    - *Refugees, asylum seekers, immigrants in the Portland area*
    - *Homeless*
    - *Poverty*
    - *diabetes, hypertension, and other comorbidities*
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - *CP acts as field provider in Portland under the medical direction of the MMP Cardiac Clinic director to increase the rate of medical appointments for this population*
    - *Directly focusing on the immigrant and homeless (underserved) populations*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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

**BIDDER NAME:** Maine Health North Star

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- *Northstar has experience using CPs as part of their service capacity*
- *Dedicated CP operational manager who will also assist with outreach and CP (in the field?)*
- *This program will use 3 paramedics for CP when not on 911 duty*
- *Q: how will this duty rotation align with the geographic needs (paramedic based in Farmington, but works in Portland for this project)*
- *Q: is there/does there need to be a MOU between MaineHealth NorthStar and MMP for this program?*

*V. Scope of Work*

*1. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  - 1. It looks like the goal of this program is to reduce the MMP Cardiac clinic burden for assessing/monitoring the nonemergent needs of this population while working to link them to primary care.*
  - 2. This program seeks to link the immigrant and homeless population to primary care and other social resources such as providing medical assessments at Preble Street clinic or in the field.*

*Q: how will this program coordinate with other social services in the Portland area for these populations (e.g. Cross Cultural Community Services, etc.)*

*I: much of the scope of work is typical CP services; it is unclear how the NorthStar referral process and ePCR report process (including patient's electronic record in EPCI) will be used for this project*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  - 1. COVID education will be provided in the context of their focus on cardiac self-care for this population*
  - 2.*
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas / **populations***
  - 1. Through education and direct care, this project will help reduce the burden on the emergency department related to nonemergent care by this population*
  - 2.*

*VI. Budget Proposal*

*1. Budget narrative and Budget form*

- *Narrative does not specify amount, but total request is in the budget table (\$88K)*
- *Funding includes equipment needed by MMP Cardiac Clinic;*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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- ***This needs clarification:*** vehicle cost is listed at \$45K with a total cost of \$50K and a 1 year frequency of purchase
  - ***Q:*** narrative states purchase of equipment to conduct blood draws, but this seems to be standard CP equipment?
  - ***Q:*** Need more information on the RescueNet Live telemetry subscription: why 5 years?
2. Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?
- unsure
  -
3. Sustainability Model
- Not specified except that NorthStar will assume equipment costs at the end of the grant
  -

**VII. Performance/Outcome Metrics**

1. Establish and track 5 performance outcome metrics (SMART goal format)
- They list standard metrics of # referrals and patient contacts (referrals by type?)*
- *Unsure how they plan to use the MMP Cardiac EPIC data (pre/post?)*
  - *Unsure how they plan to gather provider/patient satisfaction data*
  - *Unsure how they plan to identify MMP Cardiac office trends—is this gathered by the MMP Cardiac clinic and then reported (how?) to NorthStar?*

*No mention of reporting to Maine EMS*

*No mention of success stories*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Portland Fire Department

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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 (MS Extended/Enabled Community Health Project for Mobile Medical Outreach-MMO)
  
- 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? What is rurality’s effect on access to healthcare?*
    - Rurality is not the focus, but the population served are underserved and at least 18% come from potentially rural areas outside the Portland area. This in-migration impacts the healthcare safety net in Portland
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - **P** Focus of this project is on serving the homeless in the Portland area.
    - Evidence from a 2017 NIH report on indicates that homelessness is a key driver of poor health outcomes.
    - 2022 Maine Shared Community Health Needs Assessment also highlighted the top health issues faced by the homeless population: Mental Health; Alcohol/Substance Use; Access to Care
    -
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - **P** MMO regularly tracks the location of homeless encampments which helps reduce the number of calls to 911
    - **P** MMO provides pathways to mental health, SUD resources for treatment and recovery and to primary care for this population

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Portland Fire Department

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- **P** MMO provides HIPAA compliant care with a staff of 17 trained paramedics
- **P** Collaboration between Portland Fire Dept. and the City of Portland Public Health resulted in the creation of the MMO initiative in 2016. In 2017 they received CARA funding to implement the project, and in 2021 received Maine EMS MDPB approval to operate as a pilot project
- **P** dedicated vehicle (fully equipped) and regular hours
- **P** data collection efforts to track demographics/pt encounters (243 in the last quarter of 2022).

*V. Scope of Work*

*1. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. **P** Conduct SU education and make direct referrals to MAT and recovery services
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Ability to conduct COVID screenings with homeless population as part of the MMO
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas /**population***
  1. **P** Enhance the ability to make direct referrals to MAT and recovery services
  2. **P** reduce the number of unnecessary 911 calls

*VI. Budget Proposal*

*1. Budget narrative and Budget form*

- **P** Narrative and budget form align
- **P** Narrative articulates goal of applying this additional funding to direct care and service provision
- **I**: Notes that funding requested accounts for only 30% necessary to operate MMO on an annual basis

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

- Yes; well articulated
- 

*3. Sustainability Model*

- *Described in the Budget Proposal section*
- Ultimate goal is to have the City of Portland build costs of the program into their budget



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

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**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- Reliance on diverse source of grant funding until it can be sustained through the City of Portland's budget
- *Q: what other sources of grant funding have been considered since the inception of the program in 2016?*

**VII. Performance/Outcome Metrics**

**1. Establish and track 5 performance outcome metrics (SMART goal format)**

*P*

- Patient demographics
- # contacts/day
- # unique contacts
- # referrals into primary care
- medication administrations (*# and type?*)
- MMO protocol usage (*which ones and how often?*)

*I: included Appendix of protocols*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Sanford Fire Department

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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, but in process
  
- II. *Community rurality*
  - 1. *Is there a HRSA eligible zip code that is served?*
    - Yes 04083
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Shortage of providers and other health care (esp. for SUD)
    - Frequent us of 911 for non-emergent issues
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*  
*[Evidence not cited]*
    - Elderly
    - home-bound
    - Homeless / unhoused I: notes creation of the Sanford PD Mental Health Unit (MHU) in response to increase in this population
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Use of trained CP to visit home-bound and elderly
    - Partnership with Sanford PD MHU to have CP work in the field to provide care and reduce unnecessary 911 calls
    - Partnership with Dept. of Human Services (DHS) to reduce home-bound case load as impacted by 911 calls; helping meet medical needs on a timely basis

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Sanford Fire Department

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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

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

- *Significant EMS provision to the community (notes call volume of 3300+/yr)*  
**Q:** *how many paramedics, EMTs, A-EMTs?*

**V. Scope of Work**

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Dedicated and trained CP staff*
  2. *Focus on patients diagnosed with diabetes, COPD and CHF*
  3. *Partnership with MHU to work with approx. 100 identified unhoused patients*  
**Q:** *how does referral process work for homeless population who don't have a PCP? (application states that all filed care will be based on physician referral)*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *in collaboration with MHU, provide vaccinations*
- *How will these funds support in the **initiation** or expansion of community paramedicine resources in rural or underserved areas*
  1. *Promote paramedic to dedicate time for CP 40 hrs/wk*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- *Budget table outlines full cost needed to operationalize program (\$188,296 over maximum request allowed), but notes how they are seeking to fund it through AFG grants and local budget. Contingency plan in place*
- **Q:** *how are training costs covered?*

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

- *yes*
- 3. *Sustainability Model*
  - *AFG funding; municipal funding*
  -

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Reduction in # 911 (tracking reasons for 911 calls for nonemergent, frequent utilizers)*
- *MEFIRS standard data: date, location, scene time*
- *Tracking previous interactions with same patient **Q:** since MEFIRs is episodic, how will this be tracked?*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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 (6 zipcodes)
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Shortage of healthcare providers, clinics
    - This shortage results in lack of access for preventive care, including screenings and immunizations
    - Rurality: Long travel times/distances to care; long response time for EMS
    - I: difficulty in finding training opportunities for CP providers
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - P:** *evidence is well cited*
    - elderly ; fall risks
    - chronic conditions
    - disability (?)
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - CP in-home visits to assess general well-being and fall risks for elderly, especially those with chronic diseases
    - Follow-up care and medication inventory to reduce risk of readmission or ED visit for this population

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- **P:** CP program since pilot (2012)
- **P:** good relationship with town; conduct education sessions with school & town
- **P:** referral system with Pen Bay Hospital utilizing EMR
- **P:** 5 trained CP providers available (2 at the highest level of Clinician, three at Affiliate level)

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. **P:** Dedicated CP schedule 20 hours/week to focus on serving the CP population with separate vehicle for CP
  2. point of care INR; telehealth facilitation
  3. increased CP training opportunities resulting in 4 additional CP-Affiliates and 2 additional CP-Clinicians
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. Vaccines and follow-up for CP patients
  2. Purchase of CLIA-approved COVID testing equipment to reduce barriers to testing/vaccination
- *How will these funds support in the initiation or **expansion** of community paramedicine resources in rural or underserved areas*
  1. Training to build CP capacity
  2. Equipment to support expansion of in-home services

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- **P:** narrative outlined well with rationale and calculations for costs requested

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

- Yes **P:** well articulated for each item
- 

3. *Sustainability Model*

- Insurance reimbursement
- Municipal budget for staffing and vehicle maintenance
- Work with Pen Bay hospital for financial support (using cost-savings/avoidance data)

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- # patient encounters
- # patient referrals by provider type

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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**BIDDER NAME:** Saint George Ambulance

**DATE:** 8/11/2023

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**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *# ED visits (not rate) 30 day pre/post CP visit*
- *Patient satisfaction Q: how and how often will this be gathered; how will it be reported?*
- *Referral response time (for scheduling CP visit) I: this is an interesting metric and provides a good connection to quality improvement in workflows and organizational communications*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** United Ambulance Service

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**Individual Evaluator Comments:**

- I. *General Information/Service Provider and group eligibility*
  1. *EMS Agency*
    - Yes
    - *Covering EMS Regions 1 and 2*
  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
    - *I: of the 28 towns served, nearly 86% have a rural population*
  2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Higher incidences of chronic disease
    - Poor health outcomes, often related to social determinants of health
    - Barriers to accessing care include transportation, geography, provider shortages)
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - **P:** 2022 CHNA data for Androscoggin, Cumberland, and Oxford counties
    - Mental health, Substance use, poverty, and rurality
    - **P:** details the health disparities by county relative to the state of Maine
  
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - **P:** focuses on one specific initiative—Thriving in Place—as a way for CP to improve both the healthcare resources to their service areas as well as the health of the underserved, rural population through:
      - Prehospital care
      - Reduction in nonemergent EMS transports to the ED

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** United Ambulance Service

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- Education/Outreach regarding prevention strategies and connections to PCPs
- In-home care for patients unable to access healthcare services

*IV. Capacity, Expertise and Previous Experience*

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

- **P:**
  - United has been engaged and involved in CP prior to their approval as a CP pilot program in 2012 (4 decades of working with their communities)
  - Prior projects have utilized their trained CPs to work with vulnerable populations
  - 2 dedicated CPs
  - Affiliation with 2 area hospitals
  - Focus on providing integrated care coordination for patients at high risk for readmission or frequent ED visits
- **I:** *United's other CP projects are tailored to the funder's requirements*

*V. Scope of Work*

*1. Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  - 1. Thriving in Place initiative focuses on:  
direct services; partnerships with community-based organizations (CBOs)*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  - 1. As part of the direct services, they will provide screening and education*
  - 2.*
- *How will these funds support in the initiation or **expansion** of community paramedicine resources in rural or underserved areas*
  - 1. Partnerships with CBOs*
  - 2. Outreach and education to healthcare providers to increase the referral base*

*VI. Budget Proposal*

*1. Budget narrative and Budget form*

- *Budget table is accurate for the \$15K request*
- **I:** *Budget narrative copied from Round 1 application which requests \$85K*
- 2. Does it conform to the federal government's four cost principles, including, but not limited to, necessary, reasonable, allocable, and consistently treated?*
  - *yes*
- 3. Sustainability Model*
  - **P:** *Evaluation plan built into the Thriving in Place Initiative to ensure programmatic quality and service delivery*



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *Evidence of success of this CP program to demonstrate value to potential funders*
- *Q: what other funders have been approached for this initiative;*
- *I: United's other CP projects are tailored to the funder's requirements*
- 
- 

**VII. Performance/Outcome Metrics**

**1. Establish and track 5 performance outcome metrics (SMART goal format)**

- *Process Measures (# people served; satisfaction) Q: what kinds of surveys will be deployed to measure satisfaction with program/services?*
- *Reduction in:*
  1. *911 calls (pre/post)*
  2. *# ED visits (pre/post)*
  3. *# hospital admissions (pre/post)*
- *Improved quality of life (pre/post) Q: what kind of survey will be deployed?*
- *Reduction in social isolation (pre/post) Q: what kind of survey will be deployed? What are the measures used to determine social isolation?*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Waterville Fire Department

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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, but in process
  
- II. *Community rurality*
  1. *Is there a HRSA eligible zip code that is served?*
    - Yes 04901 Kennebec County
  2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Lack of local resources to address SUD treatment, maintenance, and follow-up
    - stigma related to SUD/homeless
    - Lack of transportation; long wait times to see healthcare provider (routine and follow-up visits)
    - Increase in chronic conditions
    - Difficulty and lack of awareness in navigating and accessing healthcare services
    - Repeat patients frequenting ED
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - **P:** Evidence cited: Census data ; Naloxone administration/overdoses figure; hospital readmission trends for AMI, COPD, CHF, Pneumonia, Stroke
    - Poverty
    - Chronic conditions
    - High incidence of SUD
    - Homeless population
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Waterville Fire Department

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *P: Timely CP visits to post-discharge patients with chronic conditions (through referral); Fill gap in delay between patient and home health for these patients*
- *P: Participation in OPTIONS program; referral process can include CP*
- *P: Partnership with Inland Hospital to monitor CP patients at risk*

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

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

- *P: Dedicated CP staff (separate from 911 roster duty)*
- *8 paramedics (of 32 full time staff); some with previous CP experience*
- *P: partnership with Inland Hospital to provide training for CPs*

**V. Scope of Work**

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *P:keeping the focus tight: 2 initiatives—SUD population and bridging gaps (PCP/hospital/HH) with high risk patients, with goal of reducing frequent ED visits, readmissions, and non-urgent 911 calls*
  2. *Partnership with Inland Hospital community outreach staff to identify and serve SUD/homeless*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *Provide vaccinations (flu/COVID) to SUD/homeless population*
- *How will these funds support in the **initiation** or expansion of community paramedicine resources in rural or underserved areas*
  1. *Funding and equipping dedicated CP staff to allow for better coordination of integrated care*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- *P: narrative is clear and provides descriptions for the amounts requested in the table*

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

- *yes*

3. *Sustainability Model*

- *Private donor (\$50K) to support continuation of program after grant ends (contingent on successful funding of this grant)*
- *Hoping to use data to show value of CP to secure funds from city budget, patient billing, and hospital contributions*

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Audit of all CP visits to ensure quality and data collection accuracy*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Waterville Fire Department

**DATE:** 8/11/2023

**EVALUATOR NAME:** Karen Pearson

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *Tracking CP patient hospital readmissions for targeted chronic conditions (particularly CHF and pneumonia) Q: why just these 2?*
- *Patient outcomes related to referrals from OPTIONS program (Q: can this be spelled out a bit more in terms of the specific data points?)*

*I: notes potential data collection/tracking for:*

- *chronic ED users (this would be good as a priority data point now);*
- *patients without a PCP (wondering if this should be part of the data collection when reaching out to homeless/SUD population)*
- *hospice patients (what kind of data collection/tracking?)*

*As I read this section, I see the following performance goals and metrics:*

*Reduce the number of frequent ED visits*

*Reduce the number of 72 hour post-ED discharge readmissions*

*Reduce the number of 911 transports for frequent utilizers*

*# CP contacts with homeless (in a given time frame)*

*# CP contacts with SUD patients (in a given time frame)*

*Will they be doing pre/post data monitoring?*

*Will they track the # and source of referrals?*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Portland Fire Department

**DATE:** 08/10/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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
  
- 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? What is rurality’s effect on access to healthcare?*
    - (I) Interesting
    - Estimated 18% of the target patient population is from rural communities.
    - Good argument for serving rural residents
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - P
    - Very cogent description of scope and dynamic nature of homeless population in and around Portland.
    - Refer to specific reports on this population.
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Yes
    - Their CP program would be a further enhancement of a successful pilot mobile outreach program. The are going out to a underserved population proactively

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Portland Fire Department

**DATE:** 08/10/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- P
- Outreach program brings 7 years of experience with target population. 17 paramedics. Specific protocols approved by MEEMS MDPB already in place.

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. SUD education
  2. Reduce barriers.
  3. Relieve 911 volume
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. P
  2. protocols
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas?*
  1. P
  2. Clear – detailed further in next section

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- clear
- details

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

- yes
- 

3. *Sustainability Model*

- Address existing funding
- Municipal support
- 

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Honest about what they gather
- Stories are important but are not quantifiable data

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** United Ambulance Service

**DATE:** 08/10/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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? What is rurality’s effect on access to healthcare?*
    - Good general description.
    - Q – specific to service area?
    -
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Detailed tables
    - Discuss service areas individually
    -
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Q – generalized statements.
    - Lack of population focus.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** United Ambulance Service

**DATE:** 08/10/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- P
- Staff, previous CP experience.

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations.*
  1. Number of previous initiatives
  2. Q – long term plan of care management?
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. P
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas?*
  1. P
  2. Thriving in place discussion
  3. Q – PCP management?

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- P
- 

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

- Q
- Indirect expense line versus subcontract line.

3. *Sustainability Model*

- Brief. No details.
- 

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- Provide table.
- Q – based only on TIP program?



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Maine Health North Star

**DATE:** 08/10/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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?*
    - Don't address Portland location - no
  2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Don't address.
    - *Speaks to needs of a single hospital program not to disparities of community at large.*
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Q – how tied to community
    - *Limited discussion*
    -
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Q – not directly
    -

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Maine Health North Star

**DATE:** 08/10/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- *Do not provide evidence of capacity or experience related to the cardiac clinic*
- *Do not note experience back in Franklin county*

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Not to rural communities*
  2. *Limited underserved*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *yes*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Restrained to Portland located cardiac patients.*
  - 2.

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- *No narrative*
- *What is justification for vehicle?*
- *Q – 5 yr subscription?*
- *math*

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

- *No*
- 

3. *Sustainability Model*

- *none*
- 

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Generalized*
- *No mention of success stories*
- *Not tied to how it reduces community disparities*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 08/11/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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
    - Multiple
  2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Q – burden on agency ?
    - P – lack of local care options
    - Chronic disease
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - aging
    - Chronic conditions
    -
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - P – addressed, generally, in plan of care and reducing admissions
    -

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Central Lincoln County Ambulance Service

**DATE:** 08/11/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- *Participated in pilot CP*
- *Continued visits, though numbers down.*

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Specific target populations*
  2. *Focus on increasing pcp referrals*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *yes*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Vehicle justification*
  2. *Expanded coverage*

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- *Narrative support*
- *Detailed form*

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

- *yes*
- 

3. *Sustainability Model*

- *P - yes*

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Identify specific goals*
-

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** 08/11/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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
    - multiple
  2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - poverty
    - disabilities
    - Loss of PCPs
  
- III. *Health Disparities*
  1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Poverty / low education / disability
    - Last resort EMS access
    - Older age population
  2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Increase home visits
    - Work with PCP to reduce emergent visits

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Med-Care Ambulance Service

**DATE:** 08/11/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

*IV. Capacity, Expertise and Previous Experience*

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

- *Pilot program participation*
- *Added admin support for CP*

*V. Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Direct connection to PCPs and other resources*
  2. *Education*
  3. *Tele-health*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *Vaccination clinic*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Renewing program*
  2. *Equipment and training*

*VI. Budget Proposal*

1. *Budget narrative and Budget form*

- *Narrative report*
- *Detail line items*

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

- *yes*
- 

3. *Sustainability Model*

- *Good discussion*
- *Tele healthcare*
- *reimbursement*

*VII. Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Good discussion of goals*
- *Lacks specific target numbers*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** 08/16/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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? What is rurality’s effect on access to healthcare?*
    - Island nuances – fishing injuries
    - No medical clinic
    - No nursing home
    - 1 hour – 1 ½ travel
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Closing nursing home
    - Underinsured / uninsured
    - Illiteracy
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Connection to community services
    - Lack of home health services
    - More demand for CP than they can meet
  
- IV. *Capacity, Expertise and Previous Experience*
  - 1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
    - CP experience / Trainings

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Memorial Ambulance Corps

**DATE:** 08/16/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

•

V. *Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Communication with PCPs*
  - 2.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *yes*
  2. *Education / vaccination / testing / training*
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Weekly PCP based visits*
  2. *General discussion*

VI. *Budget Proposal*

1. *Budget narrative and Budget form*

- *Narrative support*

•

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

- *yes*

•

3. *Sustainability Model*

- *Discussion of grant focus and need to move to reimbursement*

•

VII. *Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Note specific goals*
- *Would have benefited from stated numeric goals –e.g. how measurable*
- *How will all of these be tracked*



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** 08/17/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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? What is rurality’s effect on access to healthcare?*
    - *Medically underserved*
    - *PCP underserved*
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - *poverty*
    - *Aged population*
    - *Maine CDC data*
    - *Chronic condition rates*
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - *One foot note under disparities table*
    - *Not discussion of How CP will reduce disparities or meet needs of underserved.*
  
- IV. *Capacity, Expertise and Previous Experience*
  - 1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
    - *Prior CP program experience*
    - *5 Providers with CP training*
    - *Do not address MldCoast*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** North East Mobile Health Services

**DATE:** 08/17/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

V. *Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Do not commit to scope of practice.*
  2. *The palliative hospice focus in this section is not supported previously in the application (Q – hospice is not an approved scope of practice)*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *yes*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Not clear about this.*
  2. *The non-comital scope discussion (along with hospice issue) does not support this expansion*
  3. *Q - AARP reference*

VI. *Budget Proposal*

1. *Budget narrative and Budget form*

- *Do not mention total amount requesting.*
- *Q – AARP line item*

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

- *Q – AARP not in CP*
- 

3. *Sustainability Model*

- *Hopeful for contracts to go to sustainability*

VII. *Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *5 not in SMART*
- *No measurable targets*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Waterville Fire Department

**DATE:** 08/17/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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? What is rurality’s effect on access to healthcare?*
    - Delays in PCP care
    - SUD
    - Stigma barriers
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - SUD
    - High-risk discharge ED
    - Unhoused
    - poverty
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Continued expansion of SUD interventions and education
    - Coordination of follow up care
  
- IV. *Capacity, Expertise and Previous Experience*
  - 1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
    - 8 paramedics some with CP experience
    - Will have dedicated CP staff

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Waterville Fire Department

**DATE:** 08/17/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *Address training*

V. *Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *SUD*
  2. *Post discharge*
  3. *Reducing ED utilizations / readmissions*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *yes*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Episodic CP visits*
  2. *Staffing dedicated providers*

VI. *Budget Proposal*

1. *Budget narrative and Budget form*

- *Narrative supports line items*
- 

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

- *yes*

3. *Sustainability Model*

- *Private donor*
- *Patient billing, municipal funding, hospital contributions*
- 
- 

VII. *Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Yes not in SMART*
-

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Sanford Fire Department

**DATE:** 08/18/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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?*
    - applied
  
- II. *Community rurality*
  - 1. *Is there a HRSA eligible zip code that is served?*
    - Yes
    - two
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Generalized paragraph – not well defined
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Aging, homebound, unhoused but no evidence cited
    -
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Q – physician (PCP) directed/referrals ?
    - Q – DHS caseload ?
    - Need to address “How”
  
- IV. *Capacity, Expertise and Previous Experience*
  - 1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
    - Internal paramedic as source for CP
    - Dedicated CP time
    - Do not address additional CP training beyond standard paramedic cert

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Sanford Fire Department

**DATE:** 08/18/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

V. *Scope of Work*

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Q – not specifically addressed*
  - 2.
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *Homeless vaccinations*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Dedicated CP position / hours*
  - 2.

VI. *Budget Proposal*

1. *Budget narrative and Budget form*

- *Narrative does not support the extraordinary line items*
- *Vehicle cost seems unrealistic*

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

- *Q*
- 

3. *Sustainability Model*

- *Not addressed*
- 

VII. *Performance/Outcome Metrics*

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *Discusses success stories*
- *Basic data collection but do not tie to how reductions will be measured*

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** 08/19/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

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**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
    - multiple
  - 2. *What is rurality’s effect on overall community health? What is rurality’s effect on access to healthcare?*
    - Travel / transportation
    - Lack of PCP care
    - Lack of clinics
  
- III. *Health Disparities*
  - 1. *What health disparities or underserved populations exist within the community? What evidence is there?*
    - Age
    - Transportation
    - I - Patients uncomfortable with telehealth
  - 2. *How does the CP program support in the reduction of healthcare disparities? How does the plan increase or improve healthcare resources for underserved populations?*
    - Overcoming barriers
    - Liaison between patient and other resources
  
- IV. *Capacity, Expertise and Previous Experience*
  - 1. *How does the applicant demonstrate required capacity and expertise as well as previous relevant experience?*
    - Pilot CP program participant
    - Referral system with Pen Bay

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFA #:** 202306130

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

**BIDDER NAME:** Saint George Ambulance

**DATE:** 08/19/2023

**EVALUATOR NAME:** Ken Rosati

**EVALUATOR DEPARTMENT:** USM – Cutler Institute

- *Trained CP providers*
- *Dedicated vehicle*
- *Training*

**V. Scope of Work**

1. *Demonstrates how the applicant will achieve outcomes:*

- *Reduce health disparities and improve and increase healthcare resources offered by EMS to rural communities and underserved populations*
  1. *Dedicated staffing*
  2. *Broad health care out reach*
- *Improved capacity and services to prevent and control COVID-19 infection (or transmission)*
  1. *yes*
  - 2.
- *How will these funds support in the initiation or expansion of community paramedicine resources in rural or underserved areas*
  1. *Created dedicated CP hours*
  2. *Developing new protocols to increase follow up services*
  3. *INR testing*

**VI. Budget Proposal**

1. *Budget narrative and Budget form*

- *Good narrative support*
- *Detailed budget form*

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

- *yes*
- 

3. *Sustainability Model*

- *P*
- *Speak to municipal and hospital support.*
- *Recognize need to adjust internal budgets to support going forward*

**VII. Performance/Outcome Metrics**

1. *Establish and track 5 performance outcome metrics (SMART goal format)*

- *5 outcomes listed.*
- *Give further explanation for each*





STATE OF MAINE  
DEPARTMENT OF Public Safety

Janet T. Mills  
Governor

Michael Sauschuck  
Commissioner

**AGREEMENT AND DISCLOSURE STATEMENT**  
**RFA #: 202306130**

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

I, Anthony Roberts 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.**

*Anthony Roberts*

July 27, 2023

Signature

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) 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.

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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.**

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).

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.**

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

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Signature

3/10/2023  
Date

