



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC/Division of Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CD0-24-4563		
Amount: (Contract/Amendment/Grant)		\$ 80,002.54	Advantage CT / RQS #:	CT-10A-20231107000000001343
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date:	6/29/2025
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Healthcentric Advisors Providence, RI		
Brief Description of Goods/Services/Grant:		Prevention and Management of Cardiovascular Disease. Remote monitoring services,		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

This agreement provides quality improvement support to the practices recruited for the Maine Center for Disease Control & Prevention's 'National Cardiovascular Health Program (CDC-RFA-DP-23-0004). The funding supports state efforts to identify and manage priority populations at high risk of cardiovascular disease and help prevent and manage cardiovascular disease. The Provider shall implement quality improvement/practice facilitation for enrolled sites to support the successful implementation of project goals, including hypertension tracking and management.

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

Healthcentric Advisors is a nationally recognized, nonprofit, health care quality improvement and patient safety advisory organization, providing clients with effective education, consulting, research, analytical, project management, and other technical assistance services. Since 1995, Healthcentric Advisors has served as the Medicare Quality Improvement Organization (QIO) for New England through a contract with the Centers for Medicare & Medicaid Services (CMS). Our objective under this work is to improve the effectiveness, efficiency, and quality of services delivered to Medicare beneficiaries, including those with diverse backgrounds and complex needs. Healthcentric Advisors' proprietary platform Self-Measured Blood Pressure (SMBP) remote patient monitoring system, PRISM, is used by practices in Maine to support monitoring of patients with hypertension. CDC-RFA-DP-23-0004 highlights strategies to reduce hypertension via promotion of SMBP with local clinics and community organizations. With this contract, the department will engage HCA and local YMCAs to collaborate, allowing members of both organizations to participate in at home blood pressure monitoring. These at home readings will be reported back to primary care clinics (via PRISM) to allow for closed loop clinical care and management of hypertension.

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

The negotiated costs and rates are the federally approved rates for this organization through their contracts with the Centers for Medicare & Medicaid Services. They are providing in-kind services for some of the work as they have received federal grants to cover those services.

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

The Department does not intend to RFP these services at this time, as Healthcentric Advisors is the QIO for New England region as appointed by CMS, and their Prism platform is proprietary.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

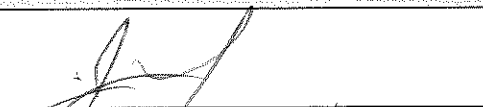
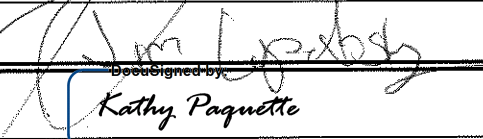
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	<i>Jim Lynch</i>	Date: 4-Jan-24
Signature of DAFS Procurement Official:		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 1/19/2024