



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:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		CD0-24-4401	
Amount: (Contract/Amendment/Grant)	\$35,000.00	Advantage CT / RQS #:	CT 10A 20231207000000001644
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:		Medical Care Development	
Brief Description of Goods/Services/Grant:		Maine Community Health Worker Initiative, Cardiovascular Health Learning Collaborative	

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.

The purpose of this Agreement is to integrate Community Health Workers (CHWs) in the continuum of care and services for populations at increased risk of cardiovascular disease, through a Learning Collaborative and offering additional training resources to CHWs. CHWs are frontline public health workers that have a close understanding of the community where they work and serve as a liaison between health care systems and patients. Maine CDC seeks to increase CHW participation in care teams, as part of team-based care models. This scope of work aligns with MaineCare's new PC Plus model, which requires practices to include CHWs within the care team to reduce costs and improve healthcare quality.

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

Medical Care Development serves as the current fiscal sponsor the Maine Community Health Worker Initiative (MECHWI). MECHWI is an established partner with the reach (members engaging priority populations) and training expertise to advance this strategy. In addition, MECHWI is a voluntary association of CHWs that serves to support and promote the profession through networking and training. The MECHWI is led by an Advisory Board of 10 CHWs and has approximately 130 CHWs within its network, working in all Maine counties. There is no other entity of its kind that represents the profession statewide. The MECHWI is uniquely positioned to recruit CHWs who serve priority populations to participate in the Learning Collaborative and to deliver learning opportunities to CHWs statewide.

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

Costs associated with this agreement align with current market values and are similar to other vendors who employ CHWs.

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

The Department does not intend to RFP these services as the MECHWI is the only entity in Maine that currently promotes, supports, and engages the CHW profession statewide. Additionally, the members of the MECHWI have a unique understanding of and experience working with the target communities and populations, which Maine CDC must serve through its Cardiovascular Health Program.

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

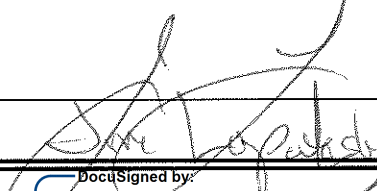

Does this request utilize ARPA/MJRP funds?

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:		Date:	18 Jan 24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	1/29/2024