

**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/Public Health Systems James Markiewicz	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Stacy Martin	
(If applicable) Department Reference #:		CD0-24-1352	
Amount: (Contract/Amendment/Grant)	\$ 40,000.00	Advantage CT / RQS #:	CT 10A 20240202*2143
CONTRACT	Proposed Start Date:	2/1/2024	Proposed End Date: 1/31/2025
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 Augusta, Maine	
Brief Description of Goods/Services/Grant:		Educational Training, Technical Assistance, and Project Management	

**PART II: JUSTIFICATION FOR VENDOR SELECTION**

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 provide staffing to DHHS (the Department) to support the Department's Rural Health Transformation initiative, including providing staffing support for the legislatively-mandated Telehealth and Telemonitoring Advisory Group and the Rural Health Transformation Team, as well as for efforts within the DHHS Rural Health Transformation initiative that are focused on increasing the utilization of telehealth services to reduce barriers to access, improve the quality of care, and improve health equity for Maine's rural and medically underserved populations.

This agreement will support telehealth efforts within DHHS Rural Health Transformation initiative:

- Provide coordination and staffing support for the legislatively mandated statewide Telehealth and Telemonitoring Advisory Group, as established by Title 5, section 12004- I, subsection 38-A [2017, c. 307, §3 (NEW).]
- Participate in relevant meetings of the DHHS Rural Health Transformation initiative, including internal DHHS planning meetings as appropriate, and the Rural Health Transformation Team meetings quarterly.
- Provide technical assistance on emerging telehealth delivery services to the DHHS staff.
- Support the coordination and implementation of telehealth strategies identified by statewide stakeholder groups, and per guidance of Maine DHHS.
- Provide project management support to the telehealth initiatives per the DHHS.
- Conduct research and identify recommendations to support the development and implementation of new and innovative telehealth delivery of care models to include but not limited to behavioral health, child health, and oral health.
- Provide technical assistance and expert consultation on existing and new payment models to sustain and expand the delivery of telehealth services in Maine.

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 holds the federal (HRSA) contract for The Northeast Telehealth Resource Center (NETRC), and as such, is the only federally designated Telehealth Resource Center for the Northeast Region. Given their experience with NETRC and related telehealth efforts, MCD is uniquely positioned in Maine, having the required expertise with the development and implementation of telehealth programs. Additionally, MCD uniquely has the required knowledge, experience, and expertise needed to provide this type of support to the Department to support and expand telehealth services as part of its rural health transformation efforts.

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

The Department was able to negotiate a fair and reasonable cost for the procurement of services to support project management for the telehealth initiatives within DHHS.

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

As noted, MCD currently holds a unique position within Maine as the federally designated Telehealth Resource Center for the Northeast Region. The Department will annually reassess their position in this area and will competitively procure these services when other organizations are identified that could reasonably be expected to provide similar services, and/or if/when HRSA selects a new vendor for these services.

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

Does this request utilize ARPA/MJRP funds?

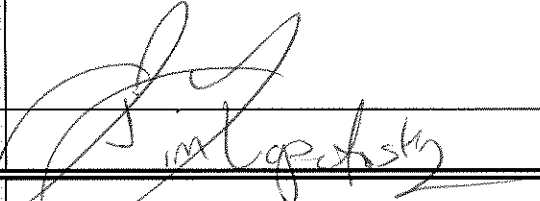
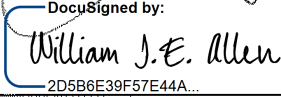
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			Date:	8-Feb-24
Typed Name:				
Signature of DAFS Procurement Official:			Date:	2/12/2024
Typed Name:	William J.E. Allen			

NOI 0220240168 02/12/2024 - 02/18/2024