



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC / Disease Control and Prevention / Asthma Prevention and Control Program		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Storm Dexter		
(If applicable) Department Reference #:		CD0-26-4510		
Agency Department Code:	10A	Advantage CT / RQS #:	CT-10A-20251218000CD0264510	
Amount: (Contract/Amendment/Grant)		\$130,000.00		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date:	9/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		United Ambulance Services Lewiston, Maine		
Brief Description of Goods/Services/Grant:		Implementation of 1-year projects to address Maine AS-ME Program needs.		

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. Higher Education 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.

Asthma prevalence rates for Maine adults are consistently higher than national rates. This burden is not equally shared across population groups, but instead disproportionately impacts low-income, rural, and refugee and immigrant communities. The Maine Asthma Self-Management (Maine AS-ME) Program is an evidence-based intervention that is effective in improving asthma control and reducing emergency healthcare utilization for adults and children with uncontrolled asthma. Through delivery of education and home environmental assessments by asthma educators, participants gain knowledge and skills to better manage their asthma. Despite its success, the program has identified gaps in access to its services, as well as a need for additional tools to more effectively reduce environmental asthma triggers within participant homes. Time-limited federal block grant funding available through September 30, 2026, has made it possible to collect data to determine how to best address these needs by implementing the following 1-year projects:

1. Maine AS-ME Program Expansion to new Community Paramedicine Sites.  
The aim of this project is to increase the reach of the Maine AS-ME Program to target populations with high asthma burden by expanding implementation to 4 new Community Paramedicine sites. This effort will involve site recruitment, onboarding and training, and management of service delivery by United Ambulance Services. Evaluation data will be collected to measure the success of this expansion effort.
2. Maine Indoor Air Quality (IAQ) Monitoring Pilot Project.  
The aim of this pilot project is to assess the use of IAQ monitoring devices as educational tools for increased identification and reduction of asthma triggers within the homes of Maine AS-ME Program participants. Community Paramedics at United Ambulance Services will implement the project with a subset of program participants. Compiled evaluation data will guide decisions on fully integrating these tools into the program.

To fulfil the performance requirements of the block grant funding, these projects are expected to contribute towards improving asthma control for at least 20 adults and children with asthma participating in the Maine AS-ME Program and/or the Maine IAQ Monitoring Pilot Project. The program plans to use evaluation findings from these projects to inform further project refinement and possible future scale-up.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Unique qualifications for delivering asthma education and quality-assured training, as well as experience implementing the current 2024-2028 Maine AS-ME Program distinguish United Ambulance Services' Community Paramedicine (CP) program as the only CP program in Maine that can implement these two 1-year projects within this limited timeframe.

As the only known CP program in Maine with a paramedic that is credentialed as an Asthma Educator Specialist (AE-C)—a credential from the National Board of Respiratory Care that signals comprehensive, current knowledge of asthma and expertise in providing asthma education—this vendor is distinctly situated to oversee Maine AS-ME Program onboarding and training for new

**PART III: SUPPLEMENTAL INFORMATION**

Community Paramedics. Further differentiating its training expertise is the vendor's operation of the United Training Center which is the only known ambulance service-based paramedic education program in Maine accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). This accreditation verifies that the center delivers education that meets established quality standards, demonstrating that the vendor has established quality assurance processes to ensure successful onboarding and training of Maine AS-ME Program Community Paramedics.

Additionally, the vendor has the only CP program that is fully trained and implementing the 2024-2028 Maine AS-ME Program. The training for this latest program cycle includes a new education curriculum from the American Lung Association and a newly launched home environmental assessment. Because they have completed the latest program training, the vendor can immediately support the new CP sites in navigating program training and resolving issues, preventing unnecessary delays given the project's limited timeline.

Finally, United Ambulance Services stands out as the only Maine AS-ME Program implementor that has successfully graduated participants from the current Maine AS-ME Program. As the Maine IAQ Monitoring Project adds new tools to the home environmental assessment, it is essential that implementors have experience delivering the program in its entirety. Based on its performance record, the vendor is the only current implementor with the demonstrated readiness to carry out this pilot project at this time.

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

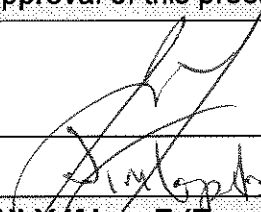
Funding for these 1-year projects was allocated by the Preventive Health and Health Services Block Grant. The negotiated costs for United Ambulance Services are reasonable based on alignment of rates and associated performance deliverables with the vendor's current contracted delivery of Maine AS-ME Program services. The vendor's rates offer strong value for performing the initial rollout of the pilot project to 5 to 10 participants, especially given the time constraints created by the shortened implementation timeline. This value also extends to the work involved in preparing 4 new Community Paramedicine sites to reach their target deliverable of serving 5 Maine AS-ME Program participants. To achieve this benchmark, each site is allocated an amount comparable to the sum received by current implementation sites, which is sufficient to cover the costs of onboarding, training, and initial implementation.

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

These 1-year projects are funded for the performance period of 10/01/2025 to 09/30/2026. If additional funding becomes available after 9/30/2026, the contract will be extended for a second year, and an RFP will be performed for services starting 10/1/2027.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.	

PART VI: APPROVALS	
Governor/Department Commissioner or Designee	
1. The signature below indicates approval of this procurement request.	
Signature of requesting Department's Commissioner (or designee):	
Typed Name:	Date: 17-Feb-26
2. Additional signature required ONLY if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the <u>designee</u> specifically authorized to approve emergency procurement requests.	
Signature of requesting Department's Commissioner (or designee):	
Typed Name:	Date:

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>
Typed Name:	Date: 2/27/2026