

State of Maine Procurement Justification Form

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.

PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC/Public Health Systems James Markiewicz		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Debbie Weston		
(If applicable) Department Reference #:		CD0-21-1352		
Amount: (Contract/Amendment/Grant)	\$ 40,000	Advantage CT / RQS #:	CT 10A 20201123000000001599	
CONTRACT	Proposed Start Date:	02/1/2021	Proposed End Date:	01/31/2022
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 04330		
Brief Description of Goods/Services/Grant:		Educational Training, Technical Assistance, and Project Management		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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

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PART III: SUPPLEMENTAL INFORMATION

The purpose of this agreement is to provide staffing to DHHS to support the DHHS Rural Health Transformation Team Initiative, and specifically, the efforts within that initiative that are focused to increase the utilization of telehealth services to improve the quality of care for Maine's rural and medically underserved populations through Telehealth.

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

- Participate in relevant DHHS Rural Health Transformation Initiative meetings, including internal DHHS planning meetings as appropriate, and Rural Health Transformation Team meetings quarterly.
- Provide technical assistance on emerging telehealth delivery services to the DHHS staff.
- Support the coordination and implementation of 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 innovative telehealth delivery of care models to include but not limited to behavioral health, wound care, stroke, psychiatry, dentistry and cardiology.
- Provide technical assistance and expert consultation on existing payment models and emerging payment models to support the cost of expansion of telehealth services within Maine.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Northeast Telehealth Resource Center in partnership with Medical Care Development is the only center designated for the New England Region. They have the expertise with telehealth medicine delivery and the tools necessary to provide this type of in-depth trainings to the rural health care systems of Maine.

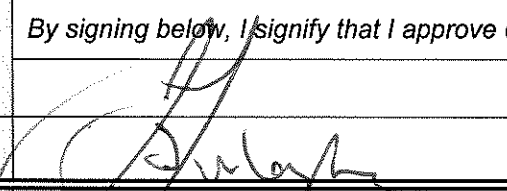
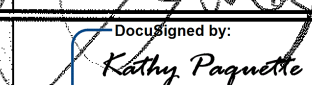
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The DHHS 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.

The Department intends to competitively procure these services with a 2/1/2022 contract start date.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	18 Feb 21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/11/2021