

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC/Division of Disease Prevention		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Valerie Andreasen		
(If applicable) Department Reference #:		CD0-21-4565		
Amount: (Contract/Amendment/Grant)	\$866,000.00	Advantage CT / RQS #:	CT 10A 20210301000000002354	
CONTRACT	Proposed Start Date:	2/1/2021	Proposed End Date:	6/29/2023
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:		Community Care Partnership of Maine Bangor, ME		
Brief Description of Goods/Services/Grant:		Improve population chronic disease health outcomes and quality of care for Maine patient populations		

### 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
<b>X</b>	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.**

The purpose of this Agreement is to improve population chronic disease health outcomes and quality of care for Maine patient populations aged 18-85 through practice transformation for chronic disease care in health care systems. The Chronic Disease Transformation Initiative (CDTI) goal is to build capacity and support clinical quality improvements for the identification and management of chronic disease and the quality of care for people with diabetes, prediabetes, and those at high risk for cardiovascular disease.

By exclusively reaching out to Maine's Federally Qualified Health Centers (FQHC's) and MaineCare Health Homes providing services to underserved, rural populations, the Department intends to reach populations at-risk for chronic disease and those who experience racial/ethnic or socioeconomic disparities, including inadequate access to care, poor quality of care, or inadequate financial means.

The original CDTI pilot aimed to reach underserved, rural adult patients in high-burden populations/communities at two of the Provider's member FQHCs. High burden populations are those affected disproportionately by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. This service agreement is to expand successes and lessons learned from the original CDTI pilot project.

## State of Maine Procurement Justification Form

### PART III: SUPPLEMENTAL INFORMATION

The Department is looking to expand the existing work of the two Provider member sites (FQHC's) to the ACO/AC level, for expansion to all fifteen (15) member FQHC sites. Working with the Provider will: increase patient identification and referral to prevent and manage cardiovascular disease (CVD); identify and refer patients at risk for, or currently managing, chronic conditions; start prevention and self-management services; and improve outcomes.

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

The Department's focus on FQHC's makes the Provider a unique partner as it encompasses fifteen (15) of the twenty (20) FQHCs in the state of Maine as members. These fifteen (15) member FQHC sites are located throughout Maine, providing access to needed care in underserved, rural areas to high burden populations. This includes some of the highest prevalence areas for prediabetes and cardiovascular disease, specifically Washington, Aroostook and York counties. Working with the Provider at the ACO/AC level affords the spread of successes and efficiencies to all member sites. The project aligns with the quality goals of the ACO/AC, supporting sustainability of the quality improvement activities after funding has ended.

The Department will work with the Provider, who is an ACO and a contractual AC with MaineCare under agreement OMS-21-3004. This agreement will supplement the work being provided under the MaineCare ACO agreement and because this vendor has been an ACO for a number of years, this will speed up the interaction and allow greater coverage.

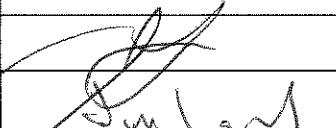
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Certain purchasing costs for related activities are based on a value-based payment system set by US CDC and the cardiovascular and diabetes work previously completed with two Federally Qualified Health Centers (Harrington Family Health Center and Eastport Health Center, both members of Community Care Partnership) as a pilot project. Some allocated funds are for EHR upgrades with prices set by vendors. Given this the Department sees the costs as fair and reasonable.

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

Providing the next grant funding cycle requirements are similar to this current grant, The Department will plan a future RFP for further spread throughout the state.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	22-Mar-21
<b>Signature of DAFS Procurement Official:</b>	<i>DocuSigned by: David Morris</i>		
<b>Printed Name:</b>	2A644AF5681F482... David Morris	<b>Date:</b>	3/30/2021