

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions 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:	Me CDC/Chronic Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Lora Blackwell		
(If applicable) Department Reference #:	CD7-20-4596		
Estimated Contract or Grant Amount:	\$ 80,884.00	Advantage CT / RQS #:	CT 10A 20200220*2319
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	4/1/2020	Proposed End Date: 6/29/2021
Vendor/Provider/Grantee Name, City, State:	Eastport Health Care Eastport, ME		
Brief Description of Goods/Services/Grant:	Improve population chronic disease health outcomes		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>The purpose of this agreement is to improve population chronic disease health outcomes and quality of care for Maine patient populations aged 18-85 with prediabetes, diabetes, high blood pressure and high blood cholesterol through practice transformation for chronic disease care in health care systems. By exclusively outreaching to Maine's Federally Qualified Health Centers (FQHC's), that provide 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.</p>

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PART III: SUPPLEMENTAL QUESTIONS

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

The vendor is willing and qualified to provide this service as they are a Federally Qualified Health Centers with 3 or fewer sites, located in the Medically Underserved Areas, and service high priority populations. One of five FQHCs in Washington County, the vendor provides a range of services to 5,494 patients in its service area. The prevalence of known chronic disease is remarkably high among those patients, as the numbers from the vendor's 2015 Uniform Data System show: 34% have hypertension, 12% have heart disease, 14% are diabetic, 16% are obese, 63% struggle with mental illness, and 6% are dealing with substance abuse.


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

The rates outlined in the proposed budget are reasonable and equitable to rates outlined in other service agreements where personnel and services are rendered.

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

As this is a Willing and Qualified agreement, the Department does not plan to RFP these services.

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:	2-Apr-20
Signature of DAFS Procurement Official:			
Printed Name:		Date:	