

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:	Department of Health and Human Services Maine Center for Disease Control and Prevention Chronic Disease		
Department Contract Administrator or Grant Coordinator:	Chris Moiles/Elizabeth Heath		
(If applicable) Department Reference #:	CD0-20-4591		
Estimated Contract or Grant Amount:	\$69,254.00	Advantage CT / RQS #:	CT 10A 20200305*2437
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:	3/1/2020	Proposed End Date: 6/29/2021
Vendor/Provider/Grantee Name, City, State:	Maine Mobile Health Program Inc. Augusta, ME		
Brief Description of Goods/Services/Grant:	Chronic Disease Prevention for Migrant and Seasonal Farmworkers		

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
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 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.
The purpose of this Agreement is to provide a combination of direct clinical services, voucher referral, and continuous support from Community Health Workers (CHW) to focus on care coordination and chronic disease management reducing the barriers related to Social Determinants of Health faced by Migrant and Seasonal Farmworkers (MSFWs) and their families. The Provider shall assess and identify current trends in health care for migrant and seasonal farmworkers, engage community health workers and train staff in Chronic Disease management.

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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 Provider has championed the health care needs of migrant and seasonal farmworkers (MSFWs) and their families. The Provider provides quality primary, preventive, and specialty health services to farmworkers across the state of Maine. Farmworkers are one of the nation's most vulnerable and invisible populations, and they are the engine of Maine's agricultural industry. The harvests in Maine employing migrant workers include broccoli, potatoes, apples, vegetables, Christmas trees/wreaths, and blueberries. The Provider's unique combination of direct clinical services, voucher referral, and continuous support from community health workers (CHW) reduces the barriers related to Social Determinants of Health faced by these workers. Their health status is compromised by poverty, living and working conditions, immigration status, social isolation, care disruptions, and lack of transportation and culturally linguistically appropriate health services. The Provider provides direct mobile medical and behavioral health care as well as referral care through voucher reimbursement contracts with over 100 statewide access points for medical, dental, vision and behavioral health services. In 2018, the Provider delivered care by holding 120 clinics in 42 locations where MSFWs live and work. The services provided include comprehensive mobile primary and preventive and behavioral health services and voucher referral for specialty, dental, vision, pharmacy, laboratory, and radiology. Enabling services are integral to facilitating access to care and CHWs provide case management, health education, transportation, and medical interpretation. This combined approach ensures access to appropriate, timely, and cost-effective care. The program is responsive to worker needs, nimble, and highly flexible.

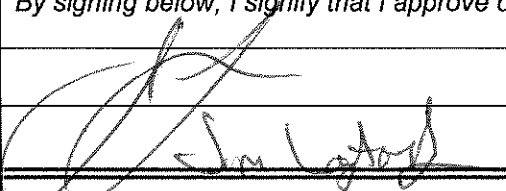
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates negotiated for these services are below market rates for similar services the Department has contracted for in the past.

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

The Department does not intend 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:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... kathy Paquette	Date:	4/28/2020