



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

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. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine DHHS/ Maine CDC/Division of Chronic Disease Prevention & Control/ Diabetes Prevention and Control Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Katie Clark		
(If applicable) Department Reference #:		CD0-22-4561		
Amount: (Contract/Amendment/Grant)	\$ 90,138.00	Advantage CT / RQS #:	CT 10A 20220209000000001819	
CONTRACT	Proposed Start Date:	1/1/2022	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:		Maine General Health, Augusta, Maine		
Brief Description of Goods/Services/Grant:		Delivery of National DPP services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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. University 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.

In June 2021 the State passed a supplemental budget that included MaineCare (Maine's Medicaid Program) coverage for the National Diabetes Prevention Program (National DPP) for MaineCare beneficiaries as part of the State's Value-Based Purchasing model. Coverage of this benefit is projected to start in July 1, 2022, but first must go through a formal rulemaking process. This pilot project will allow the opportunity for MaineCare and a National DPP to test and enhance policies and processes related to anticipated roll-out of MaineCare coverage, allowing for maximum uptake by organizations. This opportunity will highlight barriers recruiting, enrolling, and serving MaineCare members for an upcoming benefit. It will also allow the Department to test out different recruitment (provider communication to patients/direct communication through MaineCare/direct communication through ACO's) and retention strategies (partnerships with CBO to help overcome identified barriers to participation in National DPP).

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The Vendor was selected based on the fact they are a recognized National DPP, have a current MOU on file with the Department and operate as part of an Accountable Care Organization (ACO). This eligibility criteria ensures that the provider has the existing partnerships to build/ expand on a referral network within the ACO, has access to the Department's data dashboard, and is willing to work with and receive Technical Assistance from the Department. These factors will support long term success in the project and the future roll out of MaineCare's coverage of National DPP. This Vendor has significant experience in piloting reimbursement for other insurance companies and currently participates in the Wellstar reimbursement for State Employees.

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

The rates for the delivery of the National DPP are estimated based on the Medicare DPP and Wellstar reimbursement models. The rates for the social determinants of health supports and provider engagement are comparable to the 1815 funding and federal CDC guidance for that cooperative agreement.

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

This is a pilot project that will inform future policy. If policy is enacted by the current target date there will be no need for future procurement. If unforeseen circumstances do arise and policy is delayed resulting in future procurement needs competitive procurement processes will be considered.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).
- No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner (or
designee):

Typed Name:

Date:

9-May-22

Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD		
Typed Name:	Kathy Paquette	Date:	4/8/2022