



### 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:		MeCDC/Rural Health & Primary Care Program	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque \ Brianne Carrero	
(If applicable) Department Reference #:		CD0-25-2253	
Amount: (Contract/Amendment/Grant)	\$500,000.00	Advantage CT / RQS #:	CT-10A-20240229000000002376
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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 Primary Care Association Augusta, ME	
Brief Description of Goods/Services/Grant:		Funds will be used to support access to primary medical, behavioral health and dental services to residents of the State in rural and underserved communities and to assist with provider recruitment and retention.	

#### PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for 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.

The 127<sup>th</sup> State of Maine Legislature passed 22 M.R.S.A. § 259 "Support for Federally Qualified Health Centers". This provides for a total of \$500,000/ year to be dispersed to the Federally Qualified Health Centers (FQHCs). Per legislative determination funds will be used to support access to primary medical, behavioral health and dental services to residents of the State in rural and underserved communities and to assist with provider recruitment and retention.

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

The Maine Primary Care Association (vendor) has an exclusive relationship with Maine's Federally Qualified Health Center grantees and assists in clinical quality improvement initiatives. In representing all FQHC's, The Maine Primary Care Association (MPCA) will act as a fiscal agent to disperse the funds. Additionally, they will aggregate the data from services, specifically, primary care, oral health, or behavioral health interventions as well as recruitment and retention of essential health care providers to support a state-level analysis.

The vendor has extensive experience providing technical assistance and training, housing relevant programs and services and advocating on behalf of Maine's FQHCs and the people these sites serve.

The vendor exists to:

- Strengthen Maine's Health Centers with programs and services ranging from advocacy efforts to clinical quality improvement initiatives, from workforce development to community outreach, from health information technology to emergency preparedness planning from strategic planning to technical assistance.
- Amplify messages, shared among health centers.
- Bridge both medical practices and the public health sector.
- Provide the linkages to community, state and federal partners including allied health agencies and public health.

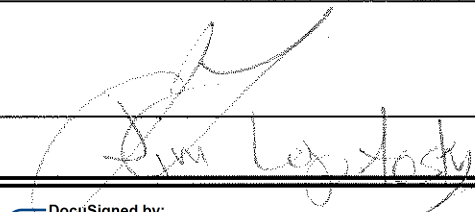
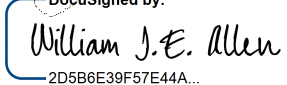
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The budget was determined by the 127<sup>th</sup> legislature and approved by Maine DHHS senior leadership and given the unique role of the Maine Primary Care Association as the membership organization responsible for providing Quality Assurance and Improvement technical assistance, they are the only entity capable of coordinating the required activities. The amount of four hundred and sixty thousand dollars will be disbursed, through the Maine Primary Care Association, to twenty federally qualified health centers providing each facility twenty-three thousand dollars. The remaining balance of forty thousand dollars will remain with the Maine Primary Care Association for payment processing and communications and marketing for all federally qualified health centers.

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

The Department does not intend to competitively procure the services at this time.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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:	Jim Legros
Date:	11-Mar-24
Signature of DAFS Procurement Official:	DocuSigned by:  William J.E. Allen <small>2D5B6E39F57E44A...</small>
Typed Name:	william J.E. Allen
Date:	4/11/2024

NOI 0420240386 04/12/2024 - 04/18/2024