



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		MCDCP/Rural Health	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melinda Farrell	
(If applicable) Department Reference #:		CD8-25-2201	
Amount: (Contract/Amendment/Grant)	\$8,000.00	Advantage CT / RQS #:	CT 10A 20250226000CD8252201
CONTRACT	Proposed Start Date:	4/1/2025	Proposed End Date: 5/31/2025
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:		City of Caribou dba Cary Medical Center Caribou, Maine	
Brief Description of Goods/Services/Grant:		Small Rural Hospital Improvement Program (SHIP) / Hospital-Specific Project Allowable expense for Efficiency or quality improvement training in support of prospective payment system related initiatives.	

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 purpose of this agreement is to assist Cary Medical Center in meeting its financial operations goals related to the SHIP program. HRSA allows for hospitals awarded under this program to identify specific financial needs/opportunities and utilize funds in a variety of allowable investment areas, including patient/operational workflows. Cary Medical Center has identified a need to improve processes related to patient check-in and registration. This project will address workforce shortages and allow for improved patient throughput which is critically needed at this time in all of the rural areas of the state. This is an allowable expense pursuant to the Prospective Payment System Investment Activities guidelines which govern this program.

Cary Medical Center has proposed to work with leading accounting and consulting firm BerryDunn to complete this work.

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

The funding for this contract was awarded by the federal Small Hospital Improvement Program # HRSA 6 H3HRH00027 – this funding is awarded to work with 20 Maine Hospitals based on their applications in certain areas. This contract is being supported by a carryover for Cary Medical Center from the FY23-24 carryover for a project that the results will be shared with the other 19 hospitals. The carryover request and budget narrative are attached.

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

The funding is allocated per the grant award # HRSA 6 H3HRH00027.

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

The Department does not anticipate a continuation of these services past the proposed end date of this agreement. This agreement is funded through a HRSA award via a carryover request that specifically stipulates its use.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

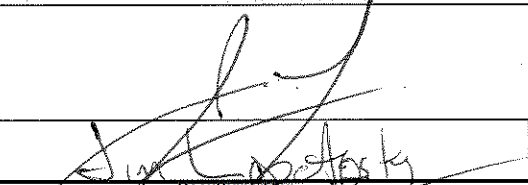

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	20-Mar-25
Signature of DAFS Procurement Official:	 <small>Decusigned by: Kathy Paquette 41C2BA36FAF44GD...</small>		
Typed Name:	Kathy Paquette	Date:	4/25/2025

Janet T. Mills
Governor



Sara Gagne-Holmes
Commissioner

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

Contact Rural Health and Primary Care Directly
Tel. (207) 287-5524; Fax (207) 287-5431

September 27, 2024

Dear Jeanene:

This is our request to carry forward an unobligated balance of \$32,643.30 from the following grant budget period: Small Hospital Improvement Program (SHIP) Program; Grant No: 2 H3HRH00027-22-00; Budget Period with unobligated balance: 6/1/2023– 5/31/2024.

The reasons for the unobligated balance (UOB) are:

- a. Staffing challenges at hospitals presented problems with completion of programs. This was detailed in the year end report. Projects were temporarily postponed.

Proposed plan: We will use the available unobligated balance of \$32,643 to complete the projects detailed for hospitals who were not able to complete them. This includes Cary Medical Center, Downeast and Calais Community Hospitals and 4 Northern Light Health system CAHs and one of their small PPS facilities.

We look forward to your positive response in this request. If you have any questions, please contact me at (207) 287-5427. Thank you again for your consideration.

Sincerely,

Mary Powell

Mary Powell, SHIP Coordinator
Health Program Manager
Maine Rural Health and Primary Care Program