



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		Maine CDC/Public Health Systems/James Markiewicz		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Nicole Mitchell		
(If applicable) Department Reference #:		CD0-26-1352		
Agency Department Code:	10A	Advantage CT / RQS #:	CT-20260213000CD0261352	
Amount: (Contract/Amendment/Grant)		\$40,000.00		
CONTRACT	Proposed/Original Start Date:	2/1/2026	Proposed/Most Recent End Date:	1/31/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Medical Care Development Augusta, Maine		
Brief Description of Goods/Services/Grant:		Educational Training, Technical Assistance, and Project Management		

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. Higher Education 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 provide staffing to DHHS (the Department) to support the Department's Rural Health Transformation Initiative, including providing staffing support for the legislatively-mandated Telehealth and Telemonitoring Advisory Group and the Rural Health Transformation Team, as well as for efforts within the DHHS Rural Health Transformation Initiative that are focused on increasing the utilization of telehealth services to reduce barriers to access, improve the quality of care, and improve health equity for Maine's rural and medically underserved populations.

This agreement will support telehealth efforts within DHHS Rural Health Transformation Initiative:

- Provide coordination and staffing support for the legislatively mandated statewide Telehealth and Telemonitoring Advisory Group, as established by Title 5, Section 12004-I, subsection 38-A [2017, c.307, §3 (NEW).]
- Participate in relevant meetings of the DHHS Rural Health Transformation Initiative including internal DHHS planning meetings as appropriate, and the Rural Health Transformation Team meetings quarterly
- Provide technical assistance on emerging telehealth delivery services to the DHHS Staff
- Support the coordination and implementation of telehealth strategies identified by statewide stakeholder groups, and per guidance of Maine DHHS
- Provide project management support to the telehealth initiatives per the DHHS
- Conduct research and identify recommendations to support the development and implementation of new and innovative telehealth delivery of care models to include but not limited to behavioral health, child health, and oral health
- Provide technical assistance and expert consultation on existing and new payment models to sustain and expand the delivery of telehealth services in Maine.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Medical Care Development (MCD) holds the federal (HRSA) contract for the Northeast Telehealth Resource Center (NETRC), and as such, is the only federally designated Telehealth Resource Center for the Northeast Region. Given their experience with NETRC and related telehealth efforts, MCD is uniquely positioned in Maine, having the required expertise with the development and implementation of telehealth programs. Additionally, MCD uniquely has the required knowledge, experience, and expertise needed to provide this type of support to the Department to support and expand telehealth services as part of its rural health transformation efforts.

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

The Department was able to negotiate a fair and reasonable cost for the procurement of services to support

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

PART III: SUPPLEMENTAL INFORMATION

As noted, MCD currently holds a unique position within Maine as the federally designated Telehealth Resource Center for the Northeast Region. The Department will annually reassess their position in this area and will competitively procure these services when other organizations are identified that could reasonably be expected to provide similar services, and/or if/when HRSA selects a new vendor for these services.

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) or (026) – 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

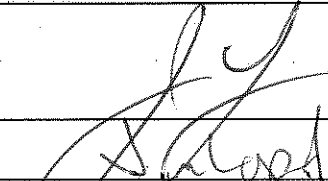
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:	<i>[Handwritten Name]</i>	Date: 11-Mar-26

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>	
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 4/16/2026