



**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/ Division of Disease Prevention/Chronic Disease		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Stephanie Wood		
(If applicable) Department Reference #:		CD0-26-4401A		
Agency Department Code:	10A	Advantage CT / RQS #:	20250506000CD0264401	
Amount: (Contract/Amendment/Grant)		Original: \$71,506.16 Amend A: \$27,211.67 Revised Amt: \$98,717.83		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/29/2027
AMENDMENT	New Effective Date:	4/1/2026	New End Date (if Applicable):	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Medical Care Development, Hallowell, Maine		
Brief Description of Goods/Services/Grant:		Maine Community Health Worker Initiative, National Healthy Heart Ambassador Program Pilot, Tobacco Treatment Specialist Training		

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 amendment is to provide CHWs with the knowledge and skills needed to provide evidence-based treatment for tobacco dependence in their community. Tobacco use is a primary and preventable risk factor for high blood pressure and cardiovascular disease. While delivering the National Healthy Heart Ambassador Blood Pressure Self-Monitoring Program as part of the current Agreement, many CHWs have identified patients that would like to quit smoking. By offering Tobacco Treatment Specialist training to a cohort of CHWs, it would improve access to tobacco treatment options for patients at high risk for cardiovascular disease. CHWs are also uniquely positioned to tailor tobacco treatment to make it more responsive to the culture and social needs of the patient. As part of the amendment, the vendor the Provider will coordinate a two-day Tobacco Treatment Specialist Training in partnership with an accredited training vendor specifically for CHWs.**

The purpose of this Agreement is to integrate Community Health Workers (CHWs) in the delivery of a US CDC recognized lifestyle change program (National Healthy Heart Ambassador Blood Pressure Self-Monitoring) that aims to improve blood pressure control for adults with known hypertension. CHWs are frontline public health workers that have a close understanding of the community where they work and serve as a liaison between health care systems and patients. Maine CDC seeks to increase CHW involvement in evidence-based programs for chronic disease management to improve access for populations of focus, a strategy set by US CDC as part of a cooperative funding agreement with Maine CDC's Cardiovascular Health Program. This scope of work also aligns with MaineCare's new PC Plus model, which requires practices to include CHWs within the healthcare team to reduce costs and improve healthcare quality.

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.

MCD Global Health is uniquely positioned as a sole source vendor to complete the scope proposed in this amendment in a short period (3 months), because it serves as the administrative home for a statewide CHW professional network (the Maine CHW Initiative), Maine's only CHW training program, and the Maine CHW Certification. With a list serv of over 500 individuals, a monthly newsletter, regular webinars, and an annual conference, the Maine CHW Initiative (MECHWI) is the only entity with the reach to promote this unique training opportunity broadly to CHWs and CHW employers statewide. Furthermore, MCD offers ongoing CHW core competency classes and the MECHWI is currently accepting applications for CHWs to become certified, which would allow for advertising the Tobacco Treatment Specialist training as a continuing education opportunity. Finally, MECHWI has already identified a group of CHWs who are implementing the National Healthy Heart Ambassador Blood Pressure Self-Monitoring Program and are interested in becoming Tobacco Treatment Specialists.

Medical Care Development serves as the current fiscal sponsor of the Maine Community Health Worker Initiative (MECHWI). The MECHWI is an established partner with the Department and have reach and training expertise needed to support this pilot project. The MECHWI seeks to eliminate disparities in Maine communities and systems of care by cultivating a network of well-trained and peer-supported CHWs. The MECHWI is led by an Advisory Board of 7 CHWs and has approximately 177 CHW members, working in all Maine counties. There is no other entity of its kind in Maine that represents the profession statewide, which would allow the MECHWI to recruit CHWs to participate in the pilot. The MECHWI has the unique ability to connect CHWs to clinical sites, allowing for bi-directional referrals and community clinical-linkages, both key strategies identified in the National Cardiovascular Health Program. In addition, a MECHWI staff person has

**PART III: SUPPLEMENTAL INFORMATION**

already completed a master trainer course provided by US CDC, making them the ideal partner to train CHWs on HHA-BPSM delivery.

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

The costs associated with the amended contract still align with current market values and are similar to other vendors who train CHWs.

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

The amended contract will still have the same end date as the original agreement. The plan for future competition has not changed.

This is a one-time funding opportunity that supports a pilot project. After 2 years, the Department will assess the need for the services to continue through a new contract and the appropriate procurement process.

**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):			
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Typed Name:	Jim Lopatosky, Director of Contract Management	Date:	23 <sup>rd</sup> Apr 26
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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):			
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Typed Name:		Date:	
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**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	Signed by:  41C2BA36FAE44CD...		
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Typed Name:	Kathy Blais	Date:	5/21/2026
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