



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:	Maine CDC/ Division of Disease Prevention/Chronic Disease		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Nicole Mitchell		
(If applicable) Department Reference #:	CD0-26-4401		
Amount: (Contract/Amendment/Grant)	\$ 71,501.16	Advantage CT / RQS #:	CT 10A 20250506000CD0264401
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/29/2027
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:		Medical Care Development, Hallowell, Maine	
Brief Description of Goods/Services/Grant:		Maine Community Health Worker Initiative, National Healthy Heart Ambassador Program Pilot	

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 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 RFP number, if applicable.	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 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.	Costs associated with this agreement align with current market values and are similar to other vendors who employ CHWs.
4. Describe the plan for future competition for the goods or services.	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?	
<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.	

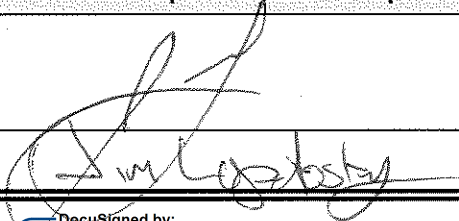
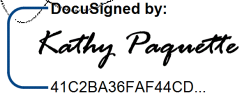
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	29 - May - 25
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/20/2025