DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

# 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/Diabetes Prevention and Control Program | | | |
| Department Contract Administrator or Grant Coordinator: | Chris Moiles/ Feargal Semple/ Stephanie Wood | | | |
| (If applicable) Department Reference #: | CD0-26-4423B | | | |
| Agency Department Code: | 10A | Advantage CT / RQS #: | 20250626000CD0264423 | |
| Amount: (Contract/Amendment/Grant) | Current: $40,000.00<br>Amend B: $84,995.00<br>Revised Total: $124,995.00 | | | |
| CONTRACT | Proposed/Original Start Date: | **7/1/2025** | Proposed/Most Recent End Date: | **6/29/2027** |
| AMENDMENT | New Effective Date: | **7/1/2026** | 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: | Central Maine Area Agency on Aging DBA Spectrum Generations / Healthy Living for ME<br>Augusta, ME | | | |
| Brief Description of Goods/Services/Grant: | Education and support for management of diabetes. Umbrella hub for diabetes prevention program. | | | |

| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|---|---|---|---|
| Check the box below for the justification(s) that applies to this request. (Check all that apply.) | | | |
| ☐ | A. Competitive Process | ☐ | G. Grant |
| ☒ | B. Amendment | ☐ | H. State Statute/Agency Directed |
| ☒ | C. Single Source/Unique Vendor | ☐ | I. Federal Agency Directed |
| ☐ | D. Proprietary/Copyright/Patents | ☐ | J. Willing and Qualified |
| ☐ | E. Emergency | ☐ | K. Client Choice |
| ☐ | F. Higher Education Cooperative Project | ☐ | 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.

This agreement provides funding to directly support performance measure outcomes for Maine Center for Disease Control and Prevention's grant CDC-RF-DP-23-0020. After Diabetes Self-Management and Education Services (DSMES) participants complete DSMES education, the Program is encouraging them to participate in Diabetes Support Programs like Living Well with Diabetes (LWD) to receive extended education on managing diabetes. The Provider shall coordinate with program partners to screen and refer patients to LWD and enroll eligible participants into classes. The provider will increase awareness and capacity for program partners to offer LWD programs to their patients and share LWD enrollment data, including participation from priority populations to the Program.

**The Purpose of Amendment B is to establish an Umbrella Hub Arrangement for the National Diabetes Prevention Program (NDPP) in Maine. The Umbrella Hub will help to relieve the administrative burden that often discourages new sites from offering NDPP and existing locations for billing for this service, by centralizing referrals, reporting, and payment for NDPP delivery sites that join the Hub. As part of this amendment, Health Living for ME will build the Umbrella Hub within its existing Community Care Hub, formalize a network of NDPP delivery and referral partners; implement coordinated outreach and education strategies to increase participation in NDPP programs; and create reimbursement pathways for NDPP. The amendment is being supported by a one-time supplemental funding opportunity as part of CDC-23-0020. The amended scope of work aligns with the required strategy for the supplemental funds: increase enrollment and retention of priority populations in the National Diabetes Prevention Program.**

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.

Health Living for ME (HL4ME) is the only entity in Maine with the technology platform, partner network, administrative capacity, that are needed to stand up an Umbrella Hub for National Diabetes Prevention Program (NDPP) in one year. HL4ME is currently Maine's only designated Community Care Hub. It was first created in 2016 to expand access to evidence-based health promotion programs and to build a coordinated, statewide infrastructure to support community-based service delivery. HL4ME serves as a centralized entity responsible for contracting, billing, data collection, quality assurance, and training across its network. This model enables smaller community organizations to participate in service delivery while reducing administrative burden and ensuring program fidelity. By embedding the Umbrella Hub within HL4ME's existing Community Care Hub infrastructure, the Department will ensure that this arrangement will be sustained and expanded after this one-time funding opportunity ends.
Healthy Living for Maine is focused on developing a network of community-based organizations (CBOs) and healthcare providers to administer evidence-based Falls Prevention and Chronic Disease Self-Management Education programs, including Living Well with Diabetes. Healthy Living for Maine is the only organization holding the required license (multiple entities) from Self-Management Resource Center to establish living well with Diabetes virtually and in person. CDC-RF-DP-23-0020 highlights strategies to improve access and equity in diabetes support programs.

## PART III: SUPPLEMENTAL INFORMATION

With this contract, the Program will engage other contracted partners to work with Healthy Living for Maine to establish more diabetes support programs in Maine.

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

The costs associated with amended contract still align with current market values and are similar to other vendors implementing an umbrella hub for behavior change programs.

The negotiated costs and rates align with current market value and previous vendors for implementation of health behavior related programs and strategies.

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

The program does not intend to RFP these services currently, as Healthy Living for Maine is the sole licensing (multiple entities) provider to deliver virtual and in person Living Well with Diabetes services in Maine.

## 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 | | | |
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| 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: | Jim Lopatosky, Director of Contract Management | Date: | 10-Jun-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****

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|---|---|---|---|
| Signature of DAFS Procurement Official: | Signed by: Kathy Blais 41C2BA36FAF44CD... | | |
| Typed Name: | Kathy Blais | Date: | 7/9/2026 |