



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 DHHS/Maine CDC/OPHE		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Morgan Easler/Eden Hale/ Stephanie Wood		
(If applicable) Department Reference #:		CD0-26-1526		
Agency Department Code:	10A	Advantage CT / RQS #:	20260610000CD0261526	
Amount: (Contract/Amendment/Grant)		\$470,000.00		
CONTRACT	Proposed/Original Start Date:	5/1/2026	Proposed/Most Recent End Date:	4/30/2027
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 dba MCD Global Health, Hallowell, ME		
Brief Description of Goods/Services/Grant:		Community Health Worker training and certification		

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.

As part of its Rural Health Transformation Initiative, the Department intends to expand the number of CHWs integrated, trained, deployed, and sustained within innovative healthcare and social service delivery models across Maine's nine public health districts. In the first year alone, the Department expects to provide funding to support the hiring of over 30 new Community Health Workers (CHWs) among community partners.

It is currently national best practice to provide any individual hired as a Community Health Worker (CHW) with comprehensive training on [nationally recognized core competencies](#) as well as a long-term career pathway. It is also national best practice that individuals who oversee CHWs receive specialized training on how to provide supportive and effective supervision. Both CHW certification and apprenticeships are increasingly recognized as promising models to not only ensure that CHWs receive appropriate instruction and practical experience to perform their role but also to facilitate career advancement. The Department expects that any CHW hired with RHTP funding will receive core competency training and work towards becoming certified to ensure high quality of service to the public and continued employment in the field once the grant ends.

Through this Contract, the Department seeks to ensure that the primary professional development pathways currently offered in Maine by MCD Global Health and MECHWI remain accessible to CHWs employed in rural communities in Maine. The Contract will seek to increase the number of CHWs who complete core competency training, subject matter specific training, certification, and apprenticeships as well as the number of CHW employers that receive training on effective CHW supervision. The Contract will also provide support for the continued rollout of Maine's CHW Certification, which was launched at the beginning of 2026 with private foundation funding, as it is a requirement for any CHW delivering MaineCare and Medicare services.

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 qualified as a sole source vendor to complete the proposed scope in this contract due to their demonstrated experience and established infrastructure for delivering comprehensive CHW workforce development programming in Maine.

MCD is the only organization in Maine that offers a fully integrated CHW workforce training model that includes an 80-hour Core Competency Training, CHW Supervisor Training, Maine Department of Labor Registered Community Health Worker Apprenticeship Program, and Related Technical Instruction aligned with apprenticeship requirements. No other vendor in the state provides this full continuum of training, workforce development, and employer integration support within a single, coordinated model. Over the last decade, MCD has established a proven track record of designing and delivering CHW training and workforce development initiatives across Maine and nationally.

MCD also serves as the administrative home for the Maine Community Health Worker Initiative (MECHWI), the state's CHW professional hub. First established in 2013, the MECHWI has worked for over a decade to improve the recognition, leadership, skills, and sustainability of the CHW profession in Maine. With a list serv of over 500 individuals, a monthly newsletter, monthly learning

PART III: SUPPLEMENTAL INFORMATION

and networking meetings, and an annual conference, the MECHWI is the only vendor with the statewide reach to connect CHWs and CHW employers with MCD's professional development options. In 2026, the MECHWI also launched Maine's professional certification for Community Health Workers. The certification is designed by members of the profession, is informed by Maine DHHS staff, assesses individuals on [national recognized CHW roles and competencies](#), and aligns with language within the Maine Care Benefits Manual regarding CHW services.

Together MCD and the MECHWI are uniquely positioned to deliver a comprehensive package of workforce development options to CHWs who will be deployed as part of the Rural Health Transformation Population Health Initiative to serve rural communities within all of Maine's public health districts.

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

The vendor's costs are considered fair and reasonable based on current market rates and past agreements for similar CHW training programs. The vendor has established curricula and delivery systems that reduce startup costs and has demonstrated the ability to meet training deliverables.

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

If these services continue to be required, the Department will commit to RFP in 2027

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

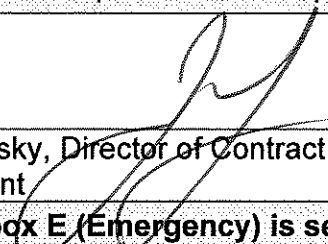
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ 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:	Jim Lopatosky, Director of Contract Management	Date:	17-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****

Signature of DAFS Procurement Official:	Signed by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	7/13/2026