



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

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/Rural Health and Primary Care Program/Nicole Breton		
Department Contract Administrator or Grant Coordinator:		CM / Melinda Farrell		
(If applicable) Department Reference #:		CD0-24-2251		
Amount: (Contract/Amendment/Grant)		\$251,872.00	Advantage CT / RQS #:	CT 10A 2023073100000000204
CONTRACT	Proposed Start Date:	9/1/2023	Proposed End Date:	8/31/2025
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:		New England Rural Health Association Richmond, VT		
Brief Description of Goods/Services/Grant:		New England Performance Improvement Healthcare Collaborative and education and training for health professionals in rural areas		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 Department received grant funding to specifically address multi-state rural healthcare challenges, such as the Dental, Hospital and Clinic financial transition to value-based purchasing and the sustainability of essential health care services such as telehealth. The NERHA provides technical assistance to include network and facilitation to rural health care facilities. The development of evidence-based strategies for improving small and rural hospitals, and dental health care centers to provide operational performance, collect rural healthcare data across the New England states and coordinate educational opportunities to support a volume license for professional certifications of health professionals working in rural areas.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

As a grant partner the NERHA coordinates the many activities for this multi-state collaboration including an Annual Symposium, coordination of the New England Performance Improvement Collaborative (NEPI) and Critical Assess Hospital (CAH) professional education/certification for Quality Improvement/Infection Control/Patient Safety/Value-Based Purchasing through the Institute for Health Care Improvement (IHI) Open School. No other entity within the New England States has the unique business attributes as well as the stated mission or expertise to provide these services to the HRSA 19-024 Flex Program recipients from the New England States

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

The administrative and operational costs of the NERHA are divided among the New England States. This collaborative reduces per State costs while increasing resources that are available to Maine's Healthcare providers and other stakeholders that would otherwise be unavailable in a single-state project. The NERHA reduces duplication of limited resources and improves efficiency to accomplish its work across the State.

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

The Department does not intend to competitively bid these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

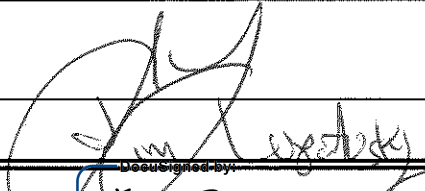

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	21-Aug-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/30/2023