

State of Maine Procurement Justification Form

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 website (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:		Chris Moiles/Arlene Jones	
(If applicable) Department Reference #:		CDO-20-2251A	
Amount: (Contract/Amendment/ Grant)	Original: \$50,000.00 Amend: \$26,000.00 Revised: \$76,000.00	Advantage CT / RQS #:	CT 10A 20190523*3563
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	09/01/2019	Effective Date:
	Previous End Date:	08/31/2021	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 (NERHA) Newfield, Maine	
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.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

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PART III: SUPPLEMENTAL INFORMATION

The Department received grant funding to specifically address multi-state rural healthcare challenges, such as the Hospital and Clinic financial transition to value-based purchasing and the development of telehealth services. The NERHA provides technical assistance to include the development of evidence-based strategies for improving small and rural hospital operational performance, collects rural healthcare data across the New England states and coordinates 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.

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 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

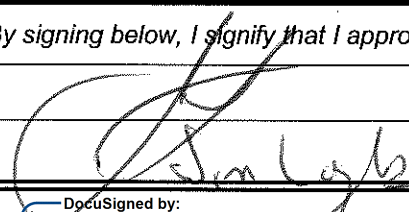
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	26-Aug-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	9/9/2020