



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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Stacy Martin		
(If applicable) Department Reference #:		OMS-23-120		
Amount: (Contract/Amendment/Grant)	\$ 2,312,558.00	Advantage CT / RQS #:	CT 10A 20220503*2722	
CONTRACT	Proposed Start Date:	9/1/2022	Proposed End Date:	12/31/2024
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 Augusta, Maine		
Brief Description of Goods/Services/Grant:		Private Non-Medical Institution (PNMI) Telehealth Pilot Program		

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.

Some of MaineCare's most vulnerable members, including adults and children with developmental and intellectual disabilities, mental health and chronic medical conditions, and substance use disorder, live in over 700 unique Private Non-Medical Institutions (PNMIs) across the state. They range in size from single residences to group homes depending on the needs of the members and the services they require to live in the community. The COVID pandemic has clearly demonstrated the importance of using telehealth to connect members to their healthcare providers in many different settings, but our preliminary data has shown that vast majority of PNMIs do not have the capability to access to telehealth services.

Residents of PNMIs could greatly benefit from having telehealth services provided to them with their facilities since transportation and access to clinics can be extremely challenging, particularly since many of these members have many chronic conditions that put them at higher risk for illness and they often see multiple provider types.

The provider will conduct a pilot program to identify those PNMIs which have the need, capability and capacity to establish telehealth connections in their facilities and determine if the members who utilize the service benefit from this type of access to care.

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's NETRC | Northeast Telehealth Resource Center was established by the US Health Resources and Services Administration as one of 14 TRCs in the country and is designated to provide technical assistance and programs for Maine. While NETRC works with other Federal TRCs, it is the only such entity that can offer this type of subject matter expertise with a broad understanding of the needs of MaineCare members and the variety of healthcare delivery systems across the state. During this project, NERTC will leverage their significant knowledge of the telehealth requirements that they have gleaned from their multiple previous projects throughout Maine within several different settings, services and use cases.

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

The funding was obtained from CMS as an approved project under Section 9817 of the American Rescue Plan Act which authorized states to receive enhanced Federal Medical Assistance Program for certain Medicaid expenditures for home and community-based services.

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

The Department does not plan to continue this pilot program beyond the period of this agreement.

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

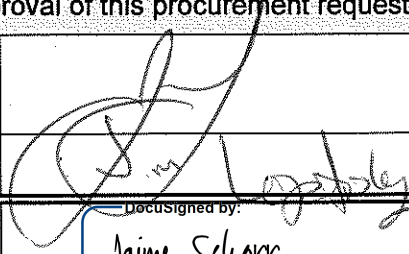

Does this request utilize ARPA/MJRP funds?

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:	Jaime Schorr	Date: 26-Aug-22
Signature of DAFS Procurement Official:		
Typed Name:	Jaime Schorr	Date: 10/3/2022