

**PROCUREMENT JUSTIFICATION FORM (PJF)**

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

PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC / Division of Disease Prevention / Alzheimer's Disease and Related Dementias (ADRD) Program			
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall			
(If applicable) Department Reference #:		CD0-25-4543			
Amount: (Contract/Amendment/Grant)		\$ 240,000	Advantage CT / RQS #:	CT 10A 20240924000CD0254543	
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date:	9/29/2026	
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:		HealthReach Community Health Centers Waterville, Maine			
Brief Description of Goods/Services/Grant:		Alzheimer's Disease and Related Dementias (ADRD) Clinical Care Model			

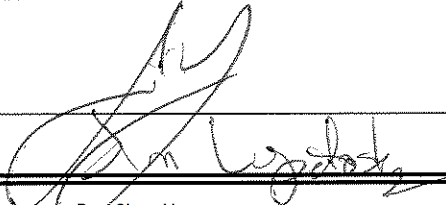

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for 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.
	HealthReach will implement and pilot a clinical care model for early detection, diagnosis and treatment for improving approach for individuals who have ADRD disease. Year one will focus on refinement of the model and implementation of the approach in a minimum of two HealthReach sites. Year Two focus will focus on scaling up the model and provider will conduct outreach, and promotion of the model including but not limited to development of and provision of presentations introducing the model to other Federally Qualified Health Centers (FQHCs).
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	This vendor worked with Maine Primary Care Association (CD0-22-4571) through the RFP 202107105 which goes through 12/31/25. The MPCA contract required certain activities working with FQHC's), the FQHC that they focused on was HealthReach – and the money flowed through MPCA to HealthReach via an MOU.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	The costs and rates of this vendor are considered fair and reasonable.
4.	Describe the plan for future competition for the goods or services.
	Future work will include consideration of expansion through a competitive process. The scale of the model will determine the needs for service provision.
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			Date: 16-Oct-24
Typed Name:			
Signature of DAFS Procurement Official:	Signed by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/30/2024