



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

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 CDC / Division of Disease Prevention / Alzheimer's Disease and Related Dementias (ADRD) Prevention and Support Program, Building Our Largest Dementia (BOLD) Infrastructure Program		
Department Contract Administrator or Grant Coordinator:		Brianne Carrero/ Marissa Romano/ Stephanie Wood		
(If applicable) Department Reference #:		CD0-27-4543		
Agency Department Code:	10A	Advantage CT / RQS #:	20260729000CD0274543	
Amount: (Contract/Amendment/Grant)		\$240,000.00		
CONTRACT	Proposed/Original Start Date:	10/1/2026	Proposed/Most Recent End Date:	9/30/2028
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:		HealthReach Community Health Centers Waterville, ME		
Brief Description of Goods/Services/Grant:		Completion of the Rural Dementia Care Pathway Model for Federally Qualified Health Centers (FQHCs)		

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.

The purpose of this contract is to complete the Department's Rural Dementia Care Pathway Model Project by evaluating, refining, and preparing the model for broader implementation within Federally Qualified Health Centers (FQHCs). The Department previously funded development and pilot implementation of the model, which was intentionally designed for the FQHC environment to improve dementia screening, diagnosis, and care in rural primary care settings. The model is tailored to the clinical workflows and operational structure of FQHCs. This contract will complete the final phase of the project and will produce a comprehensive implementation package, including refined clinical workflows, Electronic Health Record (EHR) resources, implementation guidance, readiness resources, training materials, evaluation findings, and sustainability strategies necessary to support implementation of the completed model within additional FQHCs.

Maine has the oldest population in the nation, and the prevalence of AD/DRD is expected to increase as the population ages. Rural communities face additional barriers to timely diagnosis and care due to workforce shortages, limited access to specialty services, and transportation challenges. Completing this project supports the Department's efforts to strengthen AD/DRD-related public health and healthcare infrastructure in alignment with the U.S. CDC Building Our Largest Dementia (BOLD) Infrastructure Program.

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.

HealthReach Community Health Centers developed and piloted the Rural Dementia Care Pathway Model under the Department's previous agreement. Through that work, HealthReach developed the initial clinical workflows, EHR tools and templates, patient resources, and data collection mechanisms that serve as the foundation for the remaining project activities. This contract completes the Department's Rural Dementia Care Pathway Model Project by further developing, evaluating, and refining the model; incorporating evaluation findings; developing implementation and readiness resources; and packaging a completed model for broader implementation within additional FQHCs. Completing the project under this contract builds upon the Department's prior investment and avoids unnecessary redevelopment of existing project resources and duplication of previously funded work.

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

The proposed costs are consistent with the Department's previous agreement supporting development and pilot implementation of the Rural Dementia Care Pathway Model. The Department reviewed the proposed budget and determined that the proposed costs are reasonable and appropriate for the scope of work and are consistent with prior contract expenditures.

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

This contract completes the Department's Rural Dementia Care Pathway Project. Upon completion of the project, the Department intends to competitively procure the implementation of the completed model within additional FQHCs.

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:

4-Aug-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:

Kathy Blais

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Typed Name:

Kathy Blais

Date:

10/6/2026