

**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 (Form's page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:	Maine CDC / Disease Prevention and Control			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Patricia Wall			
(If applicable) Department Reference #:	CD0-23-4550			
Amount: (Contract/Amendment/Grant)	\$ 264,000.00	Advantage CT / RQS #:	CT 10A 20220801000000000332	
CONTRACT	Proposed Start Date:	09/01/2022	Proposed End Date:	08/31/2024
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:		MaineHealth Westbrook, ME		
Brief Description of Goods/Services/Grant:		Asthma Education Services		

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 purpose of the agreement is to provide Asthma Education to the Department to fulfill the requirements for United States Centers for Disease Control and Prevention's (U.S. CDC) Cooperative Agreement: EH19-1902, Asthma Program. The Provider is to provide asthma self-management education (ASME) services, including AS-ME intervention delivered over two sessions by trained Certified Asthma Educators situated within health care practices in order to increase the availability of self-management education to persons with poorly controlled asthma. The Certified Asthma Educator shall review medication adherence, device technique and the Asthma Action Plan. Barriers and challenges to asthma self-management shall be identified and, using motivational interviewing, the Provider shall develop strategies to overcome identified barriers and challenges.

While the contract funds these two positions, the contractor will also:

- Work with their internal CarePartners to develop a bi-directional referral pathway and identify current needs of clients with asthma and barriers to fulfilling those needs
- Work with clinical providers to ensure patients are referred to the MedAccess Prescription Assistance Program. The Provider shall record the number of patients that state they are financially unable to pay for necessary asthma medications, are referred, and who receive their medications through the MedAccess Prescription Assistance Program in the Electronic Health Record and provide that information to the Department contracted evaluator, Partnership for Health.
- Provide trainings to MaineHealth clinical staff as needed, including education on use of the guidelines and support the development of workflows that incorporate the Certified Asthma Educator.
- Create and provide a training to state-employed Public Health Nurses to equip them with the skills and resources needed to implement the Brief AS-ME Intervention in their local service areas.

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

The Provider is listed as the vendor for the Asthma Program education services in the US CDC cooperative agreements as listed above. This work is related to the Asthma program and the Provider has the contacts and infrastructure to provide these services to the Department in a timely manner.

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

The expenses and salaries are comparable with those of other agreements with this vendor for similar past services (CD0-19-4499). Since the advent of the COVID19 pandemic the demand and cost for respiratory therapists/asthma educators has increased significantly. In response the current contractor has increased their contribution to the salary included in the contract. The Department considers the negotiated costs reasonable based on the level of effort proposed by the Provider. The rates have been approved by US CDC.

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

PART III: SUPPLEMENTAL INFORMATION

The Federal Grant that supports these services is a five-year grant with continuing applications and is set to end 8/31/2024. The Department does not intend to RFP these services at this time, but will RFP these services for the next grant cycle beginning 9/1/2024.

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

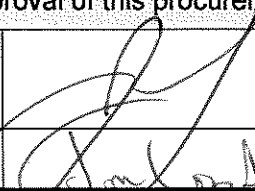
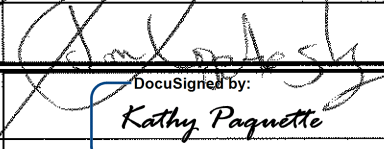
Does this request utilize ARPA/MJRP funds?

☐ 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:	15 Aug 22
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> kathy Paquette	Date:	11/7/2022