

# 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.

## PART I: OVERVIEW

Department Office/Division/Program:		Maine CDC / Division of Population Health	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts	
(If applicable) Department Reference #:		CD0-19-4499H	
Amount: (Contract/Amendment/Grant)	Original: \$9,073,052.65 Amend: \$462,281.22 Revised: \$9,535,333.87	Advantage CT / RQS #:	CT 10A 20180411*3095
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2018	Effective Date:
	Previous End Date:	06/30/2021	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:		Tobacco Treatment Services Initiative (Maine QuitLink HelpLine, Professionals Training, Clinical Outreach, Medication Voucher Program)	

## 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
<b>X</b>	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	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.

The work done under this contract alleviates the health and financial burden associated with tobacco use by providing tobacco treatment, training, support and resources. This initiative has three different components, all of which must be seamlessly coordinated: operation of the Maine Tobacco HelpLine and theQuitlink.com, which are the state-wide, no-charge telephone-based and digital services resources that provides tobacco treatment (counseling, e-mail and text support, and self-help materials); a comprehensive system of training for tobacco treatment, including working with clinical and non-clinical providers to incorporate evidence-based tobacco

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### PART III: SUPPLEMENTAL INFORMATION

treatment into their protocols; and facilitating access to the tobacco treatment medication voucher program. Tobacco use remains the number one preventable cause of death and assisting tobacco users with cessation is a critical role of the Maine CDC.

The purpose of this amendment is to the extend the agreement by two (2) months to ensure continuation of these services while contract negotiations and development are completed.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

MaineHealth's Center for Tobacco Independence is the only entity in the State of Maine with this expertise and capacity. The Department and any other governmental entity do not have the staff, resources and expertise to provide this service.

MaineHealth's Center for Tobacco Independence is the only large-scale cessation services provider in Maine. They have a 10+ year history of providing this service to Maine residents and have learned a great deal about how to do so effectively. They have earned a solid reputation with clinics throughout the state.

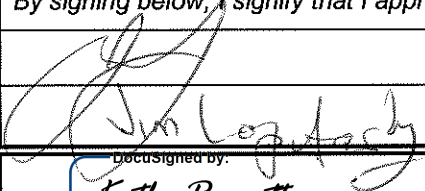
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

These services are through a cost shared agreement and the two-month extension is at the originally negotiated current monthly rate.

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

Through RFP 202102022, the Department competitively procured these services in 2021 and is currently in negotiations.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	3-Nov-21
<b>Signature of DAFS Procurement Official:</b>	<small>Digitally signed by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	12/1/2021