



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/MCDCP/Chronic Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Melinda Farrell		
(If applicable) Department Reference #:	Multiple – See attached table		
Amount: (Contract/Amendment/Grant)	Multiple – See attached table	Advantage CT / RQS #:	See attached Table
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	08/31/2023
	Previous End Date:	New End Date:	No Change
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Multiple – See attached table		
Brief Description of Goods/Services/Grant:	Recruit, hire, train and deploy Community Health Workers.		

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 this Agreement is to expand Community Health Worker (CHW) services throughout the state of Maine in order to support COVID-19 response efforts in communities impacted by COVID-19 and among populations that are at high risk for COVID-19 exposure, infection, and outcomes. The provider shall increase skills, capacity, and roles of CHWs in order to provide services and support for COVID-19 public health response efforts. The provider shall increase utilization of community resources and clinical services among priority populations at highest risk for poor health outcomes.

The purpose of this amendment is add funding for the final year of the grant to increase hours and training opportunities for CHWS.

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

DHHS Maine CDC has determined that these providers are qualified to provide these services because they have met the following criteria:

1. The provider must be a community-based organization, public health department (tribal, municipal), or health care organization (primary care practice, health system, community care team).
2. The provider must currently employ Community Health Workers. A CHW is defined as a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
3. The provider must have the capacity to deploy CHWs in the care, support, and follow up of priority populations. Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minority groups, persons who are economically disadvantaged, justice-involved, experiencing homelessness, or have certain underlying medical conditions that increase COVID-19 risk.

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

The rate for these services is comparable among the willing and qualified providers. The funding was allocated as part of the approved year 2 budget for collaborative agreement CDC-DP21-2109.

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

The Department does not intend to RFP these services as they are offered to providers who are willing and qualified to provide these services. This is a one-time contract using federal funding that will end on 8/30/24.

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


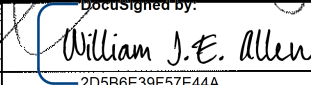
Does this request utilize ARPA/MJRP funds?

☐ 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:	<i>John Logothetis</i>	Date:	5- Dec -23
Signature of DAFS Procurement Official:			
Typed Name:	william J.E. Allen	Date:	1/4/2024

NOI W&Q 0120240012

The following list identifies all vendors associated with this State of Maine Justification Form for Amendment 1.

Office: Maine CDC

Service Group: Chronic Disease

Start: 12/1/2022

End: 8/30/2024

<u>Vendor</u>	<u>Agreement number</u>	<u>Amd</u>	<u>CT #:</u>	<u>Amendment Amount</u>	<u>Revised Amount</u>
AK Health and Social Services, Lewiston, ME	CDM-23-4570	N/A	CT 10A 20221115000000001365	\$0.00	\$109,556
City of Portland, Portland, ME	CDM-23-4571	N/A	CT 10A 20221115000000001366	\$0.00	\$98,021
Gateway Community Services, Portland, ME	CDM-23-4572	A	CT 10A 20221115000000001367	\$55,500	\$165,056
Maine Health, Franklin Hospital, Farmington, ME	CDM-23-4573	N/A	CT 10A 20221115000000001368	\$0.00	\$66,476
Her Safety Net, Lewiston, ME	CDM-23-4574	N/A	CT 10A 20221115000000001369	\$0.00	\$109,556
Maine Access Immigrant Network, Portland, ME	CDM-23-4575	N/A	CT 10A 20221115000000001370	\$0.00	\$76,458
Maine Medical Center, Portland, ME	CDM-23-4576	N/A	CT 10A 20221115000000001371	\$0.00	\$109,553
Hand in Hand/Mano en Mano, Millbridge, ME	CDM-23-4577	N/A	CT 10A 20221115000000001372	\$0.00	\$109,556
New England Arab American Organization, Portland, ME	CDM-23-4578	N/A	CT 10A 20221115000000001373	\$0.00	\$64,115
New Mainers Public Health Initiative, Lewiston, ME	CDM-23-4579	N/A	CT 10A 20221115000000001374	\$0.00	\$109,547
Portland Community Health Center, Portland, ME	CDM-23-4580	N/A	CT 10A 20221115000000001375	\$0.00	\$109,556
Rangeley Health and Wellness, Rangeley, ME	CDM-23-4581	N/A	CT 10A 20221115000000001376	\$0.00	\$109,512
Central Maine Area on Aging (Spectrum), Augusta, ME	CDM-23-4582	N/A	CT 10A 20221115000000001377	\$0.00	\$108,505
Total			Totals:	\$55,500	\$1,345,467