

State of Maine
Master Score Sheet

RFA# 202412213					
Healthcare Disparities Funding for Community Paramedicine					
Bidder Name:		Town of Mattawamkeag	Memorial Ambulance Corps	Northern Oxford Regional Ambulance Service	North East Mobile Health Services
Proposed Cost:		100,000	125,000	125,000	100,000
Scoring Sections	Points Available				
Section I: Eligibility	Pass/Fail	Fail	Pass	Pass	Pass
Section II: Community Rurality	20		15	16	14
Section III: Health Disparities	20		10	15	8
Section IV: Qualifications and Experience	10		8	10	5
Section V: Proposed Project	20		16	13	8
Section VI: Budget and Performance and Outcome Metrics	30		19	24	11
TOTAL	<u>100</u>		<u>68</u>	<u>78</u>	<u>46</u>

RFA# 202412213					
Healthcare Disparities Funding for Community Paramedicine					
Bidder Name:		Sanford Fire Department	City of Waterville; DBA: Waterville Fire Department	United Ambulance - Bridgton	United Ambulance Service
Proposed Cost:		125,000	125,000	125,000	125,000
Scoring Sections	Points Available				
Section I: Eligibility	Pass/Fail	Pass	Pass	Pass	Pass
Section II: Community Rurality	20	16	15	14	14
Section III: Health Disparities	20	12	15	16	16
Section IV: Qualifications and Experience	10	5	9	10	10
Section V: Proposed Project	20	13	17	20	20
Section VI: Budget and Performance and Outcome Metrics	30	13	21	19	19
TOTAL	<u>100</u>	<u>59</u>	<u>77</u>	<u>79</u>	<u>79</u>

RFA# 202412213					
Healthcare Disparities Funding for Community Paramedicine					
Bidder Name:		MaineHealth	Town of Topsham	Town of St. George	Westbrook Fire Department
Proposed Cost:		124,953.16	119,339.03	76,836	125,000
Scoring Sections	Points Available				
Section I: Eligibility	Pass/Fail	Pass	Pass	Pass	Pass
Section II: Community Rurality	20	12	14	16	1
Section III: Health Disparities	20	18	13	15	9
Section IV: Qualifications and Experience	10	9	6	8	4
Section V: Proposed Project	20	16	16	13	14
Section VI: Budget and Performance and Outcome Metrics	30	22	19	20	18
TOTAL	<u>100</u>	<u>77</u>	<u>68</u>	<u>72</u>	<u>46</u>

RFA# 202412213					
Healthcare Disparities Funding for Community Paramedicine					
Bidder Name:		Portland Fire Department	Town of Stockton Springs Ambulance		
Proposed Cost:		96,400	121,200		
Scoring Sections	Points Available				
Section I: Eligibility	Pass/Fail	Pass	Pass		
Section II: Community Rurality	20	4	10		
Section III: Health Disparities	20	15	12		
Section IV: Qualifications and Experience	10	8	5		
Section V: Proposed Project	20	13	15		
Section VI: Budget and Performance and Outcome Metrics	30	24	22		
TOTAL	<u>100</u>	<u>64</u>	<u>64</u>		



**STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY**

**Janet T. Mills
Governor**

**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

Town of Mattawamkeag
327 Main Street
Mattawamkeag, ME 04459

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Joana Cabral:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

- United Ambulance - Bridgton
- United Ambulance Service
- Northern Oxford Regional Ambulance Service
- City of Waterville; DBA: Waterville Fire Department
- MaineHealth
- Town of St. George
- Town of Topsham
- Memorial Ambulance Corps
- Town of Stockton Springs Ambulance
- Portland Fire Department

The bidders listed above received the evaluation team's highest rankings. The Department will be contacting the aforementioned bidders soon to negotiate a contract. As provided in the RFA, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor. The vendor shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to

the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFA, following announcement of this award decision, all submissions in response to the RFA are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract. A Statement of Appeal Rights has been provided with this letter; see below.

Thank you for your interest in doing business with the State of Maine.

Sincerely,

Wil O'Neal

Wil O'Neal
Director

STATEMENT OF APPEAL RIGHTS

Any person aggrieved by an award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Office of State Procurement Services [formerly the Division of Purchases], Chapter 120, § (2) (2).



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**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

Memorial Ambulance Corps
77 Sunshine Rd.
Deer Isle, ME 04627

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Walter Reed:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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Wil O'Neal
Director

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**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

Northern Oxford Regional Ambulance Service
290 Highland Terrace
Mexico, ME 04257

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Dakota Turnbull:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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Wil O'Neal
Director

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**Michael Sauschuck
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AWARD NOTIFICATION LETTER

March 12, 2025

North East Mobile Health Services
9 Willey Rd
Saco, ME 04072

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Rick Petrie:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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Wil O'Neal
Director

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AWARD NOTIFICATION LETTER

March 12, 2025

Sanford Fire Department
972 Main St
Sanford, ME 04073

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Rick Smith:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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Wil O'Neal
Director

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AWARD NOTIFICATION LETTER

March 12, 2025

City of Waterville DBA: Waterville Fire Department
7 College Ave
Waterville, ME 04901

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Everett Flannery:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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Director

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Governor**

**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

United Ambulance - Bridgton
192 Russell St
Lewiston, ME 04240

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Dennis Russell:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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Director

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**STATE OF MAINE
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**Janet T. Mills
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**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

United Ambulance Service
192 Russell St
Lewiston, ME 04240

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Dennis Russell:

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**Michael Sauschuck
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AWARD NOTIFICATION LETTER

March 12, 2025

MaineHealth
110 Free St.
Portland, ME 04101

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Joshua Pobrislo:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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**STATE OF MAINE
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**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

Town of Topsham
100 Main St.
Topsham, ME 04086

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Christopher McLaughlin:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

Town of St. George
3 School St.
Tenants Harbor, ME 04860

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Katie Jacob:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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- Town of Stockton Springs Ambulance
- Portland Fire Department

The bidders listed above received the evaluation team's highest rankings. The Department will be contacting the aforementioned bidders soon to negotiate a contract. As provided in the RFA, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor. The vendor shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to

the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFA, following announcement of this award decision, all submissions in response to the RFA are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract. A Statement of Appeal Rights has been provided with this letter; see below.

Thank you for your interest in doing business with the State of Maine.

Sincerely,

A handwritten signature in cursive script that reads "Wil O'Neal".

Wil O'Neal
Director

STATEMENT OF APPEAL RIGHTS

Any person aggrieved by an award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Office of State Procurement Services [formerly the Division of Purchases], Chapter 120, § (2) (2).



**STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY**

**Janet T. Mills
Governor**

**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

Westbrook Fire Department
570 Main St.
Westbrook, ME 04092

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Brian Langerman:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

- United Ambulance - Bridgton
- United Ambulance Service
- Northern Oxford Regional Ambulance Service
- City of Waterville; DBA: Waterville Fire Department
- MaineHealth
- Town of St. George
- Town of Topsham
- Memorial Ambulance Corps
- Town of Stockton Springs Ambulance
- Portland Fire Department

The bidders listed above received the evaluation team's highest rankings. The Department will be contacting the aforementioned bidders soon to negotiate a contract. As provided in the RFA, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor. The vendor shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to

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Wil O'Neal
Director

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**STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY**

**Janet T. Mills
Governor**

**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

Portland Fire Department
380 Congress St
Portland, ME 04101

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Sean Donaghue:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

- United Ambulance - Bridgton
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- MaineHealth
- Town of St. George
- Town of Topsham
- Memorial Ambulance Corps
- Town of Stockton Springs Ambulance
- Portland Fire Department

The bidders listed above received the evaluation team's highest rankings. The Department will be contacting the aforementioned bidders soon to negotiate a contract. As provided in the RFA, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor. The vendor shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to

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Wil O'Neal
Director

STATEMENT OF APPEAL RIGHTS

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**STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY**

**Janet T. Mills
Governor**

**Michael Sauschuck
Commissioner**

AWARD NOTIFICATION LETTER

March 12, 2025

Town of Stockton Springs Ambulance
217 Main St
Stockton Springs, ME 04981

SUBJECT: Notice of Conditional Contract Awards under RFA # 202412213,
Healthcare Disparities Funding for Community Paramedicine

Dear Amy Drinkwater:

This letter is in regard to the subject Request for Applications (RFA), issued by the State of Maine Department of Public Safety for Healthcare Disparities Funding for Community Paramedicine. The Department has evaluated the proposals received using the evaluation criteria identified in the RFA, and the Department is hereby announcing its conditional contract awards to the following bidders:

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- United Ambulance Service
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- City of Waterville; DBA: Waterville Fire Department
- MaineHealth
- Town of St. George
- Town of Topsham
- Memorial Ambulance Corps
- Town of Stockton Springs Ambulance
- Portland Fire Department

The bidders listed above received the evaluation team's highest rankings. The Department will be contacting the aforementioned bidders soon to negotiate a contract. As provided in the RFA, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor. The vendor shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to

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Thank you for your interest in doing business with the State of Maine.

Sincerely,

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Wil O'Neal
Director

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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Mattawamkeag

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?		Fail
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	
Section III. Health Disparities	20	
Section IV. Qualifications and Experience	10	
Section V. Proposed Project	20	
Section VI: Budget and Performance and Outcome Metrics	30	
<u>Total Points</u>	<u>100</u>	

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Mattawamkeag

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

- The evaluation team determined that while the applicant checked yes to eligibility criteria they do not meet criteria for this grant.
- Neither East Millinocket Fire Department nor the Town of Mattawamkeag have a Community Paramedicine designation.
- Within the application they do not identify that they are applying for Community Paramedicine.
- The application does not mention Community Paramedicine within it which is what the RFA is focused on.
- No CP services are identified or proposed within this application.
- The applicant has not identified health disparities they propose to meet.
- They haven't defined any CP services that fall within the scope
- The application appears to address town budget shortfalls as opposed to addressing the need for CP services
- Applicant specifically states that the application is for emergency response which is not the purpose of the grant and therefore not eligible for funding through this RFA.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Mattawamkeag

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	
B	Does the discussion include: <ul style="list-style-type: none">- Rurality's effect on overall community health (5pts)- Rurality's effect on access to healthcare (5pts)	10	

Evaluation Team Comments:

- I. *HRSA Eligible*
 -
- II. *Rurality's effect on overall community health*
 -
- III. *Rurality's effect on access to healthcare*
 -

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Mattawamkeag

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	

Evaluation Team Comments:

- I. Population*
 -
- II. Evidence*
 -
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 -

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Mattawamkeag

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	

Evaluation Team Comments:

- I. Overview of the Organization
 -
 -
- II. Projects
 -
- III. Subcontractors
 -
- IV. Organizational Chart
 -
- V. Litigation
 -
 -
- VI. Certificate of Insurances

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Mattawamkeag

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	

Evaluation Team Comments:

- I. Health Disparities*
 -
- II. COVID-19*
 -
- III. Community Paramedicine Initiation/Expansion*
 -

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Mattawamkeag

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	
B	Sustainability of Model	5	
C	Budget Narrative	5	
D	Performance and Outcome Metrics	10	

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

-
-
-

B. Narrative

-
-

C. Sustainability model

-
-

II. Performance and outcome metrics

A. 5 SMART Metrics

-
-

B. Reporting

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Memorial Ambulance Corps

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	15
Section III. Health Disparities	20	10
Section IV. Qualifications and Experience	10	8
Section V. Proposed Project	20	16
Section VI: Budget and Performance and Outcome Metrics	30	19
<u>Total Points</u>	<u>100</u>	<u>68</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Memorial Ambulance Corps

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Memorial Ambulance Corps

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	15

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	5

Evaluation Team Comments:

- I. *HRSA Eligible*
 - Provided 5 eligible zip codes
- II. *Rurality's effect on overall community health*
 - Cites a Portland Press article.
 - A study may have provided additional support.
 - Effectively outline the effect.
 - Application shows they know their community.
 - Nursing home closure is verifiable.
 - No citations of resources such as CDC reports.
- III. *Rurality's effect on access to healthcare*
 - State financial impacts on tourism, but not clearly tied to healthcare
 - Big emphasis on housing access. Does that tie into rurality?

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Memorial Ambulance Corps

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	10

Evaluation Team Comments:

- I. Population*
 - Low-income fishermen
 - Aging population
 - All populations identified face health disparities
- II. Evidence*
 - Focused on INH closing
 - More evidence would be helpful
 - Identify a high illiteracy rate and dementia rate
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Supporting patients in staying at home longer
 - Ability to age in place
 - As residents continue to age CP services will be in higher demand
 - ADL supports are not episodic and often done through a different scope
 - Concerns about this being a regular visit process vs. episodic and specific
 - Discusses closing the gap the nursing home closure created
 - Appears to be more home health-related or home and community-based services
 - Lack of specificity in plan

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Memorial Ambulance Corps

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	8

Evaluation Team Comments:

- I. Projects
 - Projects emphasize how embedded the agency is within the community
 - Project 2 demonstrates the effective use of CP
 - Concerns around long-term use of care
 - Performing services outside of the traditional healthcare realm
 - Shows experience bringing together multiple stakeholders in the community
 - How many unique patients were served?
 - Discuss providing training
 - Examples of neighbors helping neighbors
- II. Subcontractors
 - None Identified
- III. Organizational Chart
 - Large volume of CP providers
- IV. Litigation
 - None
- V. Certificate of Insurances
 - Attached

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Memorial Ambulance Corps

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	16

Evaluation Team Comments:

I. Health Disparities

- Pretty clearly connects community need to CP response
- Clearly state population lacks of access to primary care
- The CP model appears to create the bridge in connection to primary care

II. COVID-19

- Application has a good amount related to COVID
- Clearly states intention to expand education on COVID testing and vaccination

III. Community Paramedicine Initiation/Expansion

- Propose weekly CP visits to patients
 - Concern that this is not episodic
 - Is there a plan to connect to primary care versus replacing primary care?
- Speak to expanding to more patients, not necessarily changing the model
- Concerns about the acuity level of patients
 - When do they get assessed for alternate services?

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Memorial Ambulance Corps

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	19

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	10
B	Sustainability of Model	5	2
C	Budget Narrative	5	3
D	Performance and Outcome Metrics	10	4

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Conformed to the cost principles

B. Narrative

- More information on FTE numbers, salary rate etc. would be helpful

C. Sustainability model

- Sustainability relying on grant funding does not appear to be a strong model
- Potentially not a billable model due to being a longer-term model

II. Performance and outcome metrics

A. 5 SMART Metrics

- Had 7 measures – don't specify start and end point
- Unclear on the goals of the metrics

B. Reporting

- Identify they are willing to give reports
- The evaluation team recommends reviewing HIPAA concerns in a small community

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	16
Section III. Health Disparities	20	15
Section IV. Qualifications and Experience	10	10
Section V. Proposed Project	20	13
Section VI: Budget and Performance and Outcome Metrics	30	24
<u>Total Points</u>	<u>100</u>	<u>78</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	16

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	6

Evaluation Team Comments:

- I. *HRSA Eligible*
 - 16 eligible zip codes identified
- II. *Rurality's effect on overall community health*
 - Positive that it cites Maine Community Health Needs Assessment
 - Concern around 30 miles being a disparity in Maine – unclear if that is a disparity or a rural metric
 - Application speaks to behavioral health concerns and population needs
- III. *Rurality's effect on access to healthcare*
 - Discusses limited access to healthcare creating issues
 - Speak to overdose deaths
 - Waitlists exist across locations
 - Not a population hub
 - Establish health risks in the population, not effectively tied to rurality

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	15

Evaluation Team Comments:

- I. Population*
 - Lower average income in the county
 - Lower educational attainment
 - Aging population
 - A lot of the population is near retirement age
- II. Evidence*
 - Cite a lot of disparities, especially from MCHNA
 - Discuss access to home health. The plan can support patients that are ineligible for other services.
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Did not clearly identify this plan as in the future
 - Plan appears to be more forward-facing/current
 - Mention targeting patients with chronic conditions and high utilization – tied to the availability of existing resources
 - Helps support in decreasing fragmented care
 - Increased capacity for services to those who can't travel
 - Fills gaps

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	10

Evaluation Team Comments:

- I. Projects
 - Relevant projects to the RFA
 - Speak to the ability to maintain a successful CP program
 - Project 3 is unclear if it is a past project or plan for the use of funds
- II. Subcontractors
 - None
- III. Organizational Chart
 - Included and clear
- IV. Litigation
 - None
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	13

Evaluation Team Comments:

- I. Health Disparities*
 - Fall prevention program can relate back to the aging population
- II. COVID-19*
 - Does not appear to be included
- III. Community Paramedicine Initiation/Expansion*
 - Spoke more to staffing and supplies versus elimination of health disparities
 - Is the emergency lighting for the medication cabinet? Is this a 911 need or CP?
 - Application discussed increased service time/capacity through use of funds

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	24

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	8
B	Sustainability of Model	5	3
C	Budget Narrative	5	5
D	Performance and Outcome Metrics	10	8

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Personnel salary appears to be significantly higher than the average for the Bureau of Labor and statistics
- Would like more clarity on the breakdown of salary
- Are the lights for 911 setting?

B. Narrative

- Narrative is clear and well done

C. Sustainability model

- Does not appear thorough- would like some specificity
- Bridge to health insurance coverage

II. Performance and outcome metrics

A. 5 SMART Metrics

- Included
- Good goals
- Mention changes already made and plans to improve

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Northern Oxford Regional Ambulance Service

DATE: 2/19/2025

B. Reporting

- Not Included

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14
Section III. Health Disparities	20	8
Section IV. Qualifications and Experience	10	5
Section V. Proposed Project	20	8
Section VI: Budget and Performance and Outcome Metrics	30	11
<u>Total Points</u>	<u>100</u>	<u>46</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

- While the previous award spend down was discussed, the application did not specify how they would ensure funds would be spent in this round.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	4

Evaluation Team Comments:

- I. *HRSA Eligible*
 - Discussed 5 eligible zip codes
- II. *Rurality's effect on overall community health*
 - Was not discussed within this application
- III. *Rurality's effect on access to healthcare*
 - Cite CDC report
 - Explored limits to access to healthcare
 - Identify health disparities, does not appear tied to rurality specifically
 - Identify some designations on access to healthcare
 - Cite the findings of the Maine Governor's designation
 - Identify one community health center in Jackman
 - Midcoast region site a 15-minute hospital distance which appears to show access to healthcare

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	8

Evaluation Team Comments:

- I. Population*
 - Provide sufficient evidence on how populations are affected and how CP can address it
 - Speak to food insecurity
- II. Evidence*
 - Application does a good job of making an argument for the Jackman area
 - Midcoast area rates do not appear to be statistically significant
 - Numbers address Somerset County versus Jackman specifically. When compared to the population size of Jackman alone versus the county wide they may not be as relevant.
 - Leading causes of death appear to be a statewide concern, not rurality-specific
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Increasing staffing to support

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	5

Evaluation Team Comments:

- I. Projects
 - Applicant provided CP services since 2022
 - Discuss EMS services provided
 - Speaks to collaboration with other entities
 - The description of projects does not explicitly describe CP services
- II. Subcontractors
 - None
- III. Organizational Chart
 - Clear and organized, no indication of number of CP providers working on the project
 - Appears misleading as it is unlikely all staff will work on the project
- IV. Litigation
 - None
- V. Certificate of Insurances

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	8

Evaluation Team Comments:

- I. Health Disparities*
 - Discuss filling gaps and updating the workforce
 - Telehealth could expand access
- II. COVID-19*
 - COVID testing and prevention is identified
- III. Community Paramedicine Initiation/Expansion*
 - Application discusses the CP Committee identifying that CP providers can provide hospice/palliative care services. Hospice, Home health and Palliative Care models are separate from CP models unless they have also met the state and federal regulatory requirements including licensure for those models. Otherwise, they are distinct from CP as a model.
 - Providing hospice services would supplant other services
 - Application talks about public health education which appears to be fully tied to an AARP project. This appears to be separately funded and separate from CP.
 - The requested project appears to be completing work on behalf of other entities such as AARP.
 - Discuss alleviating burden of rurality by building a skilled workforce

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	11

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	3
B	Sustainability of Model	5	0
C	Budget Narrative	5	3
D	Performance and Outcome Metrics	10	5

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Budget identifies contracted services, but subcontractors aren't included in qualifications and experience
- Identify work time and materials to be used to work on AARP project in several sections within the budget. This does not appear to be reasonable or allocable
- Unclear what the collaboration and partnership building speaks to based on scope of project – hard to assess without further information.

B. Narrative

- Unclear on how this aligns with project scope
- What is the 9% focused on? Appears to be a high number without explanation.

C. Sustainability model

- Application doesn't appear to speak to a sustainability model

II. Performance and outcome metrics

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: North East Mobile Health Services

DATE: 2/19/2025

A. 5 SMART Metrics

- Identified tracked metrics, but does not identify SMART goals
- Has good tracking information for the program, but not SMART-focused
- Unclear how these are being measured in some cases

B. Reporting

- Does not discuss reporting

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Sanford Fire Department

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	16
Section III. Health Disparities	20	12
Section IV. Qualifications and Experience	10	5
Section V. Proposed Project	20	13
Section VI: Budget and Performance and Outcome Metrics	30	13
<u>Total Points</u>	<u>100</u>	<u>59</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Sanford Fire Department

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Sanford Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	16

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	6

Evaluation Team Comments:

- I. HRSA Eligible*
 - 2 eligible zip codes
- II. Rurality's effect on overall community health*
 - Speak to community services
 - Application states population health factors but sources are not cited. They appear specific, so a source would be helpful.
- III. Rurality's effect on access to healthcare*
 - Identify access by travel time
 - 30 minutes or 60 minutes – 30 minutes does not appear to be a disparity
 - 3 PCPlus plus providers in the area (Sanford and Springvale)
 - Access to public transport appears to show lack of disparities

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Sanford Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	12

Evaluation Team Comments:

- I. Population*
 - Population numbers are cited, but unclear where it came from
 - Does not explicitly seem to be tied to rurality
- II. Evidence*
 - Provide evidence for the effect of rurality on this population
 - No citations
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Didn't appear to be explored in the application
 - No plan is mentioned
 - Identify that they will use CP to fill gaps

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Sanford Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	5

Evaluation Team Comments:

- I. Projects
 - Provided a sufficient overview of the organization
 - Did not include projects to speak to their experience
 - Only include one project
 - Meeting with major health systems to develop partnerships
- II. Subcontractors
 - None
- III. Organizational Chart
 - Provided a chart with no qualifications or job descriptions
 - Who is the medical director?
 - Appears that the CP is separate from the day-to-day operations as they are a singular report
 - Org chart only includes one CP clinician. This appears low based on scope of work
- IV. Litigation
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Sanford Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	13

Evaluation Team Comments:

- I. Health Disparities*
 - State that providing services will help residents have better access
 - Doesn't identify what health issues they aim to alleviate
- II. COVID-19*
 - Supporting force in COVID vaccination
 - Participated in vaccine clinics
- III. Community Paramedicine Initiation/Expansion*
 - Clearly state plan is to grow protocols to meet the needs
 - Clearly outline CP scope

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Sanford Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	13

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	6
B	Sustainability of Model	5	0
C	Budget Narrative	5	2
D	Performance and Outcome Metrics	10	5

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Unclear if the department is planning to cover additional costs identified
- Is 125,000 total salary? What is the average hourly wage?
- For reasonableness it should align with BLS standards – unclear if it does.
- Need additional information

B. Narrative

- Would like a breakdown of salary versus benefits
- Where is the additional funding coming from?

C. Sustainability model

- Does not address sustainability

II. Performance and outcome metrics

A. 5 SMART Metrics

- Only identify 3 metrics
- Some are specific but don't all appear measurable

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Sanford Fire Department

DATE: 2/19/2025

- Confusion around how they will communicate with participants with surveys
- Demonstrate good rationale for why metrics are important
- Don't specify a timeframe for gathering

B. Reporting

- Discuss sharing with CP Committee
- Doesn't identify qualitative reporting

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Waterville Fire Department

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	15
Section III. Health Disparities	20	15
Section IV. Qualifications and Experience	10	9
Section V. Proposed Project	20	17
Section VI: Budget and Performance and Outcome Metrics	30	21
<u>Total Points</u>	<u>100</u>	<u>77</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Waterville Fire Department

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Waterville Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	15

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	5

Evaluation Team Comments:

- I. *HRSA Eligible*
 - 1 eligible zip code
 - All of Kennebec County is eligible as well
- II. *Rurality's effect on overall community health*
 - Discuss the aging population and inadequate access to healthcare
 - *Insurance issues lead to health issues*
 - Chronic medical issues lead to potential hospital admits
- III. *Rurality's effect on access to healthcare*
 - 22 PCPlus providers
 - 2 hospitals in Waterville
 - Lack of in home providers locally
 - Seems to align with episodic care, utilizing CP as a gap filler

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Waterville Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	15

Evaluation Team Comments:

- I. Population*
 - Mention poverty rate is higher than that of Maine and discuss “extreme poverty”
 - Aging population
- II. Evidence*
 - Cited the U.S.Census Bureau
 - The primary basis of plan is outpatient follow-up, but evidence doesn’t seem to be relevant to the need for this
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Discuss transportation as a large barrier they will address
 - Discuss how undiagnosed or unmanaged disabilities have higher risk for COVID and how CP addresses this
 - Discuss payor mix as the majority MaineCare or Medicare and the rest are uninsured within population served identifying them as potentially underserved.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Waterville Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	9

Evaluation Team Comments:

- I. Projects
 - Mentioned 3 different CP-related services
 - Spoke to the efficacy of the services they are already providing
- II. Subcontractors
 - None
- III. Organizational Chart
 - CP does not appear to be indicated in the organizational chart
- IV. Litigation
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Waterville Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	17

Evaluation Team Comments:

- I. Health Disparities*
 - Specifically call out pregnant women as an underserved population
 - Note aging population
- II. COVID-19*
 - Speak to a vaccination program
- III. Community Paramedicine Initiation/Expansion*
 - Application spoke to episodic nature of follow-ups
 - Discuss supporting other community services. This may not be reimbursable, however, directing to the resources may be.
 - Speak to increasing hours of operation of the program
 - Mention they will continue to partner with local providers in the catchment area. This appears to be an expansion
 - Discuss focus on initiatives, however unclear what those are

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Waterville Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	21

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	9
B	Sustainability of Model	5	2
C	Budget Narrative	5	4
D	Performance and Outcome Metrics	10	6

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- BLS hourly wage is \$53,000 a year for a paramedic. This is nearly twice the amount of BLS rate. Unclear what the benefit breakdown is for salary. Potentially not reasonable.
- Other costs appear reasonable and allocable.

B. Narrative

- Identifies how costs are used, could use some additional specifics to support.

C. Sustainability model

- What happens when funding goes away?
- Will you need to cut back on hours?
- If pill boxes are free to patients, what do you do when funding runs out
- Mention that data will be used to support future funding

II. Performance and outcome metrics

A. 5 SMART Metrics

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Waterville Fire Department

DATE: 2/19/2025

- Demographic metrics and not actionable
- Unclear what the applicant is trying to change

B. Reporting

- Discuss they will do it

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance - Bridgton

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14
Section III. Health Disparities	20	16
Section IV. Qualifications and Experience	10	10
Section V. Proposed Project	20	20
Section VI: Budget and Performance and Outcome Metrics	30	19
<u>Total Points</u>	<u>100</u>	<u>79</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance - Bridgton

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance - Bridgton

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none">- Rurality's effect on overall community health (5pts)- Rurality's effect on access to healthcare (5pts)	10	4

Evaluation Team Comments:

- I. HRSA Eligible*
 - 16 eligible zip codes identified
- II. Rurality's effect on overall community health*
 - States general information about rurality's effect on health. Does not appear specific to the communities being served.
 - Cited from Maine Health Needs Assessment
- III. Rurality's effect on access to healthcare*
 - Conceptually discussed but unspecific to group
 - Discuss rural Maine, but not specifically communities addressed

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance - Bridgton

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	16

Evaluation Team Comments:

- I. Population*
 - List populations impacted: elders, low income, and folks with behavioral health concerns
 - Specificity to populations served
- II. Evidence*
 - Contains a lot of evidence
 - Identify what is lacking
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - The services currently provided expand healthcare access in the 3 covered counties
 - Intend to enhance the STEP program
 - Expansions in diagnostic testing COVID and partnerships

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance - Bridgton

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	10

Evaluation Team Comments:

- I. Projects
 - Outlines that applicant has undertaken 3 different projects to help people remain in their homes
 - Relevant examples highlighting experience and qualifications
 - CDC programs appear to be a good complement to the CP projects
- II. Subcontractors
 - National Network of Laboratory Consultants
 - i. Builds ability to do labs
- III. Organizational Chart
 - Outlines the structure for the CP program
- IV. Litigation
 - Included
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance - Bridgton

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	20

Evaluation Team Comments:

- I. Health Disparities*
 - Discussed previously in application and elaborated in this section based on the projects
- II. COVID-19*
 - Discuss the expansion of both prevention and control of COVID
- III. Community Paramedicine Initiation/Expansion*
 - Discuss expanding capacity through a 3 pronged approach
 - Plan will expand abilities of current program, support personnel, and increase testing capabilities
 - These should support overall access to care
 - Expanding capacity of services that can be delivered which improves the value of their model

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance - Bridgton

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	19

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	5
B	Sustainability of Model	5	2
C	Budget Narrative	5	2
D	Performance and Outcome Metrics	10	10

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Hard to assess due to lack of specificity within the narrative

B. Narrative

- Does not specify how the funds are being broken down
- 80,000 for staffing doesn't specify how many staff are funded, what level, and hourly wages.

C. Sustainability model

- No set date for transition to billable services
- Is there a more specific sustainability model?

II. Performance and outcome metrics

A. 5 SMART Metrics

- SMART goals identified

B. Reporting

- Address how they will report quarterly

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Service

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14
Section III. Health Disparities	20	16
Section IV. Qualifications and Experience	10	10
Section V. Proposed Project	20	20
Section VI: Budget and Performance and Outcome Metrics	30	19
<u>Total Points</u>	<u>100</u>	<u>79</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Service

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	4

Evaluation Team Comments:

- I. *HRSA Eligible*
 - Identify qualifying zip codes
 - Some areas are not HRSA eligible
- II. *Rurality's effect on overall community health*
 - States general information about rurality's effect on health. Does not appear specific to the communities being served.
 - Cited from Maine Health Needs Assessment
- III. *Rurality's effect on access to healthcare*
 - Conceptually discussed but unspecific to group
 - Discuss rural Maine, but not specifically communities addressed

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	16

Evaluation Team Comments:

- I. Population*
 - List populations impacted: elders, low income, and folks with behavioral health concerns
 - Specificity to populations served
- II. Evidence*
 - Contains a lot of evidence
 - Identify what is lacking
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - The services currently provided expand healthcare access in the 3 covered counties
 - Intend to enhance the STEP program
 - Expansions in diagnostic testing COVID and partnerships

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	10

Evaluation Team Comments:

- I. Projects
 - Outlines that applicant has undertaken 3 different projects to help people remain in their homes
 - Relevant examples highlighting experience and qualifications
 - CDC programs appear to be a good complement to the CP projects
- II. Subcontractors
 - National Network of Laboratory Consultants
 - i. Builds ability to do labs
- III. Organizational Chart
 - Outlines the structure for the CP program
- IV. Litigation
 - Included
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	20

Evaluation Team Comments:

- I. Health Disparities*
 - Discussed previously in application and elaborated in this section based on the projects
- II. COVID-19*
 - Discuss the expansion of both prevention and control of COVID
- III. Community Paramedicine Initiation/Expansion*
 - Discuss expanding capacity through a 3 pronged approach
 - Plan will expand abilities of current program, support personnel, and increase testing capabilities
 - These should support overall access to care
 - Expanding capacity of services that can be delivered which improves the value of their model

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: United Ambulance Service

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	19

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	5
B	Sustainability of Model	5	2
C	Budget Narrative	5	2
D	Performance and Outcome Metrics	10	10

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Hard to assess due to lack of specificity within the narrative

B. Narrative

- Does not specify how the funds are being broken down
- 80,000 for staffing doesn't specify how many staff are funded, what level, and hourly wages.

C. Sustainability model

- No set date for transition to billable services
- Is there a more specific sustainability model?

II. Performance and outcome metrics

A. 5 SMART Metrics

- SMART goals identified

B. Reporting

- Address how they will report quarterly

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: MaineHealth

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	12
Section III. Health Disparities	20	18
Section IV. Qualifications and Experience	10	9
Section V. Proposed Project	20	16
Section VI: Budget and Performance and Outcome Metrics	30	22
<u>Total Points</u>	<u>100</u>	<u>77</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: MaineHealth

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: MaineHealth

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	12

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none">- Rurality's effect on overall community health (5pts)- Rurality's effect on access to healthcare (5pts)	10	2

Evaluation Team Comments:

- I. HRSA Eligible*
 - 5 eligible zip codes identified
- II. Rurality's effect on overall community health*
 - Identify that it is a rural area, but don't identify community health needs
- III. Rurality's effect on access to healthcare*
 - Mention vague access issues

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: MaineHealth

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	18

Evaluation Team Comments:

- I. Population*
 - Discuss a variety of population concerns including: Aging, poverty, obesity, tobacco use
- II. Evidence*
 - Report poverty levels, obesity, and smoking rates
 - Utilize U.S. Census Data
 - Discuss lack of access to telehealth services for 17% of Franklin County
 - 2024 County Health Ratings and Roadmaps – Appreciated use of the source
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - The plan increases access and connection to care through community partnerships
 - i. Appreciate longer-term connections to care
 - Discuss equitable distribution of services that address health disparities
 - Discusses services confined to MaineHealth – Does this mean patients can't choose to work with someone outside of the system?

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: MaineHealth

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	9

Evaluation Team Comments:

- I. Projects
 - Seem to be specific to Cumberland County. Is there experience in Franklin county?
 - Have a variety of settings and projects
- II. Subcontractors
 - None
- III. Organizational Chart
 - Clear to read appears to have robust CP staffing
- IV. Litigation
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: MaineHealth

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	16

Evaluation Team Comments:

- I. Health Disparities*
 - Meet at-risk communities where they are at
 - Current efforts show they have reduced harm from medication errors and hospital visits
- II. COVID-19*
 - COVID prevention and education is discussed but not specific
 - Discuss physician-referred vaccines
- III. Community Paramedicine Initiation/Expansion*
 - Talk about increasing services with additional preventive education
 - Discuss a day for referrals which would be a large expansion as they don't currently have Franklin area served
 - Not a lot of detail

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: MaineHealth

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	22

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	7
B	Sustainability of Model	5	5
C	Budget Narrative	5	4
D	Performance and Outcome Metrics	10	6

Evaluation Team Comments:

I. Budget

- A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
- 19% appears to be a high rate
 - Other costs appear to conform to the principles
- B. Narrative*
- Detailed and identified a breakdown of funds
 - The indirect costs don't appear to be at 19% as identified in the narrative. Appear to be a little over 9%
- C. The Sustainability model*
- Well fleshed out
 - Appreciate they discuss transition planning and what they will do if there isn't a continuous funding opportunity

II. Performance and outcome metrics

A. 5 SMART Metrics

- Does not list SMART goals
- Include some important metrics to track data, but not SMART format

B. Reporting

- *Says it will be reviewed by manager or regional coordinator versus the department*

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Topsham

DATE: 2/20/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14
Section III. Health Disparities	20	13
Section IV. Qualifications and Experience	10	6
Section V. Proposed Project	20	16
Section VI: Budget and Performance and Outcome Metrics	30	19
<u>Total Points</u>	<u>100</u>	<u>68</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Topsham

DATE: 2/20/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Topsham

DATE: 2/20/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	14

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none">- Rurality's effect on overall community health (5pts)- Rurality's effect on access to healthcare (5pts)	10	4

Evaluation Team Comments:

- I. HRSA Eligible*
 - 3 zip codes that are eligible
- II. Rurality's effect on overall community health*
 - Does not state specific information about health of community
- III. Rurality's effect on access to healthcare*
 - Address emergency transport and emergency services capacity
 - Discuss that calls can take up to 2 hours
 - Does not appear to have CP specific information
 - Speaks to lack of providers and longer transport time

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Topsham

DATE: 2/20/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	13

Evaluation Team Comments:

- I. Population*
 - Discussed the aging population and a higher poverty rate
 - Discuss the uninsured population. This is a disparity but is not compared to others
- II. Evidence*
 - Census evidence included
 - Additional data on chronic conditions would have supported the argument for how CP can support their community and populations.
 - Cite the census, but there is no comparison group. Having a comparison group would have better supported the argument. Is this number different than larger areas?
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Spoke to how the utilization of CP will free up emergency services for the rest of the community.
 - Target individuals less likely to ask for help. This could eliminate barriers to care.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Topsham

DATE: 2/20/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	6

Evaluation Team Comments:

- I. Projects
 - These were examples of projects that would happen if they received funding
 - Cite that they provide CPR and other education that may not be CP-specific services
 - Some aspects appear to be more public health-focused
 - Program is supported by the town select board and community
 - Work with nursing facilities which shows good collaboration
- II. Subcontractors
 - None
- III. Organizational Chart
 - Clear organizational chart
 - Number of firefighters etc. is not included
 - The inclusion of a chaplain near CP is interesting
- IV. Litigation
 - None
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Topsham

DATE: 2/20/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	16

Evaluation Team Comments:

- I. Health Disparities*
 - Speak to decreasing hospital burden/ overcrowding
 - Speak to the needs of an aging population
- II. COVID-19*
 - Discuss providing immunizations
 - Discuss seeking out high-risk patients and providing immunizations in home. This helps address health disparities.
- III. Community Paramedicine Initiation/Expansion*
 - Discuss how they will increase hours of service and procure equipment to expand program.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Topsham

DATE: 2/20/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	19

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	9
B	Sustainability of Model	5	3
C	Budget Narrative	5	3
D	Performance and Outcome Metrics	10	4

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Appears to conform, some additional information would fully support

B. Narrative

- Personnel costs are not included
- What is the associated equipment with a LifePak?

C. Sustainability model

- Equipment doesn't necessarily need a sustainability model, but it doesn't discuss upkeep of equipment

II. Performance and outcome metrics

A. 5 SMART Metrics

- No SMART Metrics included
- Discuss some metrics and collection modality, but doesn't specify

B. Reporting

- Tangentially mentioned reports will be provided.
- It is not clear who will receive the reports

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of St.George

DATE: 2/20/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	16
Section III. Health Disparities	20	15
Section IV. Qualifications and Experience	10	8
Section V. Proposed Project	20	13
Section VI: Budget and Performance and Outcome Metrics	30	20
<u>Total Points</u>	<u>100</u>	<u>72</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of St. George

DATE: 2/20/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of St. George

DATE: 2/20/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	16

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	6

Evaluation Team Comments:

- I. *HRSA Eligible*
 - 7 eligible zip codes identified
- II. *Rurality's effect on overall community health*
 - Cite Medicaid research, but don't tie it to specific population and impact to community health
- III. *Rurality's effect on access to healthcare*
 - Application cites travel time of 30 minutes by car, which appears an typical travel time
 - Provide anecdotal observations that would be strengthened by additional citations
 - Tie aging and disability to transportation and access to care
 - Ferry distance does appear to create difficulty in access, but could have been better tied to healthcare concerns

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of St. George

DATE: 2/20/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	15

Evaluation Team Comments:

- I. Population*
 - Show they have an aging population
- II. Evidence*
 - Census data and NIH data is included
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Discuss the CP services they would provide
 - Discuss partnerships for the CP program
 - Interesting that they are working to collaborate with the school to set up telehealth days
 - Spoke to ER diversion and connection to other services

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of St.George

DATE: 2/20/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	8

Evaluation Team Comments:

- I. Projects
 - Applicant has been doing CP since 2012
 - COVID vaccine clinics are mentioned
 - Discuss community education initiatives
 - Projects highlighted qualifications and experience
- II. Subcontractors
 - None
- III. Organizational Chart
 - Organizational chart not included but outlined staffing structure and job description
- IV. Litigation
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of St. George

DATE: 2/20/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	13

Evaluation Team Comments:

- I. Health Disparities*
 - Didn't appear to be addressed
- II. COVID-19*
 - Speak to the ability to monitor emerging infections.
 - Does not speak to responses such as testing and immunizations
- III. Community Paramedicine Initiation/Expansion*
 - Increasing hours and staffing to support the program
 - Applicant will establish a dedicated CP position for increased availability
 - Clinician education
 - CP Clinician will have dedicated time for visits and the creation of educational content

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of St.George

DATE: 2/20/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	20

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	10
B	Sustainability of Model	5	0
C	Budget Narrative	5	5
D	Performance and Outcome Metrics	10	5

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Budget conforms to cost principles

B. Narrative

- Very detailed

C. Sustainability model

- Does not appear to include a plan for sustaining program following grant funds

II. Performance and outcome metrics

A. 5 SMART Metrics

- States metrics that are tracked, but no SMART goals
- Tracking information appears to be CP-specific which is positive
- Appear to be specific and measured

B. Reporting

- No reference to reporting included

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Westbrook Fire Department

DATE: 2/20/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	1
Section III. Health Disparities	20	9
Section IV. Qualifications and Experience	10	4
Section V. Proposed Project	20	14
Section VI: Budget and Performance and Outcome Metrics	30	18
<u>Total Points</u>	<u>100</u>	<u>46</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Westbrook Fire Department

DATE: 2/20/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Westbrook Fire Department

DATE: 2/20/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	1

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	0
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	1

Evaluation Team Comments:

- I. *HRSA Eligible*
 - No covered zip codes included
- II. *Rurality's effect on overall community health*
 - Don't identify rurality
 - No community health challenges specific to rurality
- III. *Rurality's effect on access to healthcare*
 - Healthcare practitioners are decreasing in the area creating access issues however this is not tied to rurality
 - Sites limited access to healthcare – evaluation team would like data to support this

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Westbrook Fire Department

DATE: 2/20/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	9

Evaluation Team Comments:

- I. Population*
 - Residents of unlicensed group homes
 - Immigrant community
 - Homelessness
 - SUD and mental health
- II. Evidence*
 - Majority appears to be anecdotal
 - Context does not appear to be tied back to rurality
 - Evidence for population does not appear to be shown
 - Some evidence included
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Appreciate the discussion of connection to resources
 - Increase access for elders by providing paramedic-level care

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Westbrook Fire Department

DATE: 2/20/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	4

Evaluation Team Comments:

- I. Projects
 - Did not present projects that exemplified CP-specific work
- II. Subcontractors
 - Medical Director – TBD
 - i. Additional details on how to find said person are not included
- III. Organizational Chart
 - Does not appear to include CP within the org chart
 - Includes job description
- IV. Litigation
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Westbrook Fire Department

DATE: 2/20/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	14

Evaluation Team Comments:

- I. Health Disparities*
 - Brief discussion about educating underserved populations
 - The initiation of services does not appear directly tied to addressing health disparities
 - Discuss improving access to care in underserved populations
- II. COVID-19*
 - Does not appear to be mentioned
- III. Community Paramedicine Initiation/Expansion*
 - Funding will be utilized for medical direction for the CP program
 - Applicant will get permission from the board/city council
 - Appears to be a well-written grant for a grant with a different focus. The case does not appear strong for tie in with COVID and health disparities
 - Comprehensive and detailed plan to ramp up delivery of CP services

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Westbrook Fire Department

DATE: 2/20/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	18

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	8
B	Sustainability of Model	5	1
C	Budget Narrative	5	4
D	Performance and Outcome Metrics	10	5

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- The numbers appear reasonable, but a breakdown of costs with better narrative would support determining if it conforms to the cost principles

B. Narrative

- Narrative supports cost, but does not appear to meaningfully describe work

C. Sustainability model

- Did not discuss sustainability
- Discusses initiation of services
- Discuss intent to bargain with union, but does not identify a source of sustainable funding

II. Performance and outcome metrics

A. 5 SMART Metrics

- States metrics that are tracked, not SMART format
- 4 specific metrics included, not 5

B. Reporting

- Don't discuss reporting at all

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: 2/19/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	4
Section III. Health Disparities	20	15
Section IV. Qualifications and Experience	10	8
Section V. Proposed Project	20	13
Section VI: Budget and Performance and Outcome Metrics	30	24
<u>Total Points</u>	<u>100</u>	<u>64</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: 2/19/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

Appreciate the explanation for inability to utilize funds

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	4

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	0
B	Does the discussion include: <ul style="list-style-type: none"> - Rurality's effect on overall community health (5pts) - Rurality's effect on access to healthcare (5pts) 	10	4

Evaluation Team Comments:

- I. *HRSA Eligible*
 - No eligible zip codes identified
 - 23% of patients served report they are from rural areas – argument that while they may not themselves be rural those served are displaced from rural areas
- II. *Rurality's effect on overall community health*
 - Lack of housing support services in rural areas leads to displacement in Portland
 - Homelessness results in poor health and poor health results in homelessness
 - Appreciate the way the argument is framed
 - Unclear how once the patients are in Portland the disparities affect them
 - Rural migration in the state due to lack of resources in the patient's area
- III. *Rurality's effect on access to healthcare*
 - Don't specifically mention access to healthcare as it doesn't appear to have an immediate bearing on their experience in Portland

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	15

Evaluation Team Comments:

- I. Population*
 - Social determinants identified for people experiencing homelessness
 - Homelessness leads to poor health
- II. Evidence*
 - Solid evidence to support the discussion around health
 - Evidence from NIH and Maine Shared Health Needs Report
 - Saw a drop in emergency calls to the shelter
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Discussed the aim to meet the need to support the patients
 - MMO team continue collaboration with both Maine MOM and Greater Portland Health

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	8

Evaluation Team Comments:

- I. Projects
 - Projects discussed have relevant experience to the application
- II. Subcontractors
 - None
- III. Organizational Chart
 - Did not identify where CP professionals fall
 - Focused on leadership
- IV. Litigation
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	13

Evaluation Team Comments:

- I. Health Disparities*
 - Did not discuss how the expansion will address the disparities
 - Increased access would decrease disparities
 - Connection to collaborative partners will support decreasing disparities
- II. COVID-19*
 - COVID does not appear present in the application
- III. Community Paramedicine Initiation/Expansion*
 - Discussed the goal of sending 20 employees to CP-T training
 - Increased number of clinicians will increase access to the service

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Portland Fire Department

DATE: 2/19/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	24

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	8
B	Sustainability of Model	5	3
C	Budget Narrative	5	3
D	Performance and Outcome Metrics	10	10

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- \$45 an hour appears to be high for the BLS standards
- Addresses training needs, doesn't appear to support needs of a rural community
- Other line items appear to conform, but would need additional information

B. Narrative

- Narrative supports budget, but doesn't break down full usage of funding

C. Sustainability model

- State they would charge insurance companies for continued financial support of the program
- Is funding available for personnel long-term?

II. Performance and outcome metrics

A. 5 SMART Metrics

- 5 SMART goals included that align with project scope

B. Reporting

- Discuss reporting quarterly to the department

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Stockton Springs Ambulance

DATE: 2/20/2025

SUMMARY PAGE

Department Name: Department of Public Safety

Name of RFA Coordinator: Soliana Goldrich

Names of Evaluators: Anna Massefski, Heather Pelletier, Taylor Parmenter

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information Eligibility)		
• Is the agency a Maine EMS Licensed agency?	Pass	
• Do you have a community paramedicine designation or are you working towards one?	Pass	
• Services that applied for RFA#202301013 and RFA#202306130 are eligible for this RFA. If your agency spent less than 75% of previous funds awarded why were you unable to spend the funds and how you would ensure funds will be spent this round?	Pass	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	10
Section III. Health Disparities	20	12
Section IV. Qualifications and Experience	10	5
Section V. Proposed Project	20	15
Section VI: Budget and Performance and Outcome Metrics	30	22
<u>Total Points</u>	<u>100</u>	<u>64</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Stockton Springs Ambulance

DATE: 2/20/2025

**OVERVIEW OF SECTION I
Preliminary Information**

Section I. Preliminary Information

Evaluation Team Comments:

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Stockton Springs Ambulance

DATE: 2/20/2025

**EVALUATION OF SECTION II
Community Rurality**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Community Rurality	20	10

Component	Grading Criteria for Community Rurality	Points eligible	Points Awarded
A	If there is a HRSA eligible zip code that is served, the agency will receive 10 points. If there is not a HRSA eligible zip code served the agency will receive 0 points.	10	10
B	Does the discussion include: <ul style="list-style-type: none">- Rurality's effect on overall community health (5pts)- Rurality's effect on access to healthcare (5pts)	10	0

Evaluation Team Comments:

- I. HRSA Eligible*
 - 2 eligible zip codes identified
 - 2 others mentioned outside of primary service area
- II. Rurality's effect on overall community health*
 - Not addressed in this section
- III. Rurality's effect on access to healthcare*
 - Not addressed in this section

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Stockton Springs Ambulance

DATE: 2/20/2025

**EVALUATION OF SECTION III
Health Disparities**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Health Disparities	20	12

Evaluation Team Comments:

- I. Population*
 - Identify aging population and complications
 - Rurality was tied into the discussion
- II. Evidence*
 - Supported aging population with evidence
 - Cite census data that the median age for population is 52
 - State age and transportation are linked, but don't provide evidence for this assertion
 - Data comes from NIH, Census, and Federal Interagency Forum on Aging Related Statistics
- III. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - Plan for episodic care
 - Identify transportation barriers – would like additional information on specifics

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Stockton Springs Ambulance

DATE: 2/20/2025

**EVALUATION OF SECTION IV
Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Qualifications and Experience	10	5

Evaluation Team Comments:

- I. Projects
 - It speaks to the experience in other areas of the state
 - Would like more information specific to this area
 - Discusses strong experience and background for an individual. Does this apply across the agency?
 - Identify other relevant initiatives
- II. Subcontractors
 - None
- III. Organizational Chart
 - No organizational chart
 - Includes job description and proposed model
- IV. Litigation
- V. Certificate of Insurance

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Stockton Springs Ambulance

DATE: 2/20/2025

**EVALUATION OF SECTION V
Proposed Project**

	<u>Points Available</u>	<u>Points Awarded</u>
Section V. Proposed Project	20	15

Evaluation Team Comments:

- I. Health Disparities*
 - Discuss 30 minutes by car as a barrier – this appears to be a norm
 - Evaluation team has questions about how health disparities impact the community
- II. COVID-19*
 - Discuss how they will support town government with future emerging infections
 - Health screenings and immunizations are discussed
- III. Community Paramedicine Initiation/Expansion*
 - Clearly outline a plan for the initiation of CP in the agency
 - Clear utilization of grant for this purpose

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA#: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER: Town of Stockton Springs Ambulance

DATE: 2/20/2025

**EVALUATION OF SECTION VI
Budget and Performance and Outcome Metrics**

	<u>Points Available</u>	<u>Points Awarded</u>
Section VI. Budget and Performance and Outcome Metrics	30	22

Component	Grading Criteria	Points Eligible	Points Awarded
A	Budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated	10	10
B	Sustainability of Model	5	4
C	Budget Narrative	5	3
D	Performance and Outcome Metrics	10	5

Evaluation Team Comments:

I. Budget

A. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Appear to conform
- Proposal a reasonable hourly rate

B. Narrative

- Listed expenses and explanation seem appropriate
- The narrative could have been more explicit/ detailed in the breakdown of funds

C. Sustainability model

- List an expectation of future reimbursement through insurance as well as municipal funding

II. Performance and outcome metrics

A. 5 SMART Metrics

- No SMART metrics
- Include 4 metrics that are tracked

B. Reporting

- Did not discuss reporting to the department
- Mentions collecting patient satisfaction data

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Memorial Ambulance Corps

DATE: 2/14/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- I – 5 zip codes eligible (island community).

2. Rurality's effect on overall community health

- P – socioeconomic factors that impact community health include limited employment opportunities; reliance on a high-risk industry (fishing), which leads to injury and chronic pain; opioid dependency; high cost of housing exacerbated by the COVID-19 pandemic.

3. Rurality's effect on access to healthcare

- P – one medical clinic on the island; no specialists; limited access to mental health care.
- P – closest medical centers are 1+ hour away, and access is limited by a person's ability to get off the island. Those that can't go without care.

II. Health Disparities

1. Population

- I – population includes low-income fishermen, elders, individuals with physical and/or mental disabilities.

2. Evidence

- I – recently, the Island Nursing Home closed, leading to residents being shipped off the island.

3. How does the plan improve and/or increase healthcare resources for underserved populations?

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Memorial Ambulance Corps

DATE: 2/14/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *I – importance of CP services in helping keep individuals in their homes so they don't end up housed at mainland facilities far away from their families.*

III. Organization Qualifications and Experience

1. Overview of Organization

- *P – deeply embedded in the community, performing services outside just the traditional healthcare realm. Bringing together multiple stakeholders to solve problems for residents.*
- *P – knowledge of local resources and needs.*

2. Subcontractors

- *None listed*

3. Organizational Chart

- *I – current CP clinicians are noted to be from the community, with a sustainable number of new and old members of the service performing home visits.*

4. Etc.

- *No pending litigation noted.*

IV. Proposed Project

1. Health Disparities

- *P – population has limited access to primary care services due to lack of transportation, computer skills, equipment, and wifi access. CP services create a bridge to the PCP that otherwise would not exist, and allow for more complete care.*

2. COVID-19

- *P – CP clinicians have facilitated COVID-19 vaccination by arranging transportation or arrangements for patients to be vaccinated in their homes.*
- *P – CP clinicians have provided education on COVID-19 and vaccination.*
- *P – CP clinicians perform COVID tests for patients.*

3. Community Paramedicine Initiation/Expansion

- *P – additional funding is requested for expanding these services to more patients.*

V. Budget

- 1. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?**

- *P - Yes*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Memorial Ambulance Corps

DATE: 2/14/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

2. *Narrative*

- *I – funding is requested for personnel salaries (\$120,000) and transportation costs (\$5000).*
- *I – stated desire to pay CP clinicians the average wage of an EMT in Maine (\$20/hour).*

3. *Sustainability model*

- *P – plans for additional grant applications, as well as supplemental income from donations.*
- *P – plans for*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *Q – the application includes 7 measures, but does not report what these measures currently are, nor the goals that the agency wants to reach with each one.*

2. *Reporting*

- *I – intend to provide HIPAA-compliant “success stories” to promote the program.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *I – 16 zip codes eligible*

2. Rurality's effect on overall community health

- *P – 1/5 adults had experienced depression, and 19.7% had experienced anxiety during their lifetimes.*
- *P – overdose deaths almost doubled from 2019 to 2020, and the number of drug deaths involving infants was almost twice as high as the state average.*
- *P – Reliance on EMS to access care on emergency basis.*

3. Rurality's effect on access to healthcare

- *P – Maine Community Health Needs Assessment (MCHNA) found 42.2% of PCP visits in Oxford County are more than 30 miles from the patient's home.*
- *P – MCHNA found that 11.6% of adults reported inability to see a doctor due to cost in the last year.*
- *P – lack of access to specialty and mental health care providers.*

II. Health Disparities

1. Population

- *P – average income in the county (\$49,204) is lower than the state average (\$57,918).*
- *P – “Lower income and educational attainment and higher rates of those living with poverty or with a disability” - MCHNA*
- *P – “Much of the population is at or near retirement age” - MCHNA*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

2. *Evidence*

- *P – CP program brings services to patients who otherwise would not be able to receive care. Eliminating the need for transportation increases access to care.*
- *P – Fills gap for patients ineligible for, or about to lose access to, home health services.*
- *P –*

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *P – Partnering with home health agencies (Andwell) to fill gaps.*
- *P – Brings medical screening capabilities, education, laboratory, and EKG services directly to the patients, allowing better surveillance/monitoring of chronic conditions, decreasing EMS/ED utilization, and improving continuity of care.*
- *Q – The application did not mention future plans to improve or increase healthcare resources with this grant funding.*
- *Q – The application did not mention anything specific to COVID-19.*

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *I – Program so far has conducted blood draws, medication reconciliation, and home safety evaluations for patients.*
- *I – Med-Care has previously held COVID-19 vaccine clinics for teachers, first responders, and community members.*
- *Q – Project 3 mentions a recent expansion of the CP program, but then also speaks about future improvements. It is unclear whether this project is talking about past work done, or contains the agency's plans for the future of the program using these grant funds. has involved hiring a second CP clinician to increase coverage and availability of services.*

2. *Subcontractors*

- *None listed*

3. *Organizational Chart*

- *I – the Organizational Chart includes 2 CP clinicians currently practicing in the community, as well as the program's Medical Director, an FNP working in a primary care office in the community.*

4. *Etc.*

- *I – No litigation noted.*

IV. *Proposed Project*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

1. Health Disparities

- *P – additional services to be provided include a fall prevention program.*
- *education, technology, and supplies/materials.*
- *Q – The application states they intend to use funds to “install additional upgraded emergency lighting to ensure better visibility.” Unclear why a CP vehicle would need emergency lighting (assuming they mean a traditional ambulance rack), and whether this is an allowable use of this funding.*
- *Q – “We will also purchase an additional iPad and a laptop and/or desktop computer(s) to provide a dedicated workspace for the CP provider when they are working within our facility and for additional projects for the community” – are these “additional projects” permitted in this grant?*

2. COVID-19

- *N – The proposed project makes no mention of COVID-19.*

3. Community Paramedicine Initiation/Expansion

- *I – The proposed project allows an existing full-time paramedic to transition to a hybrid CP schedule, increasing the availability and coverage of CP services in the community.*
- *I – additional uses of the funding include program coordination,*

V. Budget

1. Do budgeted costs conform to the federal government’s four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- *Q – the “Transportation” category again mentions emergency lighting. See above.*

2. Narrative

- *I – the “Other” category mentions buying a new LifePak 35 monitor for \$40,000. LifePak 35 is the newest, and most expensive model currently available.*

3. Sustainability model

- *P – plan is for future money to come through reimbursement for services.*

VI. Performance and outcome metrics

1. 5 SMART Metrics

- *P – these metrics indicate positive changes already made, and plans to improve on each one.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

2. Reporting

- *I – Reporting will be done through MEFIRS documentation.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northeast Mobile Health Services

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- I – 1 zip code eligible in the Moose River Valley.
- I – 4 zip codes eligible in the Midcoast region.

2. Rurality's effect on overall community health

- N – The application does not discuss rurality's effect on overall community health.

3. Rurality's effect on access to healthcare

- I – Jackman's closest population centers with retail pharmacies and hospital services are 72 and 48 miles away.
- I – the Town of Jackman has a single Federally Qualified Health Center, with limited hours; the clinic has struggled for 20 years to get a new physician to stay there for more than 1.5 years.
- I – there is no home health or hospice agencies in the Jackman area.
- N – in the Midcoast area, most residents are greater than 15 minutes from the closest hospital.

II. Health Disparities

1. Population

- I – 21% of Jackman's population is over the age of 65.
- I – Jackman residents report high rates of poverty.
- I – residents of Somerset County have a shorter life expectancy than Maine's average by 2.5 years.

2. Evidence

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northeast Mobile Health Services

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *I – data comes from Maine CDC 2021 Health Profile Data for Somerset County, and the 2022 Maine Shared Community Health Needs Assessment for Somerset County.*
- 3. *How does the plan improve and/or increase healthcare resources for underserved populations?*
 - *I – the plan increases healthcare resources by increasing the number of CP clinicians in the area.*
- III. **Organization Qualifications and Experience**
 - 1. **Overview of Organization**
 - *I – the application states that NEMHS has provided CP services to Jackman since 2022, but does not elaborate on the specific services provided.*
 - *I – the application states that NEMHS has provided 911 EMS coverage for Jackman since 2021, which included ALS and CP services during the COVID-19 pandemic.*
 - 2. **Subcontractors**
 - *None listed.*
 - 3. **Organizational Chart**
 - 4. **Etc.**
 - *No litigation noted.*
 - *Q – The application does not mention past and current investigations of the Jackman Pilot Program. Does the failure to disclose these impact their eligibility for this funding? Do the conclusions of the investigations impact their eligibility for this funding?*
- IV. **Proposed Project**
 - 1. **Health Disparities**
 - *I – the program intends to alleviate the burden of rurality on residents by “building a skilled workforce capable of meeting the needs of communities”*
 - *I – the proposal states that CP clinicians will work in a variety of ways to fill gaps in the availability of healthcare services in the area.*
 - *Q – the proposal states on page 21 that CP providers will: “Provide, within the MEMS approved community paramedicine scope of practice, hospice services as ordered by a physician, PA, or NP” – is this appropriate or possible?*
 - *I – the proposal includes discussion of community education and distribution of resource documents to residents.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northeast Mobile Health Services

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

2. COVID-19

- I – the application states that CP clinicians will conduct COVID testing as appropriate.

3. Community Paramedicine Initiation/Expansion

- I – the proposed plan includes expansion of the program by training/employing additional CP clinicians to serve in these areas.

V. Budget

1. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- Q – in the Personnel category, the budget lists \$2370 for “60 hours of work time on AARP Project @ \$45.50/hr wage/fringe/benefits” – it is unclear what this expense is and if it is related to CP, or a different initiative.
- Q – in the Non-instructional materials and supplies category, the budget lists \$1000 for “AARP project materials, copying, and distribution.” – it is unclear if this is related to CP, or a different project.
- Q – in the Other category, the budget lists \$8,255 for “9% Allocated Overhead and incidentals.” – it is unclear what this expense is and if it is an appropriate use of this grant funding.

2. Narrative

- See above.

3. Sustainability model

- N – The application does not mention efforts for sustainability once the grant funding runs out.

VI. Performance and outcome metrics

1. 5 SMART Metrics

- I – the application states metrics that are tracked, but does not state any SMART goals for their program.

2. Reporting

- I – The application does not mention reporting.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Sanford Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *I – 2 zip codes eligible.*

2. Rurality's effect on overall community health

- *I – The community has 3 new urgent care centers, but only 1 office building containing general practitioners and specialists.*
- *I – Next-closest services are in Biddeford, 30-60 minutes away (accessible through public transportation).*

3. Rurality's effect on access to healthcare

- *P – "These factors plus Sanford's location make it challenging for people to get appointments, afford treatment, have transportation to appointments, and therefore treatment is often not occurring leading to negative health outcomes."*

II. Health Disparities

1. Population

- *P – Over 18% of Sanford's population is over age 65.*
- *I – The areas surrounding Sanford have decreased access to healthcare.*

2. Evidence

- *P – Sanford's poverty rate (11.1%) is higher than York County (8%), and the State of Maine average (10.9%).*
- *P – Sanford has the highest rate of people under 65 living with a disability in Maine (17.9%).*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Sanford Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- Q – No plan is mentioned.
- III. Organization Qualifications and Experience
1. Overview of Organization
 - P – Sanford Fire is already well-established in the community, providing CP services.
 - I – Funding is needed to support salary for an internally-promoted CP clinician.
 - P – Funding will go toward salary, education, and training; supplies and equipment have already been purchased.
 - Q – Only 1 project mentioned?
 2. Subcontractors
 - None listed.
 3. Organizational Chart
 - I – The CP clinician reports to the Assistant Fire Chief of Operations, outside the regular command structure.
 4. Etc.
 - Q – The application contains a letter from Wipfli LLP, which seems to say the City has not paid \$32,550 to them. Unclear if there is other legal action pending on this matter.
- IV. Proposed Project
1. Health Disparities
 - I – the application lists protocols for diabetes care, medication reconciliation, wound care, and other CP activities, and states that providing these services will help ensure that residents have better access.
 2. COVID-19
 - I – Sanford Fire Department participated in the COVID vaccination clinics run by York County, and the application states their CP program will support the mission of vaccination in underserved populations.
 3. Community Paramedicine Initiation/Expansion
 - I – the plan is to use this funding to initiate CP services.
- V. Budget
1. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?
 - Q – The "Amount Requested" column lists \$125,000 total, but the "Explanation of expense" column lists additional expenses totaling

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Sanford Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

\$149,215. It is unclear how the applicant is planning to get the additional funds.

2. *Narrative*

- *P – the explanation of funds is detailed and appropriate, but the question above remains.*

3. *Sustainability model*

- *N – the application does not indicate how future funding will be secured once the grant period is over.*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *P – the program has clear goals – reduce hospital readmissions, improve access to care, increase patient satisfaction, and save money long-term.*
- *P – the applicant has demonstrated good rationale for why these metrics are important.*
- *Q – the applicant did not specify how these metrics will be collected, how often they will be generated, or the time frame during which they will be gathered.*

2. *Reporting*

- *P – the application states the data above will be shared with the CP Committee to improve the statewide CP programming.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Waterville Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *I – 1 zip code is eligible.*

2. Rurality's effect on overall community health

- *P – Waterville has a large aging population with inadequate healthcare providers to meet their needs.*
- *P – In-home health services are also insufficient to manage chronic conditions in the area.*
- *P – Payer mix (primarily MaineCare and Medicare) leaves gaps as patients are dropped from services for insurance, cost, or reimbursement reasons.*

3. Rurality's effect on access to healthcare

- *P – It can take up to a month for a patient to see their own doctor after a medical event, due to lack of availability. Waterville Fire has already been filling these gaps with CP services.*

II. Health Disparities

1. Population

- *P – Waterville has a high poverty rate (11.2%), compared to the average poverty rate in Maine (10.4%).*
- *P – Transportation is a barrier to low-income residents being able to access healthcare. Residents also have to prioritize immediate needs (rent, utilities, food, etc.) over healthcare.*
- *P – High rates of chronic conditions and undiagnosed/poorly-managed disabilities.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Waterville Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *P – poorer population health increases risk and adverse outcomes in viral diseases like COVID-19.*

2. *Evidence*

- *P – Waterville's CP program currently sees 95% MaineCare or Medicare patients, and the remaining 5% are uninsured. The uninsured population served by this program have no follow-up care after a medical event besides the CP clinician.*

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *P – Increasing access to CP services will help fill the healthcare gaps for more residents.*

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *P – Fall risk assessments are the most-prescribed CP task, and help keep patients safer in their homes.*
- *P – General medical assessments allow referring providers to continue to monitor their patients' conditions.*
- *P – Medication reconciliation helps prevent errors when patients are taking medications for chronic conditions.*

2. *Subcontractors*

- *None listed.*

3. *Organizational Chart*

4. *Etc.*

- *No litigation noted.*

IV. *Proposed Project*

1. *Health Disparities*

- *P – increasing the number of hours CP clinicians are covering the area from 24 currently to 40 with this funding will increase the number of overall patients Waterville Fire's clinicians can support.*
- *P – Obstetrical services in Waterville are no longer available, and soon pregnant women will be an underserved population, another area where the CP program may have benefit.*

2. *COVID-19*

- *P – Waterville Fire has already participated in COVID-19 mitigation with an in-home vaccination program. They also give vaccines at homeless shelters.*
- *I – CP clinicians have provided episodic COVID follow-up after a patient is diagnosed.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Waterville Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

3. *Community Paramedicine Initiation/Expansion*

- *P – The applicant intends to use this funding to increase the number of hours that their program can operate. They anticipate this will increase access for patients as well as opportunity to participate in initiatives.*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *P – Yes*

2. *Narrative*

- *P – the expense explanations listed are reasonable.*

3. *Sustainability model*

- *I – the applicant expects that they will be able to establish themselves in the community to the point that they will become community-supported in the future.*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *Q – the metrics stated in the application are demographic information, and are not actionable. It is unclear what health outcomes or other aspects the applicant aims to change with this proposal.*

2. *Reporting*

- *I – Data will be used to justify future costs.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance - Bridgton

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

NOTE: This application seems to be identical to the other application submitted by United. The only difference noted was the applicable zip codes. Evaluator notes are therefore identical.

I. Community Rurality

1. HRSA Eligible

- I – 16 zip codes eligible.*

2. Rurality's effect on overall community health

- Q – the applicant states general information about the impact of rurality on community health, but does not provide any specific information on the communities they serve.*

3. Rurality's effect on access to healthcare

- Q – the applicant states general information about the impact of rurality on access to healthcare, but does not provide any specific information on the communities they serve.*

II. Health Disparities

1. Population

- P – impacted populations include elders, low-income populations, and individuals with behavioral health concerns.*

2. Evidence

- P – considerable evidence is provided to indicate health disparities in the communities covered by this application.*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- P – the services currently provided expand healthcare access and reduce disparities in the three covered counties.*

III. Organization Qualifications and Experience

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance - Bridgton

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

1. *Overview of Organization*

- *P – previous projects undertaken have been successful at helping patients remain in their homes, manage asthma, and other chronic conditions.*

2. *Subcontractors*

- *I – National Network of Laboratory Consultants is subcontracted to provide mobile laboratory services.*

3. *Organizational Chart*

- *I – the applicant has already put together comprehensive job descriptions for CP clinicians.*

4. *Etc.*

- *N – the applicant reports 3 cases settled within the last 5 years, and 1 that is currently still ongoing. No details of the ongoing case were provided.*

IV. *Proposed Project*

1. *Health Disparities*

- *I – the proposed plan will increase testing availability and access, supporting the health of underserved populations.*
- *I – EPOC device will be incorporated into CP vehicles for faster blood sample analyses.*

2. *COVID-19*

- *P – increased access to testing will prevent infection spread.*

3. *Community Paramedicine Initiation/Expansion*

- *P – the proposed initiatives expand access to CP in these communities.*
- *P – the proposal includes a workforce initiative to strengthen the CP workforce and promote sustainability.*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *I – In general, the expenses stated are allowed. However, they are not broken down. For example, the proposed budget includes \$25,000 for "Supplies for Community Paramedicine Visits" with no additional details stated.*

2. *Narrative*

- *N – More details on expense explanations to better understand the applicant's intended use of funds.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance - Bridgton

DATE: 2/18/2025

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

3. *Sustainability model*

- *P – the applicant states sustainability will come through workforce pipelines as well as additional grant funding opportunities.*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *P – the goals listed meet all SMART characteristics.*

2. *Reporting*

- *P – the applicant states a solid plan for tracking data monthly, and reporting to Maine EMS.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

NOTE: This application seems to be identical to the other application submitted by United. The only difference noted was the applicable zip codes. Evaluator notes are therefore identical.

- I. Community Rurality*
 - 1. HRSA Eligible*
 - I – 20 zip codes eligible*
 - 2. Rurality's effect on overall community health*
 - Q – the applicant states general information about the impact of rurality on community health, but does not provide any specific information on the communities they serve.*
 - 3. Rurality's effect on access to healthcare*
 - Q – the applicant states general information about the impact of rurality on access to healthcare, but does not provide any specific information on the communities they serve.*
- II. Health Disparities*
 - 1. Population*
 - P – impacted populations include elders, low-income populations, and individuals with behavioral health concerns.*
 - 2. Evidence*
 - P – considerable evidence is provided to indicate health disparities in the communities covered by this application.*
 - 3. How does the plan improve and/or increase healthcare resources for underserved populations?*
 - P – the services currently provided expand healthcare access and reduce disparities in the three covered counties.*
- III. Organization Qualifications and Experience*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

1. *Overview of Organization*

- *P – previous projects undertaken have been successful at helping patients remain in their homes, manage asthma, and other chronic conditions.*

2. *Subcontractors*

- *I – National Network of Laboratory Consultants is subcontracted to provide mobile laboratory services.*

3. *Organizational Chart*

- *I – the applicant has already put together comprehensive job descriptions for CP clinicians.*

4. *Etc.*

- *N – the applicant reports 3 cases settled within the last 5 years, and 1 that is currently still ongoing. No details of the ongoing case were provided.*

IV. *Proposed Project*

1. *Health Disparities*

- *I – the proposed plan will increase testing availability and access, supporting the health of underserved populations.*
- *I – EPOC device will be incorporated into CP vehicles for faster blood sample analyses.*

2. *COVID-19*

- *P – increased access to testing will prevent infection spread.*

3. *Community Paramedicine Initiation/Expansion*

- *P – the proposed initiatives expand access to CP in these communities.*
- *P – the proposal includes a workforce initiative to strengthen the CP workforce and promote sustainability.*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *I – In general, the expenses stated are allowed. However, they are not broken down. For example, the proposed budget includes \$25,000 for "Supplies for Community Paramedicine Visits" with no additional details stated.*

2. *Narrative*

- *N – More details on expense explanations to better understand the applicant's intended use of funds.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

3. *Sustainability model*

- *P – the applicant states sustainability will come through workforce pipelines as well as additional grant funding opportunities.*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *P – the goals listed meet all SMART characteristics.*

2. *Reporting*

- *P – the applicant states a solid plan for tracking data monthly, and reporting to Maine EMS.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MaineHealth

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *I – 5+ zip codes are eligible (5 were listed specifically, in addition to “several zip codes in Franklin County and all zip codes in Cumberland County”).*

2. Rurality's effect on overall community health

- *I – In Franklin County, the application states that residents “in this area suffer from poor health: 32% are obese, 17% are smokers, and 14% report their health as poor to fair.”*

3. Rurality's effect on access to healthcare

- *P – the impacted communities have very low population density, and are located far from medical services. The application states these medical services are “inaccessible to many due to public transportation barriers, high poverty rates, and the age of patients seeking care.”*

II. Health Disparities

1. Population

- *I – The application states “24.1% of the patients in Franklin County are 65 years or older, 13.6% of the population live at or below the Federal poverty line, and 27.2% of the population have primary care providers located at least 30 miles from their homes.”*
- *I – The application states that though telemedicine could alleviate some barriers to healthcare for patients in Franklin County, “nearly 17% of the county's population is automatically excluded from telehealth services because these patients lack internet access.”*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MaineHealth

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *I - Cumberland County's program reaches cardiac patients in Portland and the surrounding rural area. All patients are categorized as marginalized within the county.*
- *I – the population served by Cumberland County's program is 30.3% individuals of color, with 7% requiring a translator during health visits.*
- *I – 19.1% of patients served by Cumberland County's program are experiencing homelessness.*

2. Evidence

- *I – Data comes from the US Census (2024), the County Health Rankings and Roadmaps (2024), and HRSA.gov.*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- *P – current funding models limit the reach of the applicant's program. With additional funding, they will be able to establish dedicated days for referrals, allowing them to reach more patients. They also list additional services they will be able to provide.*
- *P – the application states, "This data demonstrates the success of our program in not only serving a preventive role but also in ensuring that individuals with the greatest need receive the same high-quality care as those who are more privileged and have better access."*

III. Organization Qualifications and Experience

1. Overview of Organization

- *P – community outreach to mitigate the impact of COVID-19 on asylum seekers and individuals experiencing homelessness.*
- *P – paramedics constructed and participated in a mobile distribution center for getting essential supplies to asylum seekers and individuals experiencing homelessness.*
- *P – team that conducts weekly visits to marginalized or at-risk cardiac patients.*

2. Subcontractors

- *None listed.*

3. Organizational Chart

- *I – the agency currently has a robust CP program.*

4. Etc.

- *I – the applicant has many pending litigations.*

IV. Proposed Project

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MaineHealth

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

1. *Health Disparities*

- *P – at-risk communities are met directly where they're at.*
- *P – Current efforts have already reduced harm from medication error and number of potential hospital visits.*

2. *COVID-19*

- *P – the applicant states intent to continue and expand COVID-19 vaccination and education.*

3. *Community Paramedicine Initiation/Expansion*

- *P – increased services including additional preventative education and vaccinations.*
- *P – increased funding will allow for a dedicated day of referrals.*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *Q – are capital expenses (the 2 vehicles listed) an allowable expense for this grant? What happens to the vehicles if the program ends?*

2. *Narrative*

- *P – the proposed budget provides good detail on the listed expenses.*
- *Q- What are "indirect costs" and what will they be used for?*

3. *Sustainability model*

- *P – The applicant states work is currently underway on an MOU with insurance companies to obtain future sustainable funding based on services provided.*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *I – the applicant lists several important demographic metrics for collection, but they do not list any SMART goals for their program.*

2. *Reporting*

- *I – the applicant states they will comply with reports required by the State.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- I – 3 zip codes eligible.
- 2. Rurality's effect on overall community health**
 - The application does not state any specific information about the health of the covered communities.
- 3. Rurality's effect on access to healthcare**
 - I – Typical EMS calls take an average of 2 hours due to long transport time to the hospital.
 - I – the closest cardiac cath lab and stroke center is in Portland, about 45 minutes away. The closest hospital does not have these capabilities.

II. Health Disparities

1. Population

- I – 25% of the population is over age 65.
- I – 7% of the Topsham population does not have insurance, leading to avoidance of healthcare.
- I – 4.5% of the population represents a minority group
- I – 12.4% of the population lives in poverty

2. Evidence

- I – evidence comes from the 2020 US Census, and the current data of the Topsham CP program.

3. How does the plan improve and/or increase healthcare resources for underserved populations?

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *P – the program targets individuals who are less likely to ask for help, such as those with disabilities, those living in poverty, and those who are marginalized.*
- *P – The program alleviates barriers to care and enables more residents to access health services.*

III. Organization Qualifications and Experience

1. Overview of Organization

- *I – currently, Topsham has 1 part-time CP provider, who has already demonstrated the efficacy of their program by reducing yearly EMS calls by 7%.*
- *I – the current program is supported by the Town selectboard and community, with funding from the budget expected.*
- *I – the program has so far been using regular department vehicles for CP visits, and they have concluded that a dedicated vehicle is necessary to support the program.*
- *I – the program needs a cardiac monitor to be dedicated to the CP program.*
- *I – the agency would like to use the funds to send their CP clinician to NMCC for a certificate or degree.*

2. Subcontractors

- *None listed*

3. Organizational Chart

- *I – the organizational chart places the community paramedic and the chaplain separate from the regular command structure. Interesting potential for collaboration there.*

4. Etc.

- *No litigation noted.*

IV. Proposed Project

1. Health Disparities

- *P – the program explicitly targets underserved patients.*

2. COVID-19

- *P – Topsham has been active in COVID immunizations; they seek out and give vaccinations to high-risk residents, and those who have trouble leaving their houses.*

3. Community Paramedicine Initiation/Expansion

- *P – expansion of the program requires additional equipment. Once that equipment is acquired, the program will grow more.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *P – “It has made a renowned impact on our community and I can not explain enough in words the impact it has had. We want to continue to be a model for other communities.”*

V. Budget

1. *Do budgeted costs conform to the federal government’s four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Q – Is a vehicle an appropriate use of these funds?*
2. *Narrative*
 - *I – the purchase of a LifePak 35 is included for \$56,849.03.*
3. *Sustainability model*
 - *P – the application states there is strong community support, with anticipated financial backing in the next budget. The expenses paid with this grant funding are one-time equipment and training costs.*

VI. Performance and outcome metrics

1. *5 SMART Metrics*
 - *I – the application states metrics that are tracked, but does not state any SMART goals for their program.*
2. *Reporting*
 - *I – the program has a website, and the CP job description includes the writing of “success stories” for submission to the State.*
 - *I – Most data is collected in MEFIRS, allowing for statewide reporting.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of St. George

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - I – 7 zip codes are eligible.
 2. Rurality's effect on overall community health
 - P – lack of access to healthcare services leads to increased utilization of EDs.
 3. Rurality's effect on access to healthcare
 - P – lack of access is due to geographic barriers
 - P – Lack of access is most often seen in this community to impact interval checkups, health maintenance, and discharge follow-up.
- II. Health Disparities
 1. Population
 - I – median age in St. George is 63 years.
 - I – the older age of the population means higher risk of chronic disease, falls, and comorbidities.
 2. Evidence
 - I – evidence comes from US Census data, as well as the NIH.
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - I – CP program offers home safety checks, fall risk assessments, physical exams, monitoring of chronic illnesses, education, medication reconciliation, and medication compliance checks.
 - P – in the future, the program hopes to establish additional connections with other healthcare partners to offer more comprehensive support to patients in their homes.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of St. George

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *I – the program is also collaborating with St. George school to set up “telehealth” days when residents can use the school’s internet and facilities to have telehealth visits, with CP clinicians assisting them.*

III. Organization Qualifications and Experience

1. Overview of Organization

- *I – the agency has been providing CP services since 2012.*
- *I – between 2023 and 2024, the number of visits went from 56 to 209.*
- *I – the agency held COVID vaccine clinics during the pandemic.*
- *I – the agency has done several community education initiatives.*

2. Subcontractors

- *None listed.*

3. Organizational Chart

- *I – the organizational chart lists the CP clinician job description.*

4. Etc.

- *No litigation noted.*

IV. Proposed Project

1. Health Disparities

- *P – in the proposed project, the CP clinician will have time dedicated not just to patient visits, but also to creating educational content that can help patients and the community better care for themselves.*

2. COVID-19

- *I – the application states that the CP staff will be able to serve as a medical advisor to the town during future health initiatives and potential emergencies.*

3. Community Paramedicine Initiation/Expansion

- *P – this funding will be used to establish a dedicated CP position. This will allow for increased availability of CP services.*
- *P – funding will also be used to hold CP clinician trainings, to expand the number of clinicians able to perform these services.*

V. Budget

1. Do budgeted costs conform to the federal government’s four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- *P – the proposed budget seems to be appropriate.*

2. Narrative

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of St. George

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *I – the narratives adequately explain the use of funding in each category.*
- 3. *Sustainability model*
 - *Q – the application does not include a plan for sustaining the program after this grant funding runs out.*
- VI. *Performance and outcome metrics*
 - 1. *5 SMART Metrics*
 - *I – the application states metrics that are tracked, but does not state any SMART goals for their program.*
 - 2. *Reporting*
 - *N – the application does not mention any reporting.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Westbrook Fire Department

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *I – the application does not state whether any covered zip codes are HRSA eligible.*
- 2. Rurality's effect on overall community health**
 - *N – the application does not state any community health challenges related specifically to rurality.*
- 3. Rurality's effect on access to healthcare**
 - *Q – the application states that healthcare practitioners in the metro area are decreasing, which is contributing to lack of access, especially for certain populations. However, this is not specifically tied to rurality.*

II. Health Disparities

1. Population

- *I – the targets of this initiative would be vulnerable populations in unlicensed group homes, and individuals experiencing homelessness.*
- *I – Westbrook has a large elderly population (17.8%), a large immigrant community (9.3%), and an estimated 100-120 individuals experiencing homelessness.*
- *I – Substance use disorder and mental health crises are increasing in Westbrook, which is another area where CP services can assist.*

2. Evidence

- *I – data comes from Data USA information on Westbrook, ME.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Westbrook Fire Department

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *I – the plan specifies that the CP clinician will assist the unhoused, those experiencing a substance use disorder, elders, those in unlicensed group homes.*
- *P – A goal of the program is to increase access for elders to get healthcare by delivering paramedic-level care to their homes.*

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *I – funding is sought to start a CP program.*
-
-

2. *Subcontractors*

- *I – The agency intends to subcontract with a Community Paramedicine Medical Director (“a board-certified primary care physician with general practice experience”), but this person has not yet been retained.*

3. *Organizational Chart*

- *Q – The organizational chart on page 6 states that 46 paramedics are on the Westbrook roster, and that they would all be eligible to work as CP providers. Is this how it works, or would they need additional training and credentialing before they could perform these duties?*

4. *Etc.*

- *No litigation noted.*

IV. *Proposed Project*

1. *Health Disparities*

- *I – the program aims to reduce health disparities by improving access to care in underserved populations.*

2. *COVID-19*

- *I – the proposal does not specifically mention COVID-19.*

3. *Community Paramedicine Initiation/Expansion*

- *P – the proposal is very detailed, covering Medical Direction, a Community Needs Assessment, EMS Protocols & Training, Equipment, and Outreach.*

V. *Budget*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Westbrook Fire Department

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Q – each of the items listed is appropriate.*
 2. *Narrative*
 - *I – the proposed budget states uses for the funding, but not amounts other than the requested \$125,000.*
 3. *Sustainability model*
 - *I – the proposal mentions intent to bargain with the local union for CP responsibilities and initiatives, but it does not address a source of sustainable funding for the program.*
- VI. *Performance and outcome metrics*
1. *5 SMART Metrics*
 - *I – the application states metrics that are tracked, and provides good rationale for their importance, but does not state any SMART goals or measurable outcomes they wish to change with their program.*
 2. *Reporting*
 - *N – reporting is not discussed.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- I – the MMO team does not serve communities in eligible rural areas.*
- I – 41% of clients served report that they are from areas that qualify as rural areas.*

2. Rurality's effect on overall community health

- I – the application states that since many of the population served by the MMO team are homeless individuals from rural areas, that they are reducing the effect of rurality on community health by providing these services.*

3. Rurality's effect on access to healthcare

- N – the application does not mention rurality's effect on access to healthcare.*

II. Health Disparities

1. Population

- P – the homeless population served by the MMO team experience many social determinants that lead to shorter life expectancy, higher morbidity and greater usage of acute hospital services.*
- P – homelessness results in poor health, but also results from poor health and adverse social/economic conditions.*

2. Evidence

- I – evidence is from the NIH, the Maine Shared Community Health Needs Assessment Report (2022)*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *I – the plan aims to increase healthcare resources for underserved populations by training 20 MMO team members to be CP technicians, which will increase the team’s ability to reach patients.*

III. Organization Qualifications and Experience

1. *Overview of Organization*

- *P – the MMO team already has relationships and has undergone projects with several local homeless services organizations.*

2. *Subcontractors*

- *None listed.*

3. *Organizational Chart*

4. *Etc.*

- *No litigation noted.*

IV. Proposed Project

1. *Health Disparities*

- *I – the proposed project will increase the number of CP-technician MMO providers by allowing all 20 of them to complete the required education. This will increase the ability of the program to reach more patients and assist more at-risk individuals, decreasing health disparities.*

2. *COVID-19*

- *I – the application does not mention COVID-19.*

3. *Community Paramedicine Initiation/Expansion*

- *I – the MMO team is already strong in Portland. This initiative will increase the number of CP technicians, greatly expanding the program.*

V. Budget

1. *Do budgeted costs conform to the federal government’s four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *Yes*

2. *Narrative*

- *I – the narratives indicate appropriate, justifiable use of funds.*

3. *Sustainability model*

- *I – the funding in this proposal will be used for 1-time education. The program itself already has established funding sources.*

VI. Performance and outcome metrics

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

1. *5 SMART Metrics*

- *I – the SMART goals in the proposal all pertain to education of MMO team members, which aligns with the stated objective of the proposal.*

2. *Reporting*

- *P – the proposal outlines quarterly reports that will be submitted to the Department*
- *I – the proposal includes two success stories from MMO's current operations.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *1 – 2 zip codes are eligible (with 2 more mentioned outside the primary service area).*
- 2. Rurality's effect on overall community health**
 - *1 – lack of access to transportation due to age and other factors contributes to poor health and access to healthcare.*
- 3. Rurality's effect on access to healthcare**
 - *1 – the community's closest hospital is up to 30 minutes away by car.*
 - *1 – Lack of transportation is a barrier, especially for elderly residents.*
 - *1 – the healthcare workforce shortage increases the difficulty for residents to find care.*

II. Health Disparities

1. Population

- *1 – The median age of the population is 52, with increased burden of chronic disease, fall risk, and comorbidities.*

2. Evidence

- *Data comes from the 2023 US Census, the NIH, and the Federal Interagency Forum on Aging Related Statistics*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *I – the proposal is to create a CP program, which will increase healthcare resources for the underserved populations in the community.*

III. Organization Qualifications and Experience

1. Overview of Organization

- *P – the applicant has demonstrated experience in starting up and managing a CP program in rural Maine.*
- *P – the applicant has run COVID vaccine and testing clinics in St. George, Maine.*
- *P – the applicant has provided community education in CPR, first aid, cancer awareness, stop-the-bleed, and overdoses.*

2. Subcontractors

- *None listed.*

3. Organizational Chart

- *I – the proposal involves using on-duty providers to go on CP visits, with the understanding that if a 911 call comes in they will have to leave. This proposal includes 20 hours of weekly availability outside the 911 services.*

4. Etc.

- *No litigated noted.*

IV. Proposed Project

1. Health Disparities

- *P – decrease transportation barrier by bringing paramedic services to patients in their homes.*

2. COVID-19

- *P – increase access to healthcare educational initiatives, public health screenings, and immunization efforts in the region.*

3. Community Paramedicine Initiation/Expansion

- *P – the proposal includes creating dedicated CP staffing for the community to increase availability.*
- *P – the proposal includes additional CP education for interested staff, allowing the program to grow.*

V. Budget

- 1. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?**

- *Yes*

2. Narrative

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/18/25

EVALUATOR NAME: Anna Massefski

EVALUATOR DEPARTMENT: Department of Public Safety

- *I – The listed expenses and their explanations seem appropriate.*
- 3. *Sustainability model*
 - *I – the proposed budget references an expectation of future reimbursement for CP services from insurance companies, as well as funding payroll through municipal budgets.*
- VI. *Performance and outcome metrics*
 - 1. *5 SMART Metrics*
 - *I – the application states metrics that are tracked, but does not state any SMART goals for their program.*
 - *I – there are only 5 goals listed.*
 - 2. *Reporting*
 - *I – The proposal does not mention reporting, but it does mention collecting patient satisfaction data to assess quality of the program.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Memorial Ambulance Corps

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *Provided 5 eligible zip codes*

2. Rurality's effect on overall community health

- *Inconsistent income*
- *Job-related injuries are high and lead to high opioid use dependency rates*
- *Occupation-related development of chronic conditions*
- *Cited Portland Press Herald article on healthcare accessibility and gaps in healthcare experienced by fisherman in the region (Down East)*
- *Wish they would have cited public health or community health assessment sources.*

3. Rurality's effect on access to healthcare

- *Lack of specialists*
- *Lack of public transport to where there are specialist and MH care providers*
- *Impact of tourism and real estate demand has driven the cost of living and housing up very high on the island*

II. Health Disparities

1. Population

- *Aged population with closure of the Island Nursing Home*
- *Prediction that demand for CP services to support aging in place will increase among current island residents*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Memorial Ambulance Corps

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Current CP patients have illiteracy and/or dementia and need help caring for themselves and navigating the healthcare system and managing their medications.*
- *Concern: ADL supports would not be episodic or covered under a Medicaid CP model.*
- *They do not mention here the population they had described in the previous section of fisherman with high occupational hazards, a lack of services on the island, and reduced public transportation between the island and mainland.*

2. Evidence

- *INH closure*
- *Majority of INH residents were recipients of Medicare and MaineCare and cannot afford or access private nursing facilities.*
-

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- *Deliver CP*
- *Increase access to PCP services and consistent*
- *Be the eyes and ears of primary care providers*
- *Concern: This program does not appear to comply with the episodic part of the statute.*

III. Organization Qualifications and Experience

1. Overview of Organization

- *Provided descriptions of their projects*
- *Projects described are generally not CP covered services. For example, building ramps for Section 8 housing would not be considered a Medicaid-coverable service in this model.*
- *Other projects describe delivering a case management role. Case management recommendation for referral from the PCP would be part of the CP Medicaid service model, but case management would not be covered in a CP Medicaid model.*
- *Question: They describe delivering 1311 CP visits per PC referral. Wondering how many patients?*
- *They describe the services as being within the EMS Scope of Practice*
- *Skilled CP providers*
- *Training provided*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

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BIDDER NAME: Memorial Ambulance Corps

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EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Members of the community- trust*
- 2. *Subcontractors*
 - *N/A*
 -
 -
- 3. *Organizational Chart- Are they required to have a MD, DO, or APRN to have CP agency licensure? The current Director is an AEMT.*
- 4. *Etc.*
- IV. *Proposed Project*
 - 1. *Health Disparities*
 - *Propose: Weekly CP visits to patients that are living in rural areas lacking internet access and*
 - *Concern: Weekly CP visits are not episodic, they are regular care management and replace primary care*
 - 2. *COVID-19*
 - *Testing and education on prevention including vaccines*
 - 3. *Community Paramedicine Initiation/Expansion*
 - *Providing weekly CP visits to underserved patients who lack "transportation, computer skills, and WiFi" to support regular connection with their PCP and rapidly reporting data to PCP*
 - *Concern: Supplantation of primary care, acuity level of patients needing weekly visits, and the model of CP described is not episodic and not compliant with statute.*
- V. *Budget*
 - 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *I would like to know the denominator of patients they are serving and how many episodes of care \$120,000 would cover. Is the resulting calculation of CP visits per patient reasonable?*
 - *Would the total of \$120,000 also pay for clinical supplies and equipment to deliver the services? I think they need to provide more detail here for both reasonableness and allocation.*
 -
 - 2. *Narrative*
 - *\$20 per hour*
 -
 - 3. *Sustainability model*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Department of Health and Human Services

- *“applying for more grants, asking for donations, and looking forward to a mechanism whereby we can change insurance for services.”- is this a sustainable plan?*
- *Concern here that the services they are delivering do not conform to statute and would not be coverable as they describe in a Medicaid model of CP services. If they are looking to bill for the services, they should begin to think about building a model that will be reimbursable.*

VI. Performance and outcome metrics

1. 5 SMART Metrics

- *The metrics are not SMART metrics*
- *The metric require weekly visits and CP providers reporting on their own success which is not verifiable. Weekly visits are not episodic.*
- *“Number” should be “Percent” with a goal percent reached by a certain date, for example*
- *Would recommend a [percent] reduction in ED utilization by date certain rather the number of CP visits that became ED transport. This could be seen as a goal supporting self-referral and multi-billing for one instance of care.*

2. Reporting

- *Quarterly narratives, metrics and financial reports will be prepared and submitted to the Department*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance

DATE: 2/18/25

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *Provided 16 eligible zip codes*

2. Rurality's effect on overall community health

- *Cite the Maine Community Health Needs Assessment (MCHNA)*
- *Cite that in 2019 more than 42% of PCP visits are >30 miles from the patient's home.*
- *Concern: Travel of 30 miles is not necessarily evidence of a primary care desert.*
- *Concern: How does the applicant believe the CP will address the cost of care they have cited? CP services covered by public and private insurers would have the same cost sharing components as other services that are currently covered.*

3. Rurality's effect on access to healthcare

- *Report a lack of availability of primary care and mental health (MH) providers*
- *Approximately 20% experience depression and anxiety.*
- *Substance Use Disorder (SUD)*
 - 1. *Overdose deaths rose between 2019 and 2020 (noting that they rose during the pandemic in all areas of the state and county)*
 - 2. *2019 drug affected infants 121.1 (higher than the state average of 73.7)*
- *These factors lead to higher levels of EMS transport to ED and reliance on ED for care*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

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DATE: 2/18/25

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Concern: HealthReach has several FQHCs located in the region with low cost to patients and are part of MaineCare's Primary Care Plus program. FQHC integrate behavioral health services with primary care services. Is the applicant working with HealthReach or other primary care providers to connect patients to primary care in the region.*

II. Health Disparities

1. Population

- *Documented prevalence of MH and SUD issues*
- *MCHNA documented that much of the population is at or near retirement age and lower income and educational attainment*
- *MCHNA cited that these counties have higher rates of poverty*

2. Evidence

- *Cited from MCHNA is valid- noted above was repeated in this section*
- *Concern: Traveling 30 miles for primary care is not necessarily evidence of a primary care desert or a health disparity. Is the applicant working to connect patients to accessing primary care at the office with their medical provider?*
- *Concern: Medicaid provides transportation to primary care and CP services would not be allowable to supplant primary care.*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- *Targets patients who do not qualify for or are unable to obtain home health services.*
- *Reduce barriers of transportation, weather, and cost by delivering medical screening capabilities, education, laboratory and EKG services in the home.*
- *Targeting patients with high utilization and chronic conditions with chronic condition surveillance and education to reduce overall utilization and inpatient utilization.*
- *Concern: By statute CP services are episodic and not regular or are without the expectation of an ongoing clinical relationship. I am concerned by the applicants description that by "partnering with the local home health nursing groups, we are able to assist patients and caregivers by taking on patients who would otherwise loose in home services when they no longer qualify". This does not describe an episodic model of care.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 2/18/25

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

III. Organization Qualifications and Experience

1. Overview of Organization

- *Previous successes cited- “This included providing blood draws, completing medication reconciliation, and providing the home safety evaluations for patients. It proved that we could provide an expanded service that was needed within the community.”*
- *COVID Vaccination Site*
- *Community Paramedicine program was restarted and has grown to include “working with local primary care providers, home health agencies and our local critical access hospital to meet the needs of our patients by bringing care to their homes.”*
- *Concern here again is to address the fact that CP is by statute episodic and may not supplant home health or primary care.*

2. Subcontractors N/A

-
-
-

3. Organizational Chart Provided

4. Etc.

IV. Proposed Project: Expand CP services to a full 5-day week of services

1. Health Disparities

- *The expanded coverage would allow them to address the needs of “mental health patients and the growing homeless population in this area”.*
- *The funding will also pay for equipment and vehicle upfitting to provide CP services at no cost to the community until reimbursement is available.*
- *Falls prevention program*
- *Coordinator administrative time*
- *Concern: Is it within the scope of practice for CP providers to serve the needs behavioral health needs of patients with mental illness?*
- *Concern: They imply this grant will make their program sustainable until insurance (public/commercial) covers CP services. As such, are they building a model that would align with statute to ensure the model they are delivering is reimbursable?*

2. COVID-19

- *Not addressed*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: 2/18/25

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

3. *Community Paramedicine Initiation/Expansion*

- *Expands coverage to 5 days*
- *Funding for general office supplies, medical supplies, and program materials (business cards, flyers, handouts)*
- *Vehicle upfitting for med storage and updates to support service delivery across the coverage area.*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *Is \$52 per hour for a CP Clinician (paramedic) reasonable? \$65,000/1664 (part time hours at 24 hours per week) is \$39.06 per hour.*
- *Otherwise from my area of understanding it appears reasonable, but I am not familiar with the costs to purchase and mount the cabinets and tech, tech mounts they are citing.*

•

2. *Narrative*

- *Above in Initiation and Expansion Section*

•

3. *Sustainability model*

- *They are looking to have this funding build their program and bridge them to the time when public and private health insurance may cover.*
- *Concern: There are aspects of their model that I believe are not compliant with statute and would not be reimbursable by a Medicaid model. They may want to align their model with one that is fully reimbursable to address long-term sustainability.*

•

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *Yes, they provided SMART metrics.*
- *Concern: What does it mean when they applicant says- "Mental health services and substance use disorder continue to be a challenge. We will work with local resources including our OPTIONS team and mental health agencies to add behavioral health patients to our growing list of patients. We will work to add 4 mental health patients to our patient group." CP Scope of Practice*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Department of Health and Human Services

*does not include behavioral health services. What CP services are
being offered to the patients they are identifying here?*

2. *Reporting- They did not address the reporting requirements.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: North East Mobile Health Services

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- Provided 5 eligible zip codes that cover a large rural area of Maine*

2. Rurality's effect on overall community health

- The applicant did not cite or identify the impact of rurality on overall community health.*

3. Rurality's effect on access to healthcare

- Service areas holds following designations: Maine Governor's Designation of Medically Underserved Population, Federally Designated Primary Care Health Professional Shortage Areas, and Federally Designated Dental Health Professional Shortage Areas*
- One Community Health Center-Jackman Community Health Center (PCHC) with physician turnover*
- Midcoast region- more than a 15-minute drive to a hospital*
- Concern: A 15-minute drive to a hospital or provider is not a health disparity. This is a normal distance for urban, suburban, and rural communities.*
- Reviewer note: The applicant states that there are approximately 1,100 residents in the area of this clinic and 800 residents in Jackman. This is a normal amount of patients on one FQHC patient panel for 2 physicians with nurse and medical assistant staff. However, due to the spread of the population, there is likely access issues relating to distance, rural roads pass-ability, and aging population.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

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DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Concern: Applicant states that there are no home health agencies offering home health care to residents in this service area. This is not accurate.*

II. Health Disparities

1. Population

A. Jackman

- *Aging/Aged population (41% =>55 years)*
- *Poverty rate is approximately 2x the Maine state average.*
- *Applicant cites Maine CDC 2021 Health profile for Somerset County highlighting food insecurity, over 65 years, older living alone, multiple chronic conditions, prevalent chronic conditions, unintentional falls, ambulatory sensitive ED and inpatient care, SUD, & sedentary lifestyle*
- *Cites a Somerset County Public Health community survey to identify the health needs and priorities of Jackman residents.*
- *Question: Who performed the Somerset County Public Health community survey, how many respondents, and who was surveyed?*

B. Mid-Coast

- *Cited Maine CDC 2021 Health Profile for Knox and Waldo County (noting that the applicant named the table incorrectly)- highlighted conditions of =>65, older people living alone, three or more chronic conditions, heart attacks deaths, heart failure, asthma ED visit rate, Pneumonia hospitalizations, unintentional fall rates, TBI related ED visit rate (noting that this is not a CP treatable condition), Ambulatory sensitive condition ED visits and dental emergency visits (adults and children).*
- *Reviewer note: While the Jackman numbers show certain disparities the numbers for mid-coast are marginal and do not demonstrate clear stratifications on the highlighted conditions.*
- *Question: How would CP services address TBI? This condition requires a higher level of care.*

2. Evidence

- *Citation of surveys*
- *Surveys identify prevalence of health disparities and healthcare needs*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Department of Health and Human Services

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *Increase staff but services are not CP services*
-

III. Organization Qualifications and Experience

1. *Overview of Organization*

- *Described projects with PCHC and the Town of Jackman.*
- *CP since 2022*

2. *Subcontractors N/A*

3. *Organizational Chart Provided attached*

4. *Etc.*

IV. Proposed Project

1. *Health Disparities*

- *Increase of staffing*

2. *COVID-19*

- *Focus of COVID strategy to address prevention and early detection for treatment.*
- *COVID testing and initiation of medications under physician order.*
- *I am wondering if infusion of monoclonal antibodies is in scope for CP licensure.*

3. *Community Paramedicine Initiation/Expansion*

A. *General Statements*

- *CP Telehealth Facilitation*
- *Assert that CP will fill the gaps for hospice and palliative care delivery and that these services are a high priority for CP Services in Maine.*
- *The minimum array of services table falls in the scope of a CP model of care.*
- *Concern: What CP service are they performing under their telehealth facilitation proposal? Telehealth facilitation is not a stand alone service.*
- *Concern: The statement alone on hospice and palliative care is enough to not approve the application. Hospice and palliative care services are highly regulated services to protect patients. Hospice agencies must have state licensure and meet federal requirements. Patients entering a hospice benefit would not be eligible for CP services because CP services are preventive and patients who accept hospice care no longer have coverage for curative or preventive care.*

**STATE OF MAINE
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EVALUATOR DEPARTMENT: Department of Health and Human Services

B. Jackman Area

- *Expansion of existing CP program through the expansion of the scope of practice of their CP paramedics through education and certification as it becomes available*
- *Identify patients eligible for Home Health and Hospice and provide the services as ordered by a physician, PA, or NP.*
- *Provide CP services to patients in home as ordered by a physician, PA, or NP*
- *Deliver community education in partnership with Somerset Public Health, Penobscot Community Healthcare, Unity College, and the Community Health Action Team and develop a community resource manual.*
- *Concern: This application should fail based on the expressed intent to deliver hospice and home health services without proper licensure. This provider is aware of the state and federal licensure requirements.*
- *Concern: This community health education project and manual is funded by the AARP. It is not a CP service, and this grant should not fund a general public health project that has existing public funding. CP services are provided to a patient in a 1:1 service.*

C. Mid-Coast Area

- *“In partnership with Home Health and Hospice agencies that include the Midcoast region that are currently unable to deliver services to all eligible patients AND those patients who require services but are not financially eligible for Home Health and Hospice services.”*
- *Concern: Again here the applicant explicitly states that they will deliver home health services for which they are not licensed. In addition, they state that their intent is to self-identify patients eligible for home health services and provide the home health services.*
- *Provide, within the MEMS approved community paramedicine scope of practice, hospice services as ordered by a physician, PA, or NP*
- *Concern: A service in scope and ordered by a physician does not override the state and federal licensure and certification requirements to deliver a home health or hospice model of care. This is very concerning.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Provide, within the MEMS approved community paramedicine scope of practice, in home non-emergency services to patients of the practices as ordered by the physician, PA, and NP staff.*
- *Concern: The public health education piece stated here again for the Mid-Coast region is already funded by AARP and is not eligible for funding under this grant.*
- *In partnership with Northern Light Health, Maine Health, and other hospitals /healthcare systems that provide specialty services who wish to participate, on the order of a physician, PA, or NP and, within the MEMS approved community paramedicine scope of practice, facilitate telehealth visits to reduce transportation burdens.*
- *Concern: CPs are not specialists. What does the applicant mean here?*

V. Budget

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated? No*
 - *Salary: \$2370 for AARP work and \$2184 for the Community Resource Manual should not be approved. These are other public health projects with AARP and should not be funded by this grant.*
 - *Supplies: \$2500 AARP project should not be funded with this grant.*
 - *9% Allocated Overhead and Incidentals needs to be detailed more.*
2. *Narrative*
 - *The narrative is in the regional direction of actions in which they describe delivering a public health campaign with the AARP that is out-of-scope of this grant funding opportunity and the intent to deliver home health and hospice services that require licensure for which they do not have.*
 - *Therefore this reviewer questions the soundness of providing funding for their expressed intent with the services.*
3. *Sustainability model*
 - *No sustainability plan given*
 -

VI. Performance and outcome metrics

1. *5 SMART Metrics*
 - *Metric to be tracked are provided, but they are not SMART metrics*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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- *Many of the metrics do not make sense and are subjective without verifiable criteria defined.*

2. *Reporting: None given*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Sanford Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *Provided 2 eligible zip codes*

2. Rurality's effect on overall community health

- *Access, travel time is the only identified impact.*
- *30-minute trip by car and a one-hour public transportation trip to access care in Biddeford.*
- *Concern: 30 minutes to primary care when the patient chooses not to access primary care in their town (there are providers in Sanford and Springvale) is not a health disparity caused by rurality. It is a reasonable distance that the patient has chosen over accessing care in their town.*

3. Rurality's effect on access to healthcare

- *Reduction in non-emergent providers but an increase in urgent care facilities*
- *Maine Health Sanford is there and Biddeford is reachable by public transportation*
- *Reviewer Note: MaineCare pays for transportation to medical and behavioral health appointments. There are 3 PCPlus providers in Sanford and Springvale. CP providers should be connecting patients to existing care and non-emergency transportation, not supplanting primary care services.*

II. Health Disparities

1. Population

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Sanford Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Applicant states population health factors but does not cite their source.*
- *Access to healthcare*
- *Poverty rate is higher than State of Maine rate.*
- *18% of Sanford population is over 65 years with increased healthcare utilization and access to care issues in Sanford.*
- *Concern: There are three PCPlus primary care provider groups in Sanford and Springvale and there are other providers not associated with PCPlus. The applicant does not identify the access issue when there are providers in the area that would not require excessive travel. The inconvenience of accessing care in an office is not a health disparity of rurality as this is the same in an urban area.*
- *17.9% of people under 65 years living with a disability compared to 16% across the State of Maine.*
- *High elderly rate compared to State of Maine*
- *Cites the difficulty in getting appointments, having transportation to appointments, and affording appointments.*
- *Applicant does not tie this population fact to rurality. Applicant does not demonstrate that there is an access issue versus an inconvenience that is experienced by any patient in any region.*

2. *Evidence*

- *None cited. No source provided for the descriptions they provide.*

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *Provide CP services to fill the observed and described gap in care*
-

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *Applicant has a history of providing CP Services*
- *Licensed CP site since 2023*
- *Meeting with major health systems to develop partnerships to deliver and fund CP services*
- *Their program is equipped to deliver CP services with previous funding and seeks funding in this application for the CP position(s)*
- *Identification that the internal promotion of a paramedic will also require CP training.*
- *No projects are described*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Department of Health and Human Services

2. *Subcontractors N/A*

-
-
-

3. *Organizational Chart- Provided- no names given*

4. *Etc. Litigation: Subject to an audit with the City of Sanford.*

IV. *Proposed Project*

1. *Health Disparities*

- *Intent to address the access issue they previously described.*
-

2. *COVID-19*

-

3. *Community Paramedicine Initiation/Expansion*

- *“through the use of the Maine EMS-approved community paramedicine protocols for the Sanford Fire Department. These protocols support the work of diabetes education, general medical evaluation, sample collection, wound evaluation, and vaccination efforts set forth by the State.”*
- *Standardized patient assessment in conjunction with MEMS CP protocols. Provides protocols in detail.*
- *Specimen collection and transport*
- *CP services in scope: wound care, medication*
- *Reviewer note: The applicant describes CP services and assessment well and demonstrates an excellent understanding of the CP visit.*

V. *Budget*

1. *Do budgeted costs conform to the federal government’s four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *Salary: Please provide more details on the salary of \$125,000. Is this one FTE? \$125,000/2028 (FTE one year)=\$60.10 per hour. Is this reasonable when the BLS salary for an advanced paramedic is \$53,000 per year or \$25-26 per hour?
https://www.bls.gov/oes/current/oes_me.htm#29-0000*
- *They list additional costs for training, supplies, and technology, but request only \$125,000 for salary which does not appear to comply with a reasonable wage in Maine as defined by the BLS.*
-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: Department of Health and Human Services

2. *Narrative*

-
-

3. *Sustainability model*

- *Not addressed by the applicant with the exception that they stated they had met with major health systems and were unable to obtain partnership and funding.*

-

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *They provide categories of metric but not SMART metrics. Also the data collection for the categories of metrics are not clear.*

-

2. *Reporting- Expressed intent to share metrics with the Department, but no reporting plan or content described.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Waterville Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *One eligible zip code provided with note that the entirety of Kennebec County is eligible.*

2. Rurality's effect on overall community health

- *Large aging population*
- *Chronic medical issues*
- *Lack of healthcare providers*
- *Year of CP experience shows that in-home services have been severely delayed*
- *Unmet Chronic medical needs leads to a risk for hospitalization*
- *Concern: When they are addressing in-home health care it sounds like they are talking about home health. Home health is covered by bother MaineCare and Medicare. In addition, MaineCare covers direct support services, private duty nursing, and other forms of in-home supports. I am not sure what the applicant is referring to about contractual allowances. This does not sound correct as MaineCare does not have contractual allowances and is not a managed care Medicaid. MaineCare members have benefits for which the are either eligible or not eligible. If the member is eligible then they are covered for the in-home or outpatient service. Also, CP providers are not licensed, home health providers. I would like to better understand what the applicant is describing here.*

3. Rurality's effect on access to healthcare

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Waterville Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Cites access issue as the source of their referrals without providing sources or evidence*
- *Cites lack of PCPs in the area, but public facts show a high amount of primary care providers in the region*
- *Concern: Waterville has 1 inpatient hospital, 1 outpatient hospital, and 2 health systems with MaineGeneral's full hospital 20 minutes away, and with many MaineGeneral specialist offices in Waterville and Augusta. There are 22 PCPlus providers in Kennebec County. The applicant does not provide or cite evidence of an access issue to overwhelm the facts of the region.*

II. Health Disparities

1. Population

- *US Census Bureau: Waterville poverty rate is 25.4% compared to Portland with a 11.2% poverty rate/Maine State rate of 10.4%*
- *Poverty leads to transportation barriers and prevalence of chronic diseases and barriers to outpatient follow-up like blood draws.*
- *Physical disabilities without follow-up leads to falls risk*
- *Patients with chronic disease at higher risk for viral disease*

2. Evidence

- *The primary basis of their CP program is outpatient follow-up for blood draws, falls risk assessment, etc.*
- *Lower rate of vaccinations*
- *Cites only poverty in the UCS Census. Does not cite any evidence for the conclusions drawn from the higher rate of poverty.*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- *Provide CP services in-home in conjunction with NLH and healthcare providers in Waterville*

•

III. Organization Qualifications and Experience

1. Overview of Organization

- *Project 1: In-home falls risk assessment*
- *Project 2: CP general medical assessments*
- *Project 3: Medication reconciliation and compliance support*
- *Concern: Medication reconciliation is a professional clinical service delivered by a physician, APRN, or pharmacist that requires deep pharmacological understanding of drugs and drug interactions. Are*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

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EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

the CP providers delivering medication reconciliation or medication compliance supports?

2. *Subcontractors- N/A*

-
-
-

3. *Organizational Chart- provided*

4. *Etc.*

IV. Proposed Project

1. *Health Disparities*

- *Underserved populations*
- *Pregnant women*
- *Aging population is primary*
- *Lack of access to primary care*
- *Concern: Again Kennebec County and Waterville have a many primary care and specialist providers including FQHCs. They are not providing evidence to support their assertion beyond the known facts that there are many provider offices in the region.*

2. *COVID-19*

- *Vaccination program*

3. *Community Paramedicine Initiation/Expansion*

- *The proposed project is the continuation of providing CP services at the Affiliate level with grant funding that will sustain us for the next year and provide 40hr/week coverage. This will allow us to expand our program and increase CP volume. We currently provide 24 hours/week, Monday, Wednesday and Friday. Services include fall risk/home safety assessments, medical follow-up assessments, medication reconciliation, lab draws, chronic disease education and assisting with local resources (Meals on Wheels, transportation, etc.).*
- *Continue to partner with NLH, MaineGeneral and HealthReach for referrals*
- *Concern: What does assisting with local resources mean like Meals on Wheels? This is not a CP service and is a program funded by other public health funding including MaineCare reimbursement for members with Home and Community-Based Services.*

V. Budget

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Waterville Fire Department

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Salary: The salary they have listed is \$54 per hour and not the \$35 to \$40 per hour they state. Maine BLs place paramedics in Maine at ~\$53,000 per year and ~25 per hour.*
 - *Should the transportation cost be summarized/described by cost per mileage incurred?*
 - *Other training costs? Needs review.*

2. *Narrative*

-
-

3. *Sustainability model*

- *This funding round will assist them in developing the program, building stakeholders and demonstrate need to the community to support financial sustainability*
-

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *The metric they list are tracking metrics that are not SMART metrics.*
- *No performance metrics are identified.*

2. *Reporting- Will provide reporting as obligated.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service Bridgton

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *Yes, provided 16 eligible zip codes*

2. Rurality's effect on overall community health

- *Access*
- *"It is impacted by four drivers: availability of insurance coverage, availability of services, timeliness of access, and the healthcare workforce."*
- *"higher incidences of chronic disease, higher likelihood of readmission within 30 days of discharge, and an overall higher rate of death when compared to urban communities"*
- *"factors such as living alone, unemployment, poverty, and social disconnect often result in unhealthy lifestyles such as inactivity, tobacco use, and alcohol and substance use, which negatively impact on community health and wellbeing and negate the opportunity for all community members to thrive in place."*
- *Concern: These are descriptions without evidence or citations.*

3. Rurality's effect on access to healthcare

- *General impacts of rurality. Not specific to the catchment area*
-

II. Health Disparities: United Ambulance has analyzed data from the 2022 Maine Shared Health Needs Assessment (MSHNA).

1. Population

ANDROSCOGGIN, CUMBERLAND, AND OXFORD COUNTIES

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service Bridgton

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Mental health and suicide; rates of suicide and ED utilization for MH conditions cited*
- *Substance use and overdose crisis: Cites statistics*
- *Chronic disease and preventable hospitalizations: Cites statistics*
- *Barriers to care and SDOH: lack of primary care providers, MH providers and SUD treatment specialists; Transportation challenges; Cost barriers; and housing insecurity*
- *Concern: BH services and SUD services are outside the scope of CP services. How can CP effectively address these issues?*

2. *Evidence*

- *Evidence provided in narrative with statistics provided.*

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *United Ambulance Community Paramedicine Program (UACPP)*
- *“bridges healthcare gaps by delivering home-based medical care, preventive screenings, and chronic disease management to underserved populations.”*
- *“By delivering on-site diagnostic testing, chronic disease monitoring, and procedural care directly to patients’ homes, UACPP eliminates common barriers to healthcare, particularly in rural and underserved areas. Additionally, by partnering with state agencies, assisted living facilities, and local healthcare providers, UACPP strengthens continuity of care, addressing gaps in behavioral health, substance use services, and infectious disease prevention.”*
- *STEP Initiative to expand CP Services as described strategically expands CP services to meet the needs of the population and expand the capacities of UACPP to meet the needs.*
- *Goals: reduce hospital admissions, prevent unnecessary emergency room utilization, and improve health outcomes in some of Maine’s most underserved communities. By building long-term infrastructure, training new providers, and integrating advanced diagnostic capabilities, this initiative ensures the sustainability and expansion of community paramedicine services beyond the grant period.*

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *CP experience since 2023*
- *Maine’s Home Asthma Education Program (HAEP)*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service Bridgton

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Hypertension and Diabetes Community Paramedicine Program with Maine CDC*
- *Highlighted experience delivering CP services*
- 2. *Subcontractors*
 - *National Network of Laboratory Consultants: Assistance in Laboratory Licensure; Mobile Lab using EPOC/HemoCue; and Ongoing Technical Consulting Support; Ongoing Laboratory Director- to gain CLIA certification*
 -
 -
- 3. *Organizational Chart- provided*
- 4. *Etc. Litigation: Concerning that they have had several cases*
- IV. *Proposed Project*
 - 1. *Health Disparities*
 - *Previously detailed*
 - 2. *COVID-19*
 - *COVID testing, prevention*
 - 3. *Community Paramedicine Initiation/Expansion*
 - *STEP Initiative*
 - *CLIA Certification for POC testing and move to Moderate Complexity testing*
 - *ADVANCING POINT-OF-CARE BLOOD ANALYSIS THROUGH A MODERATELY COMPLEX LAB*
 -
 -
- V. *Budget*
 - 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Salary: Please provide more details on the number of FTEs to be hired and hourly or salary rate.*
 - *Do we need more details on training and supplies costs and does transportation need to be described by projected mileage and cost per mileage?*
 -
 - 2. *Narrative*
 - *Lacks details that may be needed*
 -

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service Bridgton

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

3. *Sustainability model*

- *Grant will sustain until MaineCare and Private insurance cover.*
-

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *They attempt to define SMART Metrics and have done better than others. They lack a defined goal of improvement or quantity by a defined date.*
- *Passable*

2. *Reporting- Will report*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *Yes, provided 17 eligible zip codes (excluding Lewiston)*

2. Rurality's effect on overall community health

- *Access*
- *"It is impacted by four drivers: availability of insurance coverage, availability of services, timeliness of access, and the healthcare workforce."*
- *"higher incidences of chronic disease, higher likelihood of readmission within 30 days of discharge, and an overall higher rate of death when compared to urban communities"*
- *"factors such as living alone, unemployment, poverty, and social disconnect often result in unhealthy lifestyles such as inactivity, tobacco use, and alcohol and substance use, which negatively impact on community health and wellbeing and negate the opportunity for all community members to thrive in place."*
- *Concern: These are descriptions without evidence or citations.*

3. Rurality's effect on access to healthcare

- *General impacts of rurality. Not specific to the catchment area*
-

II. Health Disparities: United Ambulance has analyzed data from the 2022 Maine Shared Health Needs Assessment (MSHNA).

1. Population

ANDROSCOGGIN, CUMBERLAND, AND OXFORD COUNTIES

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Mental health and suicide; rates of suicide and ED utilization for MH conditions cited*
- *Substance use and overdose crisis: Cites statistics*
- *Chronic disease and preventable hospitalizations: Cites statistics*
- *Barriers to care and SDOH: lack of primary care providers, MH providers and SUD treatment specialists; Transportation challenges; Cost barriers; and housing insecurity*
- *Concern: BH services and SUD services are outside the scope of CP services. How can CP effectively address these issues?*

2. *Evidence*

- *Evidence provided in narrative with statistics provided.*

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *United Ambulance Community Paramedicine Program (UACPP)*
- *“bridges healthcare gaps by delivering home-based medical care, preventive screenings, and chronic disease management to underserved populations.”*
- *“By delivering on-site diagnostic testing, chronic disease monitoring, and procedural care directly to patients’ homes, UACPP eliminates common barriers to healthcare, particularly in rural and underserved areas. Additionally, by partnering with state agencies, assisted living facilities, and local healthcare providers, UACPP strengthens continuity of care, addressing gaps in behavioral health, substance use services, and infectious disease prevention.”*
- *STEP Initiative to expand CP Services as described strategically expands CP services to meet the needs of the population and expand the capacities of UACPP to meet the needs.*
- *Goals: reduce hospital admissions, prevent unnecessary emergency room utilization, and improve health outcomes in some of Maine’s most underserved communities. By building long-term infrastructure, training new providers, and integrating advanced diagnostic capabilities, this initiative ensures the sustainability and expansion of community paramedicine services beyond the grant period.*

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *CP experience since 2023*
- *Maine’s Home Asthma Education Program (HAEP)*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Hypertension and Diabetes Community Paramedicine Program with Maine CDC*
-
- 2. *Subcontractors*
 - *National Network of Laboratory Consultants: Assistance in Laboratory Licensure; Mobile Lab using EPOC/HemoCue; and Ongoing Technical Consulting Support; Ongoing Laboratory Director- to gain CLIA certification*
 -
 -
- 3. *Organizational Chart- provided*
- 4. *Etc. Litigation: Concerning that they have had several cases*
- IV. *Proposed Project*
 - 1. *Health Disparities*
 - *Previously detailed*
 - 2. *COVID-19*
 - *COVID testing, prevention*
 - 3. *Community Paramedicine Initiation/Expansion*
 - *STEP Initiative*
 - *CLIA Certification for POC testing and move to Moderate Complexity testing*
 - *ADVANCING POINT-OF-CARE BLOOD ANALYSIS THROUGH A MODERATELY COMPLEX LAB*
 -
 -
- V. *Budget*
 - 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Salary: Please provide more details on the number of FTEs to be hired and hourly or salary rate.*
 - *Do we need more details on training and supplies costs and does transportation need to be described by projected mileage and cost per mileage?*
 -
 - 2. *Narrative*
 - *Lacks details that may be needed*
 -

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

3. *Sustainability model*

-
-

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *They attempt to define SMART Metrics and have done better than others. They lack a defined goal of improvement or quantity by a defined date. They are focused on their program rather than measuring the impact on health disparities.*
- *Passable*

2. *Reporting- Will report*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MaineHealth

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

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Individual Evaluator Comments:

They did not utilize funds in the first round and have not indicated that they will in this round.

I. Community Rurality

1. HRSA Eligible

- *Provided 5 eligible zip codes*

2. Rurality's effect on overall community health

- *None in this section detailed. Pulled from other sections.*
- *Poverty*
- *Growing aging population*
- *Primary care at least 30 miles from home*
- *Concern: The rates were not provided as relative to the rest of the state. 30 miles to primary care is not necessarily a health disparity.*

3. Rurality's effect on access to healthcare

-
-

II. Health Disparities

1. Population

- *Aging*
- *Poverty*
- *Obesity*
- *Smoking/Tobacco Use*
- *Language barriers in Cumberland County*
- *17% lack internet access to support telehealth*

2. Evidence

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MaineHealth

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Provides statistics on poverty and aging population in Franklin County from the 2024 County Health Rankings and Roadmaps & US Census*

- *Cites Cardiac Fellows initiative, but this is in Portland which is not rural.*

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *Community partnership*
- *collaborating with local MaineHealth primary care facilities to provide the best patient-centered care possible. Our team is frequently called upon to attend to patients who face challenges in accessing healthcare due to their rural location and lack financial resources to arrange transportation, especially in an area with limited public transportation options.*
- *Concern: Does the CP Agency intend to collaborate with other primary care providers outside of MaineHealth? Not all patients will choose MaineHealth as their primary care provider. Will those patients and their providers be excluded?*

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *Project 1: Portland- COVID tracking, vaccine clinics, and public health*
- *Project 2: Portland- Public health support to asylum seekers*
- *Project 3: Portland-Cardiac Fellows Initiative*
- *Concern: None of the projects they have engaged in address rurality.*

•

2. *Subcontractors N/A*

•

•

•

3. *Organizational Chart-Provided*

4. *Etc.*

IV. *Proposed Project*

1. *Health Disparities*

- *“The allocated funds are intended to support the Franklin program with consistent and reliable department referrals for a full day of operation. Additionally, the Cumberland project is slated to receive resources for a second day of operation, enabling expansion to*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MaineHealth

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

additional departments and therefore, serving more patients within underserved communities. It is important to highlight that the COVID-19 prevention and education efforts will continue at their current capacity, with plans for future expansion. At present, our Franklin program administers not just COVID-19 and influenza vaccines referred by physicians, but also plans to broaden its scope in collaboration with the Internal Medicine department in Cumberland County. This expansion aims to enhance both programs by placing a stronger emphasis on preventive education.”

- *Concern: Does the Cumberland County initiative qualify for funding in the grant?*

2. *COVID-19*

-

3. *Community Paramedicine Initiation/Expansion*

-

-

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *Yes, the details support the budget and salaries are within BLS statistics.*

-

-

2. *Narrative*

- *Details provided to support budget*

-

3. *Sustainability model*

- *Partnership with MaineHealth*

-

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *They did not provide SMART metrics, just tracking data. No defined goals in a defined period of time.*

-

2. *Reporting- Intent to provide reporting*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *Yes, they provided 3 eligible zip codes*

2. Rurality's effect on overall community health

- *There initial description of rurality effects address only emergency transport to Mid-Coast and Maine Medical Center. Emergency services capacity or transport is not a CP service, not does CP address ED transport staffing shortages*
- *Asserts that CP services could substitute for emergency transport. CP does not deliver emergency services per the statutory definition.*
- *Identifies that some people cannot travel but does not quantify or connect to rurality. States it more as a convenience.*
- *Applicant does not make the case for rurality's impact on the population.*

3. Rurality's effect on access to healthcare

- *Applicant describes barriers to emergency transport and states that many of their most vulnerable are unable to travel. No quantifiable data or statistics are provided to tie population observations to rurality.*
- *Emergency transport and services access/distance issues and EMS staff shortages are not issues addressable with CP funding/services.*

II. Health Disparities

1. Population

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *2020 US Census: Identifies 25% aging population in Topsham, but does not compare statistics to the rest of the state or urban center population statistics.*
- *“As of 1/27/25, of our 500 community paramedic visits in the first 18 months of our program, 183 of those were simply assisting with local resources.” This appears to mean providing community resource supports and not delivering an episode of medical care.*
- *Identifies 12.4% in poverty but again does not compare to state or urban center averages to make the rurality case.*
- *Identifies that some people cannot travel, but does not quantify.*
- *Applicant does not make the case for rurality’s impact on the population.*

2. *Evidence*

- *Evidence is not fully provided. Census data is quoted, but given no context to make the case for rurality.*

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *Advocate for underserved individuals to connect them with local resources.*
- *Improve overall community health*
- *Medication Reconciliation- noting that medication reconciliation is not in the scope of an EMT/AEMT/ Paramedic. This is in the scope of a physician or pharmacist. It is assumed the applicant mean medication compliance supports which is within the scope of CP practice.*
- *Provide services to the uninsured.*

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *Roster of 50 providers, but one part-time Community Paramedic. This is not clear. Who is on the roster?*
- *Previous funding could not pay the FTE CP position with benefits. This funding would pay for the FTE.*
- *Cites having 511 CP calls with a correlating 7% reduction in EMS calls.*
- *Provides public education- CPR and fire prevention education. CP delivers chronic condition self-management education to patients. CPR/fire prevention is EMS education and would not be covered as*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

a CP service. While the capacity to deliver public education is an excellent skill, is the applicant aware that group education and general safety/risk reduction training to groups are not CP services?

- *Applicant describes their 511 CP visits- ~234 visits describe CP services. The remaining 277 describe assistance with smoke detectors, pest control, transportation, and assistance with local resources. These are not CP services.*
- *It is not clear that the applicant has implemented a CP program that this compliant with the statute.*
- *Describes projects to build CP capacity through vehicle and equipment acquisition and CP education/training. These are great steps in building the program.*
- *While the existing program appears to be blurring the lines with municipal and emergency services, they appear to be building capacity to implement a full CP program.*

2. Subcontractors N/A

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-
-

3. Organizational Chart Provided

4. Etc.

IV. Proposed Project

1. Health Disparities

- *25% population over 65 years*
- *Overcrowded hospital*
- *Identifies nursing facilities as an underserved population*
- *Monitors EMS calls and self-refers to their CP provider*
- *Concern: Self-refer model is not best practice for the CP model that should be receiving referrals from PCPs.*

2. COVID-19

- *Immunizations for at risk population with mobility challenges*

3. Community Paramedicine Initiation/Expansion

- *Plan to complete community health risk assessment and implementing a plan to address.*
- *Expand to a full-time CP provider and continue growing their existing model with support from the grant for equipment as well.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Concern: The model they are currently employing is not in alignment with the statutory definition of CP services. It blends EMS risk and education, municipal services, and CP services.*

V. Budget

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Applicant identifies that the funding will assist them with FTE CP provider salary, but does not include salary.*
 - *Otherwise, costs appear to conform to principles and be within the scope of the grant funding initiative.*

•

2. *Narrative*

- *Good*

•

3. *Sustainability model*

- *Not addressed and the majority of the CP service model they describe delivering at this time would not align with billable CP services.*

•

VI. Performance and outcome metrics

1. *5 SMART Metrics*

- *No SMART metrics provided*

•

2. *Reporting- reporting limited to financial reports not including the elements required by the application*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of St. George

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *Provided 6 eligible zip codes*

2. Rurality's effect on overall community health

- *Travel time to healthcare providers is 30 minutes by car is stated as a significant barrier to care.*
- *Cites Medicaid research for increased ED utilization with rurality, but does not connect this directly with the population they serve. They "postulate" but do not show evidence for the population they serve.*
- *"Anecdotal observations"- Post discharge follow-up services for patients facing difficulty returning to their provider for follow-up care. Also a lack of access to public health screenings, education, and immunizations efforts.*
- *Cites challenges for CP as a 20 minute drive to residences.*
- *Concern: 30 minutes is a standard drive time for healthcare services experienced regardless of rurality. Also noting that MaineCare covers non-emergency transportation to medical and behavioral health appointments.*

3. Rurality's effect on access to healthcare

- *30-minute travel time cited*

•

II. Health Disparities

1. Population

- *Aging population. Census data provided*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of St. George

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

•
2. *Evidence*

- *Provides a anecdotal narrative of health disparities based on national NIH data but does not show local prevalence of these disparities like chronic disease, risk of falls, and a “multitude of other health concerns”.*

•
3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *Home safety checks*
- *Home fall risk assessment*
- *Physical exams (vitals) to monitor for chronic illnesses*
- *Medical education*
- *Medication assistance*
- *Seeking to expand post-op/hospitalizations to include hip fractures*
- *In-home services to overcome the impact of mobility and transportation limitations on health outcomes*

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *CP services since 2012 with 209 encounters in 2024*
- *COVID Clinic*
- *Community-based health education*

2. *Subcontractors N/A*

•
•
•
3. *Organizational Chart- not provided. Only provided the names and role title for 2 positions in the organization*

4. *Etc. Litigation and Certificate of insurance left blank, but attached insurance certificate*

IV. *Proposed Project*

1. *Health Disparities*

- *They do not address specific health disparities in this section. They only describe their growth and expansion plans.*

•
2. *COVID-19*

- *COVID education and immunization*

3. *Community Paramedicine Initiation/Expansion*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of St.George

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Create a 20-hour per week dedicated CP position*
- *Notation that they aim to develop their program to be in compliance with the recently passed CP licensure regs.*
- *Further their partnership with local hospital*
- *CP staff expected to provide medical advisor services to town government on future health initiatives including emergencies like COVID.*
- *Expand trained staff from existing 911 providers*
- *CP training increase to support expansion of services*
- *Concern: This advisory role is a minimality role and not a CP service role.*

V. Budget

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Good, details provided*
 - *Conforms to federal principles*
 -
2. *Narrative*
 - *Adequate to verify costs and principles*
 -
3. *Sustainability model*
 - *None described*
 -

VI. Performance and outcome metrics

1. *5 SMART Metrics*
 - *Great data tracking plan, but not SMART metrics. No specific goals within a timebound period to define success.*
 -
2. *Reporting- no reference to reporting*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Westbrook Fire Department

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

Eligibility- Are they eligible given that they have identified that they did not apply for previous RFA funds?

I. Community Rurality

1. HRSA Eligible

- They did not identify a HRSA eligible zip code*

2. Rurality's effect on overall community health

- No rurality identified. Not eligible without a HRSA zip code identified.*
- Growth of group homes identified with increased medical emergencies at these homes.*
- Unhoused population cited to use this funding to coordinate for services with the Westbrook Housing Authority.*
- Applicant makes alludes to mirroring rurality but makes no concrete connection to rurality.*
- Concern: The applicant appears to requesting funding to support another public health initiative with the Westbrook Housing Authority.*

3. Rurality's effect on access to healthcare

- States that Westbrook is part of the Greater Portland metro area, but states that Westbrook is semi-rural.*
- Cites limited access to healthcare, but does not quantify how this is in an urban setting.*
- Identifies health disparities experienced by immigrant population and unhoused population, but does not tie this to rurality*
-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Westbrook Fire Department

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

•
II. Health Disparities

1. Population

- elderly
- Telehealth mode of care a barrier
- Unhoused
- SUD
- MH crises- needs follow-up care. Is MH follow-up care in CP scope of practice?

2. Evidence

- They cite the percent of Medicare beneficiaries, but provide no comparison to rural/non-rural areas to establish a disparity.
- They cite data to make the case that the area has access issues for primary care, but cite a provider panel size of 583 which is not large and they provide no data for comparison to rural/non-rural areas.

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- Deliver services to these underserved populations to reduce strain on 911/EMS services
- Deliver services to unhoused individuals directly
- Concern: They do not address connecting CP patients to primary care

III. Organization Qualifications and Experience

1. Overview of Organization

- Highly trained EMS agency

•

•

2. Subcontractors Not addressed

•

•

•

3. Organizational Chart provided in appendix but does not identify a CP role

4. Etc.Litigation: Not addressed

IV. Proposed Project

1. Health Disparities

- Not addressed in this section

•

2. COVID-19 – COVID was not addressed

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Westbrook Fire Department

DATE: 2/19/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

•

3. *Community Paramedicine Initiation/Expansion*

- *Contract for a Medical Director that will work with 911 services to strengthen these services.*
- *Concern: 911 services are separate and distinct from CP Services.*
- *Community Needs Assessment*
- *Concern: The applicant repeated addresses this funding stream to enhance other public health and municipal programs that are not CP.*
- *Community Paramedicine protocols and job descriptions*
- *CP vehicle*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *Medical director contract and legal consultation fees- are these expenses eligible for the grant funds?*
 - *Funding for other, existing public health and municipal programs?*
 - *Appendix A lacks detail to support the confirmation of the reasonableness of the listed costs. \$13,500 to simply draft a Medical Director contract for a position that will support 911 EMS is a municipal cost that is outside the scope of CP grant funding.*
2. *Narrative*
 - *Provides narrative, but also identifies multiple funding streams that will fund existing municipal projects and 911 roles.*

•

3. *Sustainability model*

- *Not addressed*
-

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*
 - *Provided*

•
2. *Reporting-Not addressed*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 2/25/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *No HRSA eligible zip code provided*

2. Rurality's effect on overall community health

- *23% (271 people) of the unhoused individuals they serve are from eligible rural areas (zip codes) and came to Portland for housing.*
- *Claim that because 78% of general assistance is spent in Portland that means they are impacted by rurality and that people come to Portland from rural areas for this general assistance. They provided no evidence for this pattern of general fund utilization. This seems more likely connected to the concentration of individuals in an urban setting contending with poverty which is a health disparity, but is not related to rurality.*

3. Rurality's effect on access to healthcare

- *Not addressed in this section*
-

II. Health Disparities

1. Population

- *Unhoused*
-

2. Evidence

- *Cites NIH 2017 article and the connection to poor health outcomes, acute care utilization, and poor health for unhoused individuals.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 2/25/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *Maine Continuum of Care- top three gaps experienced by unhoused population- mental health, substance use, and access to care*
- *Unhoused encampments in Portland with a lack of access to care and high EMS response demands*
- 3. *How does the plan improve and/or increase healthcare resources for underserved populations?*
 - *Mobile Medical Outreach (MMO) program- support, medical care, and advocacy for this population*
 - *MMO team to continue to deliver mobile health services to unhoused populations in Portland*
 - *Further develop referral relationship with Greater Portland Health and MaineMOM program*

III. Organization Qualifications and Experience

1. *Overview of Organization*
 - *MMO team reduced EMS calls to shelters by 25%*
 - *MaineMOM*
 - *Living Room Project*
 - *Wound Care in shelter housing units by referral from Greater Portland Health*
2. *Subcontractors*
 - *N/A*
 -
 -
3. *Organizational Chart*
4. *Etc.*

IV. Proposed Project

1. *Health Disparities*
 - *Not addressed in this section, but fully addressed in the rest of the application*
 - *Connects this project to their service expansion for the MMO and MaineMOM program to*
2. *COVID-19*
 - *Not addressed*
3. *Community Paramedicine Initiation/Expansion*
 - *Recent CP Certification*
 - *Add CP Technician Licensure. Do they understand that they would have to have agency licensure as well?*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 2/25/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

•
V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *\$45 per hour does not meet reasonableness standards. BLS Maine salary for paramedics is approximately \$26 per hour and \$53,510 per year. https://www.bls.gov/oes/current/oes_me.htm#29-0000*

- •
2. *Narrative*

- *Yes, adequate to assess for reasonableness.*

- 3. *Sustainability model*

- *Only mentioned plans to become licensed to be ready for insurance billing when available.*

•
VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *Provided metrics related to training not CP services and outcomes.*

- 2. *Reporting- affirmed reporting*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/20/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *Provided 2 eligible zip codes*

2. Rurality's effect on overall community health

- *Not addressed in this section*

•

3. Rurality's effect on access to healthcare

- *Not addressed in this section*

•

II. Health Disparities

1. Population

- *Aging population*
- *Anecdotal observation of transportation issue for aging population. CP services to address this need.*
- *Applicant does not provide specific data about the population they serve on health disparities experienced.*
- *Note: MaineCare covers non-emergency transportation to medical and behavioral health appointments/services.*

2. Evidence

- *2023 Census – median age for the population they serve is 52 years*
- *Cites NIH report that rurality and aging has associated health disparities.*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/20/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

- *These citations address aggregated data at the national level and not specific to the region served by the applicant.*

3. *How does the plan improve and/or increase healthcare resources for underserved populations?*

- *CP Services to aged people with transportation issues.*

•

III. *Organization Qualifications and Experience*

1. *Overview of Organization*

- *Project 1: Cites experience developing the CP program at St. George*
- *Project 2: Cites experience being in charge of COVID vaccine clinics in St George*
- *Project 3: Cites experience in community health education in St George.*

2. *Subcontractors*

- *None listed*

•

•

3. *Organizational Chart: No chart provided. Description of current and proposed future state provided. No job description provided.*

4. *Etc. No litigation listed*

IV. *Proposed Project*

1. *Health Disparities*

- *Access issues as a result of transportation in rural region*
- *30-minute car drive to healthcare*
- *10 miles and 20 miles cited as significant distances to travel for EMS services*
- *“Postulate” that the stated distances leads to lower preventive care utilization and higher ED utilization without data-supported evidence.*
- *Note: 30 minute drive is a standard distance for healthcare not specific to rurality*
- *Healthcare workforce shortage is acute in the region*
- *Limited access to public health initiatives like education and immunization.*

2. *COVID-19*

- *Will provide medical advisement in the case of a public health event like COVID*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/20/2025

EVALUATOR NAME: Heather Pelletier

EVALUATOR DEPARTMENT: Department of Health and Human Services

3. *Community Paramedicine Initiation/Expansion*

- *Creation of CP Services in Stockton Springs*
- *CP Staff- 20 hours per week (part-time)*
- *Providing routine care in the home*
- *Public health education, community health initiatives, and promote the program.*
- *Build referral relationships with local health office and hospital to create CP protocols for follow-up care for high risk patients post inpatient.*
- *CP training for three affiliates, one technician and one clinician*
- *Concern that the applicant sees CP as an extension of the municipality and general assistance as opposed to episodic medical services*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *Yes*
-
-

2. *Narrative*

- *Provided and adequate to determine reasonableness*
-

3. *Sustainability model*

- *future municipal budget planning*
- *future reimbursement by public and private health insurance*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *Good tracking metrics but not SMART Metrics.*
-

2. *Reporting- not addressed*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Memorial Ambulance Corps

DATE: 02/18/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *P: HRSA eligibility discussed*

2. Rurality's effect on overall community health

- *P: effectively outlined how community rurality affects the health of the population*
- *I: emphasis on housing access- not sure how this ties into rurality but certainly aware of how limited access to housing can affect community health*

3. Rurality's effect on access to healthcare

- *P: effectively discussed limited access to healthcare due to rurality*

II. Health Disparities

1. Population

- *P: effectively discussed how aging population and limited access to appropriate resources has affected overall community health*

2. Evidence

- *P: demonstrated how disparities in socioeconomic status of community have left a gap in who receives care and who does not, and how expanded CP programming could close this gap*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- *P: plan calls for CP providers to provide specific care that is no longer available in this specific community (specifically for older individuals that require assisted living/ nursing home care)*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Memorial Ambulance Corps

DATE: 02/18/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

III. Organization Qualifications and Experience

1. Overview of Organization

- *Project 1: I- emphasizes commitment to how embedded this agency is in their community, but not super relevant to RFP*
- *Project 2: P/I- demonstrates effective application of CP in community*
- *Project 3: P- demonstrates effective application of CP in community, seems well within scope*

2. Subcontractors

- *No subcontractors identified*

3. Organizational Chart

- *P: clearly outlines staffing structure of leadership and clinician oversight*

4. Etc.

- *No litigation, certificate of insurance provided*

IV. Proposed Project

1. Health Disparities

- *P: clearly connects the community need to the CP response*

2. COVID-19

- *P: clearly states intention to expand training on utilization and acquisition of COVID testing, as well as continuing to offer in-home vaccination*

3. Community Paramedicine Initiation/Expansion

- *I: seems to speak to increasing capacity for CP clinicians to provide weekly visits; this may have been an individual interpretation*

V. Budget

1. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- *P: budget costs conform to federal principles*

2. Narrative

- *P: clearly explains how funds will be allocated*

3. Sustainability model

- *I: speaks to pursuing more grants after grant period is over to sustain services*

VI. Performance and outcome metrics

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Memorial Ambulance Corps

DATE: 02/18/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

1. *5 SMART Metrics*

- *P: identifies metrics to be measured over the course of this grant period*

2. *Reporting*

- *P/I: outlines adherence to contract for reporting. Also plan to post success stories of the program on social media with considerations for HIPAA compliance (this raises some concerns just because of small size of community)*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance

DATE: 2/18/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- P: HRSA eligibility discussed***

2. Rurality's effect on overall community health

- P: spoke to limited access to care negatively impacting community health***

3. Rurality's effect on access to healthcare

- P: cited distance to care, limited access to providers, and barriers to travelling to access care***

II. Health Disparities

1. Population

- P: describes lower socio-economic status of area and disproportioned rate of disability and poverty as compare to the rest of the state.***

2. Evidence

- P: provided data from credible studies to support claims***

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- P: increased capacity to bring services to people who cannot travel to access it themselves; speaks directly to filling gaps that local home health services cannot***

III. Organization Qualifications and Experience

1. Overview of Organization

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Northern Oxford Regional Ambulance

DATE: 2/18/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

- *P: originally participated in CP pilot, provided COVID vaccines to community as a drive-through vaccination site, and provides CP services under current programming*
- 2. *Subcontractors*
 - *No subcontractors identified*
- 3. *Organizational Chart*
- 4. *I: very small organization with only two CP medics to cover a large geographic area*
- 5. *Etc.*
 - *No litigation, certificate of insurance provided*
- IV. *Proposed Project*
 - 1. *Health Disparities*
 - *I/N: the proposed project spoke more to staffing and acquisition of supplies than how the project would help to eliminate health disparities- it does speak a little bit to how these things would provide more access to CP services*
 - 2. *COVID-19*
 - *N: no mention of COVID- related services in this section*
 - 3. *Community Paramedicine Initiation/Expansion*
 - *P/I: proposal talked about ability to adjust current funding model to provide more coverage to existing CP services*
- V. *Budget*
 - 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *P: budget appears to align with federal principles*
 - 2. *Narrative*
 - *P: outlined specific SMART goals that would be reportable to the department*
 - 3. *Sustainability model*
 - *N: I do not see any information about sustainability in this section*
- VI. *Performance and outcome metrics*
 - 1. *5 SMART Metrics*
 - *P: at least 5 SMART metrics identified*
 - 2. *Reporting*
 - *P: comprehensive, reportable project metrics identified*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/20/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

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Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - P: HRSA eligibility discussed
 2. Rurality's effect on overall community health
 - N: not discussed in this section
 3. Rurality's effect on access to healthcare
 - N: not discussed in this section
- II. Health Disparities
 1. Population
 - P/I: only discussed aging population and complications from that in this section as health disparity, but ties rurality in to this discussion
 2. Evidence
 - P: evidence supports discussion of population
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - P/N/Q: discusses plan to provide episodic care, but references transportation as barrier to accessing care. Would like to know more about transportation barriers- access to public transportation? How far to nearest healthcare facilities?
- III. Organization Qualifications and Experience
 1. Overview of Organization
 - P/I/Q: speaks to experience in other areas of the state- would like to know more about projects that this agency has been involved in. Experience outlined here is certainly relevant to proposed project, but highlights work of one person at their previous agency. Would

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/20/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

this same scope of work be reasonable in new area? What projects has Stockton Springs been a part of that can also speak to this work or motivation to be involved?

2. Subcontractors

- None identified

3. Organizational Chart

- I: missing job descriptions, scheduled CP service model

4. Etc.

- No litigation attached, certificate of insurance attached

IV. Proposed Project

1. Health Disparities

- I: describes "up to" 30 mins by car as barrier to accessing care
- Q: describes rurality as health disparity- what conditions are exacerbated by this? Whose access to care is limited because of this? What patients are chronically encountered by EMS in this area that would benefit from CP services?

2. COVID-19

- N: COVID initiatives not discussed, only that medical advising to town govt may be provided regarding future health initiatives such as emerging infections like COVID

3. Community Paramedicine Initiation/Expansion

- P: plan to initiate CP in this community clearly outlined in this section

V. Budget

1. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- P: budget costs appear to conform to federal governments principles

2. Narrative

- P/I: narrative supports budget, would have liked to see more specifics in most sections of narrative

3. Sustainability model

- N: not discussed in this section in narrative (discussed in next section)

VI. Performance and outcome metrics

1. 5 SMART Metrics

- N: SMART metrics not provided

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Stockton Springs Ambulance

DATE: 2/20/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

2. *Reporting*

- *N: no mention of reporting to department*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: North East Mobile Health Services

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - P: HRSA eligibility discussed
 2. Rurality's effect on overall community health
 - N: was not talked about in this section
 3. Rurality's effect on access to healthcare
 - P: explored limits to access to healthcare effectively
- II. Health Disparities
 1. Population
 - P: speaks to aging population that face social and economic challenges due to rurality
 - P: provided sufficient information on what kinds of health conditions this population faces, and which could be addressed through CP interventions
 2. Evidence
 - P: robust information provided to support claims that this population is disproportionately affected by SDOH due to its rurality
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - P: comprehensively outlined how expansion of CP would address many of the healthcare needs of this population
- III. Organization Qualifications and Experience
 1. Overview of Organization

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: North East Mobile Health Services

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

- *P: speaks to collaboration with other community resources to meet the needs of the population and participation in CP pilot and existing CP services*
- 2. *Subcontractors*
 - *No subcontractors identified*
- 3. *Organizational Chart*
 - *I: clear organizational chart, would have liked to see number of CP providers that would be working on this project. Are Jackman providers going to be a part of the scope of the services provided under this grant?*
- 4. *Etc.*
 - *No litigation documentation provided, certificate of insurance included*
- IV. *Proposed Project*
 - 1. *Health Disparities*
 - *P: clearly describes how health disparities will be addressed through the contract*
 - 2. *COVID-19*
 - *P: COVID testing and prevention discussed*
 - 3. *Community Paramedicine Initiation/Expansion*
 - *P: scope of services to be expanded/ added outlined*
- V. *Budget*
 - 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *P: costs adhere to federal government principles*
 - 2. *Narrative*
 - *P: narrative supports expenses*
 - 3. *Sustainability model*
 - *I: discussion of connection to other community health resources to continue to meet population needs*
- VI. *Performance and outcome metrics*
 - 1. *5 SMART Metrics*
 - *P: more than 5 metrics identified*
 - 2. *Reporting*
 - *P: reportable metrics identified*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Sanford Fire Department

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - P: HRSA eligibility discussed
 2. Rurality's effect on overall community health
 - P: speaks to how rurality impacts population living with disabilities and aging population
 3. Rurality's effect on access to healthcare
 - P: limited access to healthcare due to rurality clearly outlined
- II. Health Disparities
 1. Population
 - P: examines how population is disproportionately affected by health disparities
 2. Evidence
 - P: evidence provided to support affect of rurality on population health
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - N: not explored in this section
- III. Organization Qualifications and Experience
 1. Overview of Organization
 - P: sufficient overview of organization and plan to hire internally for a CP position
 - N: no projects to support qualifications and experience
 2. Subcontractors
 - None identified

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Sanford Fire Department

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

3. *Organizational Chart*

- *I: clear org chart, only one CP clinician indicated for large scope of work*

4. *Etc.*

- *Litigation and proof of insurance attached*

IV. *Proposed Project*

1. *Health Disparities*

- *P/I: outlines how project will address health needs of rural community through CP scope*

2. *COVID-19*

- *P: states that CP will be a supporting force in COVID vaccination efforts*

3. *Community Paramedicine Initiation/Expansion*

- *I: outlines scope of CP provider and the services they could provide*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *I: unclear on if costs other than one personnel will be covered by funds, or if department is proposing to cover costs*

2. *Narrative*

- *N: unclear on why potential funding outside of contracted amount was included*

3. *Sustainability model*

- *N: only explores cost for one year*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *N: three metrics identified in this section*

2. *Reporting*

- *P: reporting to the department mentioned*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Waterville Fire Department

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - P: HRSA eligibility discussed
 2. Rurality's effect on overall community health
 - P: rurality's effect on community health discussed
 3. Rurality's effect on access to healthcare
 - P: barriers to accessing healthcare discussed
- II. Health Disparities
 1. Population
 - P: socioeconomic disparities discussed
 2. Evidence
 - P: evidence of disproportionate socioeconomic barriers as compared to other areas of the state provided
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - P: increasing access to care through increased access to CP resources explained
- III. Organization Qualifications and Experience
 1. Overview of Organization
 - P: relevant examples of current CP experience outlined
 2. Subcontractors
 - No subcontractors identified
 3. Organizational Chart
 - I: CP personnel not indicated
 4. Etc.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Waterville Fire Department

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

- *No litigation attached, certificate of insurance attached*

IV. Proposed Project

1. Health Disparities

- *P: outlines how CP will meet the needs of a population that is affected by poverty, aging, and unhoused populations with limited access to healthcare services*

2. COVID-19

- *P: speaks to continued vaccination and follow-up care in regard to COVID*

3. Community Paramedicine Initiation/Expansion

- *P: discussed increase in hours providing CP services to the community and expansion of community partnerships*

V. Budget

1. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- *P: budget conforms to federal government principles*

2. Narrative

- *P: narrative supports proposed budget*

3. Sustainability model

- *P: describes carryover funding and potential for future funding with proof of program efficacy*

VI. Performance and outcome metrics

1. 5 SMART Metrics

- *P: 5 metrics discussed*

2. Reporting

- *P: commitment to reporting discussed*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - P: some communities identified as meeting this requirement
 2. Rurality's effect on overall community health
 - I: impact of rurality on community health talked about, but not in relation to specific population that will be served
 3. Rurality's effect on access to healthcare
 - P: impact on access to healthcare due to rurality of area discussed with specific barriers mentioned
- II. Health Disparities
 1. Population
 - P: comprehensive examination of specific health disparities within population presented
 2. Evidence
 - P: used credible data sources to provide evidence of community-specific health disparities
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - P: expansion of services and access to CP services and partnerships with state and local organizations discussed
- III. Organization Qualifications and Experience
 1. Overview of Organization
 - P: relevant examples that highlighted experience and qualifications presented
 2. Subcontractors

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance Service

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

- *P: laboratory subcontractor identified to expand capabilities of CP services*
- 3. *Organizational Chart*
 - *P: clearly outlines organizational structure*
- 4. *Etc.*
 - *Litigation and certification of insurance provided*
- IV. *Proposed Project*
 - 1. *Health Disparities*
 - *P: addresses expanding scope of CP services to increase access to care in populations that experience health disparities as a result of rurality*
 - 2. *COVID-19*
 - *P: expansion of COVID prevention and control*
 - 3. *Community Paramedicine Initiation/Expansion*
 - *P: expansion of services outlined*
- V. *Budget*
 - 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *P: budgeted costs conform to federal governments four cost principles*
 - 2. *Narrative*
 - *P: narrative supports cost*
 - 3. *Sustainability model*
 - *P: sustainability through potential reimbursement or private contracts*
- VI. *Performance and outcome metrics*
 - 1. *5 SMART Metrics*
 - *P: 5 metrics identified*
 - 2. *Reporting*
 - *P: specific reporting to department highlighted*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance - Bridgton

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - P: some communities identified as meeting this requirement
 2. Rurality's effect on overall community health
 - I: impact of rurality on community health talked about, but not in relation to specific population that will be served
 3. Rurality's effect on access to healthcare
 - P: impact on access to healthcare due to rurality of area discussed with specific barriers mentioned
- II. Health Disparities
 1. Population
 - P: comprehensive examination of specific health disparities within population presented
 2. Evidence
 - P: used credible data sources to provide evidence of community-specific health disparities
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - P: expansion of services and access to CP services and partnerships with state and local organizations discussed
- III. Organization Qualifications and Experience
 1. Overview of Organization
 - P: relevant examples that highlighted experience and qualifications presented
 2. Subcontractors

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: United Ambulance - Bridgton

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

- *P: laboratory subcontractor identified to expand capabilities of CP services*
- 3. *Organizational Chart*
 - *P: clearly outlines organizational structure*
- 4. *Etc.*
 - *Litigation and certification of insurance provided*
- IV. *Proposed Project*
 - 1. *Health Disparities*
 - *P: addresses expanding scope of CP services to increase access to care in populations that experience health disparities as a result of rurality*
 - 2. *COVID-19*
 - *P: expansion of COVID prevention and control*
 - 3. *Community Paramedicine Initiation/Expansion*
 - *P: expansion of services outlined*
- V. *Budget*
 - 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *P: budgeted costs conform to federal governments four cost principles*
 - 2. *Narrative*
 - *P: narrative supports cost*
 - 3. *Sustainability model*
 - *P: sustainability through potential reimbursement or private contracts*
- VI. *Performance and outcome metrics*
 - 1. *5 SMART Metrics*
 - *P: 5 metrics identified*
 - 2. *Reporting*
 - *P: specific reporting to department highlighted*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MaineHealth

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- *P: HRSA eligibility discussed*

2. Rurality's effect on overall community health

- *N: not discussed in this section*

3. Rurality's effect on access to healthcare

- *P: rural nature of service area in relation to decreased access to medical services outlined*

II. Health Disparities

1. Population

- *I: difficulty accessing care and prevalent medical conditions discussed, as well as considerations for aging and culturally diverse populations*

2. Evidence

- *P: data supporting prevalence of medical conditions and marginalized populations presented*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- *P: increases access to healthcare resources for underserved populations and connection to care outside of CP initiatives through community partnerships*

III. Organization Qualifications and Experience

1. Overview of Organization

- *P: projects that exemplified organization qualifications and experience discussed*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: MaineHealth

DATE: 2/18/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

2. *Subcontractors*
 - *No subcontractors included*
3. *Organizational Chart*
 - *P: clear organizational chart provided with robust CP staff included*
4. *Etc.*
 - *Litigation and certificate of insurance attached*
- IV. *Proposed Project*
 1. *Health Disparities*
 - *P: explains how the project aims to combat health disparities by meeting patients where they are*
 2. *COVID-19*
 - *I: plans to continue COVID prevention and education, no specific examples of expansion of services discussed*
 3. *Community Paramedicine Initiation/Expansion*
 - *P: expansion of services outlined*
- V. *Budget*
 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *P: budgeted costs conform to federal government's four cost principles*
 2. *Narrative*
 - *P: narrative supports budgeted costs*
 3. *Sustainability model*
 - *P: transition planning discussed should funding not be continued or additional funding cannot be secured through an MOU with insurance providers*
- VI. *Performance and outcome metrics*
 1. *5 SMART Metrics*
 - *P: 5 SMART metrics identified*
 2. *Reporting*
 - *I: reporting to be reviewed by manager or regional coordinator discussed*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/19/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - P: HRSA eligibility determined and discussed
 2. Rurality's effect on overall community health
 - P: speaks to lack of providers in area due to longer transport times as a result of rurality
 3. Rurality's effect on access to healthcare
 - P: describes lack of access to PCP services and emergency medical care
- II. Health Disparities
 1. Population
 - P: aging population and higher poverty rate described
 2. Evidence
 - P: data supporting claims around population provided
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - P: plan would provide access to services that people historically have received from emergency services or the hospital, and increase availability of emergency services to the community
- III. Organization Qualifications and Experience
 1. Overview of Organization
 - Q/N: these projects were not examples of qualification and experience, but rather projects that would happen if the agency were to receive the funding
 2. Subcontractors

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of Topsham

DATE: 2/19/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

- *No subcontractors listed*
- 3. *Organizational Chart*
 - *P: clear organizational chart*
- 4. *Etc.*
 - *No litigation, certificate of insurance attached*
- IV. *Proposed Project*
 - 1. *Health Disparities*
 - *I: speaks to needs of aging population*
 - 2. *COVID-19*
 - *P: discussed COVID immunizations as part of project*
 - 3. *Community Paramedicine Initiation/Expansion*
 - *P: plan to increase CP hours and acquiring more equipment and training*
- V. *Budget*
 - 1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*
 - *P: budgeted costs conform to federal governments principles*
 - 2. *Narrative*
 - *P: narrative supports cost*
 - 3. *Sustainability model*
 - *P: no staffing included- purchase of equipment to support project will not require much sustainability*
- VI. *Performance and outcome metrics*
 - 1. *5 SMART Metrics*
 - *N: SMART metrics not clearly identified*
 - 2. *Reporting*
 - *N: no mention of reporting to the department*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of St. George

DATE: 2/19/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - Q/I: not discussed in appropriate section of application
 2. Rurality's effect on overall community health
 - Q/I: not discussed in appropriate section of application
 3. Rurality's effect on access to healthcare
 - Q/I: not discussed in appropriate section of application
- II. Health Disparities
 1. Population
 - P: discusses disproportionate number of aging individuals in community and limited access to chronic disease support
 2. Evidence
 - P: evidence provided to support health disparities discussion
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - P: speaks to ER diversion and providing care in a more accessible way to this population
- III. Organization Qualifications and Experience
 1. Overview of Organization
 - P: projects highlighted qualifications and experience of agency
 2. Subcontractors
 - None identified
 3. Organizational Chart
 - Q: organizational chart not provided, staffing structure outlined
 4. Etc.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Town of St.George

DATE: 2/19/2025

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

- *No litigation, certificate of insurance provided but not indicated as attached*

IV. Proposed Project

1. Health Disparities

- *P: proposed project speaks to reducing health disparities in the community*

2. COVID-19

- *I: mentions capacity to monitor emerging infections such as COVID*

3. Community Paramedicine Initiation/Expansion

- *P: proposes addition of CP hours to existing program, and increasing staffing to support this*

V. Budget

1. Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?

- *P: budget costs conform to federal governments four cost principles*

2. Narrative

- *Q: limited narrative supporting costs*

3. Sustainability model

- *N: no sustainability model explored*

VI. Performance and outcome metrics

1. 5 SMART Metrics

- *P: 5 SMART metrics identified*

2. Reporting

- *N: no mention of reporting*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Westbrook Fire Department

DATE: 2/19/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

- I. Community Rurality
 1. HRSA Eligible
 - N: not HRSA eligible according to application
 2. Rurality's effect on overall community health
 - N: not discussed
 3. Rurality's effect on access to healthcare
 - N: not discussed
- II. Health Disparities
 1. Population
 - P/I: discussion of aging population and unhoused population
 2. Evidence
 - N: mostly anecdotal evidence provided
 3. How does the plan improve and/or increase healthcare resources for underserved populations?
 - P: increased access to care and connection to resources mentioned
- III. Organization Qualifications and Experience
 1. Overview of Organization
 - N: projects exemplifying qualifications and experience not presented
 2. Subcontractors
 - No subcontractors provided
 3. Organizational Chart
 - I: no indication of where CP providers would be in organizational chart

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Westbrook Fire Department

DATE: 2/19/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

4. *Etc.*

- *No litigation, certificate of insurance attached*

IV. *Proposed Project*

1. *Health Disparities*

- *I: one bullet point discussing educating underserved populations about CP services*

2. *COVID-19*

- *N: no mention of COVID services in this section*

3. *Community Paramedicine Initiation/Expansion*

- *I: initiation of program discussed*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *P: conforms to federal governments four cost principles*

2. *Narrative*

- *P: narrative supports costs*

3. *Sustainability model*

- *N: not discussed*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *N: 4 metrics discussed*

2. *Reporting*

- *N: reporting not discussed*

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 2/19/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

Instructions: *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Lead Evaluator for this RFP.*

Individual Evaluator Comments:

I. Community Rurality

1. HRSA Eligible

- N: not eligible*

2. Rurality's effect on overall community health

- N: effect of rurality on community health not discussed*

3. Rurality's effect on access to healthcare

- N: not discussed*

II. Health Disparities

1. Population

- I: discusses issues facing unhoused population*

2. Evidence

- P: evidence provided to support discussion*

3. How does the plan improve and/or increase healthcare resources for underserved populations?

- N/I: aims to meet the need of discussed population, does not discuss plan to meet the need in this section*

III. Organization Qualifications and Experience

1. Overview of Organization

- P: projects provide relevant examples of how MMO meets the needs of the community in collaboration with community partners*

2. Subcontractors

- None identified*

3. Organizational Chart

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

BIDDER NAME: Portland Fire Department

DATE: 2/19/25

EVALUATOR NAME: Taylor Parmenter

EVALUATOR DEPARTMENT: Department of Public Safety

- *N: does not identify where CP professionals would fall, does not identify any personnel outside of program leadership (with numbers or otherwise)*

4. *Etc.*

- *No litigation attached, certificate of insurance attached*

IV. *Proposed Project*

1. *Health Disparities*

- *N: not discussed how this expansion will address health disparities*

2. *COVID-19*

- *N: not discussed*

3. *Community Paramedicine Initiation/Expansion*

- *P: goal is to get all 20 employees through CPT training*

V. *Budget*

1. *Do budgeted costs conform to the federal government's four cost principles, including but not limited to, necessary, reasonable, allocable, and consistently treated?*

- *I: this budget and project proposal seem to address training needs, not meeting the needs of a rural community*

2. *Narrative*

- *I: supports funding requests, not very specific cost breakdown (does this include benefits, etc.), limited information about request for CPT class cost*

3. *Sustainability model*

- *N/I: none mentioned, but may not be necessary as this was a request for funding for training only and not sustaining services after training. Funding may already be available to this agency to continue these services?*

VI. *Performance and outcome metrics*

1. *5 SMART Metrics*

- *P: 5 SMART metrics identified*

2. *Reporting*

- *P: mentions reporting to department quarterly*



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY

Janet T. Mills
Governor

Michael Sauschuck
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

I, Anna Massefski accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Public Safety. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.

Anna Massefski

Signature

12/02/25

Date



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY

Janet T. Mills
Governor

Michael Sauschuck
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

I, Heather Pelletier accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Public Safety. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.

Heather Pelletier

14/02/25

Signature

Date



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY

Janet T. Mills
Governor

Michael Sauschuck
Commissioner

AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202412213

RFA TITLE: Healthcare Disparities Funding for Community Paramedicine

I, Taylor Parmenter accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Public Safety. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.

Taylor Parmenter

Taylor Parmenter (Feb 18, 2025 09:14 EST)

Signature

18/02/25

Date