

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/MCDCP/Chronic Disease Prevention and Control		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Storm Dexter		
(If applicable) Department Reference #:		CD0-25-45XX Multiple – See attached		
Amount: (Contract/Amendment/Grant)	\$ 200,000.00	Advantage CT / RQS #:	Multiple, see attached	
CONTRACT	Proposed Start Date:	9/1/2024	Proposed End Date:	8/31/2025
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multiple – See attached		
Brief Description of Goods/Services/Grant:		Train and Deploy Community Health Workers to administer Asthma Self-Management (AS-ME) Program.		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Maine CDC is seeking to expand the reach and sustainability of asthma education services through implementation of the Asthma Self-Management Education Program (AS-ME) for populations with high asthma burden by collaborating with Community Health Workers and building on the foundations established by the Community Health Workers for Covid Response and Resilient Communities Grant (CCR).

The AS-ME program is designed to teach self-management skills to people with asthma and to provide education to their families and caregivers. The goals of the Program are:

- Increase client / caregiver asthma self-management knowledge and skills.
- Reduce asthma triggers for clients receiving home environmental assessments.
- Improve client health outcomes.
- Improve knowledge and understanding among professionals regarding appropriate asthma management practices and effective public health strategies related to asthma management.

The primary strategies that Maine's AS-ME Program will fund include:

- Integrate the AS-ME Program into the organizational infrastructure to support sustained program implementation by CHWs.
- Work to transition reimbursement mechanism for AS-ME program implementation to MaineCare upon availability. State funding level will decrease after one year as MaineCare coverage for AS-ME services is implemented.
- Ensure acquisition of asthma management related knowledge and skills by CHWs for successful implementation of the AS-ME Program.
- Coordinate and/or promote awareness of the availability of the AS-ME Program to target populations.
- Facilitate implementation of the AS-ME program by CHWs within target populations to improve asthma control and other outcomes related to social needs.

This is a one-time procurement initiative, using federal funding that will end on 8/30/25.

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

The Department has determined these providers are qualified to provide these services because they have met the following criteria:

1. Qualified partners must be a community-based organization, public health department (tribal, municipal), or health care organization (primary care practice, health system, community care team) with developed Community Health Worker (CHW) Program funded by the Community Health Workers for COVID Response and Resilient Communities (CCR).
2. Qualified organizations must be an enrolled MaineCare Provider in order to have the ability to bill through MaineCare for ASME services.
3. Qualified organizations must agree to use the CommCare digital platform to collect, manage and report ASME program data.
4. Qualified partners must currently employ Community Health Workers. A CHW is defined as a trusted frontline public health professional, who applies their unique understanding

PART III: SUPPLEMENTAL INFORMATION

of the lived experiences, socioeconomic needs, language, and culture of the communities they serve. A Community Health Worker acts as a bridge between providers and individuals to promote health, reduce disparities, and improve service delivery; empathizes with and advocates for individual and community needs; helps to build individual, family and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

Qualified partners must have the capacity to deploy CHWs in the care, support, and follow up of children and adults who, despite adequate medical management, have asthma that is not well controlled. Priority populations are those with increased prevalence of uncontrolled asthma and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include racial and ethnic minority groups, persons who are economically disadvantaged, justice-involved, experiencing homelessness.

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

The rate for these services is comparable among the willing and qualified providers.

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

The Department does not intend to RFP these services as they are offered to providers who are willing and qualified to provide these services. This is a one-time contract using federal funding that will end on 8/30/25.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

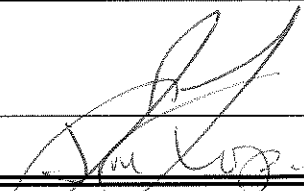

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>John Long</i>	Date:	13-Nov-24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	11/21/2024

DHHS Office:	MCDP				
Service:	Asthma				
Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Amount
Portland Community Health Center	CD0-25-4529	20240905000CD0254529	9/1/2024	8/31/2025	\$40,000.00
MaineHealth dba Maine Medical Center	CD0-25-4530	20240905000CD0254530	9/1/2024	8/31/2025	\$40,000.00
Central Maine Area Agency on Aging	CD0-25-4531	20240905000CD0254531	9/1/2024	8/31/2025	\$40,000.00
Rangley Regional Health Center Inc	CD0-25-4532	20240905000CD0254532	9/1/2024	8/31/2025	\$40,000.00
New Mainers Public Health Initiative	CD0-25-4533	20240905000CD0254533	9/1/2024	8/31/2025	\$40,000.00
Total Items	5			Totals	\$200,000.00