

State of Maine Procurement Justification Form

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

INSTRUCTIONS: Please provide the requested information in the white spaces below. 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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Arlene Jones		
(If applicable) Department Reference #:		OMS-21-2101		
Amount: (Contract/Amendment/Grant)	\$819,000	Advantage CT / RQS #:	CT 10A 20210225000000002338	
CONTRACT	Proposed Start Date:	3/1/2021	Proposed End Date:	6/30/2021
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:		ModivCare (formerly LogistiCare) Atlanta, GA		
Brief Description of Goods/Services/Grant:		Transportation to COVID-19 Vaccination sites		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
X	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization: COVID-19

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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

The purpose of this Agreement is to provide transportation services to COVID-19 Vaccination Sites as identified by the Department.

The Provider shall deliver transportation services to recipients who live in the designated service areas, Transit Regions 1, 2, 3, 4, 5, 6, 7 and 8, and who are not eligible for Non-Emergency Transportation.

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PART III: SUPPLEMENTAL INFORMATION

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

During the COVID-19 Public Health Emergency it is vitally important to get people vaccinated. The Provider has the financial, technical, and staff capacity to do this in a very short time frame that can accommodate the urgency of this matter. The Provider currently has a transportation network that covers most of the State, and they will partner with other brokers to ensure coverage for all areas.

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

The rates for transportation are consistent with similar services offered to MaineCare Members. In addition, the Provider has agreed to offer 20,000 trip legs per month at no cost to the Department.

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

This Agreement is in response to the Public Health Emergency; the Department does not intend to RFP for these services.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

DocuSigned by:

Benjamin Mann

Printed Name: Benjamin Mann

Date: 3/5/2021

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Jaime Schorr

Printed Name: Jaime Schorr

Date: 3/11/2021