

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:	MCDC/Disease Prevention/Public Health Nursing			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Ryan Roberts			
(If applicable) Department Reference #:	CDC-17-032G			
Estimated Contract or Grant Amount:	Original: \$2,589,829.00 Amend: \$30,000.00 Revised: \$2,619,829.00	Advantage CT / RQS #:	CT-10A-20160801*0337	
AMENDMENT	Original Start Date:	7/1/2016	New Start Date:	N/A
	Original End Date:	7/31/2020	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
ALL OTHER	Proposed Start Date:		Proposed End Date:	
Vendor/Provider/Grantee Name, City, State:	MaineHealth Care at Home Saco, ME			
Brief Description of Goods/Services/Grant:	Community Health Nursing – COVID-19 Response Support			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
X	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
	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. Other Authorization: COVID-19

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>These critical nursing services are required to address public health nursing needs in areas of the State not covered by the Maine CDC Public Health Nursing Program, pursuant to Maine Revised Statutes: Title 22: Health and Welfare, Subtitle 2: Health, Part 4: Hospitals and Medical Care, Chapter 408: Public Health Nursing, §1963, 1. B, 3. The provision of these nursing services help address the Department's goals of increasing individual and public health, improving self-reliance and self-sufficiency of individuals and families, improving safety of individuals and communities, and ensuring efficient use of resources to achieve quality outcomes. These</p>

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL QUESTIONS

services will supplement the State of Maine PHN work during the COVID-19 response to backfill the PHN's in assessing high risk MCH families and conduct home visits as needed so that PHN's will be available to support the COVID-19 response statewide.

The purpose of this amendment is to expand the coverage area for one of the subcontractors who is able to increase MCH services to assist the CDC while PHN responds to COVID-19. In the event that additional Community Health Nursing Services are needed throughout the duration of Governor Mill's Civil State of Emergency regarding COVID-19, this PJF will apply.

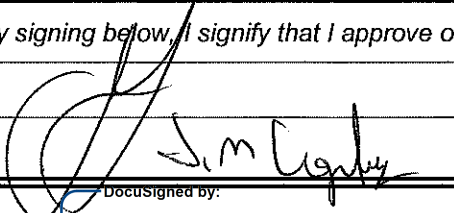

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

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

Cost is based on rates established in the previous RFP. The Department looked at available companies to provide these items; this organization was the only one that could support the Department's need. As such, the Department reviewed the pricing, which was deemed acceptable in light of the Governor's Civil State of Emergency.

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

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	17 - Apr - 20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	kathy Paquette	Date:	5/5/2020