

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/ DLC/ Civil Money Penalty Reinvestment Program Larry Carbonneau		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Ryan Roberts		
(If applicable) Department Reference #:		DLC-20-2010		
Amount: (Contract/Amendment/Grant)	\$206,925	Advantage CT / RQS #:	CT 10A 20200504*3075	
CONTRACT	Proposed Start Date:	5/1/2020	Proposed End Date:	9/30/2020
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:		Maine Health Care Association Augusta, Maine		
Brief Description of Goods/Services/Grant:		Coordinate Communicative Technology for Nursing Homes		

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
	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 Centers for Medicare & Medicaid Services (CMS) has issued Guidance for Infection Control and Prevention of COVID-19.1 This guidance directs nursing home facilities to significantly restrict visitors and nonessential personnel to protect nursing home facility residents. Recognizing that visitor restrictions may be difficult for residents and families, the federal Centers for Medicare and Medicaid Services has recognized the potential of the project to benefit nursing home facility residents and improve their quality of care or quality of life by using electronic devices for communication.

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PART III: SUPPLEMENTAL INFORMATION

The Provider will survey Maine nursing home facilities to (1) determine the needs of each individual facility (2) determine the type of tablet that facility is comfortable using and (3) determine how many the facility needs to meet the needs based on the number of residents in that facility. Determinations will be based on the guidelines provided by CMS and following the CMS guidelines on the maximum number of devices each facility can obtain based on the number of residents.

The Provider will obtain the devices, allowable accessories and distribute to facilities based on the report they will develop as part of this contract.

Devices must enable residents to have virtual social and telehealth visits. Devices can be shared among residents (e.g., 1 device per 7-10 residents). Facilities will not be permitted to purchase personal devices for each resident. Prohibited expenses include but are not limited to travel, Internet, software subscription fees and administrative fees.

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

The Provider has experience working with Maine's nursing home facilities and CMS. This Provider possesses the necessary expertise and experience to manage this project.

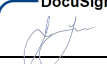

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs were determined by CMS for each nursing home facility. These costs are considered fair and reasonable by the Department.

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

The Department does not intend to RFP this service as the service is not expected to continue after the end date.

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>		
	<small>DocuSigned by:</small>		
			
Printed Name:	Jim Lepore	Date:	5/15/2020
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>		
			
Printed Name:	Kathy Paquette	Date:	5/26/2020