

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/ Infection Control Assessment and Response (ICAR) assessment		
Department Contract Administrator or Grant Coordinator:		Nancy Tan Shawn Belanger		
(If applicable) Department Reference #:		ADS-21-9316		
Amount: (Contract/Amendment/Grant)	\$200,000.00	Advantage CT / RQS #:	CT-10A-20201009*1200	
CONTRACT	Proposed Start Date:	10/01/20	Proposed End Date:	12/31/20
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:		Androscoggin Home Health Services		
Brief Description of Goods/Services/Grant:		Infection Control Assessment and Response (ICAR) assessment of Private Non-Medical Institutions (PNMIs), Assisted Living Facilities, Residential Care Facilities, and Group Homes in Maine		

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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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.

In Maine more than 10,000 older persons and adults with disabilities live in approximately 2,000 congregate settings other than nursing homes. Many of these people have underlying conditions that place them at greater risk than the general population for morbidity and mortality from COVID-19 and other infectious diseases.

The purpose of this Agreement is to improve infection prevention and control (IP&C) in congregate residential settings other than nursing homes in Maine. These settings may include Private Non-Medical Institutions (PNMIs), Assisted Living Facilities, Residential Care Facilities, and licensed and unlicensed Group Homes. Currently these settings are not required to have the level of infection control practices mandated in nursing homes, and many lack access to regular clinical consultation on infection prevention and control practices. The contracted services are intended to strengthen infection prevention and control awareness, practice, and resources in these settings

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PART III: SUPPLEMENTAL INFORMATION

Contracted Providers will deploy qualified assessors to conduct in-person, on-site baseline assessment of IP&C policies, procedures and practices; provide recommendations for improvement of existing IP&C practices or remediation of deficiencies; and conduct follow-up consultation to provide education, provide resources, and monitor progress on implementing IP&C improvement and remediation recommendations.

These services are required in all areas of the State.

The desired outcome of this initiative is to ensure the health and safety of older persons and adults with disabilities by assisting all congregate settings in Maine to achieve and maintain an acceptable baseline of infection prevention and control awareness, practice, and resources now, during the current COVID-19 pandemic, and in the future.

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

Vendors must meet the following requirements to be considered qualified to provide these services:

1. The Provider must agree to provide services in any congregate setting assigned to the Provider by the Department's Office of Aging and Disability Services (OADS).
2. Provider Assessor and consultation staff must have the following basic qualifications.
 - a. Nurse or other health care professional with a minimum of three years of documented IP&C experience and training, which may include, but is not limited to, a board-certified RN or Medical Technologist (MT) with a certification in infection prevention and control (CIC) through the Certification Board of Infection Control and Epidemiology;
OR.
 - b. Nurse or other health care professional with evidence of successfully completing the online CDC *Nursing Home Infection Preventionist Training Course*, found at the following link: https://www.train.org/cdctrain/training_plan/3814
3. Provider Assessor and consultation staff must also have experience with older populations and/or adults with disabilities, a willingness to conduct on-site assessments and consultations in any congregate setting assigned, and the ability to deliver culturally appropriate services or willingness to collaborate with cultural brokers, as needed.
4. Capacity to perform on-site assessments and consultation between September 1, 2020 and December 31, 2020.
5. Willingness to conduct on-site assessment and consultations in congregate residential facilities with active COVID-19 outbreaks or other infectious diseases.

This Provider currently serves as the statewide contracted Assessing Services Agency for the Department's Office of Aging and Disability Services under a contract first awarded in August 2018 as the result of a competitive procurement process, RFP 201804074.

The Provider possesses the expertise, experience and infrastructure required to support the statewide infection prevention and control (IP&C) assessment program envisioned under this proposed contract.

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

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PART III: SUPPLEMENTAL INFORMATION

The cost is considered fair and reasonable, based on analysis of the scope of work that needs to be accomplished and the concern for completing the work as expeditiously as possible.

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

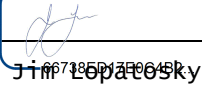
The Department does not intend to RFP this willing and qualified service.

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:



Printed Name:

Jim Lepa

Date:

10/16/2020

**Signature of DAFS
Procurement Official:**



Printed Name:

Kathy Paquette

Date:

10/26/2020