State of Maine Procurement Justification Form

| PART I: OVERVIEW | | | | | | | | |
|---|--|---------------------------|---|--------------------------------|-------------------|--|--|--|
| Department Office/Division/Program: | | | | DHHS/OADS/ Rapid Response Team | | | | |
| Department Contract Administrator or Grant Coordinator: | | | Nancy Tan / Eliza Fielding | | | | | |
| (If applicable) Department Reference #: | | | ADS-21-9915 | | | | | |
| Amount: \$ 670,200.00 | | | Advantage CT / RQS #: 2021012600000000 | | 00000002109 | | | |
| CONTRACT Proposed Start Date: | | 1/25/2021 Proposed End Da | | End Date: | 6/30/2021 | | | |
| AMENDMENT Original Start Date: | | | | Effective Date: | | | | |
| AMENDMENT | | Previous End Date: | | | New End Date: | | | |
| GRANT Proj | | Project Start Date: | | | Grant Start Date: | | | |
| GRAINT | | Project End Date: | | | Grant End Date: | | | |
| Vendor/Provider/Grantee Name, City, State: | | | Maxim Healthcare Staffing Services, Inc. Chicago, IL | | | | | |
| Brief Description of Goods/Services/Grant: | | | Skilled nursing staff augmentation provided to healthcare facilities throughout Maine during the COVID-19 pandemic. | | | | | |

| 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 | | J. Willing and Qualified | | |
| X | E. Emergency | | K. Client Choice | | |
| | F. University Cooperative Project | Х | L. 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 staffing support to the Maine DHHS COVID-19 Rapid Response Team. The Rapid Response Team is a team of qualified medical professionals which can be deployed by the Department to augment the medical staff of healthcare facilities which are experiencing critical staffing needs as a result of staff unavailability during the COVID-19 pandemic.

Maintaining adequate staffing is a significant challenge for certain healthcare facilities in Maine during the COVID-19 pandemic. Deployment of the Rapid Response Team in response to requests for assistance from healthcare facilities is intended to quickly provide adequate and stable staffing that will enable the facilities to provide responsive and safe healthcare services to those who need them.

The Provider will provide Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) for COVID-19 related supplemental staffing services at healthcare facilities designated by the Maine DHHS.

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PART III: SUPPLEMENTAL INFORMATION

| | 2. | Provide a brief | iustification for | the selected | vendor to su | pplement the re | sponse in Pa | art | I | ı. |
|--|----|-----------------|-------------------|--------------|--------------|-----------------|--------------|-----|---|----|
|--|----|-----------------|-------------------|--------------|--------------|-----------------|--------------|-----|---|----|

The selected vendor was identified within the DHHS Commissioner's Office as a willing and qualified provider able to supply the required temporary skilled nursing staffing resources on an emergency basis.

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

The negotiated rates are considered fair and reasonable by the Department for the following reasons: the temporary staff resources are provided in response to emergent and urgent needs; the nursing work assignments are short-term; the nursing work assignments require significant travel; and nursing services are provided in COVID-19 positive (hazardous) working environments.

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

The Department does not intend to issue a competitive Request for Proposals in the future.

| PART IV: APPROVALS | | | | | | |
|--|--|-------|-----------|--|--|--|
| Signature of requesting Department's Commissioner | • • DV SIGNING DEIOW. I SIGNINV GIAL I ADDIOVE OI GIIS DIOCUIENTEN L'EGUESI. | | | | | |
| (or designee): | Benjamin Mann | | | | | |
| Printed Name: | 2870ĎA6E0E76471 | Date: | | | | |
| Signature of DAFS | DocuSigned by: | | | | | |
| Procurement Official: | David Morris | | | | | |
| Printed Name: | 2A644AF5681F482 David Morris | Date: | 1/29/2021 | | | |

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