



PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/Maine CDC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CD0-21-5103B		
Amount: (Contract/Amendment/Grant)	Original: \$4,468,217.00 Amend: \$330,000.00 Revised: \$4,798,217.00	Advantage CT / RQS #:	CT 10A 20210303*2368	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	03/1/2021	Effective Date:	1/1/2021
	Previous End Date:	12/31/2021	New End Date:	6/30/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		SaviLinx Brunswick, Maine		
Brief Description of Goods/Services/Grant:		The Provider shall provide customer service representatives to answer callers and provide vaccination scheduling support.		

PART II: JUSTIFICATION FOR VENDOR SELECTION

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

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

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

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

PART III: SUPPLEMENTAL INFORMATION

The Department of Health and Human Services (DHHS) has a critical need to quickly stand up a statewide call center to support COVID-19 vaccination efforts with general information and appointment scheduling services. This call center addresses inbound inquiries, assists with pre-registration efforts, and assists with scheduling for the COVID-19 vaccine. In particular, the call center serves as a resource for those who cannot access information online or require additional support, such as transportation needs, language barriers or individuals who are homebound. This is also to support equity in terms of access to vaccinations.

With this Agreement, the Provider shall provide agents to answer consumer calls and solve the consumer's needs regarding COVID -19 vaccine inquiries, vaccination pre-registration and appointment scheduling. This effort is mainly focused on the DHHS large throughput vaccination sites and will be a conduit for other provider vaccination sites for appointment scheduling.

The Call Center also makes outbound case notification calls to individuals who have tested positive for COVID-19 to provide a range of information from CDC Isolation instructions to answering general questions.

The Call Center will also be providing Social Services referrals as needed to support DHHS COVID-19 Social Support.

This amendment will add funds as well as utilize remaining funds in the agreement to extend the COVID-10 Statewide Call Center to support COVID-19 Vaccination efforts to 6/30/22.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Given the urgency behind quickly setting up a call center to support COVID-19 vaccination efforts, it was essential that DHHS select a known entity to the State. The Provider is a Brunswick-based contact center that handles customer service for large companies. This Provider is the customer service provider for the State's Department of Labor (DOL) and their unemployment program whose needs grew in an unprecedented fashion during the pandemic. Additionally, they are providing call center support for the Department of Economic and Community Development (DECD). Both State agencies continue to utilize the Provider during the pandemic to provide call center support.

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

The rates are fair and reasonable as the costs are in line with those in the DOL call center contract.

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

This is service supports the COVID-19 vaccination effort. DHHS does not intend to RFP for these services beyond this effort.

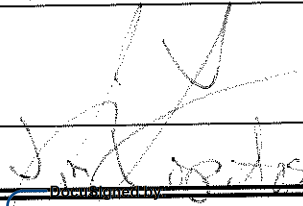

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

- Yes – If Yes, please attach the approved Business Case(s).
- No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	12 - Jan - 22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	1/20/2022