



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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:		MCDCP/Public Health Systems/PHEP		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Melinda Farrell		
(If applicable) Department Reference #:		OIT-23-078		
Amount: (Contract/Amendment/Grant)		\$322,508.00	Advantage CT / RQS #:	RQS 10A 2022100600000000483
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023
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:		EMSystems, LLC DBA Juvare Atlanta, GA		
Brief Description of Goods/Services/Grant:		Annual Maintenance of CORES Responder Management System (RMS), CORES HAN, and EMResource		

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 type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" 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 type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

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.

The purpose of this agreement is to provide the Department's Public Health Emergency Preparedness program with an IT platform to manage the medical volunteer registry, emergency alerting system, and healthcare resource tracking system.

The Department's Public Health Emergency Preparedness program, as a condition of receipt of federal monies, is charged with the maintenance of a statewide volunteer registry system, which is the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). Within Maine, the ESAR-VHP implementation is known as Maine Responds. This service exists in order to pre-identify volunteer resources throughout our State, to track trainings, and credential volunteers, to facilitate background checks, and licensure verification, and during a major public health emergency response, to communicate with, deploy, and demobilize our volunteer corps. Over 2,500 volunteers are currently registered in the ESAR-VHP system, and they serve to reinforce our public health and health care systems in times of medical surge or other unusual demand. This platform also serves to house Maine Medical Reserve Corps and Maine Disaster Behavioral Health Response Team registrations – and the Department is moving to also incorporate all registrants with Maine Task Force One.

The CORES HAN module provides advanced 2-way notification to disseminate thousands of messages per hour via phone, SMS, Fax, and email to notify and engage facilities 24/7 of emergency medical response operations, mass casualty support, missing persons, bed and resource availability and surge surveillance. CORES HAN also supports IPAWS, the nation's alert system, providing public safety officials with an effective way to warn the public regarding emergencies. The HAN also provides a closed-loop communication with audit trail to track mass notifications, including recipients, devices contacted, responses selected, notification time, and more. CORES HAN also ensures the Department is following The Public Health Information Network (PHIN), which helps standardize how federal, state, and local jurisdictions securely exchange public health data in real time.

The CORES EMResource module provides the Department with insight into healthcare systems infrastructure capabilities to identify the hospital best equipped to treat incoming patients and monitor the current health of the community. EMResource provides an emergency resource management platform that provides real-time visibility into current emergency department status and patient throughput information, helping direct ambulances to the hospital that can best fit their patients' needs. Data reporting includes: NEDOCS calculation, patient offload times, psychiatric holds, intensive care bed holds, and Stroke, STEMI, and trauma service availability.

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

The current Provider provides the market-dominant ESAR-VHP platform solution, known as CORES RMS. This is also Maine's current solution.

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

Funding was allocated to the Department through a grant Notice of Funding Opportunity (NOFO) provided by the U.S. Centers for Disease Control (US-CDC). These costs are considered fair and reasonable in the current context of COVID-19 response.

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

The Department intends to release an RFP for competitive procurement for these services with a 7/1/2023 contract start date.

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


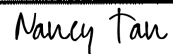
Does this request utilize ARPA/MJRP funds?

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:	Signed by: <i>Morgan</i>	Date: <i>11-29-22</i>
Signature of DAFS Procurement Official:	 <small>7AA9094BA0244AB</small>	
Typed Name:	Nancy Tan, Deputy Director for IT Procurement	Date: Feb-07-2023



Juvare Contact
Neil Aaronson
(470) 279-6449
neil.aaronson@juvare.com

When you send in a Purchase Order for the items below,

**THE PURCHASE ORDER MUST INCLUDE THE
QUOTE NUMBER & QUOTE DATE TO BE ACCEPTED**

Quote Number: Q-06603

Quote Date: 2/6/2023

Quote for: Juvare Subscription Renewal
(EMResource, CORES) 7/1/2022 - 6/30/2023

Quote Expires: 3/31/2023

Quote To:

Ship To:

**Maine Department of Health and Human
Services, ME**

**Maine Department of Health and Human
Services, ME**

221 State Street 11th State House Sta
Portland, Maine 4333

221 State St
Augusta, Maine 4333

Quote Contact:

Shawn Belanger, Contract Manager
shawn.belanger@maine.gov |

Thank you for your support of Juvare products and services! When you are ready to proceed with a Purchase Order:

- Address all Purchase Orders to **EMSystems LLC, 235 Peachtree Street NE, Suite 2300, Atlanta, Georgia 30303.**
- The terms and conditions of the master agreement by and between Juvare, LLC (or the above affiliate) and the Client, as set forth in the applicable master agreement, shall govern and control this Quote and all services, products and deliverables provided pursuant to this Quote. Any terms and conditions in the purchase order that attempt to add, change, remove or otherwise modify terms and conditions set forth in such master agreement shall not be effective unless and until signed in a written amendment by and between the parties to the master agreement. Any such modifications via a purchase order shall be deemed null and void.
- Quotes issued in **US Dollars** and are exclusive of applicable taxes and travel expenses. Items not manufactured by Juvare are subject to change. Substitutes will be provided for customer consideration and approval.

EMSystems LLC, a Juvare Company

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Juware Contact
 Neil Aaronson
 (470) 279-6449
 neil.aaronson@juvare.com

Year 1

ITEM NUMBER	DESCRIPTION	SALES PRICE	QTY	TOTAL PRICE
300-S-HAN-1	CORES Health Alert Network (HAN) Subscription: Maine Statewide July 1, 2022-June 30, 2023	\$167,745.00	1.00	\$167,745.00
400-S-CAP-1	EMResource Per Capita Subscription: Maine Statewide July 1, 2022-June 30, 2023	\$49,987.00	1.00	\$49,987.00
300-S-RMS-1	CORES Responder Management System (RMS) Subscription: Maine Statewide July 1, 2022-June 30, 2023	\$97,835.00	1.00	\$97,835.00
401-S-EMRCAD-1	EMResource Interface Subscription: Maine Statewide July 1, 2022-June 30, 2023	\$2,121.00	1.00	\$2,121.00
303-L-SMS-1	CORES SMS Messages Subscription: Maine Statewide July 1, 2022-June 30, 2023	\$0.11	6,000.00	\$660.00
303-L-MTM-1	CORES Mobile Telephone Minutes Subscription: Maine Statewide July 1, 2022-June 30, 2023	\$0.13	32,000.00	\$4,160.00
Year 1 Total:				\$322,508.00

Contract Total *plus applicable taxes	USD 322,508.00
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Additional Disclaimer

Work cannot be started and dates for services cannot be secured until the applicable initial payment or purchase order has been received. Pricing contained herein is based on configuration outlined above. Some items may not be sold separately. Pricing is valid until the expiration date set forth above.

If the "Bill To" entity above is tax-exempt, such entity shall be responsible for providing all necessary documentation to show such tax-exempt status.

Estimated amounts for Pre-Paid Travel Expenses are for informational purposes only; all Travel Expenses incurred by Juware or its affiliate shall be invoiced to and paid by Client.

When you send in a Purchase Order (PO) for the items above,

EMSystems LLC, a Juware Company

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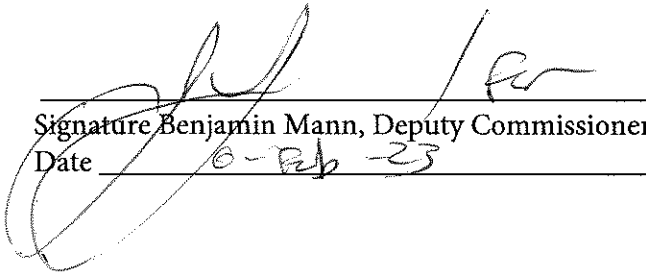


Juvare Contact
Neil Aaronson
(470) 279-6449
neil.aaronson@juvare.com

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We look forward to working with you and your staff!

Department of Health and Human Services

A large, stylized handwritten signature in black ink, appearing to read 'Benjamin Mann', is written over a horizontal line. To the right of the signature, there is a smaller handwritten mark that looks like 'ER'. Below the signature line, the text 'Signature Benjamin Mann, Deputy Commissioner of Finance' is printed. Below that, the word 'Date' is printed, followed by a handwritten date '0-26-23' written over another horizontal line.

Signature Benjamin Mann, Deputy Commissioner of Finance
Date 0-26-23