



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:		DHHS, Maine CDC, Maine Immunization Program	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		CD0-24-5216	
Amount: (Contract/Amendment/Grant)	\$492,000.00	Advantage CT / RQS #:	CT 10A 20230823000000000510
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 12/31/2024
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:		Docket Health Inc. Stamford, CT	
Brief Description of Goods/Services/Grant:		Immunization Application	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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 Maine Immunization Program is partnering with Docket Health, Inc. to provide an immunization platform to allow consumer access to immunization records via a cell phone application and web-based login. This application platform will assist the Program with meeting our reminder recall federal COAG(cooperative agreement) requirements. This web base application puts immunization information right into the patient's hands which will better assist individuals with staying up to date on their vaccinations. Docket® is the only platform to meet our needs of not allowing a QR code for immunization records. This application is easy to sign up for and use for the public. This application offers multiple types of access; consumers can access the application via app by downloading onto the consumer's cell phone or web-based access. Based on each state's preferences, Docket® can "lock" parental accounts from receiving updates to their child's records after the child has turned 18. Alternatively, Docket® can automatically remove child records from parental accounts once the child has reached the age of maturity.

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

Docket is the only consumer-based application that has met our OIT guidelines and has no live data until all identified high and critical vulnerabilities are remediated, post Soc2 type II. This application has met OIT's authenticator to ensure that only respected parties can access immunization records. This consumer-based app will allow individuals to stay on top of their immunization records by having the mobile app downloaded onto their phone. This will assist parents and family members to track their children's immunization records for school requirements. Docket can connect both via HL7 messaging to pull records along with IZ Gateway, which is a secure cloud-based message routing service that enables data exchange among jurisdiction immunization information systems (IIS) and multijurisdictional vaccine provider systems. It is also designed to facilitate consumer access to their immunization data. The IZ Gateway does not access or store immunization data and meets all federal data security requirements.

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

The installation one-time fee is to onboard Docket with the Maine Immunization Programs IIS system known as ImmPact. The fee also contains costs to implement the "Maine Passcode" which the State of Maine OIT has requested be done to allow access. [Click or tap here to enter text.](#)

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

Docket will be supplying per contract system upgrades, monitoring system availability, assisting users and DHHS staff in troubleshooting, and will be creating and launching a state-requested reminder recall along with meeting OIT's request for a SOC II Type II report.

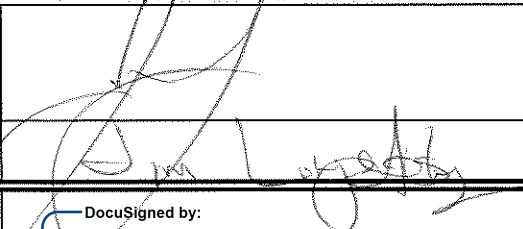
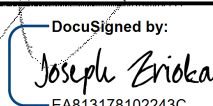
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Procurement Justification Form (PJF)

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> 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: 02/09/24
Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...	
Typed Name:	Joseph Zrioka Director of IT Procurement	Date: 2/9/2024