



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:		Maine CDC/Infectious Disease Prevention/HIV-STD Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts		
(If applicable) Department Reference #:		CD0-22-5193		
Amount: (Contract/Amendment/Grant)	\$ 19,515.00	Advantage CT / RQS #:	RQS-10A- 20211222000000000706	
CONTRACT	Proposed Start Date:	8/1/21	Proposed End Date:	7/30/22
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:		OraSure Technologies, Inc.; Philadelphia, PA		
Brief Description of Goods/Services/Grant:		Provider of Hepatitis C Virus (HCV), HIV rapid antibody test kits and Rapid HIV home-test kits.		

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.

Maine CDC's Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STD), and Hepatitis Program provides HIV and hepatitis C screening tests to partner agencies for uninsured and high-risk individuals in accordance with federal program requirements. To efficiently conduct this screening in a community-based setting, which is often Clinical Laboratory Improvement Amendments (CLIA) waived, rapid tests are provided. By establishing a proforma with OraSure, funding is secured to provide screening for rapid HIV/HCV test kits, and FDA approved rapid HIV home test kits.

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

OraSure is currently the only company that produces the oral FDA approved CLIA waived rapid HIV screening tests. They are the only manufacturer of FDA approved CLIA waived rapid HCV screening tests. OraSure also has the only FDA-approved rapid HIV home test. Considering the current COVID-19 pandemic, alternate ways to continue to deliver testing services is paramount. This vendor allows greater flexibility to provide testing services while adhering to the state and US CDC recommendations and mandates for COVID-19. By having a proforma agreement, it allows for more efficient means of distributing test kits to at-risk populations. The proforma process aligns with pending changes in the upcoming RFP for HIV/STD/HCV testing subcontracts that would start during the length of this agreement. Maine DHHS does not produce rapid HIV and HCV screening tests.

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

Each individual screen is the equivalent of a potential conventional laboratory screen, and equivalent with Medicaid reimbursable rates.

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

Program will continue to monitor for new testing technologies and modalities that would be best applicable to serve Maine constituents. If other vendors or rates are preferable, Program will reassess the nature and justification of this agreement.

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: 3/28/22
Signature of DAFS Procurement Official:		
Typed Name:	Michelle Fournier	Date: 3/28/2022