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/OADS/In-Home Vaccinations			
Department Contract Administrator or Grant Coordinator:	Althea Harris / Brianne Carrero			
(If applicable) Department Reference #:	Multiple: See Attachment			
Amount: (Contract/Amendment/Grant)	Agreements Total: $156,156.00	Advantage CT / RQS #:	CTMV 10A 20230411000000000016	
CONTRACT	Proposed Start Date:	**07/01/2023**	Proposed End Date:	06/30/2024
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:	Multiple: See Attachment			
Brief Description of Goods/Services/Grant:	In-Home Vaccinations			

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
☐	E. Emergency	☐	K. Client Choice
☐	F. University Cooperative Project	☒	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.

The purpose of this Agreement is to provide knowledge of reliable and available resources and to support related to COVID-19 and Influenza vaccinations to the LTSS population of older adults and those with disabilities.

The Provider shall focus on increasing the number of members who are fully educated on the risks of both COVID-19 and Influenza, and the probable negative health effects on the members. Additionally, the provider will work to increase the percentage of vaccinated LTSS members in both the categories of COVID-19 and Influenza.

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

The Office of Aging and Disability has determined that these providers have the requisite training and experience to deliver this service. These providers have been assisting with in-home vaccinations efforts, in clinics and in facilities, throughout the pandemic. These community providers have staff qualified to administer vaccinations and can help ensure wide reach to their already established client population.

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

The cost is considered fair and reasonable based on analysis of the scope of work that needs to be accomplished and the concern for completing the work as expeditiously as possible.

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

The Department does not intend to RFP this willing and qualified service.

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:	15-May-23
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	5/23/2023

DHHS Office: OADS
Service: Administration - OADS

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
VNA Home Health & Hospice dba Northern Light Home Care & Hospice	ADS-24-9916	7/1/2023	6/30/2024	$46,200.00
Penobscot Community Health Center	ADS-24-9919	7/1/2023	6/30/2024	$63,756.00
Androscoggin Home Healthcare & Hospice	ADS-24-9920	7/1/2023	6/30/2024	$46,200.00
Total Items	3		**Total Projected**	$156,156.00