



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 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 #:		CD0-24-5216A		
Amount: (Contract/Amendment/Grant)	Original	\$ 492,000.00	Advantage CT / RQS #:	CT 10A 20230823000000000510
	Amend	\$ 975,000.00		
	Revised	\$ 1,467,000.00		
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	1/1/2024	Effective Date:	1/1/2025
	Previous End Date:	12/31/2024	New End Date:	3/31/2026
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.	
	<p>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-based application puts immunization information right into the patient’s hands which will better assist individuals with staying up-to-date on their vaccinations. 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. The school-based module will become the repository for all immunization and exemption records for students enrolled in a public or private Maine school. This provides Maine Department of Education and Maine CDC with continued oversight of immunization rates, exemption rates and compliance with Maine Immunization laws for schools. Additionally, Maine CDC will utilize this platform if/when there is a disease outbreak in a school so that students without necessary immunity from disease may be excluded until the threat has passed. 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 OITs request for a SOC II Type II report.</p> <p>The purpose of this amendment is for enhancements for Docket® for School, IIS Administrative Dashboard, Targeted Community Outreach, and Location-Aware Reminder/Recall.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	
	<p>Docket® is the only consumer-based application that meets OIT guidelines and has no live data until all identified high and critical vulnerabilities are remediated, post Soc2 type II. Docket® is the only platform to meet our needs of not allowing a QR code for immunization records. This application has met OIT’s authentication to ensure that only respected parties can access immunization records.</p> <p>Additionally, Docket® is the only consumer-based application with the capability to store Maine data separate from other states or jurisdictions. Docket® can also 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 multi-jurisdictional vaccine provider systems. The IZ Gateway does not access or store immunization data and meets all federal data security requirements.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	

PART III: SUPPLEMENTAL INFORMATION

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. State of Maine OIT has reviewed and approved the SOW for the Docket ImmPact IIS School Module for appropriate module development cost.

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

The Department will competitively bid when another consumer-based application meets OIT guidelines and meets our needs for not allowing a QR code for immunization records.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

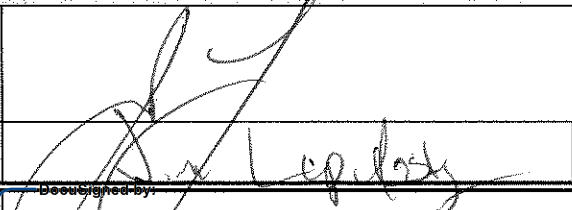

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	11-Jun-25
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka, IT Procurement Director	Date:	6/12/2025

NOI 0620250571 06/16/2025 - 06/22/2025