

**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/ Rapid Response Team	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melanie Boucher	
(If applicable) Department Reference #:		ADS-21-9915G	
Amount: (Contract/Amendment/Grant)	Amendment: \$ 618,848.04 Revised: \$ 4,028,060.80	Advantage CT / RQS #:	CT 10A 20210126*2109
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	5/05/2023
	Previous End Date:	New End Date:	10/31/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maxim Healthcare Staffing Services, Inc. Chicago, IL	
Brief Description of Goods/Services/Grant:		Skilled nursing staff augmentation provided to healthcare facilities throughout Maine during the COVID-19 pandemic.	

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 checked="" 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.

This Amendment will add funds as well as utilize the remaining available funds from the Grant. Also extends the end date for the provider to continue services so long as funding is available.

The purpose of this Agreement is to provide staffing support to the Maine DHHS COVID-19 Rapid Response Team. The Rapid Response Team is a team of qualified medical professionals which can be deployed by the Department to augment the medical staff of healthcare facilities, primarily long-term care facilities, which are experiencing critical staffing needs as a result of staff unavailability during the COVID-19 pandemic.

Maintaining adequate staffing is a significant challenge for certain healthcare facilities in Maine during the COVID-19 pandemic. Deployment of the Rapid Response Team in response to requests for assistance from healthcare facilities is intended to quickly provide adequate and stable staffing that will enable the facilities to provide responsive and safe healthcare services to those who need them. The Provider will provide Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and other staffing resources for COVID-19 related supplemental staffing services at healthcare facilities designated by the Maine DHHS.

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

The selected vendor was initially identified within the DHHS Commissioner's Office as qualified to provide these services. The initial procurement was considered an emergency as it occurred during the original height of the pandemic. Subsequent amendments to extend this contract were marked as willing and qualified. The Department is continuing with the provider due to their satisfactory performance.

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

The negotiated rates are considered fair and reasonable by the Department for the following reasons: the temporary staff resources are provided in response to emergent and urgent needs; the nursing work assignments are short-term; the nursing work assignments require significant travel; and nursing services are provided in COVID-19 positive (hazardous) working environments.

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

The Department does not intend to competitively procure these services in the future.

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

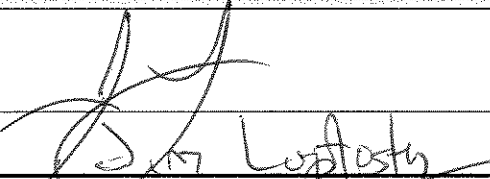

Does this request utilize ARPA/MJRP funds?

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:	Don Loftis	Date:	26-Jun-23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	7/17/2023