

State of Maine Procurement Justification Form

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 website (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		
(If applicable) Department Reference #:		CD0-21-5193		
Amount: (Contract/Amendment/Grant)		\$ 19,965.00	Advantage CT / RQS #:	RQS 10A 20200729*135
CONTRACT	Proposed Start Date:	08/01/2020	Proposed End Date:	No end date.
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.; Bethlehem, 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.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	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

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

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.

OraSure is currently the only company that produces the oral rapid HIV screening tests. They are the only manufacturer of 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. The increase in amount requested aligns with the intended number of new subcontracts and the change in hepatitis C testing guidelines from CDC. Maine DHHS does not produce rapid HIV and HCV screening tests.

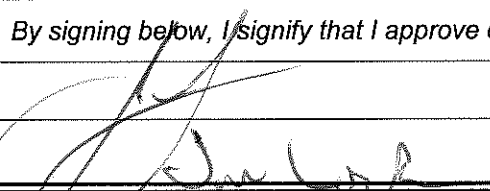
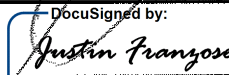
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs, fees, and rates were previously negotiated within the organization this year at a lower rate than previously used. 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: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	6-Aug-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>AEED9C7B3A8044E...</small> Justin Franzose	Date:	8/14/2020