

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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW					
Department Office/Division/Program:		DHHS/OBH/Sarah Miller/Stephanie Kadnar			
Department Contract Administrator or Grant Coordinator:		Melanie Boucher			
(If applicable) Department Reference #:		OSA-25-DOXY			
Amount: (Contract/Amendment/Grant)		\$ 11,692.80	Advantage CT / RQS #:	RQS 10A	20240912*0403
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date:	1/1/2026	
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:		DOXY ME Inc. Dallas, TX			
Brief Description of Goods/Services/Grant:		Secure telehealth platform used for confidential court ordered psychological evaluations.			

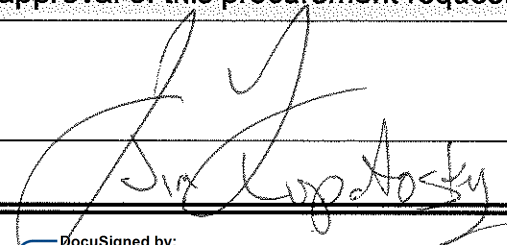
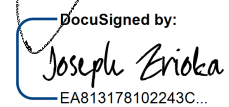
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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.
State Forensic Service evaluations had to rapidly shift to a videoconference platform in 2020 due to the COVID-19 pandemic. In 2023, over 70% of SFS evaluations continue to be conducted by videoconference, despite the elimination of COVID-19 restrictions.	
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
The vendor was selected after consultation with OIT, OAG, and DHHS Commissioner's Office, as SFS underwent a thorough review process and determined doxy.me met the technological, security, and administrative needs for SFS to have an ongoing platform.	
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
In addition to the 25% discount the State Forensic Service already receives from Doxy by paying monthly, we will receive an additional 11% discount by paying annually, with a total savings of 36%.	
4.	Describe the plan for future competition for the goods or services.
When it is determined that Doxy no longer meets the needs of the SFS, or is no longer cost efficient, exploration of other services will commence.	

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <u>Title 5, §18</u> and <u>§18-A</u>, in harmony with MRS <u>Title 17, §3104</u>.</i>	
<input checked="" type="checkbox"/> 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:	Jim Kupatovsky	Date:	21-Oct-24
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	10/28/2024