

**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/MCDCP/Disease Surveillance/Maine Immunization Program		
Department Contract Administrator or Grant Coordinator:		Brianne Carrero		
(If applicable) Department Reference #:		Multiple, See Addendum		
Amount: (Contract/Amendment/Grant)		\$1,449,300.00	Advantage CT / RQS #:	CTMV-10A- 20240617COVIDVACCINE
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date:	8/31/2024
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 Addendum		
Brief Description of Goods/Services/Grant:		Reimbursement for Vaccine Administration		

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

Because a national Vaccines for Adults (VFA) Program, modeled after the childhood VFC Program, has not been enacted into law as a permanent solution, limited supply of COVID-19 vaccine has been made available through the HHS Bridge Access Program (BAP)— to providers sites serving uninsured adults (19 years and older) to prevent loss of access. Provider sites will be reimbursed for their administration fees. We are in need for a service to implement reimbursement to providers as we do not have a current mechanism for reimbursement to providers.

Participating providers will have access to order Covid-19 vaccine through the Maine Immunization Program at no charge. On a quarterly basis, provider sites will submit a report of administration and invoice for reimbursement of administration costs, at \$100 per dose administered. On a quarterly basis, the Maine Immunization program will access administration of Covid vaccine to ensure proper eligibility parameters are being met.

This process will continue until funds are depleted or August 2024, whichever comes first

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

Participation in the Bridge Access Program was opened to all MIP enrolled providers. Participation was voluntary and no provider was turned away. Some providers may have a larger population of uninsured/underinsured adults and so therefore will receive a larger redistribution payment equivalent to doses administered.

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

The reimbursement rate chosen by Maine aligned with what other state immunization programs were planning to disperse to participating providers. This also aligns with the rate that pharmacies were receiving from the CDC's Bridge Access Program.

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, 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.

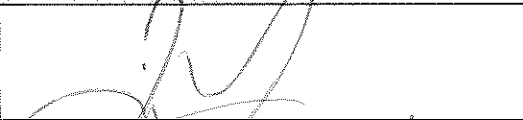
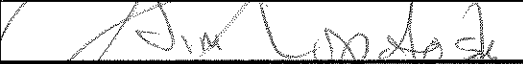
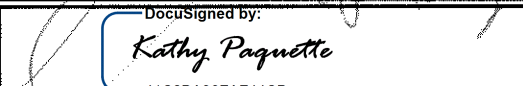
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	00-Aug-24
Signature of DAFS Procurement Official:	<div>DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...</div>		
Typed Name:	Kathy Paquette	Date:	9/4/2024

Procurement Justification Form (PJF)

DHHS Office: CDC				
Service: COVID VACCINE ADMIN-SFY24				
Vendor Name	Agreement Number	Start Date	End Date	Authorized Spend
Armor Health/Cumberland County Jail	CD1-24-5250	10/1/2023	8/31/2024	22,800.00
Bucksport Regional Health Center	CD7-24-5250	10/1/2023	8/31/2024	194,800.00
City of Portland, Portland Public Health	CD1-24-5259	10/1/2023	8/31/2024	149,300.00
Community Clinical Services -	CD1-24-5251	10/1/2023	8/31/2024	103,700.00
Eastport Health Care	CD8-24-5251	10/1/2023	8/31/2024	101,200.00
Fish River Rural Health - Fort Kent Health Education and Training Center	CD9-24-5250	10/1/2023	8/31/2024	53,100.00
Indian Township Tribal Government aka Passamaquoddy Health Center	CD8-24-5252	10/1/2023	8/31/2024	22,800.00
Islands Community Medical Services, Vinalhaven	CD4-24-5250	10/1/2023	8/31/2024	29,100.00
Katahdin Valley Health Centers	CD0-24-5250	10/1/2023	8/31/2024	179,600.00
Maliseet Health & Wellness Center (Houlton Band)	CD9-24-5253	10/1/2023	8/31/2024	6,300.00
Penobscot Community Health Care	CD6-24-5252	10/1/2023	8/31/2024	49,300.00
Penobscot Indian Nation, Department of Health/WCV	CD6-24-5255	10/1/2023	8/31/2024	17,700.00
Portland Community Health Center DBA Greater Portland Health -	CD1-24-5252	10/1/2023	8/31/2024	250,200.00
Regional Medical Center - Lubec	CD8-24-5253	10/1/2023	8/31/2024	25,300.00
Sacopee Valley Health Center	CD2-24-5250	10/1/2023	8/31/2024	46,800.00
St. Croix Regional Family Health Center	CD8-24-5254	10/1/2023	8/31/2024	32,900.00
VNA Home Health & Hospice DBA Northern Light Home Care & Hospice	CD1-24-5261	10/1/2023	8/31/2024	68,300.00
York County Community Action Corp. - Nason Health Care	CD1-24-5258	10/1/2023	8/31/2024	96,100.00
Total Items	18		Total Authorized	1,449,300.00