

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS – Ingrid Diamond	
Department Contract Administrator or Grant Coordinator:		Nancy Tan & Lisa Munster	
(If applicable) Department Reference #:		ADS-21-9912	
Amount: (Contract/Amendment/Grant)	\$10,000.00	Advantage CT / RQS #:	10A 20201203*1674
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 9/30/2021
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:		Occupational Health Centers of SW PA dba Concentra Medical Ctrs , Cranston RI	
Brief Description of Goods/Services/Grant:		Medical Assistance Services	

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	X	L. Other Authorization – COVID-19

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.

The State of Maine Office of Aging and Disability Services (OADS), within the Department of Health and Human Services, is deploying N95 respirators for use by certain staff members during the COVID-19 pandemic. In order to deploy and use these masks safely, staff members must first be evaluated by a medical professional to ensure that the staff member is medically eligible to wear an N95 respirator and physically able to perform required tasks while wearing a respirator. The need for evaluation services is statewide and expected to be ongoing.

This Provider will provide the required respiratory evaluation and related services for OADS staff statewide. Evaluation services to be provided include evaluation of individual staff responses on a completed OSHA Respirator Medical Evaluation Questionnaire, a medical exam, and delivery of an OSHA Written Medical Opinion Letter to document fitness to wear a respirator.

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

In June 2020, the Department executed a Low Cost Service Contract (not to exceed \$5,000) with this Provider for these respiratory evaluation and related services. However, utilization of the services has been greater than initially anticipated, and the overall cost is now expected to exceed \$5,000, beyond the limit of the Low Cost Service Contract.

This proposed agreement, without the \$5,000 limitation of the Low Cost Service Contract, is intended to fully support the need for N95 respirator evaluation services going forward. The Provider has been fully responsive to the needs of the Department for these services and has provided them competently and efficiently.

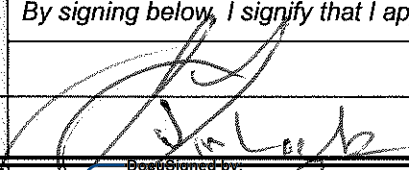
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates charged by the Provider are the standard posted rates for the services provided.

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

The Department does not anticipate future competitive procurement of these services.

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:	1-Feb-21
Signature of DAFS Procurement Official:	<small>Designated by:</small> <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	2/22/2021