



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine Health Data Organization		
Department Contract Administrator or Grant Coordinator:		Karynlee Harrington, Executive Director		
(If applicable) Department Reference #:				
Agency Department Code:	90H	Advantage CT / RQS #:	20180518*3681	
Amount: (Contract/Amendment/Grant)		\$194,023.00		
CONTRACT	Proposed/Original Start Date:	5/1/2018	Proposed/Most Recent End Date:	11/30/2027
AMENDMENT	New Effective Date:	NA	New End Date (if Applicable):	NA
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Human Services Research Institute (HSRI) Cambridge, MA		
Brief Description of Goods/Services/Grant:		A data vendor tasked with assisting MHDO with meeting its legislative mandates to both create and maintain a secure, useful, objective, reliable, and comprehensive health information database that is used internally and externally to improve the health of Maine citizens; and data analysis to assist with public reporting requirements.		

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 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. Higher Education 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.

There are three separate needs and deliverables:

1. In the first session of the 132nd Legislature, LD 977 Resolve, Requiring the Maine Health Data Organization to develop a plan for measuring Gaps in Home and Community-based Services. HSRI will provide MHDO the technical support in structuring our existing systems to meet these new reporting mandates. Lastly, the MHDO and the Department of Health and Human Services are issuing a Memorandum of Understanding (MOU), specific to implementing LD 977 requirements.
2. Continue to maintain for DHHS-MaineCare the Provider API portion of the Implementation of the CMS Interoperability and Patient Access Final Rule and Compliance with the ONC 21st Century Cures Act Final Rule; and to
3. Continue with the quarterly data collection of 90 590 Chapter 270, *Uniform Reporting System for Health Care Quality Data Sets*.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

MHDO negotiated a contract with HSRI as a result of a competitive procurement process (RFP#201207352), this contract has been amended with additional deliverables as needed to fulfil the Agencies legislative and reporting mandates. The contract end date is November 30, 2027. MHDO’s contracted data vendor and is responsible for maintaining MHDO’s health care data in their data warehouse and for working with MHDO on all aspects of data collection, validation, processing, and release, and for several years has been maintaining the Provider API portion of the Implementation of the CMS Interoperability and Patient Access Final Rule and Compliance with the ONC 21st Century Cures Act Final Rule, for DHHS-MaineCare under a Memorandum Of Understanding between MHDO and DHHS; and has been responsible for the collection of several health care quality data elements under Chapter 270, Uniform Reporting System for Health Care Quality Data Sets.

Click or tap here to enter text.

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

MHDO negotiated a contract with HSRI as a result of a competitive procurement process (RFP#201207352). The fees associated with this amendment are consistent with the fee structure associated with MHDO’s core contract with HSRI.

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

PART III: SUPPLEMENTAL INFORMATION

In the spring of 2027, MHDO plans to issue an RFP for the contract currently held by HSRI. The deliverables of this contract include support complying with new legislation as well as producing custom data extracts and data analysis.

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) or (026) – 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

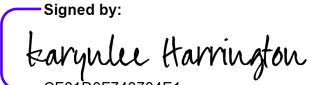
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department’s signatory affirms, understands, and acknowledges Maine’s Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	 <small>Signed by:</small> <small>CF64D0F743784E1...</small>		
Typed Name:	Karynlee Harrington	Date:	2/25/2026

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department’s Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: <i>Marcello Genovese</i> <small>E2CD3BD47E9C4FB...</small>		
Typed Name:	Marcello Genovese	Date:	2/25/2026