

## 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:		Board of Licensure in Medicine	
Department Contract Administrator or Grant Coordinator:		Dennis E. Smith, Executive Director	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9600	Advantage CT / RQS #:	20200330000000002709
<b>CONTRACT</b>	Proposed Start Date:	4/1/20	Proposed End Date: 6/30/20
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Margaret Duhamel, MD Woolwich ME	
Brief Description of Goods/Services/Grant:		Review complaints, medical records and malpractice reports. Coordinate mandated reports and provide memos summarizing the reports to the Board	

### 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
<b>x</b>	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

Our current medical director is no longer employed and failure to have someone in the position negatively impacts the Board's mission to protect the public through the review of complaints, medical records and medical malpractice reports.

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

Dr. Duhamel was the medical director until December 2018. She understands what needs to be done can start providing services immediately without the need for training.

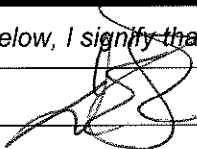
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The Board pays its expert reviewers \$125/hour for review of specific cases. Dr. Duhamel has agreed to do this for the Board at a rate of \$80/hour.

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

The Board will advertise and interview to fill the position permanently.

## PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
<b>Printed Name:</b>		<b>Date:</b>	3/30/20
<b>Signature of DAFS Procurement Official:</b>	<i>Kathy Paquette</i>		
	<small>41C2BA36FAE44CD...</small>		
<b>Printed Name:</b>	Kathy Paquette	<b>Date:</b>	4/1/2020