



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 \$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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/Maine CDC/Infectious Disease Epidemiology / Sara Robinson	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OIT-26-B02	
Amount: (Contract/Amendment/Grant)	\$ 16,772.22	Advantage CT / RQS #:	RQS-10A-20250312000000001289
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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:		InterOperability Bidco, Inc. Boston, MA	
Brief Description of Goods/Services/Grant:		Rhapsody Annual Support and Maintenance	

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.

Maine CDC requires a tool to provide data translation to enable the interfaces between legacy and new applications both within the state network and external to it. This is necessary to facilitate electronic record exchange and to be compliant with state and Federal mandates. The Rhapsody data integration engine is how Maine processes electronic messages including electronic laboratory reports, electronic case reports, and immunization records. It is the mechanism that allows us to perform disease surveillance and meet our federal reporting requirements to federal CDC. Rhapsody processes information for the Infectious Disease Epidemiology and Prevention Programs, the Maine Immunization Program, Environmental and Occupation Health Program, Health and Environmental Testing Laboratory, Maine Cancer Registry, and Maine Vital Records. It is a critical system for daily operations.

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

This proprietary software is an industry standard which is licensed by this vendor. This is the only known software to provide the critical interfaces described in Section 1 of this form, which are mandated by Federal regulations and requirements. An attempt to leverage a competitively bid master agreement with a software reseller (Insight Public Sector MA - 2307050000000000001) was denied by the vendor. The vendor insists on being the only supplier of this product.

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

The cost of this licensing renewal agreement is in line with other similar agreements. Annual Support and Maintenance costs for Redox are approximately \$46,500 and Smile Digital Health are \$50,000. There has been very little change in rates over the last 5 years.

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

The Department will continue to use the State of Maine competitive process and explore other sourcing options.

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.

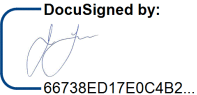
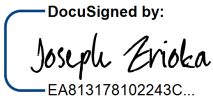
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Jim Lopatosky, Director	Date:	5/15/2025
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	5/15/2025