

State of Maine Procurement Justification Form

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OCFS			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Valerie Andreasen			
(If applicable) Department Reference #:	CFS-21-8025			
Amount: (Contract/Amendment/Grant)	\$ 243,207.00	Advantage CT / RQS #:	CT 10A 20200626000000004100	
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date:	6/30/2021
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:	Spurwink Services Inc. Portland, Maine			
Brief Description of Goods/Services/Grant:	Expert forensic medical consultation and evaluation in the area of child abuse and neglect.			

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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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.
<p>The Office of Child and Family Services (OCFS) Child Welfare Division requires expert forensic medical consultation in the area of child abuse and/or neglect. A qualified licensed medical provider must consult within twenty-four (24) hours on child abuse and/or neglect in order to secure the safety of the youth involved in abuse cases. The service is forensic in nature and forensic medical evaluations must be conducted by a child abuse pediatrician or a nurse practitioner under the child abuse pediatrician's supervision. This consultation with the Department may include but is not limited to a review of medical forensic evaluations of the child, psychosocial forensic interviews with the child, psychosocial evaluations of the child, review of records, and other communication, as necessary. The OCFS Child Welfare Division requires expert medical/legal testimony and comprehensive records that are consistent with forensic requirements for court requirements for court processes. In order to meet the Department's legal requirements to ensure child safety, OCFS must secure enough resources statewide to meet the needs of youth and families we serve.</p>

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.

The Spurwink Child Abuse Program (CAP) was developed in 1994 by Lawrence Ricci, MD, in response to the need for expert diagnostic services for children who may have been abused. CAP staff is recognized statewide and nationally as experts in medical evaluation and forensic interviewing of children that may have been abused. The program evaluates approximately 1,200 children and 250 adults.

The Spurwink Child Abuse Program (CAP) has provided these services to the OCFS Child Welfare Division for years and is the current holder of the state-wide contract for these services.

The Pediatricians employed by the Spurwink Child Abuse Program are Board-Certified and/or Board-Eligible Child Abuse Pediatricians. The American Board of Pediatrics has established a procedure for certification in child abuse pediatrics. Currently on staff is Dr. Ricci, a Board-Certified Child Abuse Pediatrician; and Dr. Amanda Brownell, a Board Eligible Child Abuse Pediatrician working with Dr. Ricci.

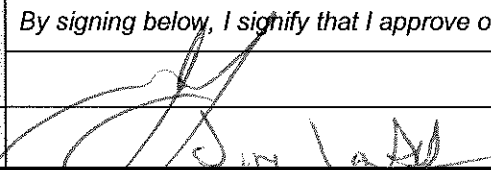
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of this contract is fair and reasonable, and is comparable with other Child Abuse Pediatricians, administrative staff and professional staff members, of such programs.

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

The Department will consider contracting with any providers willing and qualified to provide the services required. The Department does not intend to RFP 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:	7/23/20
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/23/2020