

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:		DHHS/CDC/MCH			
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Ryan Roberts			
(If applicable) Department Reference #:		CD0-21-4286			
Amount: (Contract/Amendment/Grant)	\$ 46,007.00	Advantage CT / RQS #:	CT-10A-20200413*2839		
CONTRACT	Proposed Start Date:	07/01/2020	Proposed End Date:	06/30/2021	
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:		MaineHealth dba Maine Medical Center Portland, ME			
Brief Description of Goods/Services/Grant:		Medical Record Abstraction 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
	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.**

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

State statute 22 M.R.S.A. § 8942 requires the Department to investigate suspected Birth Defects in order to determine the nature and extent of the Birth defect. This Agreement necessary to fulfill the statute by collecting State Birth Defects surveillance data through Active Case Ascertainment and Abstraction of medical records. The Department assigns potential Birth Defects cases to the Provider for an in-depth review of all medical records associated with the case.

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

Vendor meets specific qualifications; licensed Registered Nurse or Master of Social Work, with at least one year of experience in medical records abstraction, with the ability to travel to hospitals in the designated region or communicate via other means with medical facilities in order to obtain records.

In addition to meeting the required qualifications, the Provider is willing and currently providing the service. Given that the service will be RFP'd during the timeframe of this Agreement and the amount of work it would take to get a new vendor up to speed during this transition year, it makes the most sense to continue to contract with them until the bidder(s) are awarded.

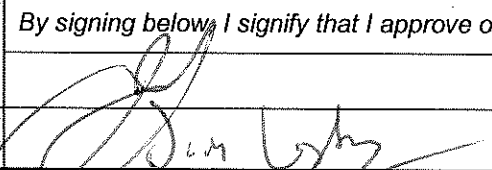
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Rates based on historical contract (CDO-19-4285) amounts and will be redetermined through the anticipated RFP.

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

The Department is committing to RFP this service for a start date of July 1, 2021.

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-Jul-20
Signature of DAFS Procurement Official:	<i>Designated by: Kathy Paquette</i>		
Printed Name:	Kathy Paquette	Date:	8/18/2020