



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Bureau of Emergency Medical Services (Maine EMS)	
Department Contract Administrator or Grant Coordinator:		J. Sam Hurley	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 837,479.98	Advantage CT / RQS #:	20170619*3957
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date: 6/30/2023
AMENDMENT	Original Start Date:	8/15/2017	Effective Date: 7/1/2022
	Previous End Date:	6/30/2022	New End Date: 6/30/2023
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		ImageTrend, Inc.; Lakeville, MN 55044	
Brief Description of Goods/Services/Grant:		Electronic patient care reporting services	

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. 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 EMS has utilized ImageTrend as our vendor of electronic patient care reporting and licensure management system since 2017. All licensed EMS persons are licensed through this system and their licenses are managed within the eLicensure database. Additionally, all patient encounters across the state are collected via the ImageTrend patient care reporting system. All records are stored digitally and are shared with multiple collaborating entities (e.g., Maine Center for Disease Control and Prevention, Office of Marijuana Policy, Maine-based hospitals, etc.).

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

The vendor was selected via an RFP process and Maine EMS has drafted a new RFP to be circulated in the immediate future. This RFP draft has been approved by OIT; however, even after selection, it will take approximately one (1) year to implement if we were to select a new vendor. We must have a year extension on this contract to hold over until we are able to implement the new vendor's system or we have a new contract with ImageTrend. It should be noted that this is the same system in use by our colleagues at Forestry and through the Maine Fire Marshal's Office.

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

Costs were determined in the initial RFP and have increased annually at the 3% rate associated with inflation. We anticipate negotiating these costs as part of the impending RFP process.

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

RFP draft ready for publication.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Michael Sauschuck

Typed Name:

Michael Sauschuck

Date:

Jul 8, 2022

Procurement Justification Form (PJF)

Signature of DAFS Procurement Official:	DocuSigned by: <i>Joseph Zrioka</i> <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	7/15/2022






2022-07-05 Maine EMS Data Systems PJF

Final Audit Report

2022-07-08

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