

State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OBH/PMP -- Jennifer Marlowe		
Department Contract Administrator or Grant Coordinator:	Nancy Tan – Valerie Andreasen		
(If applicable) Department Reference #:	OSA-17-4036D		
Estimated Contract or Grant Amount:	Current \$ 1,244,750.00 Amend D \$ 15,416.66 Rev Total \$ 1,260,166.66	Advantage CT / RQS #:	CT 10A 20161017*1359
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	10/1/2016	New Start Date:
	Original End Date:	9/30/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Appriss		
Brief Description of Goods/Services/Grant:	Extension of NarxCare Module		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
X	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 QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>The NarxCare module will allow end users of the system to view their patient's information in a more meaningful and impactful way. The NarxCare module will provide a visual representation of the patient's prescribing history and include the following:</p> <ul style="list-style-type: none"> i. Risk scores associated with the patient's prescribing patterns. ii. Communication plan to end users as well as push notifications from the system one (1) week prior to activation of this module. <p>The purpose of this amendment is to extend the module to coincide with the termination of the current vendor as we transition to the new vendor. We need all working modules from the current vendor, Appriss, to be readily available before contract termination of 09/30/2020, to avoid any disruption in services.</p>

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PART III: SUPPLEMENTAL QUESTIONS

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

The provider has proprietary rights to the PMP System. The PMP System enhancements are mandated by S.P. 671, L.D. 1646 (127th Legis. 2016) and must be implemented into the PMP System, for DHHS to enforce the laws related to the prescribing and dispensing of Controlled Substances that have also been passed under the act and become effective on 1/1/2017.

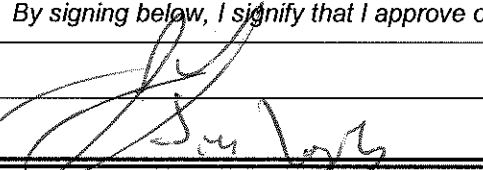
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates are consistent with the current contract.

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

The Department does not intend to competitively procure these services, as the services are procured under a Statewide Master Agreement.

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:	28-Aug-20
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	9/23/2020