



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:		Dorothea Dix & Riverview Psychiatric Centers		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		DRPC-24-103		
Amount: (Contract/Amendment/Grant)	\$ 18,000.00	Advantage CT / RQS #:	CT 10A 20230615000000003696	
CONTRACT	Proposed Start Date:	<b>07/01/2023</b>	Proposed End Date:	06/30/2024
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:		MD-IT Transcription Services, LLC dba Command Health Boulder, CO		
Brief Description of Goods/Services/Grant:		Medical Transcription Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.

The purpose of this agreement is to provide medical transcription services. The Department's Dorothea Dix Psychiatric Center (DDPC) and Riverview Psychiatric Center (RPC) patient medical records must be current at all times. Information dictated needs to be inserted into a patient's chart within 24 hours of dictation.

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

This vendor was selected through the competitive procurement RFP 201808172. The vendor was awarded both RPC and DDPC. This procurement ended on 6/30/2023.

Initial Start Date *	11/1/2018	Initial End Date *	6/30/2020
Renewal 1 Start Date	7/1/2020	Renewal 1 End Date	6/30/2022
Renewal 2 Start Date	7/1/2022	Renewal 2 End Date	6/30/2023

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

The cost of these services was deemed fair and reasonable during the budgetary review of the proposal awarded through the RFP 201808172 process and upon successful negotiations with the awarded Bidder.

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

The Department does not intend to RFP this service in the future. Due to the decrease in the use of this service it is unknown if the hospitals will have the need to continue the service at this level.

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

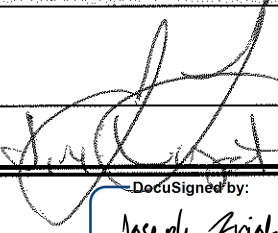
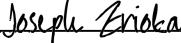
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	23 - Aug - 23
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	8/25/2023