



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		Corrections	
Department Contract Administrator or Grant Coordinator:		Penny Gibson	
(If applicable) Department Reference #:		ITP# 255317	
Agency Department Code:	03A	Advantage CT / RQS # :	03A 20210616*3724
Amount: (Contract/Amendment/Grant)	\$30,100.00		
CONTRACT	Proposed/Original Start Date:	8/2/2021	Proposed/Most Recent End Date: 6/30/2025
AMENDMENT	New Effective Date:	7/1/2025	New End Date (if Applicable): 6/30/2028
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		HealthInfoNet New Gloucester, ME	
Brief Description of Goods/Services/Grant:		Health Data Mining and Analysis	

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Health Information Exchange (HIE) is the transmission of healthcare-related data among facilities, health information organizations and government agencies according to national standards. HealthInfoNet operates the HIE which facilitates the delivery of quality, cost-effective informed health care treatment to patients of Health Care Providers as well as a separate HealthInfoNet Analytic and Reporting Platform (HARP) which provides key population and provider information that can be used to improve the quality of care delivered to patients and the overall performance of the Participant organization. Given that the Department is responsible for healthcare delivery to all MDOC residents (most of whom will transition back into the community), MDOC and the broader medical community will benefit from this partnership.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.	HealthInfoNet (HIN) is an independent, nonprofit information services organization that manages the statewide Health Information Exchange (HIE) in Maine. The statewide HIE is designed to link an individual's health information from unaffiliated healthcare sites to create a single electronic health record, allowing authorized providers across the state to better support and coordinate their care. Through the application of timely and actionable information, HIN is able to adapt and advance as clinical workflows and needs change across the care continuum. HIN has various other contracts within Maine state government, namely DHHS entities who regularly compile health related data. The proposed 3-year term under this amendment is intended to coincide with the Department's contracted EHR under WellPath.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	These costs were negotiated by the Office of MaineCare and DHHS as part of a federal project to link HIN with state agencies in Maine. HIN offers discounted rates to state agencies which the Department considers to be fair and reasonable.
4. Describe the plan for future competition for the goods or services.	Until other competitors emerge onto the scene, the Department will be seeking a waiver of competitive bid to continue using this provider's unique and unrivaled service.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	


**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

**PART VI: APPROVALS**

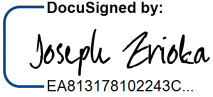
The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Scott Landry, Associate Commissioner	Date:	8/7/2025

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka, Director IT Procurement	Date:	8/7/2025