

**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:		MECDC/Infectious Disease/State Epidemiologist		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patti Wall		
(If applicable) Department Reference #:		CD0-23-3102		
Amount: (Contract/Amendment/Grant)	\$176,136.00	Advantage CT / RQS #:	CT 10A 20220902 ** 0702	
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	9/30/2024
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:		Stephen D. Sears, MD Belgrade, Maine		
Brief Description of Goods/Services/Grant:		Medical Epidemiology on call coverage and consultation, and for COVID-19.		

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 checked="" type="checkbox"/>	L. Other Authorization – COVID 19

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 State Epidemiologist is required to be on call 24/7 to respond to matters that are urgent in nature and require medical guidance. The Deputy State Epidemiologist shared this responsibility in the past. Maine CDC no longer has a Deputy State Epidemiology Position and would like to contract for back-up medical epidemiology coverage to provide two weeks of weekday, evening coverage and weekend coverage per month for 10 months and coverage for four full weeks of vacation for the State Epidemiologist.

Clinical medical consultation services are needed due to recent changes in the Department that have resulted in the absence of staff who can provide clinical feedback and input to the State Epidemiologist including Clinical Advisor to services to Maine CDC's COVID-19 Departmental Response.

Title 22, Chapter 250 identifies the mandates of the Division and the services needing medical expertise.

Due to the 24/7 specialized nature of the work and the need for a license to practice medicine in Maine, it is not possible to provide adequate coverage with existing staff. Sufficient staffing, resources, or expertise is not available within State of Maine government, or any other governmental entity.

In the event that additional Medical Epidemiology on call coverage and consultation services are needed throughout the duration of Departmental response to COVID-19, this PJF will apply.

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

The contractor is a former Maine State Epidemiologist with over four years of prior experience in that role. As a former State Epidemiologist, the contractor is currently the most qualified physician in the State of Maine to perform these services to meet the Department's needs. No training is necessary.

The contractor is an infectious disease specialist with extensive experience with and knowledge of Notifiable Conditions in Maine as well as the rules for the control of notifiable disease and conditions in the state of Maine. The contractor has experience working with the staff within the Division of Disease Control and has full knowledge of program infectious disease protocols.

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

The fee was arrived at based on a prior contract (CDC-17-3110 Intermed PA) for a similar type of service. \$21,200 is a nominal fee to pay for the amount of on-call coverage being requested. This vendor has prior experience as the Maine State Epidemiologist. This vendor could efficiently and effectively provide this service without any training making this a cost-effective option.

The Department looked at available companies to provide these items; this individual was the only one that could support the Department's need. As such, the Department reviewed the pricing, which was deemed acceptable in light of the Departments response to COVID-19.

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

The Department does not intend to RFP these services.

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

Does this request utilize ARPA/MJRP funds?


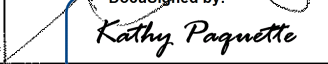
PART III: SUPPLEMENTAL INFORMATION

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:	19-Sep-22
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	10/14/2022