



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:	Department of Public Safety – Maine State Police		
Department Contract Administrator or Grant Coordinator:	Lt David Tripp Joseph Wilson		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000.00	Advantage CT / RQS #:	CT 16A 20211217*1534
CONTRACT	Proposed Start Date:	1/1/2022	Proposed End Date: 12/31/2022
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:	Occupational Health Centers of the Southwest P.A. d/b/a Concentra Medical Center Cranston, RI		
Brief Description of Goods/Services/Grant:	OSHA required medical evaluations		

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 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.

It is imperative that the Department is in compliance of OSHA Respiratory Standard 1910.134. This standard requires all employees who may have the potential exposure to airborne contaminants be provided with appropriate NIOSH certified respiratory equipment to abate the hazard. As part of meeting this standard, any individual who will be using a respirator must go through a respiratory clearance evaluation that could identify additional required testing

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

Concentra is the only vendor offering this testing that is a multi-site occupational health provider in Maine. This geographic feature is necessary to accommodate the Maine State Police needs given every officer is required to participate in this required testing program. This geographic attribute reduces the time needed to reach a facility and get tested and allows our troopers more time to dedicate to their actual police work.

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

We have used this vendor for over 4 years now and negotiated reduced rates of greater than 20%. This is the second increase in the rate structure, and they have increased the rates across the board to \$2.00 or less per test.

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

Should other medical facilities expand to offer satellite health clinics throughout the state we would request bids to compare pricing.

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):	<i>Kendra Coates</i>		
Typed Name:	Kendra Coates	Date:	Dec 27, 2021
Signature of DAFS Procurement Official:	<small>Delegated by:</small> <i>Kathy Paquette</i> <small>41C2BA30FAF44CD...</small>		
Typed Name:	kathy Paquette	Date:	12/27/2021


Concentra PJJ

Final Audit Report

2021-12-27

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"Concentra PJJ" History

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