

Medicaid School Program
Contract Procurement Checklist (Optional)

The following checklist is optional, but can be very useful during your MSP AUP Audit.

School District Name: _____

Contracted Service: OT PT Speech Psych Nurse Audiology SW Counseling
(Circle the above services included in the contract)

School Fiscal Year: _____ Vendor Selected: _____

Procurement Details

a. Rationale used in selecting the vendor: _____

b. Was contract awarded through full and open competition? Yes No
If no, explain why: _____

c. Was there limited competition for this service? Yes No
If yes, explain: _____

d. Document your Cost/Price Analysis for each vendor:
Vendor 1- Name/Price _____
Vendor 2- Name/Price _____
Vendor 3- Name/Price _____

e. Include the following statement within the contract.
"Vendor will comply with the requirements of 45 CFR 164.504 (e)(1) for safeguarding and limiting access to information concerning beneficiaries."

f. Include the following statement within the contract.
"Vendor will allow representatives of the U.S. Department of Human Services, ODJFS, ODE, or their respective designee to the subcontractor's books, documents and records."

g. Include the following statement within the contract.
"Vendor acknowledges that they or their principles are not suspended or debarred."

h. If contract is over \$100,000, attach Formal Bidding Documentation, or approval from ODE.

Completed by: _____ Date: _____

Title: _____