CERTIFICATION OF SOLE SOURCE STATUS FOR CONTINUITY OF CARE IN HUMAN SERVICES PROGRAMS

RE: _____ _____
Name of Provider MDH Vendor No.

_____
Service Provided

_____ _____
Period of Original Contract Period of Renewal Request

Amount of New Contract_____

By my signature, I certify that a change in the human services provider will have a detrimental effect on the client population served under this contract. This determination is based either on independent utilization reviews, or on periodic evaluations and reviews performed by the contracting agencies. The authority for renewing this contract without competition is section 13-107 of the Maryland State Finance and Procurement Article, and COMAR 21.14.01.06C(1)(b).

_____ _____
Signature of Certified Health Practitioner Title

_____ _____
Name (printed) Date

Rev. 08/18