

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS Riverview and Dorothea Dix Psychiatric Centers			
Department Contract Administrator or Grant Coordinator:		Matt Galletta/Jennifer Levesque			
(If applicable) Department Reference #:		DRPC-21-004			
Amount: (Contract/Amendment/Grant)	\$35,000.00	Advantage CT / RQS #:	CT 10A 20200602*3650		
CONTRACT	Proposed Start Date:	01/01/2021	Proposed End Date:	12/31/2021	
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:		Myers and Stauffer, LC 11440 Tomahawk Parkway Leawood, KS 66211			
Brief Description of Goods/Services/Grant:		Disproportionate Share Hospitals (DSH) Audit Examination and Reporting Services.			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The purpose of this agreement is for the performance of a Centers for Medicare & Medicaid Services (CMS) required Examination for all Maine Disproportionate Share Hospitals (DSH). The Provider shall perform said examination for both State hospitals as well as develop and complete such corresponding reporting for each and furnish them to the Department for submission to the CMS as further stated within the Agreement. This is a mandatory independent auditor's examination and has to be prepared outside of State resources.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

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PART III: SUPPLEMENTAL INFORMATION

The vendor has significant examination experience and expertise related to Medicare and Medicaid accounting and auditing practices across the United States making them highly qualified in the field of DSH examination and reporting.

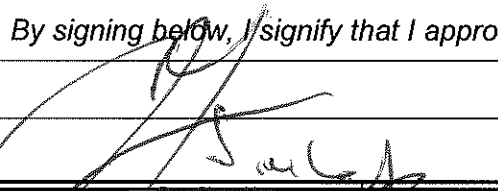
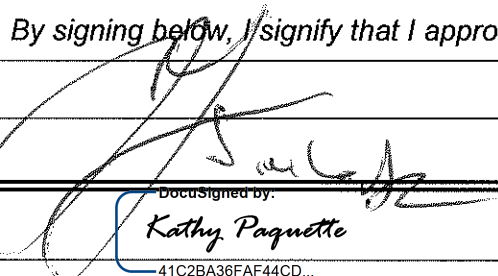
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Cost has been compared to previous rates charged for said service and is determined to be reasonable. The contract budget will remain unchanged for this year.

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

The Department does not intend to competitively procure this service.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	23-Dec-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	1/15/2021