



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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.

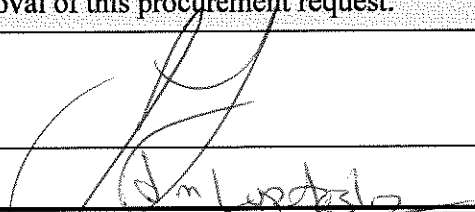
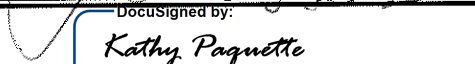
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Riverview and Dorothea Dix Psychiatric Centers		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Jennifer Levesque		
(If applicable) Department Reference #:		DRPC-22-005		
Amount: (Contract/Amendment/Grant)		\$ 35,000.00	Advantage CT / RQS #:	CT 10A 20210607000000003617
CONTRACT	Proposed Start Date:	01/01/2022	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:		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.)			
<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.	The purpose of this agreement is for the performance of the Centers for Medicare & Medicaid Services (CMS) required audit examination for DDPC and RPC, who are classified as Disproportionate Share Hospitals (DSH). The Provider shall perform said examination for both hospitals as well as develop and complete such corresponding reporting for each and furnish them to the Department for submission to CMS as further stated within the Agreement. This is a mandatory independent auditor's examination and must be prepared by resources who are independent from State resources.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This vendor has significant examination experience and expertise related to Medicare and Medicaid accounting and auditing practices in Maine and 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 this 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 plan to competitively procure this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	12-1-21
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	1/24/2022