

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS Riverview Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Patti Wall Matt Galletta	
(If applicable) Department Reference #:		RPC-20-006	
Estimated Contract or Grant Amount:	\$22,719.00	Advantage CT / RQS #:	RQS 10A 202001230*850
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	3/01/2020	Proposed End Date: 02/28/2023
Vendor/Provider/Grantee Name, City, State:		NASMHD Research Institute 3141 Fairview Park Drive Suite 650 Falls Church, VA 22042	
Brief Description of Goods/Services/Grant:		Quality assurance, consultation and research services as mandated by CMS and TJC.	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	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 QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
This is the annual fee required for Dorothea Dix and Riverview Psychiatric Centers to participate in the National Association of State Mental Health Program Directors Research Institute's (NASMHD) quality assurance, research, consulting and data collection services related to the Behavioral Healthcare Performance Measurement System. Participation in this service is mandatory in order for the hospitals to remain accredited by the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC).

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PART III: SUPPLEMENTAL QUESTIONS

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

There are no resources within Maine State Government nor are there other contracted service providers who are qualified or authorized by CMS or TJC to provide this service. This is the only vendor qualified to provide this service within TJC and CMS mandates. Failure to approve this PJF will seriously impact the facilities' accreditation with both CMS and TJC.

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

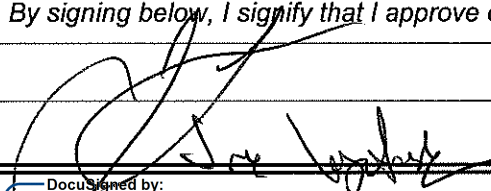
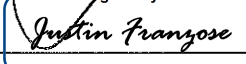
When compared with prior years cost, the proposed rates are fair and reasonable.

SFY 2017 \$7,985 for each hospital
 SFY 2018 \$8,064 for each hospital
 SFY 2019 \$8,144 for each hospital
 SFY 2020 \$7,498 for each hospital
 SFY 2021 \$7,573 for each hospital
 SFY 2022 \$7,648 for each hospital

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

The Department does not intend to RFP.

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:	13-Feb-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>AEEED9C7B3A8044E...</small> Justin Franzose	Date:	3/4/2020