

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		Dorothea Dix Psychiatric Center			
Department Contract Administrator or Grant Coordinator:		Matt Galletta/Deb Weston			
(If applicable) Department Reference #:		DDPC-20-131			
Amount: (Contract/Amendment/Grant)		\$ 195,780.00	Advantage CT / RQS #:	CT 10A 20200218*2301	
CONTRACT	Proposed Start Date:	3/16/2020	Proposed End Date:	7/17/2020	
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:		LocumTenens.com LLC 2575 Northwinds Parkway Alpharetta, GA 30009			
Brief Description of Goods/Services/Grant:		Locum Tenens physician 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
X	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.

There continues to be critical need to contract for psychiatric and medical services which must be provided by licensed and credentialed medical professionals. These services are needed to provide psychiatric and medical treatment to persons with serious and persistent mental illness as mandated by the State of Maine DLRS and CMS.

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PART III: SUPPLEMENTAL INFORMATION

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

This vendor specializes in Locumtenens services specific to the need of the hospital. Their knowledge and candidate recruitment ability results in an expedient hiring for temporary physicians.

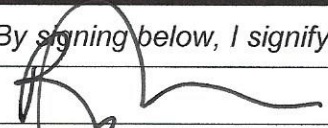
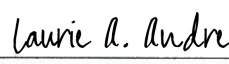
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The negotiated rate is in alignment with other providers presently contracted at Dorothea Dix Psychiatric Center.

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

The Department is currently evaluating its procurement for these critically essential services to ensure continued patient continuity in the delivery of care.

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:	 BEN MANN	Date:	3/13/20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>A4D4AF6018C54EC...</small> Laurie A. Andre	Date:	3/13/2020