



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 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: |                      | Chris Moiles / Melinda Farrell   |   |
| (If applicable) Department Reference #:                 |                      | DRPC-26-004  |   |
| Amount:<br>(Contract/Amendment/Grant)                   |                      | \$38,025.00  | Advantage<br>CT / RQS #: CT 10A<br>20250310000DRPC26004 |
| CONTRACT  | Proposed Start Date: | 7/1/2025   | Proposed End Date: 6/30/2026                            |
| 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,<br>City, State:           |                      | Baker Newman & Noyes<br>Portland, ME   |   |
| Brief Description of<br>Goods/Services/Grant:           |                      | CMS & Medicare consulting including the preparation and submission of the Medicare Cost Report |   |

| PART II: JUSTIFICATION FOR VENDOR SELECTION  |                                   |                          |                                  |
|--|-----------------------------------|--------------------------|----------------------------------|
| Check the box below for 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.

#### **Service # 1: Consultation**

Consultative services for review of inpatient and outpatient billing procedures, regulations and guidance provided to the Department of Health and Human Services personnel. Provide on-site guidance relative to the documentation requirements at the two psychiatric hospitals and their clinics.

#### **Service # 2: Medicare Report**

For review and impact analysis of Medicare and Medicaid settled cost reports; on-site assistance as needed for Medicare field audits and various reimbursement meetings related to Medicare and Medicaid reimbursement activities.

#### **Service # 3: Research**

Provider will research potential additional Medicare and Medicaid cost report reimbursement opportunities for which the facilities operated by DHHS may qualify. The research will include research from previous years. At the conclusion of this phase, the provider will present an executive summary of the findings for information and planning.

This service is separate and distinct from any other contracted activities provided to the State of Maine including MaineCare.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Medicare Part A cost reports specific to State psychiatric hospitals (IMD's) are only submitted by Riverview Psychiatric Center and Dorothea Dix Psychiatric Center. No other State agency or department has any involvement with these specific services beyond the two facilities and the DHHS Service Center. There are no local, state or federal agencies that produce Medicare Part A cost reports for State psychiatric hospitals. The Department does not have sufficient staffing, resources or expertise to provide these services.

Baker Newman & Noyes has extensive experience successfully developing and submitting Medicare Cost Reports for State run mental health facilities. They are the only consulting firm in Maine submitting these unique cost reports for both State facilities (RPC & DDPC) and private psychiatric hospitals (Spring Harbor Hospital).

This vendor has been working in tandem with Riverview Psychiatric Center, Dorothea Dix Psychiatric Center and the Department on not only current Medicare Cost Reports but the resubmission of prior year reports as well. Their in-depth knowledge of the hospital's prior cost reports is needed to assess the applicability for these resubmissions. The Department needs to draw upon the Vendor's knowledge/experience that is specific to the State psychiatric hospitals.

**PART III: SUPPLEMENTAL INFORMATION**

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

The contract budget for this year is based on an estimate provided by the vendor. The required hours needed to complete these services are considered the minimal necessary. The vendor is already familiarized with DDPC and RPC accounts which reduces needed preparation time and associated costs. Due to the vendor not increasing the cost of service over the last few years the hospitals deem this reasonable and fair.

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

Due to the expertise of this specific vendor and the narrow scope of the service that the Department is procuring – DHHS does not intend to competitively procure this service. This vendor has provided this service for many years and acquired familiarity with hospital operations which is essential in conducting this work.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

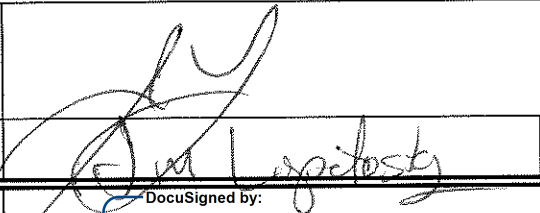
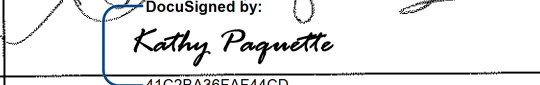
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

|  |  |  |       |           |
|--|--|--|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): |  |  | Date: | 17-Mar-25 |
| Typed Name:  | Dan Lopitosty  |  | Date: | 17-Mar-25 |
| Signature of DAFS Procurement Official:                          |  |  | Date: | 3/31/2025 |
| Typed Name:  | Kathy Paquette   |  | Date: | 3/31/2025 |