

State of Maine Procurement Justification Form

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Matt Galletta/Valerie Andreasen		
(If applicable) Department Reference #:		DRPC-21-001		
Amount: (Contract/Amendment/Grant)	\$1,303,030.00	Advantage CT / RQS #:	CT 10A 20200408000000002814	
CONTRACT	Proposed Start Date:	07/01/2020	Proposed End Date:	06/30/2021
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:		Liberty Healthcare Corp 401 E City Ave Ste 820 Bala Cynwyd, PA 19004		
Brief Description of Goods/Services/Grant:		Contracted After Hours Medical Staff		

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.
This agreement is to contract for licensed psychiatric and medical service professionals. These medical professionals are needed to provide psychiatric and medical treatment to persons with serious and persistent mental illness as mandated by the AMHI Consent Decree, State of Maine DLRS, The Joint Commission and CMS. These services are essential for maintaining required minimum staffing levels. CMS requires that a minimum staffing level of physicians is maintained at all times in order to provide adequate treatment for its patients. This agreement has been established to adequately provide and fund these staffing levels and for accommodating unanticipated contingencies such as staff absences and terminations. A lapse in these services would mean failure to provide required staffing levels and would place Riverview in immediate violation of the AMHI Consent Decree and other Federal and State regulatory agencies (CMS, TJC, DLRC). The staff assigned

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PART III: SUPPLEMENTAL INFORMATION

to DDPC/RPC by this vendor are well acquainted with the facility and its patients, which is essential in maintaining continuity of care.

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

Liberty Healthcare has remained consistent in supporting the Department to meet the Consent Decree and certification challenges. For the past several years, DDPC and RPC have had a standing relationship with Liberty Healthcare to recruit and retain medical staff. When the court mandated that RPC address the issue of transient psychiatrists and the negative effect this was having on continuity of care for patients, Liberty Healthcare has responded to the needs of DDPC and RPC with high quality Nationally Board Certified full-time and long term part-time, medical staff.

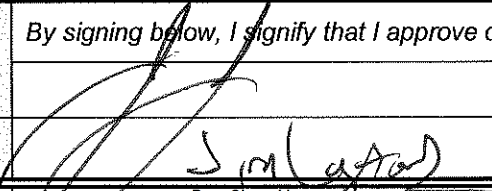
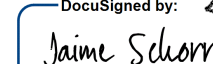
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The budgeted amount of this agreement has been determined by re-evaluating the anticipated staffing utilization and associated funding needs of these services up to June 30, 2021.

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

The Department intends to issue an RFP, T2019080, for Recruitment and Payroll Services with a start date of 10/1/2020. All existing resources will remain on this existing agreement while all new resources will be obtained through the Department's master agreement for Recruitment and Payroll Services.

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:	28-Apr-20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	Jaime Schorr 6D6437754DD0459...	Date:	5/20/2020