



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		
(If applicable) Department Reference #:		DRPC-23-601		
Amount: (Contract/Amendment/Grant)	\$9,559.20	Advantage CT / RQS #:	RQS 10A 20230222000000001017	
CONTRACT	Proposed Start Date:	01/25/2023	Proposed End Date:	01/24/2024
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:		HealthCare Source HR, Inc. Woburn, MA		
Brief Description of Goods/Services/Grant:		Electronic Learning Management System		

PART II: JUSTIFICATION FOR VENDOR SELECTION

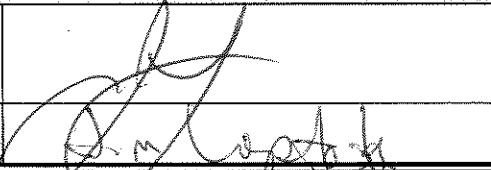
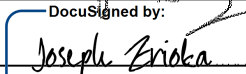
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<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 to provide an Electronic Learning Management System (LMS). This is an online web-based system used to distribute and track the completion of required coursework for all the Department's Riverview Psychiatric Center and Dorothea Dix Psychiatric Center employees.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Provider offers unique CMS (Centers for Medicare and Medicaid Services), TJC (The Joint Commission) compliant courseware. The Provider has the experience and expertise required to meet the specific health care needs for a Learning Management System for the Department's Riverview Psychiatric Center and Dorothea Dix Psychiatric Center. The Provider also provides talent management software for the healthcare industry which means easier compliance with constantly changing industry and regulatory requirements.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Provider has provided their system at a discounted rate well within industry standards. The Department considers these rates to be fair and reasonable when compared to similar services.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to RFP 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):		Date:	8-15-23
Typed Name:			
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	5/15/2023