



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 – Dorothea Dix & Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Brienne Carrero / Nicole Mitchell		
(If applicable) Department Reference #:		DRPC-26-619		
Agency Department Code:	10A	Advantage CT / RQS #:	RQS - 20260318000000001472	
Amount: (Contract/Amendment/Grant)		\$ 48,230.00		
CONTRACT	Proposed/Original Start Date:	3/1/2026	Proposed/Most Recent End Date:	2/28/2029
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		NASMHPD Research Institute, Inc. Falls Church, VA		
Brief Description of Goods/Services/Grant:		Subscription for quality assurance, consultation and research services as mandated by CMS and TJC.		

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 checked="" 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. Higher Education 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.

This is the annual subscription 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 for the hospitals to remain accredited by the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC).

<https://www.nri-inc.org/focus-areas/performance-measurement/>

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS) requires using this organization for the quality assurance, data processing, research and consultation services related to the Behavioral Healthcare Performance Management System. 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.

TJC and CMS requirements mandate using this particular vendor to provide this service. When compared with prior years cost, the proposed rates are fair and reasonable.

SFY 2026 \$7,959 for each hospital
 SFY 2027 \$8,038 for each hospital
 SFY 2025 \$8,118 for each hospital

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

TJC and CMS requirements mandate using this particular vendor and do not allow the option of using alternative vendors. Should TJC or CMS lift this mandate, the State could then put this service out for competitive procurement.

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) or (026) – 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

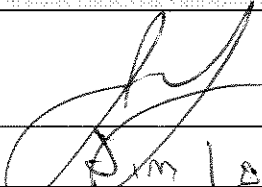
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Erin Lapinsky	Date:	29-Apr-26

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by: <i>Thomas Paquette</i>		
Typed Name:	Thomas Paquette <small>249502C7B71A49A...</small>	Date:	5/7/2026