

**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 (Form's Page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Patricia Wall		
(If applicable) Department Reference #:		RPC-23-001		
Amount: (Contract/Amendment/Grant)		\$ 608,014	Advantage CT / RQS #:	CT 10A 2022050200000002683
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	06/30/2023
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 – Physician Services Bala Cynwyd, PA		
Brief Description of Goods/Services/Grant:		Contracted Medical Staff		
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 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.

PART III: SUPPLEMENTAL INFORMATION

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

The Centers for Medicare & Medicaid Services (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 will 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, The Joint Commission, Division of Licensing and Certification).

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 evaluating the anticipated staffing utilization and associated funding needs of these services. Locum tenens are based strictly on need and thus the cost is widely unpredictable. The amount of required funding associated with locum tenens physicians is based on cost estimates since the exact level of need is unknown. Since September 2019 the Department's RPC has dramatically lowered its reliance on locum tenens staff and will continue to do so wherever possible.

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

The Department intends to issue an RFP for Recruitment and Payroll Services during SFY 2023 that is inclusive of this service and other medical service contracts. However, all existing resources will be allowed to remain on their existing agreements while all new resources will be obtained through the Department's master agreement for Recruitment and Payroll Services.

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

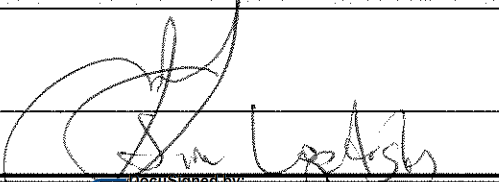
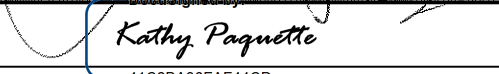
Does this request utilize ARPA/MJRP funds?

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

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):			
Typed Name:	Sam Legates	Date:	22-Jun-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/29/2022