



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:		Althea Harris / Melinda Farrell		
(If applicable) Department Reference #:		DRPC-24-004		
Amount: (Contract/Amendment/Grant)		\$ 38,025.00	Advantage CT / RQS #:	CT 10A 20230323000000002425
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2024
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:		Baker Newman & Noyes Portland, ME		
Brief Description of Goods/Services/Grant:		CMS & Medicare consulting including the preparation and submission of the Medicare Cost Report		

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.

For Riverview & Dorothea Dix Psychiatric Center's

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.

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 two years the hospitals deem this reasonable and fair.

PART III: SUPPLEMENTAL INFORMATION

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 a familiarity with hospital operations which is essential in conducting this work.

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


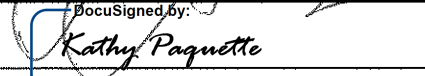
Does this request utilize ARPA/MJRP funds?

Yes – 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):			Date:	5-14-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small>		Date:	6/14/2023
Typed Name:	kathy Paquette <small>41C2BA36FAF44CD...</small>		Date:	