



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 – Dorothea Dix Psychiatric Center Carol Cody		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Patricia Wall		
(If applicable) Department Reference #:		DDPC-23-015		
Amount: (Contract/Amendment/Grant)	\$ 355,576	Advantage CT / RQS #:	CT 10A 2022052000000002983	
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. Bala Cnywyd, PA		
Brief Description of Goods/Services/Grant:		Contract Psychiatric Nurse Practitioner		

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.

PART III: SUPPLEMENTAL INFORMATION

The purpose of this agreement is to contract medical staff to provide psychiatric and medical services which must be provided by licensed and credentialed medical professionals. There are currently no PNP state-line positions at the Department's Dorothea Dix Psychiatric Center (DDPC), necessitating the need for contracted resources. A lapse in these services would mean failure to provide required staffing levels and would constitute a violation of CMS requirements.

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

These services are needed to provide psychiatric and medical treatment to persons with serious and persistent mental illness as mandated by licensing via State of Maine DLRS and CMS. For the past several years, the Department's DDPC has had a standing relationship with the Provider to recruit and retain medical staff.

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

The cost was determined based on the previous contract's rates.

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

The Department is formulating a comprehensive Dorothea Dix and Riverview Psychiatric Centers medical services RFP that is inclusive of this service and other medical service contracts. The Department intends to issue an RFP for Recruitment and Payroll Services during State Fiscal Year 2023. 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)

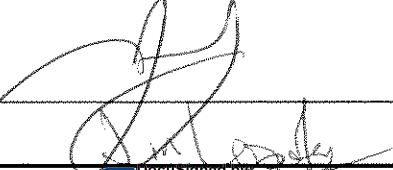

Does this request utilize ARPA/MJRP funds?

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):			Date:	22 - Jan - 22
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	7/7/2022
Typed Name:	Kathy Paquette		Date:	7/7/2022