



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-24-005	
Amount: (Contract/Amendment/Grant)	\$35,000.00	Advantage CT / RQS #:	CT 10A 20240318000000002530
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 12/31/2024
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:		Myers and Stauffer, LC Leawood, KS	
Brief Description of Goods/Services/Grant:		Disproportionate Share Hospitals (DSH) Audit Examination and Reporting Services	

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 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 for the performance of the Centers for Medicare & Medicaid Services (CMS) required audit examination for DDPC and RPC, who are classified as Disproportionate Share Hospitals (DSH). The Provider shall perform said examination for both hospitals as well as develop and complete such corresponding reporting for each and furnish them to the Department for submission to CMS as further stated within the Agreement. This is a mandatory independent auditor's examination and must be prepared by resources who are independent from State resources.

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

This vendor is a nationally known expert in the DSH examination process with significant experience related to Medicare and Medicaid accounting and auditing practices in Maine and across the United States. In addition to the examination work, this provider has provided the State with financial modeling, data methodologies and expense tracking. This firm has also provided the State with other vital consultative expertise around DSH and CMS matters. This business relationship has ensured continued confidence that reporting requirements will be performed accurately and timely and the State will be consistently receiving the amount of DSH reimbursement to which it is entitled.

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

The annual contract budget has been compared to previous rates charged for said service and is determined to be reasonable. The contract budget will remain unchanged for this year. This vendor has provided this service for many years and acquired a familiarity with hospital operations which greatly reduces the amount of preparation time necessary to conduct this work.

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

This vendor has provided these services for many years and as a result the State has acquired vast institutional knowledge of DSH requirements which cannot easily be replaced. Upon consultation with the DHHS Deputy Budget Director and the DHHS Deputy Director of Contract Management, it has been decided that this is not a business relationship that should be changed. Due to the unique expertise of this specific vendor and the narrow scope of the service that the Department is procuring, the Department has decided that to competitively procure this service would present a significant risk to the State.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

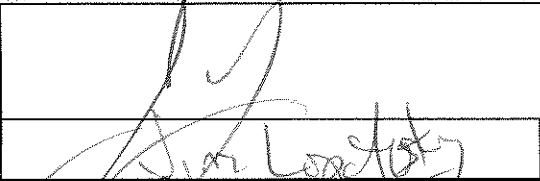
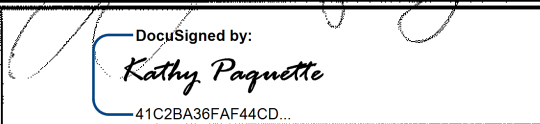
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	25-Jun-24
Signature of DAFS Procurement Official:	 <p>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</p>		
Typed Name:	Kathy Paquette	Date:	7/8/2024