



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 Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin		
(If applicable) Department Reference #:		RPC-25-001		
Amount: (Contract/Amendment/Grant)	\$1,140,244.59	Advantage CT / RQS #:	CT 10A 20240408*2755	
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	6/30/2025
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 Corporation Bala Cynwyd, PA		
Brief Description of Goods/Services/Grant:		To contract for licensed psychiatric and medical service professionals		

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.

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.

These services are essential for maintaining the required minimum staffing levels. 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 has been established to adequately provide and fund these staffing levels and for accommodating unanticipated contingencies such as staff absences and terminations.

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

The Department issued RFP (202311229) for these services which was later cancelled as DHHS leadership determined the current resources were meeting the requirement and already in place. All existing resources will be allowed to remain under their existing agreements. The staff assigned to RPC by this vendor are well acquainted with the facility and its patients, which is essential in maintaining continuity of care.

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, TJC, DLRC).

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 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.

There are no plans to competitively procure these services as the Department will continue these services with this provider.

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

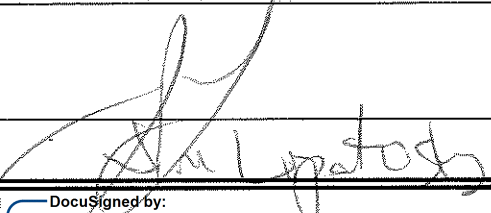
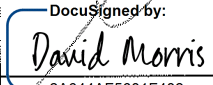
Does this request utilize ARPA/MJRP funds?

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: APPROVALS

PART III: SUPPLEMENTAL INFORMATION			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:			
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	7/26/2024

NOI 0720240839 07/29/2024 - 08/04/2024