



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 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:		Shawn Belanger / Nicole Mitchell		
(If applicable) Department Reference #:		RPC-23-039F		
Amount: (Contract/Amendment/Grant)		Curr: \$ 5,658,360.00 Amend F:\$ 673,920.00 Revised: \$6,332,280.00	Advantage CT / RQS #:	CT 10A 20221221000000001734
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	12/19/2022	Effective Date:	7/1/2025
	Previous End Date:	6/30/2025	New End Date:	12/31/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		SHC Services, Inc. dba Supplemental Health Care Cottonwood Heights, UT		
Brief Description of Goods/Services/Grant:		Travel Nurse and Mental Health Worker 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 checked="" 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.

Temporary nursing staff coverage is required to cover extended leave of absences, vacations, or unexpected vacancies in State-line positions. The RN IIs are vital in the operation of the psychiatric hospital. Riverview Psychiatric Center and Dorothea Dix Psychiatric Center provide unique services and it is critical that the nursing and mental health services provide coverage temporarily and promptly for continuity of care for the patients.

The purpose of this amendment is to extend the end date to 12/31/2025 while a new RFP is currently being drafted to increase the Locum Tenens pool for both RPC and DDPC with a planned contract start date of January 1, 2026.

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

The current travel nurse contractors are unable to supply the needed number of positions for the Department's RPC to meet the Consent Decree. The Department selected this vendor because it has over 40 years of experience in providing qualified healthcare individuals to organizations in need of travel contracts. This includes placing over 10,000 nurses annually. They are uniquely positioned to provide resources to the Department in the tight timeframe requested.

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

Costs for RNs have been pre-negotiated, and a regional analysis was performed to determine the base rate.

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

RFP 202504054 Locum Tenens Services is currently in the competitive procurement process to provide these services.

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.

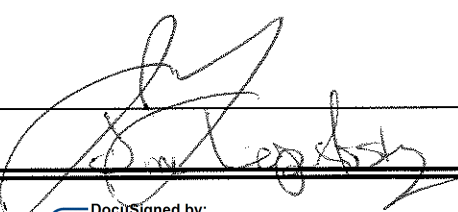

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	26-Jun-25
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD</small>		
Typed Name:	Kathy Paquette	Date:	7/17/2025