



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:		Shawn Belanger Brianne Carrero		
(If applicable) Department Reference #:		DRPC-23-004		
Amount: (Contract/Amendment/Grant)	\$38,025.00	Advantage CT / RQS #:	CT 10A 20220621000000003445	
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023
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:		Baker, Newman & Noyes Portland, Maine		
Brief Description of Goods/Services/Grant:		CMS & Medicare consulting including the preparation and submission of the Medicare Cost Report for SFY 2023.		

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.

The purpose of this agreement is to provide consultation, impact analysis of Medicare and Medicaid settled cost reports and research cost reimbursement opportunities.

Consultation:

The Provider will review inpatient and outpatient billing procedures, regulations and guidance provided to the Department's personnel. Provide on-site guidance relative to the documentation requirements at the Department's psychiatric hospitals Riverview Psychiatric Center (RPC), Dorothea Dix Psychiatric Center (DDPC) and their clinics.

Medicare Report:

The Provider will 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.

Research:

The Provider will research potential additional Medicare and Medicaid cost report reimbursement opportunities for which the facilities operated by the Department 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.

The Provider 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 RPC, DDPC and private psychiatric hospitals (Spring Harbor Hospital).

This Provider has been working in tandem with 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 Department's 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 Provider. The required hours needed to complete these services are considered the minimal necessary. The Provider is already familiarized with DDPC and RPC accounts which reduces needed preparation time and associated costs. Due to the Provider not increasing the cost of service over the last two years the hospitals deem this reasonable and fair.

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, the Department does not intend to RFP this service.

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

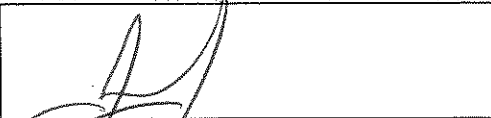

Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	8 - Aug - 22
Signature of DAFS Procurement Official:			
Typed Name:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD... Kathy Paquette	Date:	8/17/2022