



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		DRPC-25-002		
Amount: (Contract/Amendment/Grant)		\$ 1,573,015.52	Advantage CT / RQS #:	CT 10A 20240318000000002528
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 Corp Bala Cynwyd, PA		
Brief Description of Goods/Services/Grant:		Contracted Medical Staff		

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.

There continues to be a critical need to contract for psychiatric and medical services which must be provided by licensed and credentialed medical professionals. These services are needed to provide psychiatric and medical treatment to persons with serious and persistent mental illness as mandated by the State of Maine Division of Licensing and Regulatory Services (DLRS), The Joint Commission of Accreditation of Healthcare Organizations (TJC) and The Centers for Medicare and Medicaid Services (CMS).

There are no State of Maine government or other governmental entities that can provide these services. Presently most direct care staffing positions are vacant. Recruitment and retention issues and lack of qualified applicants have continued to make staffing difficult.

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

Liberty Healthcare is the current provider of this agreement and has been providing these services since July 1, 2015. These services are essential for maintaining required minimum physician staffing levels. CMS requires that a minimum staffing level of physicians is maintained to provide treatment for its patients. A lapse in these services would mean failure to provide required staffing levels and would constitute a violation of CMS requirements.

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

A cost analysis for continuing this service through June 30, 2025 is attached. The cost extension has been determined by reviewing the current usage and associated costs under the current contract terms.

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).

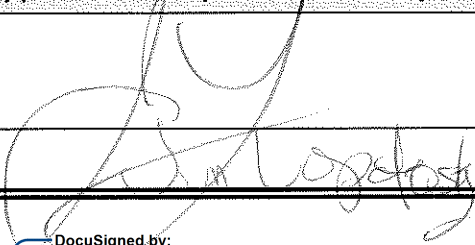
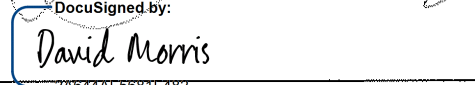
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: 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:	17-11-24
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	8/7/2024

NOI 0820240895 08/08/2024 - 08/14/2024