



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 – Dorothea Dix & Riverview Psychiatric Centers	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Debbie Weston	
(If applicable) Department Reference #:		DRPC-25-102	
Amount: (Contract/Amendment/Grant)	\$ 1,398,426.00	Advantage CT / RQS #:	CT 10A 20240613000DRPC25102
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:		Worldwide Travel Staffing LTD Tonawanda, NY	
Brief Description of Goods/Services/Grant:		Travel Nurse 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 temporary nursing staff coverage that is required to cover extended leave of absences, vacations, or unexpected vacancies in State-line positions. The RN II positions are vital in the operation of these psychiatric hospitals. If there is a vacancy, temporary staff will cover the positions until a permanent replacement has been hired. The psychiatric hospitals provide unique services and it is critical that the nursing services provide coverage temporarily and promptly for continuity of care for the patients.

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

The Centers for Medicare & Medicaid Services (CMS) requires that a minimum staffing level of nurses is maintained at all times in order to provide adequate treatment for its patients. This agreement will adequately provide and fund these staffing levels and for accommodating unanticipated contingencies such as staff absences and terminations. 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, The Joint Commission, Division of Licensing and Certification).

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. Other costs and rates will remain unchanged.

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

The Department does not intend to competitively procure 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

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:	<i>Kim Lopatovsky</i>	Date:	<i>1-21-24</i>
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	8/7/2024

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