

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 and Dorothea Dix Psychiatric Centers	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger / Melinda Farrell	
(If applicable) Department Reference #:		DPRC-26-002	
Amount: (Contract/Amendment/Grant)	\$1,638,959.00	Advantage CT / RQS #:	CT 10A 20250310000DRPC26002
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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	

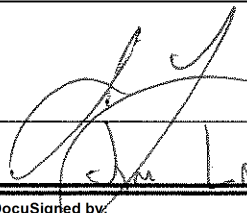

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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 DLRS, TJC and CMS.
	There are no State of Maine government or other governmental entities that can provide these services.
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 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.
	The rates fall in line with the rates currently paid for full-time PA's at the hospitals. The agreed upon rates have continued from the current contract terms.
4.	Describe the plan for future competition for the goods or services.
	An RFP was released last year but was cancelled. The Department will continue with the current vendor.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	John Lapadsky	Date: 19-Mg-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 	
Typed Name:	David Morris	Date: 9/11/2025

NOI 0920250846 9/12/2025 - 9/18/2025