



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 Psychiatric Center Matthew Davis / Rita McCollett	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall	
(If applicable) Department Reference #:		RPC-23-039A	
Amount: (Contract/Amendment/Grant)	Original: \$828,000.00 Amend: 496,800.00 Revised: \$1,324,800.00	Advantage CT / RQS #:	CT 10A 20221221000000001734
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	12/19/2022
	Previous End Date:	New End Date:	12/31/2023
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 Services	

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 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 Department's Riverview Psychiatric Center (RPC). RPC provides unique services and it is critical that the nursing services provide coverage temporarily and promptly for continuity of care for the patients.

The purpose of this Amendment is to add funding to enable RPC to contract additional travel nurses with SHC.

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 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.

The Department plans to competitively procure these services (DRPC20222): for a contract start date of 10/1/23.

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

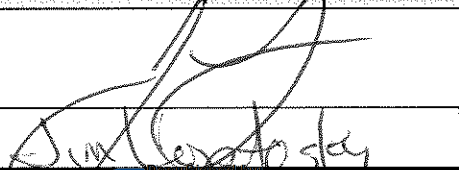

Does this request utilize ARPA/MJRP funds?

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:	23 - Aug - 23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/26/2023