



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		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	RPC-25-002		
Amount: (Contract/Amendment/Grant)	\$ 1,424,160.00	Advantage CT / RQS #:	RQS 10A 20240503*3110
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:	Correct Care of South Carolina Columbia, SC		
Brief Description of Goods/Services/Grant:	Transportation, room and board, and necessary physical and mental health treatment for court ordered out-of-state placements		

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 Department has a need to relocate six (6) patients from Riverview Psychiatric Center (RPC) to another location. RPC does not currently have the resources available to provide the level of medical, psychiatric and other specialized care required by these patients and assure that the services required for other patients housed within the institution are not compromised. Maintaining these patients at RPC may precipitate the loss of the facility's Joint Commission accreditation and the State's Specialty Hospital License to RPC as a hospital. A previous determination from CMS has indicated that the additional security and behavioral controls needed for these patients would diminish the acceptable standards of care in a psychiatric hospital. Superior Court Judge Murphy has ordered that the DHHS Commissioner, through RPC, identify and locate these patients to an appropriate safe setting for the specialized treatment needed by these patients.

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

This is a continuation of the current contractual agreement with the Provider. The original agreement was approved due to the urgency of the situation. The Department has been satisfied with the services provided by the Provider and wish to continue the current agreement. To ensure continuity of care for the patients currently residing at the Provider's facility, it is vital that this agreement continue

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

This facility's per diem rates are fair and reasonable. These patients are under Department custody and require specialized psychiatric and medical services. Due to the unique combination of these patients' needs, it is extremely difficult to locate suitable arrangements for these patients.

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

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, 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.

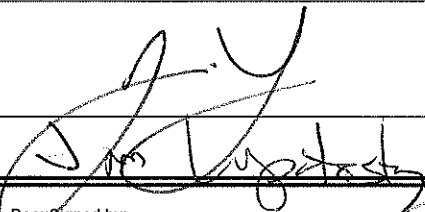
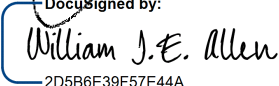
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	2-Oct-24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>2D5B6E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	10/23/2024

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