



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 – Dorothea Dix & Riverview Psychiatric Centers	
Department Contract Administrator or Grant Coordinator:		Melinda Farrell / Jennifer Levesque	
(If applicable) Department Reference #:		DRPC-25-002A	
Agency Department Code:	10A	Advantage CT / RQS # :	20240318000000002528
Amount: (Contract/Amendment/Grant	Amend: \$75,302.48 Revised: \$1,648,318.00		
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 6/30/2025
AMENDMENT	New Effective Date:	5/1/2025	New End Date (if Applicable): No change
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 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. Higher Education 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.

**The original agreement is based on an estimated number of hours per section. This amendment adds additional funding and modifying hours to actual.**

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, 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 the 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 PAs 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.

The medical staff under this contract are long-standing resources who provide after-hour services. When these current resources are no longer available this contract will be terminated, and new resources will be requested through the Department's current Locum Tenens master agreement (procured under RFP 202007113), the Department's current Payroll Services master agreement (procured under RFP 202004068), or through vendors procured under the Department's pending RFP 202504054 for additional vendors to provide such resources.

**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**

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.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**


The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	17-Sep-25

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/2/2025