



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 Riverview and Dorothea Dix Psychiatric Centers		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Emily Clifton		
(If applicable) Department Reference #:		DRPC-26-005		
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250923000DRPC26005	
Amount: (Contract/Amendment/Grant		\$35,000.00		
CONTRACT	Proposed/Original Start Date:	1/1/2026	Proposed/Most Recent End Date:	12/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Myers and Stauffer, LC St Louis, MO		
Brief Description of Goods/Services/Grant:		Disproportionate Share Hospitals (DSH) Audit Examination and Reporting 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. 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.

The purpose of this agreement is for the performance of the Centers for Medicare & Medicaid Services (CMS) required audit examination for DDPC and RPC, who are classified as Disproportionate Share Hospitals (DSH). The Provider shall perform said examination for both hospitals as well as develop and complete such corresponding reporting for each and furnish them to the Department for submission to CMS as further stated within the Agreement. This is a mandatory independent auditor’s examination and must be prepared by resources who are independent from State resources.

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.

This vendor is a nationally known expert in the DSH examination process with significant experience related to Medicare and Medicaid accounting and auditing practices in Maine and across the United States. In addition to the examination work, this provider has provided the State with financial modeling, data methodologies and expense tracking. This firm has also provided the State with other vital consultative expertise around DSH and CMS matters. This business relationship has ensured continued confidence that reporting requirements will be performed accurately and timely and the State will be consistently receiving the amount of DSH reimbursement to which it is entitled.

These services have been provided by this vendor for many years and as a result the State has acquired vast institutional knowledge of DSH requirements which cannot easily be replaced. Upon consultation with the DHHS Deputy Budget Director and the DHHS Deputy Director of Contract Management, it has been decided that this is not a business relationship that should be changed.

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

The annual contract budget has been compared to previous rates charged for said service and is determined to be reasonable. The contract budget will remain unchanged for this year. This vendor has provided this service for many years and acquired a familiarity with hospital operations which greatly reduces the amount of preparation time necessary to conduct this work.

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

Due to the unique expertise of this specific vendor and the narrow scope of the service the Department does not intend to competitively procure this service at this time.

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: 1 - Oct - 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:	DocuSigned by:  41C2BA36FAF44CD...	
Typed Name:	Kathy Paquette	Date: 10/20/2025