

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 – Dorothea Dix Psychiatric Center Carol Cody	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall	
(If applicable) Department Reference #:		DDPC-24-015	
Amount: (Contract/Amendment/Grant)	\$ 355,576.00	Advantage CT / RQS #:	CT 10A 20230427000000002968
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date: 06/30/2024
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 Cnwyd, PA	
Brief Description of Goods/Services/Grant:		Contracted Psychiatric Nurse Practitioner	

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 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 is 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 licensing via State of Maine DLRS and CMS.

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

There are no State of Maine governments or other governmental entities that can provide these services. Presently most direct care staffing positions are vacant due to recruitment and retention issues that include lack of resources, available candidates and retaining staff has been difficult. For the past several years, the Department's DDPC has had a standing relationship with the Provider to recruit and retain medical staff.

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

The cost was determined based on the existing contract rates.

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

The Department will continue to utilize this agreement if the resource continues with Dorothea Dix Psychiatric Center. If a different resource is identified the consolidated master agreement will be used at that time.

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

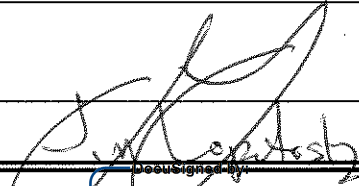

Does this request utilize ARPA/MJRP funds?

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):			Date:	21-Aug-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	11/28/2023
Typed Name:	Kathy Paquette		Date:	11/28/2023