



### PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Debbie Weston		
(If applicable) Department Reference #:		RPC-25-011		
Amount: (Contract/Amendment/Grant)		\$ 289,390.40	Advantage CT / RQS #:	CT 10A 202406250000RPC25011
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:		Medical Staffing & Services of Maine Brunswick, ME		
Brief Description of Goods/Services/Grant:		Staff Augmentation		

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.

Riverview Psychiatric Center (RPC) continues to have a critical need to contract for psychiatric practitioners which must be provided by licensed and credentialed medical professionals. This contract provides for one staff psychiatrist to provide services at RPC. This service is needed to provide psychiatric and medical treatment to persons with serious and persistent mental illness as mandated by the AMHI Consent Decree.

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

This Provider, and the person we wish to acquire, has remained consistent through various challenges with RPC and has supported the Department with Consent Decree and CMS Certification requirements. Retaining the services of this provider will also ensure continuity of care as she is familiar with RPC patients.

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

The cost of this contract is considered fair and reasonable for the services received. The person we wish to acquire with this contract is well acquainted with RPC. If we are unable to contract with this person, we will be required to fill this critical position using a locum tenens provider. The prevailing hourly rate for an equivalent locum tenens provider is approximately \$40.00 more per hour.

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

The Department had recently undertaken a Request for Proposals (RFP) process for contracted medical providers. This RFP was developed to formulate a comprehensive Dorothea Dix and Riverview Psychiatric Center medical services recruitment process that is inclusive of this service and other contracted medical services. However, this RFP was cancelled and all existing resources, such as the person we wish to acquire, are being allowed to remain on their existing agreements.

### 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.

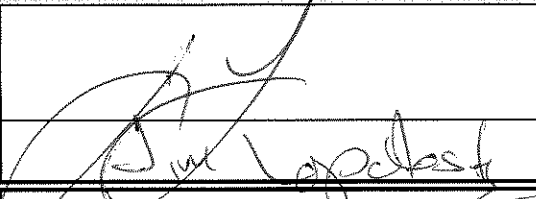
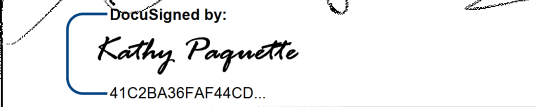
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Julie Laporte	Date:	17-Oct-24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	11/21/2024