



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	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Storm Dexter	
(If applicable) Department Reference #:		DDPC-25-015	
Amount: (Contract/Amendment/Grant)	\$ 355,576.00	Advantage CT / RQS #:	CT-10A- 20240627000DDPC25015
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:		Liberty Healthcare Corp Bala Cynwyd, PA	
Brief Description of Goods/Services/Grant:		Contracted Psychiatric Nurse Practitioner	

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.

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.

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 contracts 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, 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.

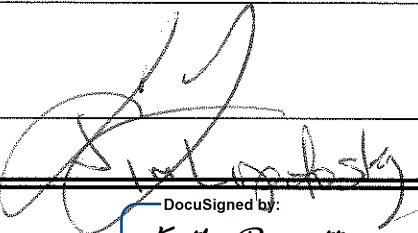

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	22-Sep-24
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	12/2/2024