



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		Corrections, Central Office		
Department Contract Administrator or Grant Coordinator:		Scott Goulette		
(If applicable) Department Reference #:		Click or tap here to enter text.		
Amount: (Contract/Amendment/Grant)		\$643,517	Advantage CT / RQS #:	03A 20200805*0388
CONTRACT	Proposed Start Date:	Click or tap to enter a date.	Proposed End Date:	Click or tap to enter a date.
AMENDMENT	Original Start Date:	7/1/2012	Effective Date:	N/A
	Previous End Date:	9/30/2021	New End Date:	N/A
GRANT	Project Start Date:	Click or tap to enter a date.	Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.	Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		Wellpath, Inc. Nashville, TN		
Brief Description of Goods/Services/Grant:		Comprehensive Medical Services – DOC facilities		

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 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.

Correctional healthcare is an extremely complex and specialized service. It is also highly regulated (state/federal rules and standards) and the Department aims to meet these requirements in our ongoing efforts to provide quality, comprehensive healthcare services to all prisoners/residents within the MDOC system. The provision of coordinated, evidence-based healthcare services is an essential part of the rehabilitative process which is also a primary goal of the Department. Additionally, a cohesive, cost-effective healthcare system is integral to the safety and security for prisoners/residents and Department staff, as well as MDOC operations as a whole.

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

Costs and services are highly variable in the corrections medical industry due to the unpredictable nature of resident healthcare needs. While cost containment strategies are rigorously pursued in all budget categories, we occasionally experience cost overruns in certain areas.

This Amendment adds \$643,517 to the contract to account for cost overruns which occurred during the final three months of the contract term (July 1, 2021 – September 30, 2021), in the amount specified here and as reflected on the contract amendment. Since the 3-month period in which the specified cost overruns occurred falls under FY22, it is necessary to capture them here as opposed to combining them with cost overruns under the subsequent contract (which is also being amended to add funds to the remainder of contract year FY22).

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

As with all previous contracts and amendments with this vendor, the Provider invoices the Department for designated services at agreed upon rates which we consider to be fair and reasonable.

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

The RFP and resulting contract has an end date of June 30, 2024 with the option of two 2-year renewals. Providing satisfactory performance is maintained, the Department will seek competitive bids once the renewal periods have been exhausted.


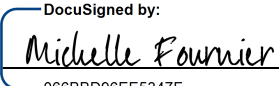
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):			6/22/2022
Typed Name:	Scott Landry, Associate Commissioner	Date:	Click or tap to enter a date.
Signature of DAFS Procurement Official:			1/20/2023
Typed Name:	Click or tap here to enter text.	Date:	Click or tap to enter a date.

Michelle Fournier

NOI 0120230072 01/20/2023 - 01/26/2023