



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

Table with 4 columns and 10 rows containing procurement details: Department Office/Division/Program (DHHS/OADS), Department Contract Administrator or Grant Coordinator (Nancy Tan / Melanie Boucher), (If applicable) Department Reference # (ADS-22-9801), Amount (\$50,000), Advantage CT / RQS # (CT 10A 20220519000000002950), CONTRACT (Proposed Start Date: 4/1/2022, Proposed End Date: 6/30/2023), AMENDMENT (Original Start Date, Previous End Date, Effective Date, New End Date), GRANT (Project Start Date, Project End Date, Grant Start Date, Grant End Date), Vendor/Provider/Grantee Name, City, State (Flatrock Inc. Flint, Michigan), Brief Description of Goods/Services/Grant (Reimbursement of costs for damages by MaineCare members)

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

Table with 4 columns and 8 rows for justification options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor (checked), D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.

This contract is to provide reimbursement for facility damages beyond normal wear and tear that happen during the time MaineCare members receive services in the provider's MaineCare enrolled service location.

This provider is based in Michigan, but registered as a MaineCare provider because of the specialized services they provide that are not otherwise available in Maine. Michigan county governments pay for damages caused by their citizens when receiving services from this provider. Maine would be required to cover any damages that may result by our members being served at this facility.

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

The Provider is the only provider who has agreed to care for these clients. The Department was unable to find a provider to meet the needs of these clients in Maine.

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

The total of this contract represents a ceiling amount, covering the possible facility damages that could result from serving several MaineCare members at this facility. It is possible that zero damages result from these services, but a payment mechanism is needed to cover the possibility of damages.

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

The Department does not intend to RFP this service.

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

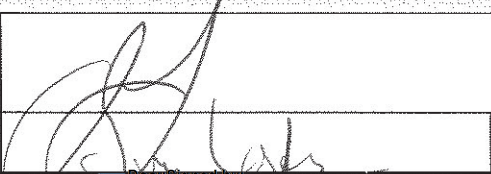

Does this request utilize ARPA/MJRP funds?

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:	8-Jun-22
Typed Name:			Date:	
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		Date:	7/25/2022
Typed Name:	Kathy Paquette	Date:	7/25/2022	