



## 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/OADS/Consultation	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		ADS-24-9812	
Amount: (Contract/Amendment/Grant)	\$20,000.00	Advantage CT / RQS #:	CT 10A 2024013100000002128
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 12/31/2025
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:		Elizabeth B. Simpson, M.D. Pawtucket, RI	
Brief Description of Goods/Services/Grant:		Specialized Psychiatric Services	

## 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.

The purpose of this Agreement is to provide specialized psychiatric services for individuals who have a diagnosis of Intellectual Disability (ID) or Autism, and a diagnosed or suspected co-occurring mental illness. Services may include, but not be limited to, the following:

1. Psychiatric evaluation and diagnosis of clients referred to the Provider by the Department;
2. Consultation with the Department to identify and implement appropriate treatment options for the client; and
3. Consultation with the Department to identify and implement appropriate services and supports that facilitate successful transition of clients from medical facilities to long-term residential placements.

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

Sufficient staffing or expertise is not available within the Department to perform the services outlined above. This work must be performed by a licensed psychiatric practitioner who has training and experience in diagnosis and evaluation of individuals having ID or Autism and a co-occurring mental illness. Dr. Simpson possesses the following qualifications needed to provide these services:

1. An active license to practice medicine;
2. Board certification in Psychiatry; and
3. Training and experience in diagnosis and evaluation of individuals having ID or Autism with co-occurring mental illness.

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

The rate charged by the Provider is considered fair and reasonable based on comparison with the rates commonly charged by qualified Providers for similar services. The rates are based on region and compared to other psychiatric practitioners in the area.

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

The Department does not intend to issue an RFP for these services.

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

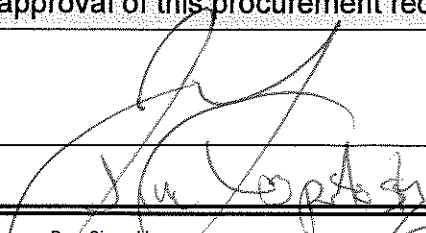
Does this request utilize ARPA/MJRP funds?

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: APPROVALS

The signatures below indicate approval of this procurement request.		
Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 13 Feb -24
Signature of DAFS Procurement Official:	DocuSigned by: William J.E. Allen 2D5B6E39F57E44A...	
Typed Name:	William J.E. Allen	Date: 2/22/2024

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