



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.

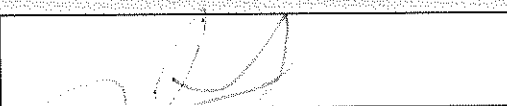

| PART I: OVERVIEW | | | | |
|---|----------------------|-----------------------------------|--------------------------------|-----------|
| Department Office/Division/Program: | | DHHS/OADS/DS Evaluation Services | | |
| Department Contract Administrator or Grant Coordinator: | | Nancy Tan / Jeanne Garza | | |
| (If applicable) Department Reference #: | | ADS-22-2228 | | |
| Amount: (Contract/Amendment/Grant) | \$25,000.00 | Advantage CT / RQS #: | CT 10A 20220208000000001814 | |
| CONTRACT | Proposed Start Date: | 02/01/2022 | Proposed End Date: | 1/31/2023 |
| 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: | | Elise Magnuson Portland, Maine | | |
| Brief Description of Goods/Services/Grant: | | Psychosexual Evaluation Services | | |

| PART II: JUSTIFICATION FOR VENDOR SELECTION | | | |
|---|-----------------------------------|--------------------------|----------------------------------|
| Mark an "X" before 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 | |
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| 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I. | <p>The Department is mandated by statute to provide services and programs for persons with intellectual disabilities or autism which protect the integrity of the legal and human rights of these persons. The Department's Disability Services (DS) is responsible for providing a mechanism for the identification, evaluation, and provision of services to persons with intellectual disabilities or autism consistent with mandated principles guiding delivery of services through appropriate personal planning, as well as providing protective and supportive services to incapacitated and dependent persons.</p> <p>The specialized evaluations provided under this contract will allow the Department to assist teams supporting individuals, to allow those individuals to be as independent as possible, avoid interaction with the criminal justice system, and to meet their own psychosexual needs without harm resulting to themselves, other persons, or the community.</p> |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | <p>This Provider is the sole provider of this service in the State of Maine that OADS is directly aware of who has direct expertise in working with adults with intellectual disability or autism with regard to psychosexual concerns. The Provider has unique experience in this field that cannot be found elsewhere in the State.</p> |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | <p>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 Psychologists in the area.</p> <p>There is no federal funding that supports these services. This is a Psychological evaluation for clients with intellectual disabilities and who are in need of specialized service. This is not supported by MaineCare, which has very limited coverage for Psychological services for adults.</p> |
| 4. Describe the plan for future competition for the goods or services. | <p>This Provider is the sole provider of this service in the State of Maine therefore the Department does not plan to RFP this service.</p> |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) | |
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| Does this request utilize ARPA/MJRP funds? | |
| <input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s). | |
| <input checked="" type="checkbox"/> 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: | 7-14-22 |
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | Kathy Paquette | Date: | 3/22/2022 |