

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/Consultation – Ingrid Diamond	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Arlene Jones	
(If applicable) Department Reference #:		ADS-21-9812	
Amount: (Contract/Amendment/Grant)	\$ 10,000.00	Advantage CT / RQS #:	CT 10A 20210505*3040
CONTRACT	Proposed Start Date:	01/01/21	Proposed End Date: 12/31/21
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, Pawtucket, RI	
Brief Description of Goods/Services/Grant:		Specialized psychiatric services	

PART II: JUSTIFICATION FOR VENDOR SELECTION

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

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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 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.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Sufficient staffing or expertise is not available within the Department to perform the services outlined above as 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 with co-occurring mental illness.

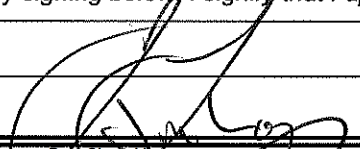
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 therapists 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: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	22-Jan-21
Signature of DAFS Procurement Official:	<i>DocuSigned by: Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/28/2021