

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/Neuropsychological Clinical Assessments and Consultation Services	
Department Contract Administrator or Grant Coordinator:		Nancy Tan	
(If applicable) Department Reference #:		ADS-22-9750	
Amount: (Contract/Amendment/Grant)	\$10,000.00	Advantage CT / RQS #:	10A 20210507000000003109
CONTRACT	Proposed Start Date:	07/01/2021	Proposed End Date: 06/30/2023
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:		Jason Merrin Mirror Lake, New Hampshire	
Brief Description of Goods/Services/Grant:		Specialized Direct Services – Neuropsychological Clinical Assessments and Consultation 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 type="checkbox"/> C. Single Source/Unique Vendor	<input type="checkbox"/> I. Federal Agency Directed
<input checked="" 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

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 Department is responsible to determine eligibility for persons alleged to have an Acquired Brain Injury to receive services and supports from the Department's Office of Aging and Disability Services (OADS), Brain Injury Services. Providing neuro-psychological evaluations/assessments is a necessary component of eligibility determination. The Department is mandated within its resources to provide services and programs for persons with Acquired Brain Injury to assist, educate, and rehabilitate the person with ABI to attain and sustain the highest function and self-sufficiency possible (22 M.R.S.A. § 3088).

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

DHHS, Office of Aging and Disability Services (OADS) has determined that this provider is willing and qualified to provide these services and has the expertise to serve persons with acquired brain injury. This provider has extensive experience in providing neuro-psychological evaluations/assessments and this service is a necessary component of determinations of eligibility for Brain Injury Services.

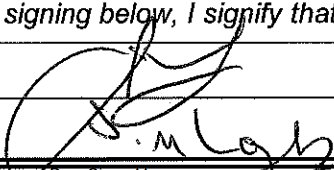
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 Psychologists in the area.

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

The Department does not intend to issue a competitive RFP this willing & qualified specialized professional service.

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:	12-14-21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	7/20/2021