

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/OT – Lori Harding	
Department Contract Administrator or Grant Coordinator:		Nancy Tan & Jeanne Garza	
(If applicable) Department Reference #:		ADS-22-9216	
Amount: (Contract/Amendment/Grant)	\$60,000.00	Advantage CT / RQS #:	CT 10A 20210414000000002787
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:		Gallant Therapy Services Augusta, Maine	
Brief Description of Goods/Services/Grant:		Occupational Therapy Evaluation 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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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.**

Pursuant to 34-B M.R.S.A. § 5462, to ensure that persons with intellectual disability or autism receive needed services, an assessment of the person's needs must be completed, to the extent possible, for each person found by the Department to have an intellectual disability or autism and in need of services. In some instances, a functional assessment performed by a licensed occupational therapy practitioner is needed to assess cognitive and sensory motor abilities, development of self-care activities and capacity for independence, physical capacity for prevocational and work tasks, play and leisure performance, and appraisal of living areas for the individual. After conducting a functional assessment, the occupational therapy practitioner, relying on his or her training, education, and experience, can make written recommendations designed to enhance the assessed person's capacity for independence and overall quality of life.

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

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

DHHS, Office of Aging and Disabilities Services has determined that this provider is willing and qualified to provide these services because they require specific licensure and registration as an occupational therapy practitioner and experience making recommendations to enhance the capacity and independence for adults with intellectual disability or autism.

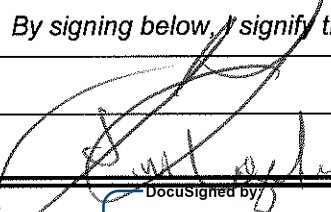
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 occupational 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:	11-21-21
Signature of DAFS Procurement Official:	<small>DocuSigned by</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	7/23/2021