

**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/OFI/DDS		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		DDS-24-035		
Amount: (Contract/Amendment/Grant)	\$0.00	Advantage CT / RQS #:	CTP 10A 20230809000000000015 CTMV 10A 20220808000000000006	
CONTRACT	Proposed Start Date:	09/01/2023	Proposed End Date:	09/30/2024
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:		Dr. Kevin Polk, Phd. Dresden, ME		
Brief Description of Goods/Services/Grant:		Medical and Psychological 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 type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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 Disability Determination Services (DDS) by medical and psychological consultants, as required by Section 223 d (2)a of the Social Security Act in the determination of disability. DDS is a component of the Social Security Administration, which requires that medical doctors and psychologists review Social Security Disability Insurance claims in the adjudication process. <http://policynet.ba.ssa.gov/poms.nsf/lrx/0424501001> - see section C 1 and C2.

Section 221(h) of the Act, as amended by BBA section 832. This law states that the Department must make every reasonable effort to ensure that a qualified physician (in cases involving a physical impairment) or a qualified psychiatrist or psychologist (in cases involving a mental impairment) completes the medical portion of the case review and any applicable residual functional capacity assessment.

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

Providers must be licensed physicians or licensed psychologists and be familiar with Social Security rules, guidelines, policies, and procedures.

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

Rates established for this agreement are in line with SSA guidance, and so are fair and reasonable. This service is funded directly with SSA funding.

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

The Department will accept Willing and Qualified providers as needed, to meet workload needs. The Department does not anticipate competitively procuring this service.

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

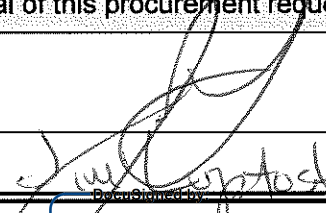

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):			Date:	27-Aug-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	9/13/2023
Typed Name:	Kathy Paquette		Date:	

DHHS Office:

OFI

Service:

MEDICAL PSYCHOLOGICAL CONSULTING SERVICES-SFY23

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
James H Hall	DDS-23-005	6/1/2023	9/30/2024	\$212,160.00
Archibald Hobbs Green	DDS-23-007	6/1/2023	9/30/2024	\$215,496.00
David R Houston, PhD	DDS-23-008	6/1/2023	9/30/2024	\$270,000.00
Karyn Diamond, MD	DDS-22-009	6/1/2023	9/30/2024	\$264,600.00
Karyn Diamond, MD	DDS-22-009	6/1/2023	9/30/2024	\$39,420.00
Thomas A Knox PhD	DDS-23-010	6/1/2023	9/30/2024	\$244,800.00
Mary Alyce Burkhart, PhD	DDS-23-011	6/1/2023	9/30/2024	\$234,000.00
Lewis F Lester, PhD	DDS-23-012	6/1/2023	9/30/2024	\$194,400.00
Sharon Hogan	DDS-23-014	6/1/2023	9/30/2024	\$175,200.00
Donald Trumbull, MD	DDS-23-017	6/1/2023	9/30/2024	\$234,000.00
Stephanie L Haskell, PhD	DDS-23-018	6/1/2023	9/30/2024	\$250,200.00
Brian N Stahl, PhD	DDS-23-019	6/1/2023	9/30/2024	\$219,600.00
Robert L Maierhofer, PhD	DDS-23-020	6/1/2023	9/30/2024	\$100,800.00
Ben Weinberg, MD	DDS-23-022	6/1/2023	9/30/2024	\$311,400.00
Edward R Ringel	DDS-23-026	6/1/2023	9/30/2024	\$175,200.00
Melanie Thompson, MD	DDS-23-030	6/1/2023	9/30/2024	\$152,880.00
Barda Leavitt	DDS-23-032	6/1/2023	9/30/2024	\$146,880.00
Christopher Bartlett	DDS-23-033	6/1/2023	9/30/2024	\$228,480.00
Dr. Sydney Sewall	DDS-23-034	6/1/2023	9/30/2024	\$4,080.00
Kevin L Polk	DDS-24-035	9/1/2023	9/30/2024	\$88,400.00
Total Items	20	Total Projected		\$3,761,996.00