



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OADS Nirtual Psychological Assessments	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		ADS-26-8850	
Agency Department Code:	10A	Advantage CT / RQS #:	CT20251003000ADS268850
Amount: (Contract/Amendment/Grant)		\$12,000.00	
CONTRACT	Proposed/Original Start Date:	11/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Neuropsychology & Concussion Management Associates, LLC Rockport, Maine	
Brief Description of Goods/Services/Grant:		Virtual Psychological Evaluation Services: APS & DS	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for 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. Higher Education 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 Department is mandated by Maine statute to provide assistance and support for adult citizens of the State who are unable to manage their own affairs or to protect themselves from abuse, neglect, or exploitation. The Department is also 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. Relevant statutes include 22 M.R.S., Chapter 958-A: Adult Protective Services Act; 34-B M.R.S., Chapter 5: Intellectual Disabilities and Autism; 18-C M.R.S. Article 5: Uniform Guardianship and Protective Proceedings; and 22 M.R.S., Chapter 715-A: Assistance for Survivors of Acquired Brain Injury.

The Department's Disability Services (OS) 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.

The Department's Adult Protective Services (APS) is responsible for providing or arranging for services to protect adults in danger of abuse, neglect or exploitation. APS staff also petition for Public Guardianship and/or Conservatorship of adults when all less restrictive alternatives have failed.

This Agreement provides virtual psychological consultation and evaluation services for the following populations:

- a. Disability Services
 - 1) Qualified persons who are alleged to have intellectual disabilities or autism as defined in 34-B M.R.S., Chapter 5: Intellectual Disabilities and Autism.
 - 2) Persons for whom psychological consultation or evaluation is requested to determine eligibility to receive disability services from the Department.
- b. Adult Protective Services
 - 1) Adults who are alleged to be incapacitated as defined in 22 M.R.S., Chapter 958-A: Adult Protective Services Act.

Individuals for whom the Department is petitioning the probate court to be appointed public guardian and/or public conservator when there is no suitable, available, and willing private individual to serve as private guardian or conservator.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Locating a psychologist willing to provide these services in Aroostook County has been an ongoing, years long challenge. The previous providers of this service included one from Saco who used to travel to visit family and would schedule these services around those visits, and another who

PART III: SUPPLEMENTAL INFORMATION

provided these services for the last few years but has declined to continue in SFY26. This provider is able to provide these services virtually so it has eliminated the need to find a provider located in Aroostook County.

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

The rate charged by this Provider is considered fair and reasonable based on comparison with the rates commonly charged by qualified Providers for similar services.

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

The Department will continue to monitor the provider community for an opportunity to find alternate sources for this service. Should new providers enter Aroostook County, consideration to RFP will be made at the end of this contract term.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

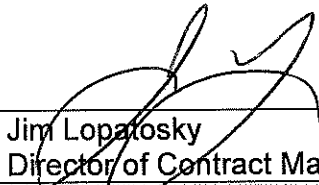
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

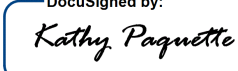
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	29-Oct-25

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	Kathy Paquette	Date:	11/20/2025