



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/Specialized Psychological Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		ADS-26-2228	
Amount: (Contract/Amendment/Grant)		\$20,000.00	Advantage CT / RQS #: CT 10A 20250611000ADS262228
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
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:		Elise Magnuson Portland, Maine	
Brief Description of Goods/Services/Grant:		Specialized Psychosexual and Comprehensive Specialized Psychological Evaluations, and related Consultation services	

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 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 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.

The specialized evaluations provided under this contract will allow the Department to assist teams supporting individuals, to allow those individuals to be as independent as possible, avoid interaction with the criminal justice system, and to meet their own needs without harm resulting to themselves, other persons, or the community.

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

Dr. Magnuson is a Licensed Psychologist in the State of Maine with a private practice based in Portland, specializing in evaluations, forensic evaluations, and consultations. Dr. Magnuson brings breadth and depth to her understanding of individuals and why they engage in behavior. As a mental health professional for almost two decades, she has developed a clear understanding of how people respond to difficult situations and has formulated recommendations for moving forward in the best interests of the person. Dr. Magnuson has worked with DHHS for several years through contracts such as this for specialized assessments.

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

The cost is fair and reasonable for neuropsychological, psychosexual, and forensic evaluations, specifically due to the urgency of timing, nature, and complexity of these types of requests.

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

These evaluations are highly specialized and only sought by the Department under very unique circumstances. This Provider is the sole provider of this type of service in the State of Maine therefore the Department does not intend to RFP this unique service.

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) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

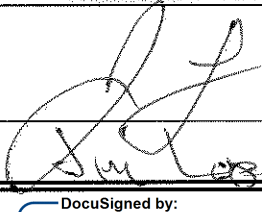

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATEP

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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Jim Lezabaty</i>	Date:	2-20-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> kathy Paquette	Date:	7/8/2025