



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/OADS/Psychological Services		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Brianne Carrero		
(If applicable) Department Reference #:		Multiple, See Addendum		
Amount: (Contract/Amendment/Grant)		Multiple, See Addendum	Advantage CT / RQS #:	CTMV-10A-2024040400000000011
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date:	6/30/2025
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:		Multiple, See Addendum		
Brief Description of Goods/Services/Grant:		Psychological Evaluation Services (APS, DD, ABI)		

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 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. The Department also provides a comprehensive neurorehabilitation service system designed to assist, educate, and rehabilitate the person with an acquired brain injury to attain and sustain the highest function and self-sufficiency possible using home-based and community-based treatments, services, and resources to the greatest possible degree.

Relevant statutes include 22 M.R.S.A., Chapter 958-A: Adult Protective Services Act; 34-B M.R.S.A., Chapter 5: Intellectual Disabilities and Autism; 18-C M.R.S.A. Article 5: Uniform Guardianship and Protective Proceedings; and 22 M.R.S.A., Chapter 715-A: Assistance for Survivors of Acquired Brain Injury.

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.

The Department's Disability Services (DS) 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 Acquired Brain Injury (ABI) Services is responsible for providing or arranging for care management and coordination, crisis stabilization services, physical therapy, occupational therapy, speech therapy, neuropsychology, neurocognitive retraining, positive neurobehavioral supports and teaching, social skills retraining, counseling, vocational rehabilitation and independent living skills and supports for survivors of ABI.

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

- a. Adult Protective Services
  - (1) Adults who are alleged to be incapacitated as defined in 22 M.R.S.A., Chapter 958-A: Adult Protective Services Act.
  - (2) 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.
- b. Disability Services
  - (1) Qualified persons who are alleged to have intellectual disabilities or autism as defined in 34-B M.R.S.A., 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.
- c. Acquired Brain Injury Services:

**PART III: SUPPLEMENTAL INFORMATION**

- (1) Qualified persons who are alleged to have Acquired Brain Injury (ABI) as defined in 22 M.R.S.A., Chapter 715-A: Assistance for Survivors of Acquired Brain Injury.
- (2) Persons for whom psychological consultation or evaluation is requested to determine eligibility to receive ABI services from the Department.

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

DHHS, Office of Aging and Disability Services has determined that these providers are willing and qualified to provide these services. The providers currently provide psychological consultation and evaluation services and has board certified neuropsychologists on staff to provide the Acquired Brain Injury assessment 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 RFP this willing and qualified service.

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

Does this request utilize ARPA/MJRP funds?

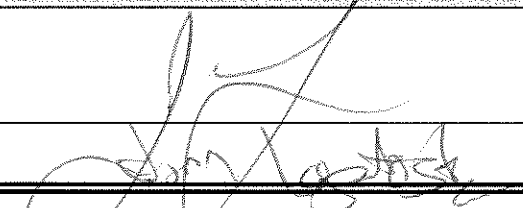
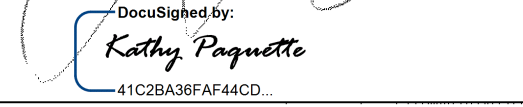
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:			
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/13/2024

DHHS Office: OADS

Service: PSYCHOLOGICAL EVALUATIONS-SFY25

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
HIDDEN SPRINGS INC	ADS-25-1223	7/1/2024	6/30/2025	24,000.00
SHORELINE NEUROBEHAVIORAL SVS LLC	ADS-25-2226	7/1/2024	6/30/2025	13,575.00
DONALD DEVINE	ADS-25-5222	7/1/2024	6/30/2025	38,700.00
DIANE TENNIES	ADS-25-5832	7/1/2024	6/30/2025	21,000.00
NEUROPSYCHOLOGY SERVICE PA	ADS-25-5840	7/1/2024	6/30/2025	39,420.00
MICHAEL WILLIAM CURLESS	ADS-25-7229	7/1/2024	6/30/2025	12,000.00
LORA L STANCHFIELD	ADS-25-8201	7/1/2024	6/30/2025	12,000.00
<b>Total Items</b>	<b>7</b>		<b>Total Projected</b>	<b>160,695.00</b>