



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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Lucas Sieb Shawn Belanger		
(If applicable) Department Reference #:		OMS-22-3201		
Amount: (Contract/Amendment/Grant)	\$10,000.00	Advantage CT / RQS #:	CT 10A 20211116000000001230	
CONTRACT	Proposed Start Date:	11/1/2021	Proposed End Date:	6/30/2022
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. Jeffrey Walawender South Portland, ME		
Brief Description of Goods/Services/Grant:		Dental Consulting 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 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. 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 assist in the development of the Department's MaineCare adult dental benefit as established in LD 221, An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2021, June 30, 2022 and June 30, 2023.

The Provider shall provide consulting services in support of the Department's dental benefit program, including attending periodic internal and external meeting; reviewing draft Department policies; consulting on proposed benefit limits, prior authorizations, medical necessity considerations, and billing codes; consultation on quality measures; and planning for provider and member outreach and education (including benefits for children).

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

The Provider, a licensed dentist, serves as a member of the MaineCare Advisory Committee and has a broad knowledge of the Department's MaineCare dental services. He is also knowledgeable in the MaineCare dental program for children, and his experience will allow him to begin this critical project without the delay necessary to bring another vendor on board.

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

The Department determined the Provider's price of \$150 per hour is in line with industry standards, which generally range from \$150 - \$250 per hour.

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

The Department does not plan to continue these services beyond the contract period.

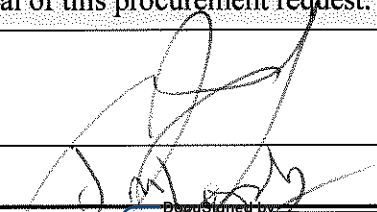
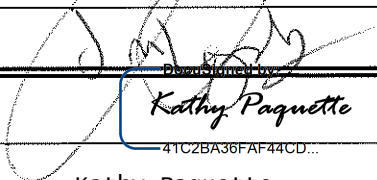
PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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):			
Typed Name:		Date:	8 Dec 21
Signature of DAFS Procurement Official:			
Typed Name:	kathy Paquette	Date:	1/12/2022