



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

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/DS/Dental Services/Derek Fales	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Nicole Mitchell	
(If applicable) Department Reference #:		ADS-27-5842	
Agency Department Code:	10A	Advantage CT / RQS #:	CT-20260401000ADS275842
Amount: (Contract/Amendment/Grant)	\$1,060,850.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date: 6/30/2027
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:		Praveen Pavuluru, DMD, LLC dba Carefirst Dental Clinic Bangor, Maine	
Brief Description of Goods/Services/Grant:		General and IV Deep Sedation Dental Services (Specialized Dental Services)	

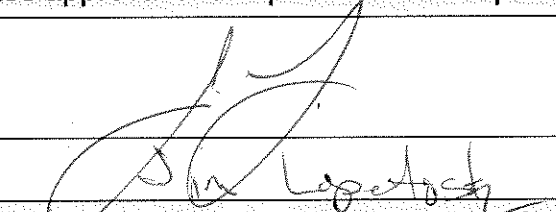
PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State 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 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.	<p>This purpose of this agreement is to ensure provision of comprehensive General and IV Sedation dental services for individuals with intellectual disabilities (ID) or autism spectrum disorder (ASD) served by OADS. Due to the personal and clinical behavioral characteristics of individuals with ID or ASD, IV Sedation may be needed to perform dental procedures. These dental procedures are necessary to maintain the overall health of individuals with ID or ASD. The consumers cannot afford dental services and have no alternative means of getting this type of dental care.</p>
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.	<p>The Department's Office of Aging and Disability Services (OADS) has determined that this Provider is uniquely qualified to provide these services. The Provider has demonstrated an exceptional level of expertise and ability to serve the unique needs of individuals with ID or ASD, who often have significant communication and/or behavioral challenges which compromise their ability to maintain good oral health and make delivery of needed dental services in a clinical office setting particularly difficult. The Provider has also demonstrated the organizational skills needed to coordinate and work as part of an interdisciplinary team to provide dental services under IV Sedation to effectively serve these patients. This Provider has a consistent and excellent patient safety and satisfaction record serving this clinically difficult and challenging population. Further, maintaining continuity of care by the same dental team is crucial to encouraging ongoing patient compliance with good oral health practices and maintaining the overall health and well-being of the population served.</p> <p>Historically, no other Provider has been able or willing to provide the level of services required. During a previous RFP process in 2008 this Provider was the only dentist who responded.</p> <p>The provider must have an active license to practice dentistry in the State of Maine from the Maine Board of Dental Practice, a valid unrestricted Drug Enforcement Administration registration, and valid Basic Life Support and Advanced Cardiac Life Support certifications.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The total agreement cost for these services is based on analysis of the prevailing rates of compensation for the contracted dentist, dental assistant, dental hygienist, Registered Nurse (RN) Practice Manager, and Certified Nurse Anesthetist (CRNA), as well as the cost of supplies required to provide the services.</p> <p>Since SFY18 this Provider has only had two increases in funding: 1.9% in SFY20 and 1% in SFY22. For SFY26 the Department approved additional funding for this service based on increased supply and labor costs and this renewal is at the SFY26 amount.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to issue an RFP for these services due to the unique service provided.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>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.</i>	
<input checked="" type="checkbox"/> 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:	Date: 21-Apr-26
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 <u>designee</u> 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:	DocuSigned by: <i>David Morris</i>
Typed Name:	Date: 5/14/2026

NOI 0520260309 05/14/226 - 05/20/2026