

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OADS/DS/Dental Services	
Department Contract Administrator or Grant Coordinator:		Nancy Tan & Lisa Munster	
(If applicable) Department Reference #:		ADS-21-5842	
Estimated Contract or Grant Amount:	\$952,400	Advantage CT / RQS #:	10A 20200424*2985
CONTRACT	Proposed Start Date:	07/01/2020	Proposed End Date: 06/30/2021
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Praveen Pavuluru, DMD, LLC Bangor, Maine	
Brief Description of Goods/Services/Grant:		General and IV Deep Sedation Dental Services (Specialized Dental Services)	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
This agreement is needed to assure provision of comprehensive General and IV Deep Sedation dental services for individuals with intellectual disabilities or autism served by OADS. Due to the personal and clinical behavioral characteristics of individuals with intellectual disabilities or autism, IV Deep Sedation is frequently needed to perform dental procedures. These services are necessary to maintain the health of individuals with intellectual disabilities or autism. The consumers cannot afford dental services and have no alternative means of getting dental care.

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PART III: SUPPLEMENTAL QUESTIONS

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

DHHS, the Office of Aging and Disability Services have determined that this Provider is willing and qualified to provide these services. The Provider has a demonstrated an exceptional level of expertise and ability to serve the unique needs of individuals with intellectual disabilities or autism, and has the necessary skills to coordinate and work as part of an interdisciplinary team to provide dental services under IV deep sedation to 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.

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.

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.

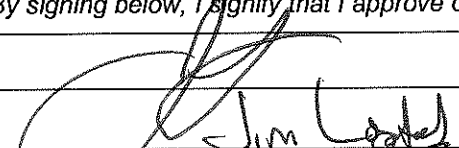
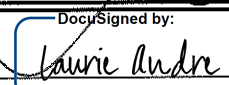
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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 N (RN) Practice Manager, and Certified Nurse Anesthetist (CRNA), as well as the cost of supplies required to provide the services.

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

The Department has determined that an RFP is not necessary as any willing and qualified dentist can perform these services. The Department does not intend to RFP these services.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	12-May-20
Signature of DAFS Procurement Official:	DocuSigned by: 		
Printed Name:	A4D4AF8018C54FC Laurie Andre	Date:	6/1/2020