



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/Disability Services/Dental			
Department Contract Administrator or Grant Coordinator:	Althea Harris / Melinda Farrell			
(If applicable) Department Reference #:	Multiple, see attached addendum			
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple, see attached addendum	
Amount: (Contract/Amendment/Grant)	Amend: \$22,500.00 Revised: \$67,500.00			
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2026
AMENDMENT	New Effective Date:	6/30/2026	New End Date (if Applicable):	12/31/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Multiple, see attached addendum			
Brief Description of Goods/Services/Grant:	Dental Services SFY26			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	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	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 Amendment 1 is to add six months as a first step to move these contracts to a two year CTMV, which will begin on January 1, 2027.

One of the largest unmet needs within the developmental services population served by the Office of Aging and Disability Services (OADS) is dental services. The consumers served often cannot afford dental services and have no alternative means of getting them. These contracts provide dental services not covered under MaineCare/Medicaid.

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.

Historically, individuals served by OADS have not been able to identify dentists who are able and willing to accept new patients. These Providers are willing to accept new patients for dental hygiene and restorative dental services and provide these services under the terms of the contract.

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

The Providers deliver services in accordance with rate tables submitted to the Department. The costs for services are consistent with the rates charged to all patients who receive services from the Provider.

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) or (026) – 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 STATE

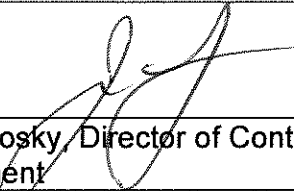
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department'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:	Jim Lopatosky, Director of Contract Management	Date:	27-mg-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 designee 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:	Signed by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Blais	Date:	6/2/2026

DHHS Office: OADS**Service:** Dental Services- SFY26**CTMV:** 10A 20250424DENTALSERVIC

Vendor Name	Agreement Number	Amend Number	CTP 10A	Start Date	End Date	Projected Spend
Joseph White DMD	ADS-26-5836	A	20250424000ADS265836	7/1/2025	12/31/2026	\$36,900.00
Steinke & Caruso Dental Care PA	ADS-26-5844	A	20250424000ADS265844	7/1/2025	12/31/2026	\$30,600.00
Total Items	2			Total Projected		\$67,500.00