

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/Developmental Disability Services – Lori Harding			
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Jeanne Garza			
(If applicable) Department Reference #:		ADS-22-5844			
Amount: (Contract/Amendment/Grant)	\$ 50,000.00	Advantage CT / RQS #:	10A-2021042100000002880		
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	06/30/2023	
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:		Steinke & Caruso Dental Care PA			
Brief Description of Goods/Services/Grant:		Dental Services			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

One of the largest unmet needs within the developmental services populations served by OADS is dental services. The consumers served often cannot afford dental services and have no alternative means of getting them.

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

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

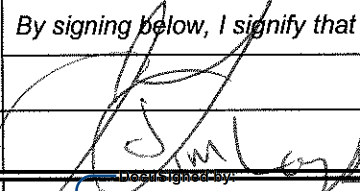
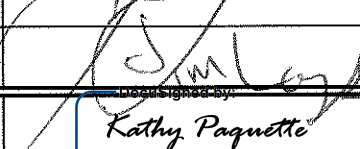
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Provider delivers 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 & qualified service.

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: 14 Jul - 21
Signature of DAFS Procurement Official:			
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/26/2021

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Vendor/Provider Name, City & State	Contract (CT) Number	DHHS Agreement #	Amendment Amount (if applicable)	Total Contract Amount
Steinke & Caruso Dental Care	CT 10A 20210421*2880	ADS-22-5844		50,000.00
Joseph White DMD	CT 10A 202104210*2884	ADS-22-5836		40,000.00
	Total for 2 Agreements:			\$90,000.00