

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:	Board of Dental Practice – Affiliated with the Department of Professional and Financial Regulation			
Department Contract Administrator or Grant Coordinator:	Penny Vaillancourt, Executive Director			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 15,000	Advantage CT / RQS #:	02D 202107210*144	
CONTRACT	Proposed Start Date:	July 1, 2021	Proposed End Date:	June 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:	Maine Medical Association PO Box 69, Manchester, ME 04351			
Brief Description of Goods/Services/Grant:	To fulfill the Board's statutory mandate to establish a peer review committee to encourage the identification and rehabilitation of dental professionals impaired by substance abuse, behavioral health or other debilitating factors. 32 M.R.S. § 18323(8) and 24 M.R.S. § 2502(4-A).			

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
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>

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## PART III: SUPPLEMENTAL INFORMATION

The Maine Medical Association is the only vendor in the state that provides a peer review committee ("Maine Medical Professionals Health Program") to help professional licensing boards such as the Maine Board of Dental Practice, meet its statutory obligation to encourage the identification and rehabilitation of impaired licensees of the Board.

The scope of work requires that the vendor be uniquely qualified and experienced develop and implement a comprehensive therapeutic program to address the needs of licensees of the Board who have or who could potentially develop alcohol and/or psychoactive drug abuse or dependency and/or behavioral health issues that could interfere with providing dental services to the public.

The vendor provides intervention, treatment planning, monitoring and testing services to ensure compliance with the voluntary participation program, as well as inform the Board of monitoring efforts of licensees who have been ordered to participate with the vendor in an effort to rehabilitate.

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

The Board has coordinated with other licensing entities, including the Department of Professional and Financial Regulation to identify available resources to ensure compliance. The Board is affiliated with the Department and shares a common mission of protecting the public against unethical and/or incompetent practitioners. There is no other entity in the state and the Board is just one of six professional health licensing Boards that utilize their service.

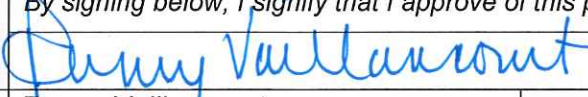

### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Board has concluded that the cost of the services is fair and reasonable based on viewing other contracts for similar services.

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

Currently, there are no other vendors in Maine providing the service.

## PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
<b>Printed Name:</b>	Penny Vaillancourt	<b>Date:</b>	July 21, 2021
	<small>DocuSigned by:</small>		
<b>Signature of DAFS Procurement Official:</b>			
	<small>1DEA565D481E42E</small>		
<b>Printed Name:</b>	Debbie Jacques	<b>Date:</b>	7/30/2021

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