



PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

Table with 2 main sections: PART I: OVERVIEW and PART II: JUSTIFICATION FOR VENDOR SELECTION. Includes fields for Department Office, Contract Administrator, Reference #, Amount, Dates, Vendor Name, and Description.

Table for PART II: JUSTIFICATION FOR VENDOR SELECTION. Includes a checklist of justification options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.

Access to clinical dental services for MaineCare eligible and low-income persons is a challenge in many parts of the state, including the service area of Portland Community Health Center. The Dental Services Subsidy Program, for which this contract provides funding, was designed to assist qualified community agencies in providing these services. This funding program is mandated by 22 MRSA § 2127, which makes certain funds available to eligible and qualified community oral health programs, with the intent to subsidize the provision of oral health care for persons whose gross income is below 200% of the federal poverty level, and who are without insurance for that care. The intent of the legislature in allocating the funds was to assist these programs by supporting their sliding fee scales, thus enabling the agencies to keep those fees at levels affordable and accessible to the individuals they intend to serve. In other words, the intent of the Subsidy Program is to assist qualified community programs in maintaining fee structures that will keep their services financially accessible to potential patients.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

This vendor is the primary source of dental services for the intended population within its particular service area. The organization is able to provide those services with appropriate licensed professionals, maintains a sliding fee scale that is acceptable to the Department, and has certified to the Department that it meets the Department's and other legislative requirements for eligibility to participate in the Dental Services Subsidy Program.

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

The basis on which contractors in the Dental Services Subsidy Program are paid is a formula that calculates payment based on what patients pay for services provided on the contractor's sliding fee scale. Fee scales are in turn based on the Federal Poverty Level or fees may be discounted in increments from the fee the organization charges for insured patients. The Department requires that each contractor provide its current sliding fee scale when providing the necessary documentation to demonstrate eligibility for this program. Portland Community Health Center has satisfactorily provided that information which is not part of the contract but is kept in the program file.

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

The Department does not intend to RFP these services.



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) – 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

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?
<input checked="" type="checkbox"/> Yes, the requesting Department understands and acknowledges <u>MRS Title 5, §18-A, 2.</u>

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Kapatosky	Date:	17-Jul-24
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	7/29/2024