



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.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		RPC-24-004A		
Amount: (Contract/Amendment/Grant)	Current:	\$468,256.00	Advantage CT / RQS #:	CT 10A 2023031600000002340
	Amend:	\$13,907.00		
	New:	\$482,163.00		
CONTRACT	Proposed Start Date:		Proposed End Date:	
	Original Start Date:	7/1/2023	Effective Date:	7/1/2023
AMENDMENT	Previous End Date:	6/30/2024	New End Date:	N/A
	Project Start Date:		Grant Start Date:	
GRANT	Project End Date:		Grant End Date:	
	Vendor/Provider/Grantee Name, City, State:	Community Dental Portland, ME		
Brief Description of Goods/Services/Grant:		Dental Services for RPC Patients		

PART II: JUSTIFICATION FOR VENDOR SELECTION

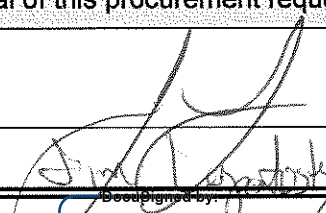

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	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 agreement is to provide dental services to Mental Health consumers. It was mandated by the AMHI Consent Decree to help alleviate the backlog of mental health patients needing dental care with local area dentists. The Department's Riverview Psychiatric Center operates a Dental Clinic in Augusta, Maine, but is unable to keep up with the demand for dental services for clients. There is a serious shortage of dental professionals in the State of Maine, which makes them extremely difficult to recruit. This amendment is adding a 3% pay increase retro to 7/1/23.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This is a specialized service, and the Provider is the only agency in the central Maine area that is capable of providing dental services for the Department's RPC patients.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Provider has provided these services at a cost that is well within the industry standard for dental services.
4. Describe the plan for future competition for the goods or services.	In order to maintain continuity of patient care, 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 – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	5 Sep. 23
Signature of DAFS Procurement Official:	 <small>Digitally signed by Kathy Paquette</small>		
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>	Date:	9/26/2023