



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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/OBH/Lionel Booth/Elizabeth Heath		
Department Contract Administrator or Grant Coordinator:	Jeanne Garza / Melinda Farrell		
(If applicable) Department Reference #:	MH1-26-1024		
Amount: (Contract/Amendment/Grant)	\$962,434.00	Advantage CT / RQS #:	CT-10A- 20250512000MH1261024
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2027
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:	Community Dental Portland, ME 04102		
Brief Description of Goods/Services/Grant:	Dental Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input 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 General Dentistry Services, Intravenous Moderate (conscious) Sedation Services, and General Sedation Dental Services to adults who experience serious mental illness and adults who have cognitive and physical disabilities or autism and to help alleviate the backlog of patients needing dental care with local area dentists.

Riverview Psychiatric Center operates a Dental Clinic in Augusta, Maine (Region II) and subcontracted a dental clinic operated at Clinical Services in Portland to serve Region I until Spring 2013. This Agreement allows the Department to continue to fund these needed dental services for these clients.

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

Community Dental is uniquely positioned to provide this service as they were the subcontracted agency providing dental services under the previous Riverview contract with Clinical Services in Portland, and they have been an active partner in providing quality specialized dental services to this population group for several years. Community Dental has established relationships with the patients in the clinic, the consistency needed to provide continuation of services, and the expertise with this population group. Community Dental has also established a relationship with Maine Medical Center to provide moderate and general sedation services to this population in their outpatient Scarborough surgery center. Community Dental partnered with a national consultant, and provided training to Maine Medical Center staff to facilitate access of these needed services.

The difficulty in recruiting, retaining and maintaining stable dentistry services has been difficult and Community Dental has been able to furnish the needed personnel along with providing management services and peer reviews as necessary. Prior experience in recruiting dentists who are willing and able to work with this challenging population has proven so difficult that it is unlikely that a change in provider, if any are available, would have the ability to maintain continuity of services.

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

The cost of services is based on the Provider's established fee schedule for dental services and is consistent with the annualized cost of Preventative/ Diagnostic and Restorative/Endodontic Services provided to the former Preble St. patients including those in need of general sedation services by Community Dental. Funds will remain allocated to continue providing moderate sedation services by Community Dental at Maine Medical Center in Portland, Maine, and ensure patients diverted to Riverview's or Dorothea Dix's Dental Clinic will have access to services closest to home.

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

The Department does not intend to RFP this service. Should a Dental service provider in other geographical areas express interest in contracting with the Department, such proposals would be considered as willing and qualified service providers.

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) – 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 signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	15-May-25
Signature of DAFS Procurement Official:	BocuSigned by: 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	10/9/2025