



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

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/OADS/Disability Services/Dental	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Lyndsay Frank	
(If applicable) Department Reference #:		Multiple, see attached addendum	
Amount: (Contract/Amendment/Grant)	\$45,000.00	Advantage CT / RQS #:	Multiple, see attached addendum
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date: 6/30/2026
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:		Multiple, see attached addendum	
Brief Description of Goods/Services/Grant:		Dental Services SFY26	

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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

One of the largest unmet needs within the developmental services population served by the Office of Aging and Disability Services (OADS) is dental services. The consumers served often cannot afford dental services and have no alternative means of getting them. These contracts provide dental services not covered under MaineCare/Medicaid.

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

Historically, individuals served by OADS have not been able to identify dentists who are able and willing to accept new patients. Currently two (2) Providers are willing to accept new patients for dental hygiene and restorative dental services and provide these services under the terms of the contract.

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

The Providers deliver 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 competitively procure this willing and qualified service.

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.


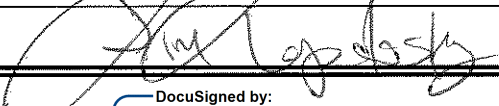

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	10-Jun-25
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	6/20/2025

Procurement Justification Form (PJF)

DHHS Office: OADS
 Service: Dental Services- SFY26
 CTMV 10A 20250424DENTALSERVIC

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
Joseph White DMD	ADS-26-5836	20250424000ADS265836	7/1/2025	6/30/2026	\$24,600.00
Steinke & Caruso Dental Care PA	ADS-26-5844	20250424000ADS265844	7/1/2025	6/30/2026	\$20,400.00
Total					
Total Items	2			Projected	\$45,000.00