



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 \$10,000 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 – Dorothea Dix Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		DDPC-25-144A	
Agency Department Code:	10A	Advantage CT / RQS #:	20240313000000002471
Amount: (Contract/Amendment/Grant)		Original	\$ 82,202.00
		Amendment	\$ 12,900.00
		Revised	\$ 95,102.00
CONTRACT	Proposed/Original Start Date:	2/1/2025	Proposed/Most Recent End Date: 1/31/2027
AMENDMENT	New Effective Date:	9/1/2025	New End Date (if Applicable): N/A
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		InvisAlert Solutions, Inc. West Chester, PA	
Brief Description of Goods/Services/Grant:		Patient electronic time check software	

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 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. Higher Education 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.

This agreement provides software to be used for hospital staff to perform electronic time checks on patients at Dorothea Dix Psychiatric Center (DDPC).

This amendment increases the contract to allow for the cost of integration with Netsmart, DDPC's new Integrated Care System.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

ObservSMART is a patient observation compliance solution that validates and documents compliance, and is designed explicitly for complex clinical workflows and challenging patient populations. Staff use mini-iPads with proprietary software, synchronized with our patented, tamper-resistant wristbands to complete their patient checks. Using unit-specific, patient-to-staff proximities, ObservSMART ensures observation compliance and thereby mitigates the severe risks and costs associated with missed and falsified observations.

There are no other solutions that provide: (1) 1:1 proximity-enforced patient monitoring, (2) the ability to understand if staff are asleep, (3) customized proximity thresholds, (4) waterproof tamper-resistant beacons, wristbands, and clasps, (5) and a Beacon battery life of greater than 12 months.

§ InvisAlert Solutions Inc., tamper resistant wristband and clasp US-Patent Application

Number: 20200273312, US-Patent Number: 10,896,590.

o Family ID: 61618913

o Appl. No. 16/344.506

o PCT/US2017/051545

o PCT Pub No: WO2018/053116

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

The costs and rates of this vendor were considered fair and reasonable and the best value for the department.

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

The Department does not intend to RFP this service currently. The InvisAlert program will be used until such time as a replacement will be needed.

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) or (026) – 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

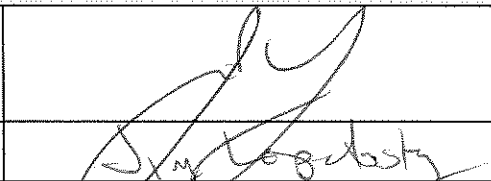
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>John Spier</i>	Date:	<i>12-Jan-20</i>

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: <i>John Spier</i>		
Typed Name:	2A1D91BCA418470... John Spier	Date:	1/15/2026