



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF 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 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 and Dorothea Dix Psychiatric Centers	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Stacy Martin	
(If applicable) Department Reference #:		DRPC-24-001 A	
Amount: (Contract/Amendment/Grant)		Amend A: \$ 1,623,735.00 Rev. Amt: \$ 3,471,988.00	Advantage CT / RQS #: CT 10A 20230301*2200
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	<b>7/1/2023</b>	Effective Date: 7/1/2024
	Previous End Date:	<b>6/30/2024</b>	New End Date: 6/30/2025
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Comprehensive Pharmacy Services, LLC Chicago, IL	
Brief Description of Goods/Services/Grant:		Pharmacists and pharmacy management 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 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 checked="" type="checkbox"/>	L. Other Authorization - RFP extended

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 on-site and remote pharmacy services for Dorothea Dix Psychiatric Center (DDPC), Riverview Psychiatric Center (RPC), and the Capital Community Clinic (CCC). Amendment A.

**The purpose of this amendment is to extend the agreement for one year and add funds to support these services. The additional year allows the vendor to assist in the transferal from the current system to a new MHR system.**

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

This Vendor was selected as a result of a competitive procurement process through RFP #201809186. The RFP ends June 30, 2024, and the amendment extends it a year to June 30, 2025.

Initial Start Date *	7/1/2019	Initial End Date *	6/30/2021
Renewal 1 Start Date	7/1/2021	Renewal 1 End Date	6/30/2022
Renewal 2 Start Date	7/1/2022	Renewal 2 End Date	6/30/2023
Renewal 3 Start Date	7/1/2023	Renewal 3 End Date	6/30/2024

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

The negotiated costs were determined as fair and reasonable during the evaluation of the bidders.

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

The Department intends to competitively procure these services for a new contract start date of July 1, 2025.

### 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: APPROVALS

The signatures below indicate approval of this procurement request.

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

DocuSigned by:  
*Debra Downer*  
5DC6307B8558482...

Typed Name:

Debra Downer, Deputy Director for  
Competitive Procurement

Date:

Mar-13-2024

Signature of DAFS  
Procurement Official:

DocuSigned by:  
*David Morris*  
2A044AF5001F402...

**PART III: SUPPLEMENTAL INFORMATION**

Typed Name: David Morris

Date: 4/2/2024

NOI 0420240353 04/02/2024 - 04/08/2024