



**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.*

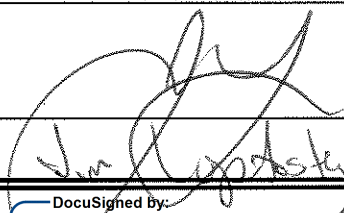
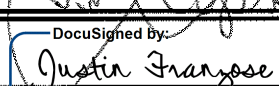
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		RPC-23-606		
Amount: (Contract/Amendment/Grant)		\$ 27,496.00	Advantage CT / RQS #:	RQS 10A 20230309000000001084
CONTRACT	Proposed Start Date:	03/07/2023	Proposed End Date:	06/30/2023
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:		Henry Schein Melville, NY		
Brief Description of Goods/Services/Grant:		Dexis Digital 2D Panoramic X-Ray		

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 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.	<p>The purpose of this agreement is to purchase a panoramic (PAN) x-ray machine for the Capital Community Clinic (CCC) who provides full range dental services for patients at Riverview Psychiatric Center (RPC).</p> <p>The new PAN machine will integrate with the clinic's strategy to move the current hardcopy/paper-based patient records and images to a dental electronic health record (EHR) over the next 18-24 months. The purchase and implementation of the new dental EHR solution (Dentrix) is underway as a companion project for the CCC. The proposed digital PAN upgrade vendor (Henry Schein- Dental) has been selected and a quote for the equipment has been secured.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The vendor was chosen because the current PAN machine will not integrate with the clinic's strategy to move the current hardcopy/paper-based patient records and images to a dental electronic health record (EHR) over the next 18-24 months, which is a product from Henry Schein. The purchase and implementation of the new dental HER solution (Dentrix) is underway as a companion project for the CCC.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The Dexis software, the new EHR Dentrix, and the PANO are supplied through Henry Schein. The state receives reasonable/competitive prices due to buying all of the needed pieces from the same vendor.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to RFP this service.</p>

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:	Justin Franzose
Date:	18-Apr-23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 
Typed Name:	JUSTIN FRANZOSE
Date:	5/11/2023