

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

| | | | |
|---|--|--|-----------------------|
| Department Office/Division/Program: | | DHHS Dorothea Dix and Riverview Psychiatric Centers | |
| Department Contract Administrator or Grant Coordinator: | | Shawn Belanger Matt Galletta | |
| (If applicable) Department Reference #: | | OIT-20-B50B | |
| Amount: (Contract/Amendment/Grant) | Amend: \$24,109.84 Revised: \$70,137.68 | Advantage CT / RQS #: | BPO 10A 20190531*1015 |
| CONTRACT | Proposed Start Date: | | Proposed End Date: |
| AMENDMENT | Original Start Date: | 7/1/2019 | Effective Date: |
| | Previous End Date: | 6/30/2021 | New End Date: |
| GRANT | Project Start Date: | | Grant Start Date: |
| | Project End Date: | | Grant End Date: |
| Vendor/Provider/Grantee Name, City, State: | | Health Care Systems, Inc. Montgomery, AL | |
| Brief Description of Goods/Services/Grant: | | Annual agreement for MEDICS clinical pharmacy information system which includes all hardware, software, licensing, maintenance and support for the entire duration of the agreement. | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|----------|-----------------------------------|--|----------------------------------|
| | A. Competitive Process | | G. Grant |
| X | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| X | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | L. Other Authorization |

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- 1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

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PART III: SUPPLEMENTAL INFORMATION

The Department's Hospitals utilize the MEDICS clinical pharmacy information system which manages the pharmacy information which includes all hardware, software, licensing, maintenance and support for the Department's Hospital pharmacies. This service is critical to the continued operation of the software and the programs for which it is administered.

The purpose of this amendment is to add funds and extend the end date until 6/30/2022.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This system was designed, developed, installed and maintained by the vendor. This is proprietary software.

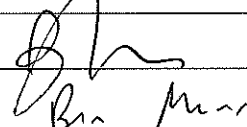
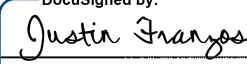
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs from the vendor quotes are consistent with last year's costs for this service. The Department considers this fair and reasonable.

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

This is a proprietary software supported by this vendor alone. The Department does not intend to RFP for this specific service, but it will be included as part of the upcoming Electronic Medical Records system upgrade.

PART IV: APPROVALS

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| Signature of requesting Department's Commissioner (or designee): | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
| Printed Name: |  | Date: | 6/21/21 |
| Signature of DAFS Procurement Official: | DocuSigned by:  | | |
| Printed Name: | AEEED9C7B3A8044E Justin Franzose | Date: | 6/23/2021 |