



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 Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger / Nicole Mitchell		
(If applicable) Department Reference #:		DRPC-24-001B		
Amount: (Contract/Amendment/Grant)		Curr: \$3,471,988.00 Amend B: \$ 816,186.00 Revised: \$4,288,174.00	Advantage CT / RQS #:	CT 10A 20230301000000002200
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:	7/1/2025
	Previous End Date:	6/30/2025	New End Date:	12/31/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		CPS Solutions, LLC Dublin, OH		
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).

The purpose of this amendment is to extend the agreement for 6 months and add funds to support these services while a new RFP is being completed.

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. This competitive procurement ended on 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. SFY26 costs continue as the same rates from SFY25.

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

The Department has a pending RFP (DRPC20231) to competitively procure these services with a contract start date of January 1, 2026.

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):	DocuSigned by:  5DC6307B8558482...		
Typed Name:	Debra Downer	Date:	Jun-18-2025
Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	7/2/2025