

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 Riverview Psychiatric Center	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Matt Galletta	
(If applicable) Department Reference #:		DRPC-17-176C	
Amount: (Contract/Amendment/Grant)	Amend: \$ 610.00 Revised: \$ 768,418.00	Advantage CT / RQS #:	BPO 14C 20160927*0420
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	04/01/2017	Effective Date:
	Previous End Date:	09/30/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		CareFusion Solutions LLC San Diego, CA	
Brief Description of Goods/Services/Grant:		Pyxis automated dispensing system located at Riverview Psychiatric Center	

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
	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.

The service is for Automatic Drug Dispensing units (ADU) for the Department's Riverview and Dorothea Dix Psychiatric Centers. These units are critical pieces of equipment used for medication management in the facilities. This equipment is integrated with the legacy Pharmacy information system and has been reliably providing a critical service that helps with medication administration and patient safety.

This amendment is to extend the end date and to increase support fees. As outlined in the agreement, the Provider may

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PART III: SUPPLEMENTAL INFORMATION

increase the monthly support fee by current CPI for medical devices plus 2% to cover necessary increased costs to parts and labor.

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

The equipment and architecture currently in place are unique to the Provider and can only be supported by them. The interfaces between the ADU and the pharmacy application were complex to establish and are stable, ensuring that communications flow constantly between the pharmacy system and the dispensing units. Disruption to these interfaces will affect the ability of unit staff to administer medications to patients.

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

This cost increase was based upon the indexing clause contained in the agreement.

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

The Department does not intend to RFP this service. Given the low cost to maintain the current pharmacy dispensing system, it would be cost-prohibitive for the State to competitively bid this service.

PART IV: APPROVALS

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

By signing below, I signify that I approve of this procurement request.

DocuSigned by:

Ben Mann

Printed Name:

Ben Mann

Date:

7/13/2020

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Justin Franzose

Printed Name:

Justin Franzose

Date:

8/10/2020