DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $10,000 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 and Dorothea Dix Psychiatric Centers			
Department Contract Administrator or Grant Coordinator:	Shawn Belanger			
(If applicable) Department Reference #:	DRPC-23-101B			
Agency Department Code:	10A	Advantage CT / RQS #:	CT 10A 20230119000000001912	
Amount: (Contract/Amendment/Grant)	Original Agreement Amount: $246,876.36 Amendment B:$94,032.00 Revised Agreement Amount: $350,204.36			
CONTRACT	Proposed/Original Start Date:	**1/1/2023**	Proposed/Most Recent End Date:	12/31/2025
AMENDMENT	New Effective Date:	**1/1/2026**	New End Date (if Applicable):	12/31/2026
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	MaineHealth Portland, ME			
Brief Description of Goods/Services/Grant:	Meditech Licensing			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☒	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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.
The purpose of this Agreement is to continue providing MEDITECH licensing until the replacement Electronic Health Record (EHR) System can be implemented and Meditech can be decommissioned. It is not possible to move the Meditech application out of the Maine Healthcare Data center without considerable effort and risk to hospital operations. Upon successful implementation and acceptance of the new EHR system, Meditech application services will no longer be required. **The purpose of this amendment is to add funds and extend the end date.**
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.
Meditech hosting is a proprietary application hosted and maintained solely by this vendor. MaineHealth was the sole provider of this application and for its hosting & support.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
The cost for this agreement was negotiated with Maine Healthcare. The vendor does not charge administrative charges or pass through costs. It also includes a contingency budget to allow for Meditech license and support fees increases. Meditech support costs are shared across multiple participating hospitals (6) which has decreased each participant's total cost.
4. Describe the plan for future competition for the goods or services.
The remaining services in this agreement are moving under DHHS Agreement DRPC-23-007 with Netsmart. Once the transition has been completed, this contract will end. The services with Netsmart were competitively bid with RFP 202105068. DHHS intends to competitively procure these services with pending RFP (DRPC20232) for an anticipated contract start date of 7/1/2036.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their

knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee			
1. The signature below indicates approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	DocuSigned by: 66738ED17E0C4B2...		
Typed Name:	Jim Lopatosky	Date:	Dec-05-2025
2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: John Spier 2A1D91BCA418470...		
Typed Name:	John Spier	Date:	12/9/2025