



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

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 – Dorothea Dix Psychiatric Center & Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		DRPC-24-104		
Amount: (Contract/Amendment/Grant)	\$ 1,280,587.00	Advantage CT / RQS #:	CT 10A 20230810000000000308	
CONTRACT	Proposed Start Date:	10/01/2023	Proposed End Date:	09/30/2031
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:		CareFusion Solutions LLC San Diego, CA		
Brief Description of Goods/Services/Grant:		Medication Dispensing Equipment		

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.

CareFusion has provided Automatic Drug Dispensing units (Pyxis MedStations 4000's) for both Riverview and Dorothea Dix Psychiatric Centers since they won a competitive bid in 2011. These ADU's are critical pieces of equipment used for medication management at both facilities. This equipment is integrated with the legacy (MEDICS) Pharmacy Information System and has been reliably providing a critical service supporting medication administration and patient safety.

It is critical to continue this service without interruption. Replacing a highly integrated technical solution is a time consuming and costly undertaking, which provides significant risk to the hospitals. At this point the ADU's are stable, and by refreshing the equipment through this procurement, risk to the operations of the pharmacy and hospital will be minimized.

The legacy Pyxis MedStation 4000 equipment at DDPC and RPC needs to be replaced with newer Pyxis MedStation ES equipment in order to continue to provide reliable medication dispensing service for DDPC and RPC.

A critical component of the Department's Integrated Care Management (ICM) program for DDPC and RPC, is the replacement of MEDICS with a new pharmacy information system (Netsmart's Avatar RxConnect) which was selected through a competitive bid process in 2021; refer to the Department's Integrated Care Management (ICM) Request for Proposal (RFP #202105068) published on July 29th, 2021. Netsmart's Avatar RxConnect solution integrates with the newer Pyxis MedStation ES equipment.

The scope of work in this contract, includes 1.) the replacement of MedStation 4000's with new version Pyxis MedStation ES (a.k.a. the MedStation Migration) as well as 2.) the integration of the Pyxis MedStation ES's with Netsmart's Avatar RxConnect solution (a.k.a. Host Conversion).

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

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.

The cost was negotiated between the Provider and the Department with assistance from State's Office of Information Technology. Discounted pricing included in this contract is based upon a seven-year equipment term ending in 2030.

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

Given the low cost to maintain the current pharmacy dispensing system, it would be cost-prohibitive for the State to competitively bid this service before the end of the seven-year equipment term in 2030. The Department does not intend to RFP this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

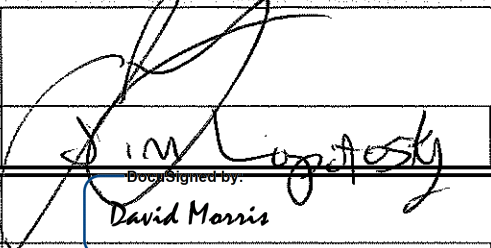

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):			Date:	20-Aug-23
Typed Name:	David Morris		Date:	9/28/2023
Signature of DAFS Procurement Official:			Date:	9/28/2023
Typed Name:	David Morris		Date:	9/28/2023