



**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.*

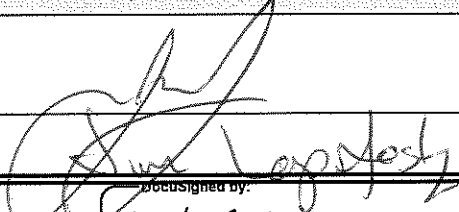
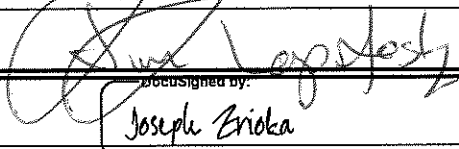
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS – Dorothea Dix & Riverview Psychiatric Center		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		DRPC-17-176F		
Amount: (Contract/Amendment/Grant)	Current: Amend F: Revised Amt	\$ 970,683.00 \$ 188,067.00 \$1,158,750.00	Advantage CT / RQS #:	BPO 14C 20160927*0420
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/01/2016	Effective Date:	07/01/2023
	Previous End Date:	07/31/2022	New End Date:	09/30/2024
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:		Support fee for Pyxis automated dispensing systems located at Dorothea Dix & Riverview Psychiatric Centers		

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 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 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.	<p>This agreement 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.</p> <p>This amendment increases the contract to account for the service fee increase and extends the date.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>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.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The cost of the new system was negotiated between the Provider and the State's Office of Information Technology and is in line with the cost of the other units currently at the Department's Dorothea Dix Psychiatric Center.</p>
4. Describe the plan for future competition for the goods or services.	<p>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.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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: 19-Sep-23
Typed Name:			
Signature of DAFS Procurement Official:			
Typed Name:	Joseph Zrioka	Director of IT Procurement	Date: 9/6/2023