



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 / Dorothea Dix		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	DRPC-25-B50		
Amount: (Contract/Amendment/Grant)	\$ 24,109.84	Advantage CT / RQS #:	RQS 10A 20240426*1531
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
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:	HealthCare Systems Montgomery, AL		
Brief Description of Goods/Services/Grant:	Medics Pharmacy System Software Support		

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 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.

The purpose of the agreement is to purchase continued operations and support of the MEDICS clinical pharmacy information system which manages the pharmacy information which includes all hardware, software, licensing, maintenance, and support for the Department's Hospital pharmacies.

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

This system was designed, developed, installed, and maintained by the Provider. This is proprietary software.

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

The costs from the vendor quotes are consistent with last year's costs for this service. The Department considers this fair and reasonable.

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

This is a proprietary software supported by this Provider alone. The Department does not intend to RFP for this specific service, but it will be included as part of the upcoming Integrated Care Management system upgrade.

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).

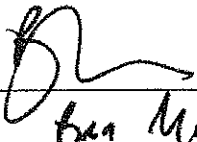

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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):			
Typed Name:	Ben Munn	Date:	9/23/24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EAB13178102243C...</small>		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	9/16/2024

While the software may be proprietary, the service is not. This needs to be posted.