



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.

Table with 2 main sections: PART I: OVERVIEW and PART II: JUSTIFICATION FOR VENDOR SELECTION. Includes fields for Department Office, Amount (\$360,000.00), Dates (7/1/2024 to 6/30/2025), Vendor Name (NORDX), and Description (RPC Phlebotomy Services).

Table for PART II: JUSTIFICATION FOR VENDOR SELECTION. Includes a checklist with options A through L. Option C (Single Source/Unique Vendor) is checked.

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.

Phlebotomy and clinical laboratory services for the purpose of drawing blood samples and conducting diagnostic laboratory tests for patients as prescribed by the attending physician.

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

The Hospital is licensed by the Maine Department of Health and Human Services, certified by the Centers for Medicare and Medicaid Services ("CMS" – formerly known as the Health Care Financing Administration) and accredited by The Joint Commission ("TJC"- formerly known as the Joint Commission for the Accreditation of Healthcare Organizations).

Under the provisions of patient care the hospital must provide of phlebotomy and clinical laboratory services for the purpose of drawing blood samples and conducting diagnostic laboratory tests for patients as prescribed by the attending physician. This service is essential in the proper diagnosis and treatment of patient health issues. The capacity does not exist within Riverview Psychiatric Center, the Maine Department of Health and Human Services, or within any other Department within the State of Maine to provide this service.

This provider has a laboratory within the vicinity of the hospital and is capable of performing laboratory tests on a STAT basis and providing our medical providers online access to test results. This provider has technology that is able to interface with our current electronic medical record system. There is no other laboratory that can accommodate these specific needs for RPC.

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

This vendor has a proven history of providing these vital services both reliably and at a reasonable cost to the hospital.

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

It is not feasible for the Department to competitively procure this service. Given the urgent timeframes needed for test results, the vendor must be located within appropriate geographic proximity to the hospital. This vendor is the only provider in the local area able to meet the hospital's required turnaround times.

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.

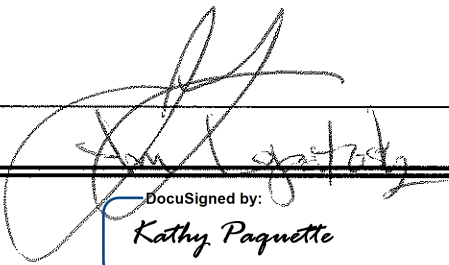

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:		Date:	11-Aug-24
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	10/28/2024