



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/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger	
(If applicable) Department Reference #:		OMS-25-060 B	
Agency Department Code:	10A	Advantage CT / RQS #:	2024030100000002392
Amount: (Contract/Amendment/Grant)		Amend B: \$766,846.00 Agreement Total: \$26,989,588.30	
CONTRACT	Proposed/Original Start Date:	7/1/2024	Proposed/Most Recent End Date: 6/30/2027
AMENDMENT	New Effective Date:	1/19/2026	New End Date (if Applicable): N/A
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		KEPRO Acquisitions Inc. Harrisburg, PA	
Brief Description of Goods/Services/Grant:		Administrative Services Organization	

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 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. Higher Education 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.

This Agreement is for Utilization Management Services related to individuals seeking to receive or currently receiving Behavioral Health Services, via a Provider licensed as a Maine MUR Entity

The Provider shall provide Utilization Management Services for Behavioral Health Services, and shall include UR, QMI activities, and reporting. Such services will be provided for: 1) MaineCare Members; and 2) non-MaineCare eligible individuals who are either: a) Bates Consent Decree members; b) Baxter School for the Deaf members; c) individuals eligible for LTSE; or d) individuals utilizing grant funds through OBH who require utilization review.

This amendment adds funding for behavioral assessments and level of care foster care assessments, as required under DOJ settlement United States of America vs. State of Maine (9/9/2024).

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.

This Provider was previously awarded through RFP#201604100. The RFP ended 6/30/2025.

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

Costs were previously reviewed and scored during the previous RFP review process to assure best value.

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

The Department has initiated RFP OMS20241 to competitively procure these services for a 7/1/2027 contract start date.

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):			
Typed Name:	Tom Lopatosh	Date:	30-Mar-26

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:	DocuSigned by: 		
Typed Name:	Nancy Tan	Date:	4/13/2026

7AA9094BA0244AB... Deputy Director of IT Procurement