



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 \$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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		OMS-25-060A		
Amount: (Contract/Amendment/Grant)		Orig: \$8,741,394.10 Amend: \$17,481,348.20 Total: \$26,222,742.30	Advantage CT / RQS #:	CT-10A- 20240301000000002392
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2024	Effective Date:	7/1/2025
	Previous End Date:	6/30/2025	New End Date:	6/30/2027
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. 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.

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.

The amendment will extend the contract through June 30th, 2027. This amendment will also update deliverables and processes defined in the contract.

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

This Provider was previously chosen under RFP#201604100.

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 will review these services and issue an RFP at the conclusion of this amendment, with a new contract start date of 7/1/2027.

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

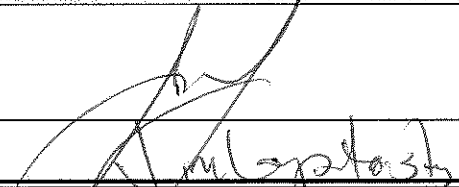

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

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PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):		
Typed Name:		Date: 7-11-25
Signature of DAFS Procurement Official:		
Typed Name:	Joseph Zrioka, IT Procurement Director	Date: 6/6/2025

NOI 0620250531 06/06/2025 - 06/12/2025