



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/Office of MaineCare Services		
Department Contract Administrator or Grant Coordinator:	Shawn Belanger		
(If applicable) Department Reference #:	OMS-24-7003		
Amount: (Contract/Amendment/Grant)	\$ 136,165.00	Advantage CT / RQS #:	CT 10A 20230505000000003081
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 3/30/2024
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:	KEPRO Acquisitions Inc Harrisburg, PA		
Brief Description of Goods/Services/Grant:	Behavioral Health Data Consulting		

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 checked="" type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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.

Section 223 of the PAMA helps states establish CCBHCs. Section 223 creates and evaluates a demonstration program, overseen by the Substance Abuse and Mental Health Services Administration (SAMHSA), for states to certify community behavioral health clinics (CCBHC). Certified clinics must meet specific criteria emphasizing high-quality care.

The purpose of this agreement is to conduct interviews with prospective CCBHCs, Department staff, and behavioral health partners to receive input on opportunities and barriers to capture, share, and report state- and clinic-reported data and quality measures for CCBHC care coordination and outcomes improvement.

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

This work is funded by the SAMHSA CCBHC Demonstration Grant, and the Provider is a sub-awardee in the grant application.

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

The scope of work and budget have been reviewed and approved by SAMHSA.

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

This work is supported by a Federal grant award and is not expected to continue beyond the grant period.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

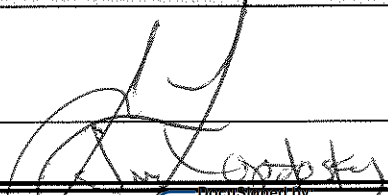
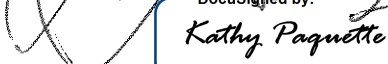
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):		
Typed Name:		Date: 6-21-23
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 7/20/2023