

**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: | | Chris Moiles/Jennifer Levesque | | |
| (If applicable) Department Reference #: | | OMS-22-038A | | |
| Amount: (Contract/Amendment/Grant) | Original: \$266,715.00 Amend: \$66,678.75 Revised: \$333,393.75 | Advantage CT / RQS #: | CT 10A 2021080600000000284 | |
| CONTRACT | Proposed Start Date: | | Proposed End Date: | |
| AMENDMENT | Original Start Date: | 10/1/2021 | Effective Date: | 10/1/2022 |
| | Previous End Date: | 9/30/2022 | New End Date: | 12/31/2022 |
| 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: | | Medical Eligibility Determination for the Katie Beckett Benefit | | |

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 checked="" type="checkbox"/> | L. Other Authorization – RFP Extended |

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 this Agreement is to determine medical eligibility for Children who have applied for MaineCare coverage under the Katie Beckett Benefit as defined in this Agreement. Approximately one thousand (1,000) Children are currently receiving the Katie Beckett Benefit. This eligibility program makes MaineCare funding available so that Children who meet the program requirements can remain in their homes rather than being institutionalized.

This contract is being amended to allow time to complete the RFP process.

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

Through RFP 201703046, an Evaluation Team reviewed the Bidders Qualifications and Experience, Proposed Services, and Cost Proposal in awarding the contract to the only provider to submit a proposal. The final renewal ends on 9/30/2022

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

The costs and rates of this vendor were considered fair and reasonable and the best value for the Department.

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

The Department intends to competitively procure these services with a contract start date of 1/1/2023.

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

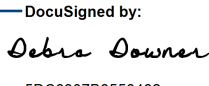

Does this request utilize ARPA/MJRP funds?

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): | DocuSigned by:  <small>5DC6307B8558482...</small> | | |
| Typed Name: | Debra Downer, Deputy Director DHHS Competitive Procurement | Date: | Sep-16-2022 |
| Signature of DAFS Procurement Official: | DocuSigned by:  <small>41C2BA36FAF44CB...</small> | | |
| Typed Name: | kathy Paquette | Date: | 10/5/2022 |