



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF 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 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:		Workers' Compensation Board	
Department Contract Administrator or Grant Coordinator:		Jan M. Adams	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 14,400.00	Advantage CT / RQS #:	RQS 90C 20230414.1280
CONTRACT	Proposed Start Date:	6/1/2023	Proposed End Date: 5/31/2026
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:		LexisNexis Risk Data Management Inc. dba Accurant 28330 Network Place Chicago IL 60673-1283	
Brief Description of Goods/Services/Grant:		On-line investigative research services	

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 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.

The Workers' Compensation Act requires the Board's Abuse Investigation Unit (AIU) to investigate complaints or allegations of fraud, illegal or improper conduct or violation of the Act or rules of the board relating to workers' compensation insurance, benefits or programs, including those acts by employers, employees or insurers. Title 39-A §153(3). The AIU has lead responsibility for enforcing the laws requiring business owners have workers' compensation insurance for their employees. The Accurint product from LexisNexis Risk Data Management Inc. provides access to detailed information on individuals and businesses permitting verification of identity and ownership, identification of assets, and historic and current data on location, telephone numbers & email addresses and physical addresses. This information is critical for establishing business ownership identity, enforcing state law and collecting assessed penalties.

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

The AIU has worked with the Department of Labor (DOL) and the Attorney General's Office on issues relating to business ownership and regulatory enforcement. Information from DOL is primarily historic information and not dynamic (evolving over time to track changes). Assistance from the Attorney General's Office is for debt collection not for initial investigation or investigation to identify individuals. The combination of services and pricing for Accurint is unique. Staff get access to Larson's Workers' Compensation Law available only from LexisNexis. West Publishing offers an on-line database for investigatory information however the Board would have additional costs to provide on-line access to LexisNexis, and Larson's, for the AIU.

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

The vendor extends governmental pricing to the Board in the form of a fixed monthly commitment that represents a savings over purely transactional or "pay-as-you-go" pricing. The vendor did not increase the monthly cost from the prior 3-year agreement and has kept monthly charge fixed for all three (3) years of this agreement.

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

None that we are aware of.

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

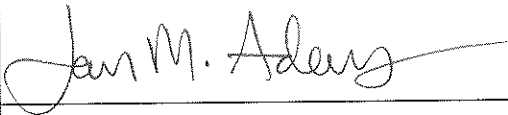
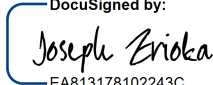
Does this request utilize ARPAMJRP funds?

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:	Jan M. Adams	Date:	4/14/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka, Director of IT Procurement	Date:	4/19/2023