



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
Table with 2 main columns and multiple rows for contract details, dates, vendor information, and description.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns for justification options A through L.

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.

These disbursement services shall be made in accordance with Maine P.L. 2021, c 483, Part C, legislative change completed in PL2023, c.3, to implement the Small Business Health Insurance Premium Support Program and any rules promulgated by the MBOI. The participating Provider shall make available premium credits to eligible Maine employers, pursuant to MJRP parameters during the period. The reimbursement period is scheduled to end on July 30, 2023.

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

The intent of Maine P.L. 2021, c 483, Part C, legislative change completed in PL2023, c.3, is to reimbursement health insurance companies for providing premium credits to small group employers that provide health insurance to their employees.

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

This is a reimbursement agreement. Each participating health insurance company will receive an ongoing \$1 PMPM administrative expense reimbursement.

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

None contemplated.

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):	<i>Anne L. Head</i>		
Typed Name:	Anne L. Head	Date:	05/16 /2023
Signature of DAFS Procurement Official:	DocuSigned by: <i>Thomas Paquette</i> 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	5/18/2023