



## 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.*

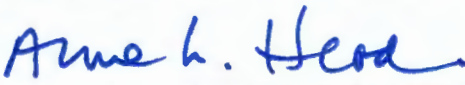

PART I: OVERVIEW			
Department Office/Division/Program:	DPFR / Bureau of Insurance		
Department Contract Administrator or Grant Coordinator:	Connie M. Mayette <a href="mailto:connie.m.mayette@maine.gov">connie.m.mayette@maine.gov</a> 204.624.8474		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 160,498	Advantage CT / RQS #:	20220211 1847
<b>CONTRACT</b>	Proposed Start Date:		Proposed End Date:
<b>AMENDMENT</b>	Original Start Date:	<b>2/15/2022</b>	Effective Date:
	Previous End Date:	<b>6/30/2023</b>	New End Date: 6/30/2024
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Berry Dunn McNeil & Parker LLC 2211 Congress St. Portland, ME 04102-1955		
Brief Description of Goods/Services/Grant:	Mental Health Parity Compliance Tool		

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 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.	<p>The MBOI is responsible for oversight and implementation of the pre-selected market reforms and consumer protections in Part A of Title XXVII of the Public Health Service Act for the state of Maine. The PROVIDER shall continue developing and guidance that the MCS can use to perform market analysis and future market conduct examinations of health insurance company compliance with MH/SUD coverage and parity requirements.</p> <p>PROVIDER shall continue to provide MCS certain education and training that will enable and improve MSC MH/SUD coverage and parity report reviews.</p> <p>PROVIDER shall continue to refine and improve tools used to analyze health insurance company MH/SUD parity compliance reports.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Provider was added to the pre-qualified vendor list as a result of RFP 201809194 scoring. Provider was subsequently awarded this contract based on the January 12, 2022 mini-bid scoring results.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The MBOI accepted the rates and overall proposed cost presented in the January 12, 2022 mini bid. The overall cost fell within the Federal Grant funding allocation</p>
4. Describe the plan for future competition for the goods or services.	<p>None contemplated.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input checked="" type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> 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:	Anne L. Head	Date:	06/20/2023
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	6/23/2023