



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:		Office of the Attorney General	
Department Contract Administrator or Grant Coordinator:		Mark A. Toulouse	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$564,612.00	Advantage CT / RQS #:	CT 26A 20191016*1313
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	11/1/2019	Effective Date:
	Previous End Date:	10/31/2023	New End Date: 10/31/2025
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Consumers for Affordable Health Care Foundation Augusta, Maine	
Brief Description of Goods/Services/Grant:		Consumer Support and Advocacy	

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 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.

PL 2019 LD 1274 established, and PL 2021 LD 631, and PL 2023 c. 412 extended the Health Insurance Consumer Assistance Program to provide support for consumers and prospective consumers of health insurance and to customer assistance programs and health insurance ombudsman programs. It requires that the Office of the Attorney General, as the superintendent of the program, contract with a nonprofit, independent health insurance consumer assistance entity, which may not be an insurer, to operate the consumer assistance program.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Legislation stipulates that a non-profit resource be contracted to provide program services. The Office of the Attorney General (OAG) cannot represent individual citizens. While our consumer division mediation program does attempt to mediate consumer disputes with businesses, voluntary resolution is the most that it can achieve. Other than the OAG consumer division, the closest agency performing similar functions is the Department of Professional and Financial Regulations Bureau of Insurance. Resources from that office have confirmed that options to fulfill all legislative requirements rest with Consumers for Affordable Health Care Foundation (CAHC). In fact, these resources refer some inquiries to CAHC. PL 2023 c. 412 provides/extends funding for this relationship for two more years.

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

N/A. The annual amount of the program was defined in LD.

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

Currently, Consumers for Affordable Health Care Foundation is the only entity performing all the activities required by Health Insurance Consumer Assistance Program.

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


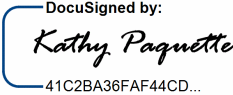
Does this request utilize ARPA/MJRP funds?

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:	Mark A. Toulouse	Date:	9/25/2023
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	11/13/2023