

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

| | | | | |
|---|---|---|--------------------|------------|
| Department Office/Division/Program: | | OADS/Long Term Care/ Fiscal Intermediary/Ingrid Diamond | | |
| Department Contract Administrator or Grant Coordinator: | | Nancy Tan/Debbie Weston | | |
| (If applicable) Department Reference #: | | ADS-20-3357A | | |
| Amount: (Contract/Amendment/Grant) | Original \$20,000 Amendment \$164,000 New Total \$184,000 | Advantage CT / RQS #: | 10A 20190429*3178 | |
| CONTRACT | Proposed Start Date: | | Proposed End Date: | |
| AMENDMENT | Original Start Date: | 07/01/2019 | Effective Date: | 07/01/2019 |
| | Previous End Date: | 06/30/2021 | New End Date: | No Change |
| GRANT | Project Start Date: | | Grant Start Date: | |
| | Project End Date: | | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | | Alpha One, Inc, South Portland, Maine | | |
| Brief Description of Goods/Services/Grant: | | Fiscal Intermediary Services | | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|----------|-----------------------------------|----------|----------------------------------|
| | A. Competitive Process | | G. Grant |
| X | B. Amendment | | H. State Statute/Agency Directed |
| | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | X | J. Willing and Qualified |
| | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | L. Other Authorization |

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Use of Fiscal Intermediary services is required when a member chooses to manage the member's own personal care services pursuant to the Family Provider Service Option (FPSO) allowed under Private Duty Nursing and Personal Care Services (10-144 C.M.R. Ch 101: Ch II, Section 96.07 B. 2.) or when a member is receiving medically necessary consumer-directed attendant services coordinated by a Service Coordination Agency under Consumer Directed Attendant Services (10-144 C.M.R. ch. 101: ch. II, Section 12).

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PART III: SUPPLEMENTAL INFORMATION

Fiscal Intermediary services include, but are not limited to, preparing payroll, withholding taxes, making payments to suppliers of goods and services and ensuring compliance with State and Federal tax and labor laws and MaineCare program requirements.

This amendment adds funds to support a higher than anticipated demand for consumer directed FI services from this new contracted vendor for FI services.

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

DHHS, Office of Aging and Disability Services has determined that these providers are willing and qualified to provide this service. These providers provide administrative and payroll services on behalf of consumers for the services of personal care assistants. FI services include, but are not limited to, preparing payroll and withholding taxes, making payments to suppliers of services and ensuring compliance with State and Federal tax and labor regulations and the requirements under MaineCare Sections 12 and 96.

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

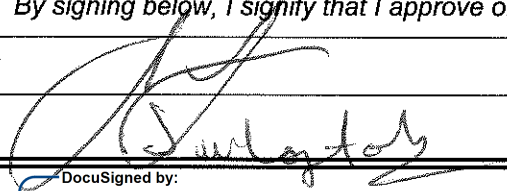
Cost is consistent with MaineCare reimbursement for this service and is determined to be fair and reasonable.

Mainecare Benefits Manual, Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities, sets the rate for Financial Management, self-directed, waiver (Participant Directed Option) at \$85.09 (10-144 Ch. 101, Ch. III. Allowances for Services – Section 19).

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

Any willing and qualified Provider will be sought to provide these services. The Department does not intend to RFP these services.

PART IV: APPROVALS

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|---|--|--------------|-----------|
| Signature of requesting Department's Commissioner (or designee): | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
| Printed Name: |  | Date: | 3-Apr-20 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Kathy Paquette</i> | | |
| Printed Name: | <small>41C2BA36FAF44CD...</small> Kathy Paquette | Date: | 4/15/2020 |