



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:		DHHS/OBH Michael D Freysinger (PM)/Kristen King (PA)	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero	
(If applicable) Department Reference #:		MH4-24-4019	
Amount: (Contract/Amendment/Grant)		\$ 1,478,821.00	Advantage CT / RQS #: CT 10A 20240109000000001929
CONTRACT	Proposed Start Date:	12/1/2023	Proposed End Date: 3/31/2025
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:		Alpha One South Portland, Maine	
Brief Description of Goods/Services/Grant:		Fiscal Intermediary and Support Brokerage 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.

Alpha One, a Center for Independent Living is managed and governed by people with disabilities. Since its founding in 1978, Alpha One has been a pioneer in advocating, developing, and implementing system changes to overcome barriers and enable people who are aging or have a disability to live independently at home and in the community.

This agreement aims to utilize approved 9817/FMAP funds to Alpha One to serve as the Financial Management Service (FMS) and to provide Support Brokerage for the Self-Directed Care (SDC) pilot program. They will be responsible for serving as the fiscal intermediary for SDC program participants, helping to manage budgets, including billing and documentation responsibilities, performing payroll and employer-related duties such as withholding and filing federal, state, local, and unemployment taxes, tracking and monitoring individual budget expenditures, and overseeing payments to vendors. Additionally, Alpha One will provide support brokerage services to support the program participant in directing their services and serving as a liaison between the participant and the program, assisting with the development of a person-centered plan, and helping participants to identify needs and the resources required to meet those needs.

The Department is providing funding in the amount of up to \$438,781 to provide two services foundational to SDC: financial management and support brokerage services throughout the self-direction pilot.

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

This vendor is qualified to provide this service and was chosen based on their decades of experience promoting independent living for individuals with disabilities through self-directed services. Alpha One offers a wide range of programs and services, including financial management, personal care attendant services, skills training, and support brokerage services. The vendor is currently contracted to provide similar services to several of OADS' self-direction programs and has the requisite experience to support OBH's SDC pilot.

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

Project costs have been determined to be fair and reasonable in similar contract agreements between the vendor and DHHS-OADS programs. Project costs include the following: salaries; wages; employee benefits; supplies and materials; travel; equipment; services; and indirect costs. Charges for supplies and materials; travel; equipment; and other miscellaneous services have been reviewed and approved as necessary and reasonable by the State. Note: Budget includes the individual budgets for program participants. Alpha One will cover program related service costs and then submit for reimbursement.

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

The Department does not intend to continue these services beyond the term of the 9817 FMAP pilot, which is aligned with the term of this agreement. If the Department chooses to continue this service following the pilot period using a Medicaid Waiver or State Plan Amendment, a new contracting process will take place.

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

Does this request utilize ARPA/MJRP funds?

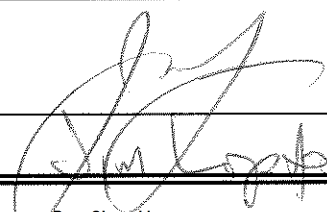
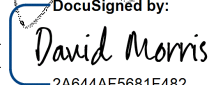
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

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:	David Morris	Date: 14 - Mar - 24
Signature of DAFS Procurement Official:	DocuSigned by:  2A644AF5681F482	
Typed Name:	David Morris	Date: 4/2/2024

NOI 0420240354 04/02/2024 - 04/08/2024