

State of Maine Waiver of Competitive Bidding Request Form

DHHS/DCM Contract Administrator:	Lisa Munster & Nancy Tan	Office/Division/Program of Contract Administrator:	OADS/Long Term Care/ Fiscal Intermediary/Ingrid Diamond
Est. Contract Amount:	See Attached	Contract or RQS Number:	
		Purchasing Maine ID:	
		DHHS Agreement Number:	See Attached
Proposed Start Date:	07/01/2019	Proposed End Date:	06/30/2021
Vendor/Provider Name, City, State	See Attached		
Short Description of Good or Service:	Fiscal Intermediary Services		
Please note, for transparency purposes, Waivers of Competitive Bidding will be publicly posted. Public postings are placed on the Division of Procurement Services website for a period of seven consecutive calendar days.		<i>To be completed by the Division of Procurement Services</i> Posting dates on Division of <i>Procurement Services</i> website: From: <u>5/15/2019</u> To: <u>5/21/2019</u>	
Notice of Intent to Waive Competitive Bidding Number:		NOI# 0520190638	
1. Statutory Justification			
State of Maine statute (5 M.R.S. §1825-B(2)) allows waivers of competitive bidding only for the specific reasons listed below. Please mark the appropriate box (X) next to the justification which applies to this specific request.			
	A. The procurement of goods or services by the State for county commissioners pursuant to Title 30-A, section 124, involves the expenditure of \$2,500 or less, and the interests of the State would best be served;		
	B. The Director of the Bureau of General Services is authorized by the Governor, or the Governor's designee, to make purchases without competitive bidding because, in the opinion of the Governor or the Governor's designee, an emergency exists that requires the immediate procurement of goods or services;		
	<i>If citing the above justification for this Waiver of Competitive Bidding request, please have the requesting Department's Commissioner or Chief Executive (as the Governor's "designee") sign and date on the right.</i>	<i>By signing below, I signify as the Governor's designee there is an emergency that necessitates this non-competitive procurement.</i> Signature:	
		Printed Name:	Date:
	C. After reasonable investigation by the Director of the Bureau of General Services, it appears that any required unit or item of supply, or brand of that unit or item, is procurable by the State from only one source;		
	D. It appears to be in the best interest of the State to negotiate for the procurement of petroleum products;		
	E. The purchase is part of a cooperative project between the State and the University of Maine System, the Maine Community College System, the Maine Maritime Academy, or a private, nonprofit, regionally accredited institution of higher education with a main campus in this State involving: (1) An activity assisting a state agency and enhancing the ability of the university system, community college system, Maine Maritime Academy, or a private, nonprofit, regionally accredited institution of higher education with a main campus in this State to fulfill its mission of teaching, research, and public service; (2) A sharing of project responsibilities and, when appropriate, costs;		
	<i>If citing the above justification for this sole source request, please note that the specific approval of the Governor's Office is required, in accordance with Executive Order 26 FY 11/12, "An Order to Enhance Competitive Bidding". The approval must be documented on DAFS/BGS/Division of Procurement Services "GOVCOOP" form, found here: http://www.maine.gov/purchases/info/forms/govcoop.doc.</i>		
	F. The procurement of goods or services involves expenditures of \$10,000 or less, in which case the Director of the Bureau of General Services may accept oral proposals or bids;		
	G. The procurement of goods or services involves expenditures of \$10,000 or less, and procurement from a single source is the most economical, effective and appropriate means of fulfilling a demonstrated need.		
X	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:	Any Willing and Qualified Provider	

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Please note that the following four points below (#2 through 5) all require a response.

2. Description of Specific Need

Please identify, and fully describe, the specific problem, requirement, or need the resulting non- competitive contract would address and which makes the goods or services necessary. Explain how the requesting Department determined that the goods or services are critical and/or essential to agency responsibilities or operations.

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).

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.

3. Availability of other Public Resources

Please explain how the requesting Department concluded that sufficient staffing, resources, or expertise is not available within the State of Maine's government, or other governmental entities (local, other state, or federal agencies) external to the requesting Department, which would be able to address the identified need more efficiently and effectively than the identified vendor.

Neither the Department nor any other governmental entity has the staff, resources and expertise to provide this service.

4. Cost

Since a waiver of competitive bidding is being requested for this procurement, please explain how the requesting Department concluded the negotiated costs, fees, or rates are **fair and reasonable**.

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).

5. Future Competition

Please describe potential opportunities which may be available to foster competition for these goods or services in the future.

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

Please note that only one of the two points below ("Uniqueness" or "Timeframe") requires a response. Requesting Departments are not required to respond to both points.

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6. Uniqueness

Please explain if the goods or services required are unique to a specific vendor. Describe the unique qualifications, abilities, and/or expertise of the vendor and how those particular unique factors address the specific need identified above. If the vendor has unique equipment, facilities, or proprietary data, also explain the necessity of these particular unique assets.

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.

7. Timeframe (Complete only if B. is the Statutory Justification marked on Page 1)

Please explain if time is of the essence and an emergency exists which requires the immediate procurement of goods or services. Describe the nature of this emergency, provide the date by which the goods or services must be delivered, and explain how that date was determined and its significance (i.e. impact if delayed beyond this date). Also, provide information as to how it was determined this vendor is the best option to address this time-sensitive procurement.

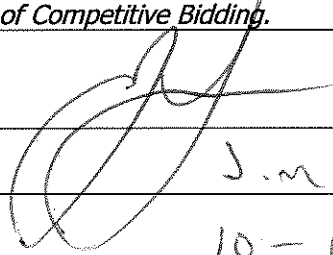
N/A

Signature of requesting Department's Commissioner or Chief Executive (or designee within the Commissioner's Office):

By signing below, I signify that my Department requests, and I approve of, this Waiver of Competitive Bidding.

Printed Name:

Date:


 J. M. Lashley
 10 - May - 19

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Office: Office of Aging and Disability Services

Service Group: Consumer Directed Fiscal Intermediary

No. of Vendors: 4

Vendor	CT	Agreement Number	Start Date	End Date	Total Agreement Amount
Alpha One, Inc.	CT 10A 20190429000000003178	ADS-20-3357	7/1/2019	6/30/2021	\$ 20,000.00
Guardiantrac LLC dba GT Independence	CT 10A 20190408000000002867	ADS-20-3354	7/1/2019	6/30/2021	\$ 1,210,000.00
Public Partnerships	CT 10A 20190429000000003175	ADS-20-3353	7/1/2019	6/30/2021	\$ 150,108.00
SeniorsPlus - Elder Independence of Maine	CT 10A 20190429000000003177	ADS-20-3356	7/1/2019	6/30/2021	\$ 20,000.00