



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:		OADS/Long Term Care/ Fiscal Intermediary: Tonya Perkins		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		Multiple, See Addendum		
Amount: (Contract/Amendment/Grant)		\$ 664,952.00	Advantage CT / RQS #:	CTMV 10A 20230327*0009
CONTRACT	Proposed Start Date:	07/01/23	Proposed End Date:	06/30/24
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:		Multiple – See Attached		
Brief Description of Goods/Services/Grant:		Consumer Directed Fiscal Intermediary		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

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.

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

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 \$96.65 (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: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

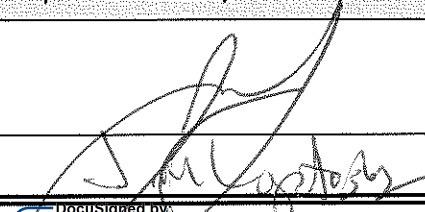

Does this request utilize ARPA/MJRP funds?

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:		Date:	17 - May - 23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	5/22/2023

DHHS Office: OADS
 Service: Consumer Directed Fiscal Intermediary

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
AlphaOne Inc	ADS-24-3357	7/1/2023	6/30/2024	\$ 144,975.00
GuartianTrac LLC	ADS-24-3354	7/1/2023	6/30/2024	\$ 347,940.00
Public Partnerships LLC	ADS-24-3353	7/1/2023	6/30/2024	\$ 28,995.00
SeniorsPlus	ADS-24-3356	7/1/2023	6/30/2024	\$ 46,392.00
Total Items	4	Total Projected		\$568,302.00