



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/Long-Term Care/Fiscal Intermediary/Allison Toomey		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Lyndsay Frank		
(If applicable) Department Reference #:		Multiple; See Attached		
Agency Department Code:	10A	Advantage CT / RQS #:	Multiple; See Attached	
Amount: (Contract/Amendment/Grant)		\$997,428.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	12/31/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
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

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 solicitation (RFP/RFA/RFQ) 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. To be considered qualified, each provider must be enrolled with MaineCare as a Financial Management Services provider for Section 19.

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 Services, self-directed, waiver (Participant Directed Option) at 101.03(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, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

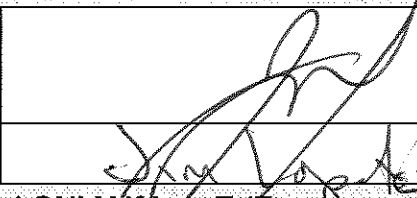
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	2-Jun-26

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

OSPS Section Only

Signature of DAFS Procurement Official:	Signed by: 		
Typed Name:	Kathy Blais	Date:	6/15/2026

DHHS Office: OADS
Service: Consumer Directed Fiscal Intermediary
CTMV 10A 20260512CONSUMERDIRE

Vendor Name	Agreement Number	CTP 10A	Start Date	End Date	Projected Spend
GUARDIANTRAC LLC	ADS-27-3354	20260512000ADS273354	7/1/2026	12/31/2027	\$498,714.00
SENIORSPLUS	ADS-27-3356	20260512000ADS273356	7/1/2026	12/31/2027	\$398,971.20
ALPHA ONE INC	ADS-27-2257	20260512000ADS273357	7/1/2026	12/31/2027	\$99,742.80
Total Items	3			Total Projected	\$997,428.00