



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 (Form's 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:		Althea Harris / Patricia Wall		
(If applicable) Department Reference #:		Multiple – See Attached		
Amount: (Contract/Amendment/Grant)	\$ 525,025.20	Advantage CT / RQS #:	CTMV 10A 20220721 ** 0002	
CONTRACT	Proposed Start Date:	07/01/2022	Proposed End Date:	06/30/2023
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 \$89.29 (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)

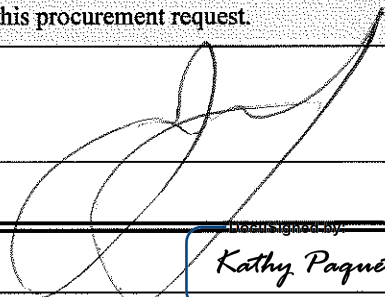
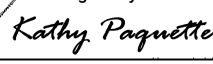
Does this request utilize ARPA/MJRP funds?

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:	
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>	Date:	10/5/2022

OFFICE: Aging and Disabilities Services (OADS)
CTMV Master: Agreement No.: ADS-23-3000
CTMV: 10A 20220721 ** 0002
TERM: 7/1/2022 End: 6/30/2023

Service Group: Consumer Directed Fiscal Intermediary
Service Group Total: \$525,025.20
No. of Vendors: 4

Provider	Agreement Number	Service	Rate Per Unit	Unit of Measure	Projected Monthly Units	Months	Authorized Monthly Units	Projected Line Amount
Alpha One Inc	ADS-23-3357	Consumer Directed Fiscal Intermediary	\$89.29	Member per Month	120	12	145	\$ 128,577.60
GuardianTrac LLC	ADS-23-3354	Consumer Directed Fiscal Intermediary	\$89.29	Member per Month	310	12	350	\$332,158.80
Public Partnerships LLC	ADS-23-3353	Consumer Directed Fiscal Intermediary	\$89.29	Member per Month	25	12	40	\$ 26,787.00
SeniorsPlus	ADS-23-3356	Consumer Directed Fiscal Intermediary	\$89.29	Member per Month	35	12	45	\$37,501.80