



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OADS/Adult Protective Services		
Department Contract Administrator or Grant Coordinator:		Debbie Weston / Melinda Farrell		
(If applicable) Department Reference #:		ADS-25-9218		
Amount: (Contract/Amendment/Grant)	\$42,750.00	Advantage CT / RQS #:	CT 10A 20241002000ADS259218	
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date:	9/30/2026
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:		True Link Financial San Fransico, CA		
Brief Description of Goods/Services/Grant:		Independence Prepaid Visa ® Cards for Adult Protective Services Clients		

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.

The Department serves as Public Guardian and/or Public Conservator for approximately 1,300 persons. For people that have been determined by a medical professional to lack capacity to make decisions, a Probate Court Judge has appointed the Department of Health and Human Services to be the person's Public Guardian and/or Public Conservator.

This agreement provides Prepaid Cards to clients under Public Guardianship and/or Conservatorship. Currently, these clients must wait until checks can be processed or funds can be added to their bank accounts. This will be a contemporary way for individuals under guardianship and/or conservatorship to quickly and easily access small amounts of their funding for reasonable life expenses. For example, if a person under guardianship and/or conservatorship currently wants to use his/her own funds go to the movies we currently go through the Service Center to make a request. That takes time to process, sometimes days since most checks must be mailed. Another example is making an online purchase on Amazon, a person under public guardianship and/or conservatorship does not have the accessibility to a card that would allow them to make online purchases, rather they can only make purchases with vendors that accept cash or check. This does not result in the individual leading a life using their own funds with the flexibility that another person who does not have a guardian and/or conservator have come to expect.

The Department does not have the resources to provide these services.

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

OADS APS Program Administrator researched what other vendors offered this type of service and True Link Financial was the only one identified that provided Prepaid Cards to clients under Public Guardianship and/or Conservatorship.

True Link Financial is a company that provides financial solutions for those who are caring for vulnerable elders or individuals with disabilities. The services are designed to promote independence while also preventing fraud and unwanted purchases.

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

There is a small monthly fee of \$3.00 per client. The standard monthly fee is \$4.00 per client, but the Department negotiated a volume discount with the provider. The funds are eligible for FDIC insurance. There are an estimated 1,700 public guardianship and/or conservatorship clients currently, though not all would benefit from a True Link card so not all would receive one. The Department has developed a suitability assessment so caseworkers and their supervisors can determine which clients would benefit from access to this card. The Department intends to pilot this card with 75 clients initially and expand it to include more clients assuming the pilot progresses as intended.

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

Due to the unique nature of this payment card platform for social services clients, the Department does not intend to issue an RFP for 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) – 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 signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:		Date:	17-Oct-24
Signature of DAFS Procurement Official:	 <small>Deauthorized by:</small>		
Typed Name:	Kathy Paquette	Date:	12/6/2024