

State of Maine Waiver of Competitive Bidding Request Form

Form Instructions: Please provide the requested information in the white boxes below. This form is to precede all contract requests that are not the direct result of a competitive bid process.

DHHS/DCM Contract Administrator:	Chris Moiles/ Kristen King	Office/Division/Program of Contract Administrator:	Maine CDC / Disease Prevention and Control/ Shelia Nelson
Est. Contract Amount:		Contract or RQS Number:	See Attached List
Amendment	\$133,650.00 Service Group Total	DHHS Agreement Number:	See Attached List
Proposed Start Date:	7/1/2019	Proposed End Date:	6/30/2020
Vendor/Provider Name, City, State:	COMMUNITY CLINICAL SERVICES		
Short Description of Good or Service:	School Based Health Centers		
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.	To be completed by the Division of Procurement Services Posting dates on Division of <i>Procurement Services</i> website: From: <u>2/21/2020</u> To: <u>2/27/2020</u>		
Notice of Intent to Waive Competitive Bidding Number:	NOI# 0220200149		
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.			
<input type="checkbox"/>	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;		
<input type="checkbox"/>	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;		
<input type="checkbox"/>	<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:	
<input type="checkbox"/>		Printed Name:	Date:
<input checked="" type="checkbox"/>	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;		

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	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.	
	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:	
Please note that the following four points below (#2 through 5) <u>all</u> 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.		
Maine's School Based Health Centers (SBHCs) provide medical and behavioral health care to over 2500 adolescents across the state. By making these vital services available in the school setting, SBHCs increase access to necessary services among youth who might otherwise go without care, and reduce the need for students and parents to miss school or work to attend outside appointments. New funding allows for expansion of these services to include mental health services.		

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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.

The Department does not currently possess the necessary staffing, resources, or expertise to supervise medical and behavioral health care at multiple SBHC clinic sites. These sites are spread across the State geographically, and there is no single entity that provides care in all locations. Current SBHC vendors have the exiting partnerships and resources necessary to ensure that services are provided without interruption for all students who rely on their school clinics for care.

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**.

The additional costs for the Mental Health Services was determined by the percentage each of the vendors has as part of the larger portfolio, to match the existing formula to determine the amount of annual funding.

5. Future Competition

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

The Department anticipates issuing a RFP with a contract start date of 7/1/2020.

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.

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.

Vendors providing School Based Health Center services must possess very specific partnerships, staffing, and facilities. Vendors must have existing Memoranda of Agreement with local school districts or health care organizations, licensed and qualified staff, and facilities that meet minimum standards.

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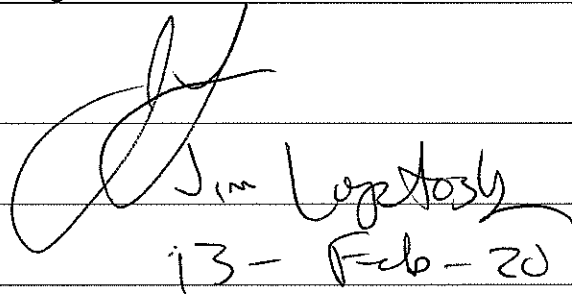
7. Timeframe (Complete only if B. is the Statutory Justification marked on Page 1)

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.

**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:



Jim Lopatosh

Date:

13 - Feb - 20

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DHHS Office: Maine CDC

Service Group: School Based Health Centers

No. of Vendors: 7

Notes: Amendment to add funds and change contract type to Cost Settled.

Vendor	CT	Agreement Number	Start Date	End Date	Amendment Amount	Total Agreement Amount
<u>City of Calais</u>	CT 10A 20190828000000000675	CD7-20-4479A	7/1/2019	6/30/2020	\$9,450.00	\$55,650.00
<u>Community Clinical Services, Inc</u>	CT 10A 20190828000000000681	CD3-20-4477A	7/1/2019	6/30/2020	\$40,500.00	\$240,900.00
<u>MaineHealth dba Western Maine Health Care Corp</u>	CT 10A 201910220000000001361	CD3-20-4482A	7/1/2019	6/30/2020	\$16,200.00	\$99,400.00
<u>MSAD 75</u>	CT 10A 20190828000000000679	CD4-20-4478A	7/1/2019	6/30/2020	\$6,750.00	\$43,350.00
<u>Penobscot Community Health Center, Inc.</u>	CT 10A 20190828000000000676	CD6-20-4480A	7/1/2019	6/30/2020	\$16,200.00	\$98,400.00
<u>Portland Community Health Center</u>	CT 10A 20190828000000000682	CD2-20-4476A	7/1/2019	6/30/2020	\$37,800.00	\$229,200.00
<u>RSU #38</u>	CT 10A 20190828000000000678	CD5-20-4481A	7/1/2019	6/30/2020	\$6,750.00	\$43,350.00
Grand Total					\$133,650.00	\$810,250.00