

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:	Nancy Tan Debbie Weston	Office/Division/Program of Contract Administrator:	DHHD/OADS/SMP
Est. Contract Amount:	\$ 112,888	Contract or RQS Number:	CT 10A 201903250*2678
		Purchasing Maine ID:	
		DHHS Agreement Number:	ADS-19-9096
Proposed Start Date:	06/01/19	Proposed End Date:	05/31/20
Vendor/Provider Name, City, State	Legal Services for the Elderly Augusta, ME		
Short Description of Good or Service:	Senior Medical Patrol Project		
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>4/20/2019</u> To: <u>4/26/2019</u>	
Notice of Intent to Waive Competitive Bidding Number:		NOI# 0420190487	
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.			
	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;		
	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;		
	<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:	
		Printed Name:	Date:
	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;		
	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.		

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X	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:	Unique – State Select/Fed Approved
Please note that the following four points below (#2 through 5) all 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.		
<p>The Senior Medicare Patrol (SMP) program empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. Through this effort, Mainers will be empowered to identify and report health care fraud and errors and help preserve the integrity of the Medicare program. The Provider shall function as the Statewide Coordinator for the SMP program.</p> <p>The funding for this Agreement is provided by year two of a five-year SMP program grant from the Administration for Community Living. The grant funds are contracted to providers under separate agreements.</p>		
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.		
There are no State governmental resources that perform the required duties and tasks.		
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 .		
<p>The funding allocated to each SMP Provider is based on the SMP grant budget, which was developed in accordance with the grant work plan which specifies the use of funds, and was reviewed and accepted by the federal awarding agency.</p> <p>The Department reserves a portion of SMP funds for Legal Services for the Elderly. SMP funds allocated to each AAA are then allocated using the Intrastate Funding Formula, described in Policy – 10-149 C.M.R ch. 5 sec 10 § 10.04(A).</p>		
5. Future Competition		
Please describe potential opportunities which may be available to foster competition for these goods or services in the future.		
The Department does not intend to issue an RFP for this service.		

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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.

The Senior Medicare Patrol (SMP) Grant is an ongoing Cooperative Agreement funded by the Administration for Community Living designed to provide expansion and capacity building funding to help Medicare recipients recognize and report fraud and abuse.

The Provider is Federally approved and has been a partner in this work since the program's inception. There are no other organizations or entities able to fulfill the duties required by the Grant. This Provider is named in the Federal Grant budget to provide these services.

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.

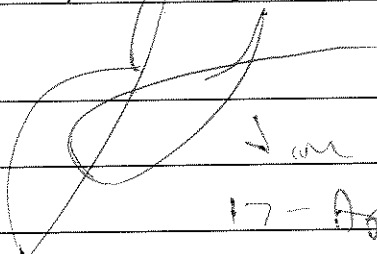
N/A

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:

Date:


 Jane L. [unclear]
 17-Apr-19