

# 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.

<b>DHHS/DCM Contract Administrator:</b>	Nancy Tan & Kristen King	<b>Office/Division/Program of Contract Administrator:</b>	DHHS/SAMHS/Stephanie Kadnar/Victor Dumais
<b>Est. Contract Amount:</b>	\$70,000	<b>Contract or RQS Number:</b>	CT 10A-20180314*2672
		<b>Purchasing Maine ID:</b>	
		<b>DHHS Agreement Number:</b>	OSA-18-4075
<b>Proposed Start Date:</b>	<b>3/26/2018</b>	<b>Proposed End Date:</b>	3/31/2019
<b>Vendor/Provider Name, City, State</b>	Milestone Recovery Portland, Me		
<b>Short Description of Good or Service:</b>	Peer Navigator		
<b>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.</b>		<b>To be completed by the Division of Procurement Services</b> Posting dates on Division of <b>Procurement Services</b> website: From: <u>5/22/2019</u> To: <u>5/28/2019</u>	
<b>Notice of Intent to Waive Competitive Bidding Number:</b>		NOI# 0520190700	
<b>1. Statutory Justification</b>			
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;		
	<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> <b>Signature:</b>	
		<b>Printed Name:</b>	<b>Date:</b>
<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;		
<input type="checkbox"/>	D. It appears to be in the best interest of the State to negotiate for the procurement of petroleum products;		
<input type="checkbox"/>	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: <a href="http://www.maine.gov/purchases/info/forms/govcoop.doc">http://www.maine.gov/purchases/info/forms/govcoop.doc</a>.</i>		
<input type="checkbox"/>	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;		
<input type="checkbox"/>	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.		

# State of Maine Waiver of Competitive Bidding Request Form

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) 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.

The purpose of the agreement is to provide the support of two Navigator positions to aid in transition between medical detoxification treatment and other applicable services. The department has identified a gap in the array of services related to the frequency with which individuals return to Non-Hospital-Based Detoxification Services (NHBDS) level of care. Providers of NHBDS have identified that while their high-utilizers frequently meet the criteria for further treatment at time of discharge following medical detoxification, they struggle to engage and enroll in appropriate treatment. This service is intended to close the gap between NHBDS and the next appropriate level of care, thus reducing relapse and return to this high-intensity and high-cost service by providing a 'warm hand-off' between treatment providers.

The target population of this agreement is individuals who engage in medical detoxification, with special focus on high utilizers of this service. The direct service will facilitate patient connections with substance use treatment including appropriate medication assistant treatment (MAT), mental health services, and case management services for connections to housing and other necessary resources. The goal of this agreement is to increase access to and engagement in necessary services following medical detox, thereby reducing rate of return to detoxification care and generating better long-term outcomes for patients receiving these services.

## 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 have the resources to provide these services.

## 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 Department negotiated the hourly rate with the provider for the Peer Navigators and determined the rate of \$16.82 an hour including fringe benefits was fair because it also included staff time to deliver and document the service

## 5. Future Competition

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

# State of Maine Waiver of Competitive Bidding Request Form

This is a pilot program and the outcome will determine if the Department will seek to RFP the service. SAMHS is funding the contract through FY20 and will reassess to determine if the service will continue. The Department does not intend to RFP at this time.

**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.

Milestone Recovery has been engaged as the sole detoxification provider in the Portland area for several years, and as such the staff have developed knowledge through experience of the specific needs and abilities of the individuals who are being served in this agreement, especially the High Utilizers that are a main focus of this project.

In addition, this provider has developed two currently existing programs that have generated expertise in the area of this contract, in the Homeless Outreach and Mobile Engagement Team (est. 2010) and the Housing Navigator Program (est. 2016). These existing programs create an environment in which these new Navigators may engage with a team of individuals with specific knowledge and experience

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

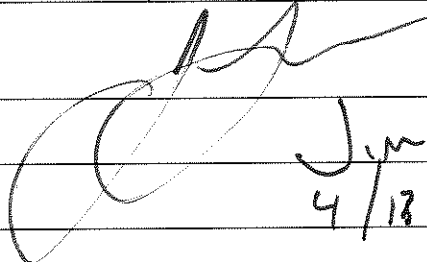
Please explain if time is of the essence and an emergency exists which requires the immediate procurement of goods or services. Describe the nature of this emergency, provide the date by which the goods or services must be delivered, and explain how that date was determined and its significance (i.e. 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:**

**Date:**

  
 Jim Lapostola  
 4/13/18