

State of Maine Waiver of Competitive Bidding Request Form

DHHS/DCM Contract Administrator:	Nancy tan / Lisa Munster	Office/Division/Program of Contract Administrator:	OADS/LTSS/HBC
Est. Contract Amount:	Amendment: \$310,000.00 New Total: \$4,839,156.00	Contract or RQS Number:	CT 10A 20180326*2804
		Purchasing Maine ID:	
		DHHS Agreement Number:	ADS-19-9702B
Proposed Start Date:	07/01/2018	Proposed End Date:	06/30/2020
Vendor/Provider Name, City, State	Alpha One Inc South Portland, ME		
Short Description of Good or Service:	Consumer Directed HBC Attendant Services, Case Management/Transitional Services Personal Emergency Response Services		
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.		<i>To be completed by the Division of Procurement Services</i> Posting dates on Division of <i>Procurement Services</i> website: From: <u>5/31/2019</u> To: <u>6/6/2019</u>	
Notice of Intent to Waive Competitive Bidding Number:		NOI# 0520190795	
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: Printed Name: _____ Date: _____	
<input 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;		
<input type="checkbox"/>	<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>		
<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.		
<input type="checkbox"/>	H. 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.		
<input checked="" type="checkbox"/>	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:	Competitive Award Adjustment	

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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.

This Agreement provides Consumer Directed HBC Attendant Services, Case Management/Transitional Services, and Personal Emergency Response Services for Maine's State-funded Consumer Directed Home Based Care (CD-HBC) program. These services are a core function of the Long-Term Care (LTC) delivery system.

The Consumer-Directed Personal Assistance Services program, referred to as Consumer-Directed Home Based Care (CD-HBC), is a state funded program to provide long term care services to assist eligible consumers to avoid or delay institutionalization. Services enable eligible people with disabilities to re-enter or remain in the community and to maximize their independent living opportunity at home. Consumer Directed Home Based Care Services includes a range of assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and Health Maintenance activities. Provision of these services is based on the availability of funds. The covered services foster independence, consistent with the consumer's circumstances and the authorized plan of service. (14-197 C.M.R. ch. 11 – Consumer Directed Personal Assistance Services)

This amendment is being written to increase the Direct Service Provider Rate from \$2.97 per ¼ Hour to \$3.73 per ¼ Hour, effective 01/01/19 through 06/30/2020.

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 has determined that the increased rate of \$3.73 per ¼ Hour is fair and reasonable.

The increased rate aligns with the MaineCare Section 19 rate for Attendant Care Services – Personal Care Services, Participant Directed Option (10-144 C.M.R., ch. 101, ch. III, Section 19 – Home and Community Benefits (HCB) for the Elderly and for Adults with Disabilities); the MaineCare Section 96 rate for Personal Support Services (FPSO) (10-144 C.M.R., ch. 101, ch. III, Section 96 – Private Duty Nursing and Personal Care Services); and the rate paid for 10-149 C.M.R. ch 5 § 63 Personal Support Services (10-149 C.M.R. ch 5 § 63 – In-Home and Community Support Services for Elderly and Other Adults).

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5. Future Competition

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

These services were awarded under RFP 201409845. The Department intends to competitively bid these services for a 7/1/2020 contract start date (T2018029).

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.

This Provider was awarded an agreement to provide these services pursuant to Notification of Conditional Contract Awards under RFP 201409845 letter dated January 12, 2015.

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

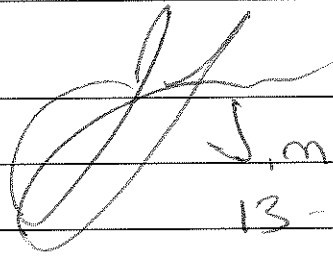
Please explain if time is of the essence and an emergency exists which requires the immediate procurement of goods or services. Describe the nature of this emergency, provide the date by which the goods or services must be delivered, and explain how that date was determined and its significance (i.e.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


 J. M. Lopatosh
 13-Mg-19