

State of Maine Waiver of Competitive Bidding Request Form

DHHS/DCM Contract Administrator:	Nancy Tan / Mary Alderman	Office/Division/Program of Contract Administrator:	DHHS / SAMHS/ Cameron Bailey
Est. Contract Amount:	\$ 19,100.00	Contract or RQS Number:	CT 10A 2019071200000000151
		Purchasing Maine ID:	
		DHHS Agreement Number:	MH4-20-2018
Proposed Start Date:	4/1/19	Proposed End Date:	3/31/20
Vendor/Provider Name, City, State	Consumer Council System of Maine Augusta, ME		
Short Description of Good or Service:	FACIT Scoring- Peer Run Recovery Center evaluation		
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>10/1/2019</u> To: <u>10/7/2019</u>	
Notice of Intent to Waive Competitive Bidding Number:		NOI# 1020191624	
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;		
	<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 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: 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. 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 type="checkbox"/>	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:		

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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.

The Peer Run Recovery model was redesigned to be a more structured environment that is called a Consumer Operated Services Program [COSP]. COSP requires members to adopt a board who will advise membership activities and have direct involvement in determining what activities will be pursued. The activities will have more emphasis on employment and structured group activities that are meant to lead to better self-care and inclusivity with the community.

The FACIT tool was developed specifically to measure the fidelity of COSP run programs and is endorsed by the Federal Substance Abuse and Mental Health Services Administration. The Provider will be trained to perform FACIT scoring and evaluate each Peer Run Recovery Center.

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 perform this service.

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 Cost of the service has been negotiated with the Provider. The Provider shall hire a nationally well-known consultant to assist in training and evaluation, overall cost is less that was originally budgeted by the Department.

5. Future Competition

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

SAMHS intends to RFP this service with the next RFP for Peer Run Recovery which is due for new contract beginning 10/1/21.

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.

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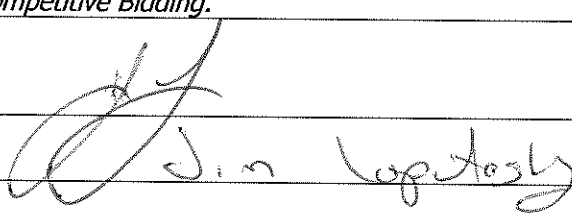
6. Uniqueness

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 Consumer Council System of Maine (CCSM) represents all of the MH Peer Run Centers that have a contract with SAMHS statewide. Since they are not considered a peer center they can objectively administer the FACIT tool and continue to provide oversight and guidance to the peer centers. CCSM was also identified in the RFP 201608173 as a partner to perform these evaluations.

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):	<i>By signing below, I signify that my Department requests, and I approve of, this Waiver of Competitive Bidding.</i>
Printed Name:	
Date:	12 - Aug - 19