

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	Office/Division/Program of Contract Administrator:	DHHS/OCFS Lisa Salger
Est. Contract Amount:	\$268,757.80 (Service Total)	Contract or RQS Number:	See Attached List
		Purchasing Maine ID:	
		DHHS Agreement Number:	See Attached List
Proposed Start Date:	7/1/2019	Proposed End Date:	12/31/2019
Vendor/Provider Name, City, State	See Attached List		
Short Description of Good or Service:	Evidence Based Practice Supports		
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>11/5/2019</u> To: <u>11/11/2019</u>	
Notice of Intent to Waive Competitive Bidding Number:		NOI# 1120191828	
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;		

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	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.	
X	If a different authorization specifically allows for this non-competitive procurement, please provide that reference here:	Willing and Qualified

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 this Agreement is to provide reimbursement to providers of Evidence Based Practices (EBP) for the specific fees associated with adhering to the fidelity of the Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) models. On July 1, 2019, the rates for these EBPs decreased by twenty percent (20%), creating a hardship for the providers to continue to provide the service. This funding will allow the providers to continue to serve the most vulnerable youth in their homes and communities, averting the need for a more intensive and out of home placement.

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 currently 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**.

For these clinical services, the rates are standard, nationwide and set by the federal oversight entities, <http://www.mstservices.com/> and <https://www.fttlc.com/>.

Maine is charged with developing their own rate for these Evidence Based Services, and there is currently a rate study underway, which is expected to be completed by December 31, 2019.

5. Future Competition

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

The Department is accepting Providers who are willing and qualified to provide the services required.

This is a one-time need as a rate study is being conducted for all Evidence Based Practices that is anticipated to increase the reimbursement rate to make the services sustainable. Therefore, the Department does not intend to RFP these services.

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.

State of Maine Waiver of Competitive Bidding Request Form

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 DHHS Office of Child and Family Services has determined that these Providers meet the requirements of Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT).

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

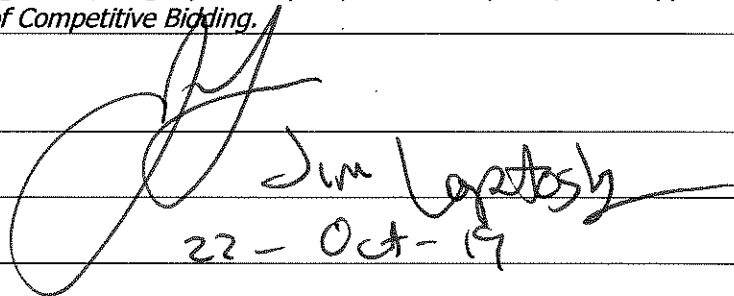
Please explain if time is of the essence and an emergency exists which requires the immediate procurement of goods or services. Describe the nature of this emergency, provide the date by which the goods or services must be delivered, and explain how that date was determined and its significance (i.e. 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 Lapostash
 22 - Oct - 19

State of Maine Waiver of Competitive Bidding Request Form

Office: OCFS

Service Group: Evidence Based Practice Supports

Dates of Service: 7/1/2019 – 12/31/2019

No. of Vendors: 5

Vendor	CT	Agreement Number	Agreement Amount
Kennebec Behavioral Health dba Kennebec Valley Mental Health Center	CT 10A 20190905000000000743	CBH-20-2001	\$99,345.70
Tri-County Mental Health Services	CT 10A 20190905000000000744	CBH-20-2002	\$53,000.00
MaineHealth dba Maine Behavioral Healthcare Catholic Charities Maine Spurwink Services, Inc.	CT 10A 20190905000000000746	CBH-20-2003	\$50,406.00
	CT 10A 20190905000000000747	CBH-20-2011	\$27,101.80
	CT 10A 20190905000000000748	CBH-20-2012	\$38,904.30
		Grand Total	\$268,757.80