CHIEF ADMINISTRATIVE OFFICE

Procurement and Contracts Division

Date Received

NON-COMPETITIVE PURCHASE REQUEST JUSTIFICATION

Required for all (non-emergency) sole source acquisitions in excess of \$5,000.00 and sole source service requests in excess of \$100,000.00.

This justification document consists of three (3) pages. All information must be provided and all questions must be answered. Department Head approval is required.

·	answered Department He	ad approval is required.	·	
	Requesting Depart	ment Information		
Department:		Org Code:		
53-Behavioral Health	▼	5330		
Contact Name:		Subobject:	User Code:	
Salina Drennan				
Telephone:		Fax:		
530-621-6207				
	Required Supplier /	Vendor Information		
Vendor / Supplier Name:	required supplier?	Vendor / Supplier Addre	ess:	
Aegis Treatment Centers, LLC		7246 Remmet Ave., Can		
Contact Name:				
Susan D. Hoeflich				
Estimated Purchase Price/Contract	ct Amount:	Vendor / Supplier Email Address:		
2,475,000		susan.hoeflich@pinnacletreatment.com		
Telephone: Fax:				
Cell (484) 888-8867				
Provide a brief description of the r	equest, including all goods a	ind/or services the vendor/	supplier will provide and supporting	
exemption reference from Board F	Policy C-17 - Procurement Po	olicy:		
Aegis Treatment Centers, LLC is a credent provide substance use disorder treatment s providers for the delivery of SUD treatment licensed physician or other licensed practiti services, CalAIM. The necessary compone the procurement be waived in accordance of Exemption is Policy C-17 3.4.2(f) "the procuproviders of the goods cannot provide simil	services in the Narcotic Treatment I services to those beneficiaries who oner. On July 1, 2023 the Dept. of nts to create contracts under CalAl with the exemption below. urement is for goods where the con	Program modalities. EDC is request have been determined to have a Health Care Services mandated M were not delivered to Counties tinuity of providers will provide ef	ired to maintain an adequate network of a medical necessity for such services by a a new system for the delivery of BH s in a timely manner and it is requested that	
Signature	18, 2023 09:59 PDT)			
Purchasing Agent: Muchule Signature	Vilm			
Board of Supervisors:	-	P&C Assignment:		
Date: 08/15/23	<u>]</u>	Assigned To:		
Item: 23-1370		Date:		

A. The good/service requested is restricted to one supplier for the reason stated below:

1. Why is the acquisition restricted to this goods/services supplier? (Explain why the acquisition cannot be competitively sourced. Explain how the supplier is the only source for the acquisition.)

EDC BH-SUDS must maintain multiple providers for SUD services due to the requirement to maintain an adequate provider network. Aegis has been a credentialed DMC-ODS Network Provider since 2018. This provider maintains an office within El Dorado County on the West Slope and is the only Narcotic Treatment Program available within county borders. All staff of the facility have been credentialed and approved to bill in the county system and SUDS has invested in the training of Aegis's staff to service El Dorado Co. beneficiaries.

2. Provide the background of events leading to this acquisition.

County has contracted with Aegis for SUD services since approximately 2018, a change in the County's procurement policies in 2022 have led to request to waive the newly required competitive process for this type of contract.

3. Describe the uniqueness of the acquisition. (Why was the goods/services supplier chosen?)

This provider has been determined to have and continues to maintain the appropriate licensing, certifications, staffing conditions and state approvals to deliver SUDS services within the Medi-Calnetwork.

4. What are the consequences of not purchasing the goods/services or contracting with the proposed supplier?

County will face non-compliance for failure to maintain an adequate network of providers to deliver services to County Medi-Cal beneficiaries in accord with the Intergovernmental Agreement between County and DHCS as well as Federal Managed Care Regulations. County residents in need of narcotic treatment program services will experience barriers to receive medically necessary health services, including transportation barriers. Those medi-cal beneficiaires already receiving services will have their services interuppted and since there is a daily pharmacological component to treatment, this will place clients at risk for withdrawal if medication is discontinued.

	5.	What market research was conducted to substantiate no competition, including the evaluation of other items or service providers? (Provide a narrative of your efforts to identify other similar or appropriate goods/services, including a summary of how the department concluded that such alternatives are either inappropriate or unavailable. The name and addresses of suppliers contacted and the reasons for not considering them must be included OR an explanation of why the survey or effort to identify other goods/services was not performed.)
and	l ha	Treatment Centers is the only NTP provider who has desired to establish an office in the County as maintained their presence here for the past five years. Aegis is one of the largest providers services in California.
В.	Pr	ice Analysis:
	1.	How was the price offered determined to be fair and reasonable? (Explain what basis was used for comparison and include cost analysis as applicable.)
des det	igr ern	ates were determined by a rate negotiation process using CA Dept. of Health Care Services nated County rates for our network. Analysis by HHSA Fiscal Budget and Accounting team nine the allowable range of rates for the negotiation process and the BH Director reviewed and wed all negotiated rates before finalizing.
	2.	Describe any cost savings or avoidance realized (one-time or ongoing) by acquiring the goods/services from this supplier.
pro Me for	vid di-(the	of federal managed care requirements if the County does not maintain an adequate network of ers to deliver services to Medi-Cal beneficiairies, then County cannot claim reimbursement from Cal for the payment to the provider for services. The County is still required to provide services beneficiary with an out of network provider and can use only County funds (no state or federal to pay for the service for as long as the network cannot provide the Medi-Cal service.

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	answered. Department		-			
	Requesting Dep	partment Informat	ion			
Department:		Org Code:				
53-Behavioral Healt	<u>h</u>	5330				
Contact Name:		Subobject:		User Code:		
Salina Drennan		12				
Telephone:		Fax:				
530-621-6207						
	Required Supplie	r / Vendor Inform	ation			
Vendor / Supplier Nam		Vendor / Supp				
Bi-Valley Medical Clinic		PO Box 650002		75265		
Contact Name:						
Melissa Develey						
Estimated Purchase Pr	rice/Contract Amount:	Vendor / Supp	Vendor / Supplier Email Address:			
120,000			mdeveley@baartprograms.com			
Telephone:		Fax:				
(916) 649-6793						
Provide a brief descript	tion of the request, including all good	ds and/or services th	e vendor/sup	olier will provid	de and supporting	
exemption reference from	om Board Policy C-17 - Procuremen	t Policy:		•		
disorder treatment services in of SUD treatment services to other licensed practitioner. Conecessary components to crewaived in accordance with the Exemption is Policy C-17 3.4.	g Medi-Cal Organized Delivery System Netw in the Narcotic Treatment Program modalities. It those beneficiaries who have been determin On July 1, 2023 the Dept. of Health Care Serve eate contracts under CalAIM were not deliver be exemption below. 2(f) "the procurement is for goods where the of provide similar efficiencies or critical knowle	EDC is required to main ed to have a medical neo- ices mandated a new sys ed to Counties in a timely continuity of providers w	ntain an adequate essity for such se stem for the delive manner and it is	e network of provi ervices by a licen- ery of BH service requested that th	ders for the delivery sed physician or s, CalAIM. The le procurement be	
Department Head:	Olivia Byron-Cooper (Jul 21, 2023 16:15 PDT) Signature Michile Weime Signature					
Board of Supervisors:		P&C Assignmen	t:			
Date:		Assigned To:				
Item:		Date:				

A. The good/service requested is restricted to one supplier for the reason stated below:

1. Why is the acquisition restricted to this goods/services supplier? (Explain why the acquisition cannot be competitively sourced. Explain how the supplier is the only source for the acquisition.)

EDC BH-SUDS must maintain multiple providers for SUD services due to the requirement to maintain an adequate provider network. BAART has been a credentialed DMC-ODS Network Provider since 2020. This provider is the only Narcotic Treatment Program available within the region who serves adolescents for narcotic treatment programs. This contract was entered into in order to resolve a Network Adequacy non-compliance finding from the state because we had not maintained this level of service for the adolescent population. All staff of the facility have been credentialed and approved to bill in the county system and SUDS has invested in the training of BAART's staff to service El Dorado Co. beneficiaries.

2. Provide the background of events leading to this acquisition.

County has contracted with BAART for SUD services since approximately 2020 in order to resolve a finding of non-compliance with DHCS. County is required to have this level of care for the adolescent population. A change in the County's procurement policies in 2022 have led to request to waive the newly required competitive process for this type of contract.

3. Describe the uniqueness of the acquisition. (Why was the goods/services supplier chosen?)

This provider has been determined to have and continues to maintain the appropriate licensing, certifications, staffing conditions and state approvals to deliver SUDS services within the Medi-Cal network. This provider is the only provider who provides NTP for adolescents referred.

4. What are the consequences of not purchasing the goods/services or contracting with the proposed supplier?

County will face non-compliance for failure to maintain an adequate network of providers to deliver services to County Medi-Cal beneficiaries in accord with the Intergovernmental Agreement between County and DHCS as well as Federal Managed Care Regulations. County adolescent residents in need of narcotic treatment program services will experience barriers to receive medically necessary health services, including service availability barriers. Those medi-cal beneficiaires already receiving services will have their services interuppted and since there is a daily pharmacological component to treatment, this will place clients at risk for withdrawal if medication is discontinued.

included OR an explanation of why the survey or effort to identify other goods/services was not performed.)
BAART is the only NTP provider who is willing to deliver adolescent NTP services. Aegis Treatment Centers does not offer this service.
B. Price Analysis:
 How was the price offered determined to be fair and reasonable? (Explain what basis was used for comparison and include cost analysis as applicable.)
The rates were determined by a rate negotiation process using CA Dept. of Health Care Services designated County rates for our network. Analysis by HHSA Fiscal Budget and Accounting team determine the allowable range of rates for the negotiation process and the BH Director reviewed and approved all negotiated rates before finalizing.
 Describe any cost savings or avoidance realized (one-time or ongoing) by acquiring the goods/services from this supplier.
Due to federal managed care requirements if the County does not maintain an adequate network of providers to deliver services to Medi-Cal beneficiairies, then County cannot claim reimbursement from Medi-Cal for the payment to the provider for services. The County is still required to provide services for the beneficiary with an out of network provider and can use only County funds (no state or federal funds) to pay for the service for as long as the network cannot provide the Medi-Cal service.

5. What market research was conducted to substantiate no competition, including the evaluation of other items or service providers? (Provide a narrative of your efforts to identify other similar or appropriate goods/services, including a summary of how the department concluded that such alternatives are either inappropriate or

unavailable. The name and addresses of suppliers contacted and the reasons for not considering them must be

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	answered. Department He				
	Requesting Depart		1		
Department:		Org Code:			
53-Behavioral Health	▼	5330			
Contact Name:		Subobject:		User Code:	
Salina Drennan					
Telephone:		Fax:	-		
530-621-6207					
	Required Supplier /				
Vendor / Supplier Name:		Vendor / Supplier			
Wellspace Health		777 12th St., Suite	250, Sacr	amento, CA 95814	
Contact Name:					
DeAnna Lopez		Divisional Operation	ons Manag	er	
Estimated Purchase Price/Contra	ct Amount:	Vendor / Supplier Email Address:			
1,965,000		delopez@wellspacehealth.org			
Telephone:		Fax:			
(916) 473-5764 ext. 2227					
Provide a brief description of the	request, including all goods a	and/or services the ve	endor/supp	olier will provide and supporting	
exemption reference from Board				, , ,	
Wellspace Health is a credential Drug Med substance use disorder treatment services network of providers for the delivery of SU services by a licensed physician or other lidelivery of BH services, CalAIM. The nece requested that the procurement be waived Exemption is Policy C-17 3.4.2(f) "the procured providers of the goods cannot provide sim	in the residential and residential wi D treatment services to those beneficensed practicioner. On July 1, 202 ssary components to create contract in accorance with the exemption between the for goods where the contract	thdrawal management mo iciaries who have been de 23 the Dept. of Health Car cts under CalAIM were no elow. tinuity of providers will pro	odalities. ED etermined to re Services m t delivered to	C is required to maintain an adequate have a medical necessity for such nandated a new system for the Counties in a timely manner and it is	
Department Head: Signature Purchasing Agent: Signature Signature	Vierne				
Board of Supervisors:	_	P&C Assignment:			
Date:		Assigned To:			
Item:		Date:			

A. The good/service requested is restricted to one supplier for the reason stated below:

1. Why is the acquisition restricted to this goods/services supplier? (Explain why the acquisition cannot be competitively sourced. Explain how the supplier is the only source for the acquisition.)

EDC BH-SUDS must maintain multiple providers for SUD services due to the requirement to maintain an adequate provider network. Wellspace Health has been a credentialed DMC-ODS Network Provider since 2018 and before that has been a contract provider with the county since 2008. All staff of the facility have been credentialed and approved to bill in the county system and SUDS has invested in the training of Wellspace staff to service El Dorado Co. beneficiaries.

2. Provide the background of events leading to this acquisition.

County has contracted with Wellspace for SUD services since approximately 2008, a change in the County's procurement policies in 2022 have led to request to waive the newly required competitive process for this type of contract.

3. Describe the uniqueness of the acquisition. (Why was the goods/services supplier chosen?)

This provider has been determined to have and continues to maintain the appropriate licensing, certifications, staffing conditions and state approvals to deliver SUDS services within the Medi-Calnetwork.

4. What are the consequences of not purchasing the goods/services or contracting with the proposed supplier?

County will face non-compliance for failure to maintain an adequate network of providers to deliver services to County Medi-Cal beneficiaries in accord with the Intergovernmental Agreement between County and DHCS as well as Federal Managed Care Regulations. County residents in need of residential treatment services and withdrawal management will experience long waitlists to receive medically necessary health services.

5.	What market research was conducted to substantiate no competition, including the evaluation of other items or service providers? (Provide a narrative of your efforts to identify other similar or appropriate goods/services, including a summary of how the department concluded that such alternatives are either inappropriate or unavailable. The name and addresses of suppliers contacted and the reasons for not considering them must be included OR an explanation of why the survey or effort to identify other goods/services was not performed.)
additi	e the policy change in 2022, the SUDS Division had failed RFPs in an attempt to secure onal residential and withdrawal management services in order to expand our network beyond was already contracted (Wellspace and another residential provider.)
B. Pı	rice Analysis:
1.	How was the price offered determined to be fair and reasonable? (Explain what basis was used for comparison and include cost analysis as applicable.)
desig deteri	ates were determined by a rate negotiation process using CA Dept. of Health Care Services nated County rates for our network. Analysis by HHSA Fiscal Budget and Accounting team nine the allowable range of rates for the negotiation process and the BH Director reviewed and wed all negotiated rates before finalizing.
2.	Describe any cost savings or avoidance realized (one-time or ongoing) by acquiring the goods/services from this supplier.
provid Medi- for the	o federal managed care requirements if the County does not maintain an adequate network of ders to deliver services to Medi-Cal beneficiairies, then County cannot claim reimbursement from Cal for the payment to the provider for services. The County is still required to provide services beneficiary with an out of network provider and can use only County funds (no state or federal) to pay for the service for as long as the network cannot provide the Medi-Cal service.