



1. Fully describe the product(s) and/or service(s) being requested.

Master Agreement, allowing the Director to add/delete providers, for Inpatient Hospitals that exceed 100K payable with Agenda Item 40, effective upon Execution through June 30, 2023 (3 yr 2 mos base plus 2 extensions).

- 2. Identify the selected vendor and contact person; include the address, phone number and e-mail address for each. Bakersfield Behavioral Health Center and Fremont Hospital.
- 3. What is the total cost of the acquisition? If an agreement, state the total cost of the initial term and the amounts for potential renewal terms.

5/8/18 - 6/30/18 \$500,000; FY 18-19 \$624,000; FY 19-20 \$649,000; FY 20-21 \$675,000; FY 21-22 \$702,000; FY 22-23 \$730,000; Total for 5 year 2 month Term: \$3,880,000

4. Identify the unique qualities and/or capabilities of the service(s) and/or product(s) that qualify this as a Suspension of Competition acquisition.

The Department's request to waive the competitive bid process consistent with Administrative Policy #34 is based on the fact that we have system in place to pay non-contracted, out-of-County facilities up to \$100K annually. When they exceed \$100K the payment process is lengthy and time-consuming and may negatively impact services to clients. This Master Agreement will allow the Director to add/delet providers as necessary to facilitate payments when they exceed \$100K in service costs.

5. Identify from Administrative Policy #34 what circumstances constitute a Suspension of Competition.

In an emergency when goods or services are immediately necessary for the preservation of the public health, welfare, or safety, or for the protection of County property.

When the contract is with a federal, state, or local governmental agency.

When the department head, with the concurrence of the Purchasing Agent, finds that the cost of preparing and administering a competitive bidding process in a particular case will equal or exceed the estimated contract amount or \$2,500 whichever is more.

When a contract provides only for payment of per diem and travel expenses and there is to be no payment for services rendered.

When obtaining the services of expert witnesses for litigation or special counsel to assist the County.

When in unusual or extraordinary circumstances, the Board of Supervisors or the Purchasing Agent/Purchasing Manager determines that the best interests of the County would be served by not securing competitive bids or issuing a request for proposal.

6. Explain why the unique qualities and/or capabilities described above are essential to your department.

Fresno County operates a Managed Care Mental Health Plan (MHP) through an agreement with the State Department of Health Care Services (DHCS). The MHP oversees the provision of mental health services to Medi-CAI beneficiaries of all ages. The State requires the County to ensure the availability and accessibility of an adequate number of inpatient facilites to provide medically necessary services (Welfare and Institution Code (WIC) Sections 5000 et seq., 14700 et seq. and 14712 et seq.). The County is also required by DHCS to provide inpatient psychiatric services for indigent persons with serious mental illness with severe disabling conditions requiring mental health treatment.

7. Provide a comprehensive explanation of the research done to verify that the recommended vendor is the only vendor with the unique qualities and/or capabilities stated above. Include a list of all other vendors contacted, what they were asked, and their responses.

The recommended vendors are included as they are exceeding the \$100K for non-contracted providers payable under AI 40. Other vendors may be added/deleted as needed. This Agreement does not preclude other providers from being utilized/paid under AI 40.

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| Requested By: | Title | |

I approve this request to suspend competition for the service(s) and/or product(s) identified herein.

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| Departme | nt Head Signature |

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Purchasing Manager Signature