



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division**

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval#:	211104 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to <u>only</u> the contact(s) listed below:			
	ENTER STATE AGENCY NAME:	<i>Division of Public and Behavioral Health Southern Nevada Adult Mental Health Services Northern Nevada Adult Mental Health Services</i>		
	<i>Contact Name and Title</i>		<i>Phone Number</i>	<i>Email Address</i>
	<i>Joanne Malay, Deputy Administrator</i>		<i>702-486-8894</i>	<i>jmalay@health.nv.gov</i>
	<i>Christina Brook, Agency Manager</i>		<i>775-688-2010</i>	<i>cbrooks@health.nv.gov</i>
	<i>Ronda Miller, MA III</i>	<i>775-684-5932</i>	<i>rondamiller@health.nv.gov</i>	

1b	Vendor Information:	
	Vendor Name:	<i>Deerfield Solutions, LLC</i>
	Contact Name:	<i>Matthew Monago</i>
	Complete Address:	<i>800 East Main Street</i>
	City, State, and Zip Code	<i>Bradford, PA 16701</i>
	Telephone Number:	<i>814-877-1400 x 1296</i>
	Email Address:	<i>mmonago@JourneyHealth.org</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	Amendment Number:	#		
	Enter CETS Number:			

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:
	Contract:	Start Date:	<i>9/1/2021</i>	End Date:
			<i>9/30/2023</i>	

Rec'd 11/09/21

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1f	Funding:	
	State Appropriated:	50% - 3161 25% - 3162 25% - 3648
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$41,632.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>LOCUS On-Prem/Locus Integration is the Level of Care Utilization for Psychiatric and Addiction Services software application in use by DPBH. LOCUS provides SNAMHS/NNAMHS the ability to gather required Federal and State clinical data to produce Level of Care Assessments and reports. SNAMHS/NNAMHS uses LOCUS to collect client data directly related to the LOCUS and CALOCUS assessments, including the entire result set, prior level of care, current level of care, recommended level of care, and reasons for overriding the recommendation.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The Level of Care Utilization System (LOCUS) was created by the American Association of Community Psychiatrists to provide Mental Health and co-occurring Substance Abuse Providers with a standardized tool to ensure scarce healthcare resources are consistently utilized in the most effective and efficient manner possible.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>SNAMHS/NNAMHS had an ongoing agreement with Deerfield Behavioral Health, Inc. to provide LOCUS application and services. This company was dissolved and Deerfield Solutions, LLC is the new vendor who will continue to provide LOCUS services to the state for Level of Care Utilization. The data collection for Level of Care Utilization is contained within myAvatar EHR, to reproduce this system with another vendor would be costly and would delay ongoing assessments and reporting.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
a.	<i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		

	b. <i>If not, why were alternatives not evaluated?</i>
	<i>The Level of Care Utilization System (LOCUS) was created by the American Association of Community Psychiatrists to provide Mental Health and co-occurring Substance Abuse Providers and we are not aware of any other providers of this service. This service integrates with myAvatar EHR to provide client assessments and meet federal and state reporting requirements.</i>

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6	Has the agency purchased this service or commodity in the past? Check One:			Yes	No	
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</i>			X		
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, the following information must be provided:</i>					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>	
	<i>Start Date</i>	<i>End Date</i>				
	10/18/2019	10/20/2021	\$33,410.00	Service Level Agreement	SLA 17501	
			\$			
		\$				
		\$				

	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
7	<i>The programs would not be able to collect the required data, meet required federal and state Level of Care Client Assessments, execute client Level of Care Utilization, and submit required reporting. The programs would have to manually complete these tasks and resources are not available to do this.</i>

	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
8	<i>A vendor search for these services did not produce a provider of these services. The vendor works with the American Association of Community Psychiatrists to enhance and maintain the LOCUS system and assists the program with required data collection to meet all applicable federal and state Level of Care Utilization requirements for assessment and reporting.</i>

	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
9			

<p><u><i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></u></p>	<p>X</p>	
<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>		
<p><i>Level of Care Utilization, Assessment and Reporting is an ongoing requirement for the program. State and federal Level of Care Utilization assists providers in maximizing mental health resources for Nevada clients. This service collects the necessary data from myAvatar EHR to produce Level of Care Utilization assessments and reports.</i></p>		

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Approval #:

#21104 (C)

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Bonda Miller

Agency Representative Initiating Request

Bonda Miller

Print Name of Agency Representative Initiating Request

11-4-21

Date

Kees P. Coj

Signature of Agency Head Authorizing Request

Kelli P. Quintero

Print Name of Agency Head Authorizing Request

11/8/21

Date

FOR PURCHASING USE ONLY – PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

Kevin A. Doty

Administrator, Purchasing Division or Designee

11/16/21

Date

Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

MEMORANDUM

DATE: November 15, 2021

TO: Kitty DeSocio, Administrative Services Officer IV
Division of Public and Behavioral Health

THROUGH: Kelli Quintero, Administrative Services Officer III
Division of Public and Behavioral Health

FROM: Joanne Malay, Deputy Administrator
Hospital Administration/Health Information Services

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL Deerfield Solutions, LLC; C 17920

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: Deerfield Solutions, LLC
- Services to be provided:
 - Level of Care Utilization System for Psychiatric and Addiction Services software application (LOCUS) integrated in the myAvatar Electronic Health Record (EHR) system.
 - Enables staff to collect Level of Care Utilization data with the myAvatar EHR patient record to provide federal and state mandated assessments and reports.
 - The Vendor will provide training materials, software support, or other information regarding the use of the software application(s). Non-public domain materials which support training, competency development, and meeting regulatory requirements.
- Funding source and expenditure category: BA3161=50%, BA3162=25%, BA3648=25%, CAT 26; GFUND
- Requested start date of work: October 22, 2021
- Expected execution date of agreement (IFC approval date or N/A): November 30, 2021
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
The original Vendor, Deerfield Behavioral Health, Inc. dissolved. Deerfield Solutions, LLC was formed to provide ongoing services for LOCUS to DPBH. The new company took longer than expected to obtain the required Nevada Business License and subsequent Controller's Vendor ID for payment. Meanwhile, the vendor submitted a Maintenance Agreement and we were instructed to create a contract under 50K for these ongoing services.
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement:
Deerfield Solutions, LLC has continued to provide ongoing services in the interim on the premise that DPBH will begin the contract with Deerfield Solutions, LLC on 10/22/2021. This is the day after the 10/21/2021 termination date for SLA 17501, the prior agreement between DPBH and Deerfield Behavioral Health, Inc.
 - Explain how the program/bureau will prevent future retroactive requests:
The vendor is now fully registered with the state. We do not anticipate any further contractual delays with renewing these services in the future.

If you have any questions, please contact Lorraine McMullen at (775) 434-3546 or Immcmullen@health.nv.gov.

cc: Contract Unit

Rec'd 11/17/21