



Designer Selection Board - House Doctor Procurement

Frequently Asked Questions

1. What is the Designer Selection Board?

The Designer Selection Board is an autonomous eleven-member board that selects designers for state building projects and Commonwealth charter school projects. The DSB serves the design community, municipalities, and state entities.

2. What is a House Doctor (HD)?

A House Doctor (HD) is a contracted, “on-call” consultant team that performs investigations, feasibility studies, schematic and design development studies for smaller projects, commissioning and/or project management services for multiple projects over the term of the firm’s contract. HDs are selected through a “Qualifications Based Selection” (QBS)¹ public procurement process administered by the Designer Selection Board. The total amount an agency can expend on a particular HD (the “maximum dollar cap”) is established at the outset of the contract and cannot be exceeded for the term of the contract. HD contracts should be no longer than six years.

3. How is a House Doctor (HD) Utilized?

Once HD contracts are executed with the selected applicants, the firms become available for use on particular tasks or projects during the term of the contract up until the maximum dollar cap or the 6 years is reached. As the need for HD services arise, DCAMM or the User Agency will solicit non-price proposals from one or more of the HDs for specific projects. After reaching agreement on the scope of work and the fee is negotiated a "Notice to Proceed" will be issued to the House Doctor to begin work on the project.

4. When should a HD be used versus a DSB Single Project Selection?

HDs provide services on projects that are:

- typically on the smaller side
- have an immediate need, and
- involve studies and designs that are not overly complex.

HDs are not to be used on projects that involve extensive study/programming requirements, or projects where sound engineering principles may dictate a longer schedule for study/design and construction. In no event shall any HDs work on projects with an Estimated Construction Cost of greater than \$10,000,000. Projects with an estimated construction cost greater than \$10,000,000 should utilize the DSB Single Project Selection method.

5. Who is the primary point of contact to facilitate the DSB process?

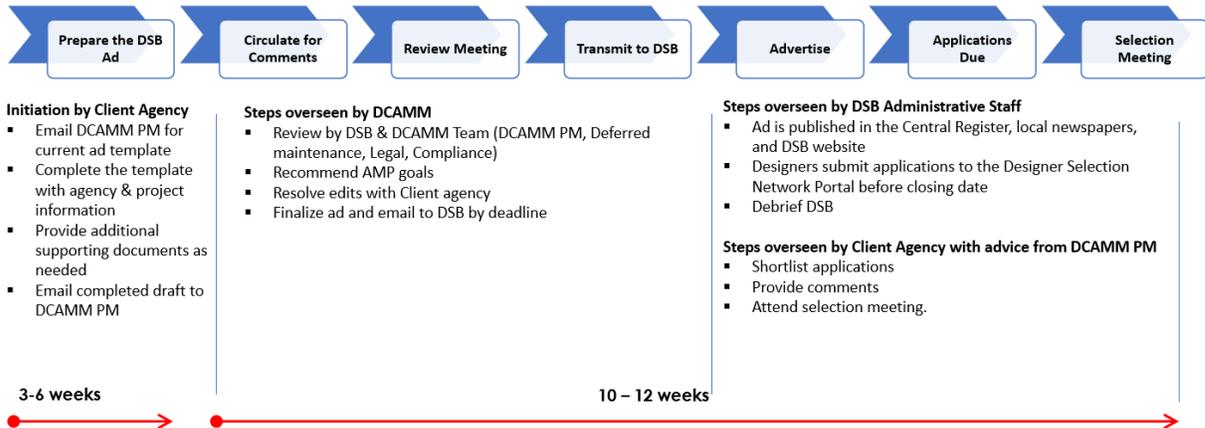
DCAMM’s DSB Coordinator is the primary point of contact for DSB processes:

Brenna Sapienza
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Email: Brenna.Sapienza@mass.gov

¹ Qualifications-Based Selection (QBS) is a procurement process through which firms compete for work based on experience and technical expertise, rather than competing for the lowest cost bid.



6. What are the steps involved with procuring HDs through the Designer Selection Board (DSB)? How much time does the entire process take?



AFFIRMATIVE MARKETING PROGRAM (AMP)

7. What are the Commonwealth’s laws and policies regarding Affirmative Market Participation goals on public building projects?

M.G.L. Chapter 7C, §6 along with Executive Orders and Administration and Finance Bulletins establish the Commonwealth’s Affirmative Marketing Program (“AMP”) and its requirements. The AMP provides the framework and obligation to set appropriate business participation goals for the active participation of Minority Owned Businesses (“MBE”) and Women Owned Business (“WBE”) certified by the Supplier Diversity Office (SDO) on designer services contracts for public building projects in Massachusetts. The law and policies make DCAMM responsible for setting MBE/WBE participation goals for state agency and eligible entity public building projects. The SDO is responsible for setting goals for state funded municipal projects.

8. How does DCAMM’s Access & Opportunity Compliance Office establish project specific MBE/WBE Business Participation goals for state agency and entity building projects?

MBE and WBE Participation goals are set on a project-by-project basis for each design services contract. DCAMM Access & Opportunity senior staff, in conjunction with agency legal counsel, establish project-specific goals for each designer services procurement based upon project-specific information, including;

- The overall scope of design services to be provided
- The estimated dollar value of the full scope of services from inception to completion
- The individual scopes of design services being provided
- The estimated value of those services
- The findings of DCAMM’s most recent Disparity Study. Business Participation goals are based upon broadest and most inclusive pool of MBE/WBE businesses available to perform construction and design services on state agency and state funded municipal projects.
- Relevant project-specific factors such as consulting or subcontracting opportunities, size and scope of project and other relevant information



9. What information does DCAMM need to provide AMP goals?

- Aggregated total Estimated Construction Cost. (ECC) that covers all projects within the HD contracts.
- Total estimated designer fee for all services anticipated including when applicable, from study through contract administration.
- Approximate amount of the overall fee that will go toward the provision of architectural services and the proportion that will go toward engineering services under the contract, irrespective of whether a particular firm provides those services in-house or through consultant services.
- Information on any other special factors that may impact the ability of MBE/WBE firms to work on the project, such as limited consulting or subcontracting opportunities, a highly specialized scope of work, etc.

CONTRACTING

10. It has been more than 6 years since we last procured House Doctors through the DSB. Can we still commission those designers?

HD contracts should be no longer than six years according to a recommendation of the DSB. The DSB selects HDs based upon qualifications which may go stale after a certain period of time. For example, the resumes upon which the DSB made their selection are no longer up to date, or selected firms may no longer exist.

11. What are our options if it has been more than 6 years since our last HD procurement?

Agencies should proactively begin procuring their new House Doctors prior to their contract period terminating with their existing consultants and/or reaching the maximum fee limitation. Under emergency circumstances, please contact DCAMM and we will help address urgent needs.

If it has been more than 6 years since your last HD procurement, Agencies should work with DCAMM to initiate a new round of DSB procurement for HDs

12. After Designer Selection, can DCAMM help us with contracting?

DCAMM's legal team does not review House Doctor contracts between the User Agency and HDs. Reviewing contracts between the User Agency and individual House Doctors is the responsibility of the Agency's legal team.

13. Do you have a contract template you can share?

Upon request, DCAMM can provide a contract template as a courtesy. But you must have Client Agency counsel review the entire contract carefully prior to using it – there will be language in it that is DCAMM-specific and thus would not apply to your agency.

14. Our project scope has increased, and we are likely to exceed the fee cap stipulated in the DSB ad. How does DCAMM address these situations internally? Would it be possible for our agency to increase the cap for the HD contracts?

DCAMM does not, as a matter of practice, exceed the maximum fee of a particular House Doctor Contract. DCAMM has a system in place that ensures that contracts that are approaching the maximum fee limit are removed from usage prior to the fee being exceeded. It is the Client Agencies' responsibility to track their respective contracts that are approaching the max fee.



15. Should HDs provide lump sum or hourly proposals?

DCAMM design contracts are deliverables-based; in other words, the hourly rates only apply with respect to additional services. Once the HD is selected, DCAMM recommends getting lump sum proposals to perform the task.

16. Are task orders attached to the contract?

Task orders are not attached to House Doctor contracts. Individual task orders will be accompanied by Notices to Proceed.