

## Department of General Services

## Emergency Procurement ("EP") Approval Request

## Bureau of Procurement

If either of the following two conditions exist, an EP is not required and should not be requested:

1. Material / Service available from DGS statewide contract.
2. Estimated Cost of the Material / Service is within the Small, No-bid Procurement threshold identified in the Procurement Handbook, Part I, Chapter 7.

Agency requests approved to proceed with an emergency procurement under Section 516 of the Commonwealth Procurement Code (62 Pa. C.S. §516).

*Requesting Agency Information*

Agency/Bureau:	Department of Drug and Alcohol Programs					
Contact Person:	Kimberly A. Coleman					
Contact Address:	02 Kline Plaza Harrisburg PA 17104					
Contact Tel#:	717-783-8200					
Contact Email:	kcoleman@pa.gov					
Description Of Material (or) Service (or) IT	Service	24 Hour Call Center				
SAP Material Groups:	85111617					
Estimated \$ Amount:	805,622					
Length of EP:	6 months					
Delivery Location:	City	various	State	Pennsylvania	ZipCode	99999

*Basis for the Emergency Purchase*☐

*Threat to public health, welfare, or safety*

Identify the Threat:

Provide a brief explanation of the need for the material and/or service:

State the consequence if the procurement is not done on emergency basis:

Indicate whether approval  
was obtained from DGS.

If "Yes", provide the following:

- ☐ Yes a. Name of person granting approval:  
☒ No b. Date of approval:



***Circumstances outside the control of the agency create an urgency of need, which does not permit the delay in using more competitive methods***

**NOTE: Verbal approval will not be provided for this basis. Agency cannot proceed with emergency procurement until this form is completed and approved by DGS.**

**Identify the Circumstances:**

Circumstances outside the control of the agency create an urgency of need, which does not permit the delay in using more competitive methods.

**Why are those  
circumstances outside of  
the control of Agency?**

This is a special project to run a call center that provides referrals for individuals impacted by the opioid addiction crisis. There are no previous procurements.

**Provide a brief explanation  
for the urgent need:**

The Secretary of the Department has identified a need for a 24 hour call center (Hotline). The already established Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline will be receiving the initial call. Persons seeking information or treatment located in the Commonwealth of PA will then be transferred to the proposed call center.

The purpose of the Hotline is to improve access, provide an immediate referral to appropriate levels of care and improve consistency in referral mechanisms and access to appropriate community supports. DDAP requires the services of a company to provide individuals who are specially trained to handle opioid addiction issues that will receive calls; assess the caller's needs; and transfer the caller to an appropriate resource, preferably to a live person. It is necessary that the call center is fully operational and able to take incoming calls no later than November 10th 2016.

First Choice demonstrated expertise, ability to provide full service in the required timeframe, and is currently running a similar 24/7 call center for the state of West Virginia.

## *Information Required*

***For ALL EP's provide the following information:***

**Brief description of selection  
process:**

DDAP, through DGS, provided Unique Source with a statement of work for the needed services on October 17, 2016. Unique Source declined the opportunity. The extremely short implementation time, and the high level of services required, necessitated that the agency to select a known expert. Accordingly, First Choice, was contacted.

**Full supplier  
information  
(if known at time of  
submission of form)**

Name:

Steve Burton

Address:

601 Morris Street, Suite 401, Charleston, WV 25301

Telephone #:

304-344-2213

SAP Vendor#:

Total Amount

**For EP's that are NOT a threat to public health, welfare, or safety, provide the following information**

**Include a list of the solicited suppliers, their contact information, and their quotations:**

Unique Source declined. OPTUM quoted a price of \$1,362,332 for 6 months.

**Funds have already been encumbered for this request (Yes/No):**

☒ Yes  
☐ No

**If applicable, what has been done previously to procure this material/service? (Also provide the previous SAP/SRM PO number and/or Contract Number)**

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**NOTE: If any Agency only intends to solicit a quote from one supplier, the following section, "Supplemental Single Source Information" must be completed**

## ***Supplemental Single Source Information Required***

***This section of the EP APPROVAL REQUEST Form is only required to be completed if the following is applicable:***

- 1. Category of Emergency is due to "Circumstances outside the control of the agency create an urgency of need, which does not permit the delay in using more competitive methods."***
- 2. It is not practical for the agency to obtain two or more quotes.***

**Is only a single supplier capable of providing the material or services? If Yes, please explain. If not applicable, leave blank and respond in the next block.**

**Explain why it is not practical to obtain two or more quotes for this emergency procurement.**

**If timing is a factor, what is the time factor and why? If yes, please explain.**

**Are there compatibility requirements or compliance requirements? If yes, please explain.**

**NOTE: If the purpose of the emergency procurement is to prevent a lapse in contracted services, one of the following must be checked. Include status of the new contract/purchase and note any special conditions of the emergency procurement.**

☐ **To extend a current contract with the current contractor to prevent a lapse in contracted services.**

☐ **To bridge a gap between an expiring contract and a new contract by allowing the new contractor to begin work before the new contract is fully**

☐ **To authorize a supplier, who has been properly selected through one of the methods of award, to begin work before the new contract is fully executed because the agency needs the services immediately and cannot wait until full execution of the**

☒ **If none of the above is applicable, explain how the emergency supplier was selected.**

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# Agency Approvals

**IMPORTANT\*:**The printed names on this form shall constitute the signatures of these individuals. Agencies must insure that these individuals review the completed form and give their consent to apply their printed name on this form. No handwritten signatures shall be required in order for the form to be considered "signed" by those individuals whose names appear in the signature section

**Requesting Authority (Agency Head or Designee reviewing and approving this request)**

**Requesting Authority signature connotes concurrence with the Agency EP request to procure the material and/or service**

**Title:**

Director, Division of Budget and Grants Manager

**Signature:**

Kimberly A. Coleman

**Date:**

10-27-16