

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 Health				
Contact Person:	Lori Diehl				
Contact Address:	625 Forster Street Harrisburg PA 17120-0701				
Contact Tel#:	717-787-1022				
Contact Email:	ldiehl@pa.gov				
Description Of Material (or) Service (or) IT	Service	The Contractor shall provide professional managerial services, as directed by the Department of Health (Department), to Oak HRC Elkins Crest LLC, owner of the long-term care nursing facility Elkins Crest Health and Rehabilitation Center located at 265 E Township Line Road, Elkins Park, Pennsylvania.			
SAP Material Groups:	80000000				
Estimated \$ Amount:	328,000				
Length of EP:	06/26/17 to 12/25/17				
Delivery Location:	City	Elkins Park	State	Pennsylvania	ZipCode 19027

Basis for the Emergency Purchase



Threat to public health, welfare, or safety

Identify the Threat:	The health and safety of residents of Elkins Crest Health and Rehabilitation Center, a nursing care facility located in Elkins Park, Pennsylvania, are at risk based upon the licensed operator's failure to achieve and maintain compliance with state and federal requirements for operation of a nursing care facility.
Provide a brief explanation of the need for the material and/or service:	Under Section 814 of the Health Care Facilities Act, 35 P.S. 448.814, when a health care facility has demonstrated that it is unwilling or unable to achieve compliance with licensure requirements, the Department is permitted to place a temporary manager in the facility to assist with, or assume, operation of the facility.

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

Failure to place the temporary manager could result in harm to the physical health and safety of the residents of the facility.

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:

Why are those circumstances outside of the control of Agency?

Provide a brief explanation for the urgent need:

Information Required

For ALL EP's provide the following information:

Brief description of selection process:

The Department maintains a list of entities capable and willing to serve as temporary manager at the Department's request. Currently, there are 3 entities that have indicated interest and have met the Department's criteria for serving as temporary manager. This vendor is next on the Department's rotation list.

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

Name:

Complete HealthCare Resources - Eastern, Inc.

Address:

200 Dryden Road, Suite 3100, Dresher, PA 19025-1069

Telephone #:

570-690-6844

SAP Vendor#:

364736

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:

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)

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.

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, Bureau of Administrative & Financial Sel	
Signature:	Lori Stubbs	Date: 06-15-17