

## 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 Military and Veterans Affairs				
Contact Person:	Karen Sattazahn				
Contact Address:	DMVA, FTIG, Bldg. 0-47, Procurement & Contracting Annville PA 17003				
Contact Tel#:	717-861-8832				
Contact Email:	ksattazahn@pa.gov				
Description Of Material (or) Service (or) IT	IT	Electronic Healthcare Record			
SAP Material Groups:	81111811				
Estimated \$ Amount:	125,800.00				
Length of EP:	6 Months				
Delivery Location:	City	Multiple	State	Pennsylvania	ZipCode 17003

## Basis for the Emergency Purchase



### Threat to public health, welfare, or safety

#### Identify the Threat:

New DGS contract 4400018548 was put in place for DMVA use Jan 2018. DMVA issued PO 4300579944 for services effective 7-1-18. Per guidance from Tom Teprovich this DGS contract 4400018548 is specifically for DMVA use and our agency is now responsible for the negotiating terms of the new license agreement. This license agreement is now being negotiated between DMVA Chief Counsel's Office and Matrixcare, Inc. The current PO 4300382218 expires 6-30-18 with no extension possible; the language to extend is not part of this PO.

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

MatrixCare is a clinical EHR (Electronic Healthcare Record) that is used by all six of the Department of Military and Veterans Affairs homes to document residents records to be in compliance with CMS as well as Federal and State regulations. This software is critical to all the residents as it is used to assist in their documentation and in providing care for their daily living and medical needs.

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

The timeframe for negotiating the new license agreement will cause a lapse of critical services needed to support our 6 Veteran Homes & FTIG.

**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:**

This is a 6 month Extension of current Sole Source Procurement 4300382218 for the Electronic Health Record software and support system to make us current and in compliance with State and Federal regulations for all 6 of the veterans homes that are supported by DMVA.

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

Name:

MATRIXCARE INC

Address:

10900 HAMPSHIRE AVE S STE 100, BLOOMINGTON, MN 55438

Telephone #:

612-387-6480

SAP Vendor#:

19554

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.**

Requesting a 6 month extension in order for DMVA Chief Counsel's Office and Matrixcare, Inc. to fully execute the new license agreement. PO 4300579944 will be executed upon the finalized agreement.



**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:	Rebecca Jacovino	
Signature:	Rebecca Jacovino	Date: 06-13-18