

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 Human Services "prior DPW"				
Contact Person:	Barbara Masko				
Contact Address:	1451 HILLSIDE DR CLARKS SUMMIT PA 18411				
Contact Tel#:	570-587-7292				
Contact Email:	bmasko@pa.gov				
Description Of Material (or) Service (or) IT	Service	Medical Physician Services to be provided to the patients at Clarks Summit State Hospital (CSSH)			
SAP Material Groups:	85120000				
Estimated \$ Amount:	278,560.00				
Length of EP:	until 10/31/23				
Delivery Location:	City	Clarks Summit	State	Pennsylvania	ZipCode 18411

Basis for the Emergency Purchase



Threat to public health, welfare, or safety

Identify the Threat:	The critical care of patients that reside at CSSH are at risk without the services rendered of a Medical Physician. In addition, Medical Physicians are necessary to retain CMS certification at CSSH.
Provide a brief explanation of the need for the material and/or service:	Medical Physician Services are critical for the proper care of patients. CSSH finds it difficult to recruit Medical Physicians for our facility. Current State contract vendor was not able to recruit the needed position.
State the consequence if the procurement is not done on emergency basis:	Patient care would suffer due to the lack of staffing. Medical Physicians are necessary at CSSH to retain CMS certification and patient care.

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 current State Contracted Vendor was not able to provide the needed position. CSSH staff were in communication with the listed Medical Physician. The Medical Physician is available to provide the critical services needed at CSSH. Services are ongoing and needed for the critical care of patients. Interruption of services cannot occur. Service is needed as soon as possible.

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

Name:

Richard K. Hacker, MD ABFM

Address:

1546 Fiddle Lake Road Thompson, PA 18465

Telephone #:

570-396-0170

SAP Vendor#:

553108

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.

The facility was unsuccessful with obtaining the needed Medical Physician Resource from the current Statewide Contracted Vendor. Facility researched other potential staffing agencies. The vendor selected is able to provide the critical services needed for patients. Services are ongoing and needed for the critical care of patients. Interruption of services cannot occur. Service is needed as soon as possible.

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

Signature:

DeShawn A. Lewis

Date:

11-22-22