

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:	Tina Long					
Contact Address:	625 Forster St. Harrisburg PA 17120					
Contact Tel#:	717-772-2231					
Contact Email:	tilong@pa.gov					
Description Of Material (or) Service (or) IT	Service	Contractor that will facilitate the eligibility and enrollment process for home and community-based services (HCBS) programs throughout the Commonwealth. The following Office of Long Term Living (OLTL)-administered HCBS programs are included in this contract: Aging Waiver, Attendant Care Act 150 Program, Attendant Care Waiver, Community Care (COMM CARE) Waiver, Independence Waiver, and Omnibus Budget Reconciliation Act (OBRA) Waiver.				
SAP Material Groups:	Services					
Estimated \$ Amount:	14985209.49					
Length of EP:	18 months					
Delivery Location:	City	Harrisburg	State	Pennsylvania	ZipCode	17120

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:

- Transition from DGS to DHS. In the summer of 2013, DHS made the announcement for the Office of Long Term Living (OLTL) Independent Enroll Broker. At that time, DGS did not give DHS delegation. Subsequently, a decision was made to exercise the one year renewal for the OLTL contract to allow for decisions to be made around the inclusion of the Aging Waiver processes. On October 28, 2014, delegation was granted to DHS.

- High turnover of key staff. Due to the changing of administration, OLTL experienced a high turnover of key staff who played a significant role in the procurement and the work statement development.

- Administrative Changes. The changing of administration resulted in a change in key decisions in regard to the RFP work statement. The decision was made to include the Aging Waiver. The RFP would also include four lots/regions as opposed to five lots/regions which would align with Community Health Choices (CHC) regions, and the new Management Long Term Services and Supports Initiative impact the development of the RFP requirements.

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

The Department could not anticipate the loss of staff or the impact of the new administration which includes implementing Community Health Choices.

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

An EP for the current contract is needed to allow for the reprourement/RFP process to align with the CHC regions and Managed Long Term Services and Supports requirements; and provide for transition to the new contractors. Since these are direct services to clients and federal funding is involved, lapsing of the current contract would be detrimental and would most likely result in negative exposure for the Commonwealth.

Information Required

For ALL EP's provide the following information:

**Brief description of selection
process:**

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

Name:

MAXIMUS Health Services, Inc.

Address:

1891 Metro Center Drive Reston, VA 20190

Telephone #:

703-251-8460

SAP Vendor#:

0000334886

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:

MAXIMUS Health Services, Inc.

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)

An RFP was issued; however, due to the circumstances identified above, the solicitation was cancelled.

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.

MAXIMUS is currently providing the services and can continue with no lapse in services or negative impact to consumers until a competitive procurement can be completed.

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

MAXIMUS is currently providing the services and can continue with no lapse in services or negative impact to consumers until a competitive procurement can be completed.

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

A competitive procurement could not be completed in order to prevent a lapse in services.

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

Services provided are subject to all federal, state, Department, and OLTL laws, regulations, statutes, and policies relative to the HCBS waivers.

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.

The Department has begun discussion for the new procurement.

- ☐ 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:	Assistant Director Procurement		
Signature:	Lori A. Micheals	Date:	11-20-15