

SOURCE JUSTIFICATION FORM

Bureau of Procurement

The objective of this form is to capture all relevant documentation an Agency may have to assist the Department of General Services ("DGS"), Bureau of Procurement, in expediting the source justification review process. This form must be completed electronically, signed, and submitted with all relevant documentation to DGS. If a question is neither mandatory nor applicable, please indicate "N/A". Please use standard terminology and define acronyms.

SECTION A

1. Agency Name:

Department of Human Services "prior DPW"

2. Procurement Description:

This description will appear on the eMarketplace website for public viewing

The Department of Human Services (DHS), Office of Developmental Programs (ODP) is contracting with the American Association of Intellectual Developmental Disabilities (AAIDD) for the use of AAIDD's "SUPPORTS INTENSITY SCALE" OR "SIS" assessment tool. DHS and/or its contractors will use this tool in conjunction with Commonwealth additions to complete assessments of consumers in the Commonwealth.

AAIDD has developed and is the owner of an assessment tool for determining the support needs of persons with cognitive disabilities known as "SIS", and AAIDD desired to provide DHS, and DHS desires to purchase from AAIDD, those support services as indicated.

Materials Description:

Services Description:

3. Materials Shopping Cart # or Services SPR#

6100040198

Estimated Cost:

\$500,001 - \$1M

Initial Contract Term:

5 year contract

Renewals:

0

4. Supplier - Name:

American Association of Intellectual and Developmental Disabilities (AAIDD)

Full Address:

444 N. Capital St, NW STE 846, Washington, DC 20001-1312

Contact Name:

Gary Slattery

Telephone:

202-387-1968

FAX:

E-mail:

gslattery@gitii.com

SRM Supplier #:

21003

5. Delivery or service location:

DHS/Office Of Developmental Programs

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SECTION B

- ☒ **1. Sole Source:** Only known source - Not available from another supplier.
- ☐ **2. Material/Repair/Maintenance:** Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
- ☐ **3. Used Equipment:** Value set by 2 independent 3rd party appraisals.
- ☐ **4. Professional Expert:** Describe in detail in Section C.
- ☐ **5. Exempt (Law):** A federal or state statute or regulation exempts the procurement from the competitive procedure. Any applicable information precluding the procurement from competitive procedures must be attached.
- ☐ **6. Feasibility:** Clearly not feasible to award the contract on a competitive basis.

SECTION C

1. Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").

The "SIS" is a standardized support needs assessment tool that establishes the type and intensity of supports needed. The "SIS" has been designed by academic leaders and practitioners in the intellectual disabilities field. Traditionally, an individual's level of intellectual disability has been measured by the skills the individual lacks. The "SIS" shifts the focus from skill deficits to support needs. The "SIS" evaluates practical supports people with intellectual disabilities need to lead independent lives.

2. Document and attach the research that has been conducted to date to verify the supplier is the only known source.

The "SIS" has been used by ODP since 2007. Approximately, 70,000 "SIS" assessments have been completed since that time. The assessment tool is trademarked and there is no other supplier of this tool.

3. Does the supplier utilize distributors, dealers, resellers, etc.? If "Yes," please identify.

No

4. Are there compatibility requirements or compliance requirements with a warranty or service agreement? If "Yes," please explain.

ODP is required by AAIDD to use the system, "SIS" Online.

5. How has the material or service been procured in the past? Please provide previous source justifications, contracts, & PO's for this material or service.

The last procurement was a sole source award.

6. If procured through the IT ITQ process, please provide original \$ amount and contract period of order. Is this the final phase of the project?

The original amount was \$565,000; the contract period was July 1, 20012 through June 30, 2017.

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7. If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.

N/A

8. What are the consequences of not approving this procurement?

This is viewed as a long term commitment to this tool. ODP would be out of compliance with the Medicaid Waiver expectations which could jeopardize over \$1 million in federal funding.

9. If timing is a factor, what is the time factor and why?

The FY 2016/2017 contract is ending on June 30, 2017. It is critical that the FY 2017/2018 contract be finalized before July 1, 2017

10. List any other information relevant to the acquisition of this procurement here or as an attachment.

The Supports Intensity Scale was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD), an international leader in the developmental disabilities field since 1876. The SIS is the only empirically based, field tested assessment normed for people with intellectual disabilities in the world. It is currently used by 22 states and 17 countries. All other available assessments are general assessments for the elderly and disabled and are far less precise. The instrument has been used in at least 8 states as a basis for rate setting or individual budget determinations. The Center for Medicare and Medicaid Services references the SIS in its informational and training materials as a valid and acceptable standardized assessment for these purposes. ODP is using

11. For requests > \$100,000, has the supplier signed cost or pricing data certification and is the pricing breakdown attached?

N/A

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SECTION D

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 of the form.

Shopping Cart Contact Person (Person whom DGS will contact regarding the Shopping Cart):

Name:	Leah Grove	P-Group:	000	Date:	11-28-16
Title:	ODP Contract Compliance Offi	Telephone:		Fax:	

Agency Contact Person: Person in your agency that DGS can contact for additional information, etc.

Name:	Toni Hoffecker	Title:	HSPR2	Date:	11-28-16
Telephone:		Fax:		Email:	thoffecker@pa.gov

Approving Authority (Agency Head or Deputy reviewing and approving this request): Approving Authority connotes approval of the source justification and the cost or pricing data certification.

Name:	Jay Bausch	Title:	Deputy Secretary for Administratic	Date:	11-29-16
Telephone:		Fax:			

Additional Approvals (if required by Agency):

Name:	Daniel R. Boyd	Title:	Purchasing Agent 4	Date:	11-28-16
Telephone:		Fax:		Email:	dboyd@pa.gov
Name:	Daniel R. Boyd	Title:	Purchasing Agent 4	Date:	11-28-16
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Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	