

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 Health		
2. Procurement Description: This description will appear on the eMarketplace website for public viewing	The Department of Health (DOH) and Department of Drug & Alcohol Programs (DDAP) requires continuation of advanced Computer Systems Analysis, Design and development services in order to maintain the Survey Agency Information System (SAIS) and provide enhancements as required. This procurement will be a Sole Source Contract.		
Materials Description:			
Services Description:			
3. Materials Shopping Cart # or Services SPR#	On Paper	Estimated Cost:	\$1,000,001 - \$5M
		Initial Contract Term:	1 Year
		Renewals:	1 optional, 1 year
4. Supplier - Name:	Alpine Technology Group, Inc.		
Full Address:	1920 Pike Road, Longmont, CO 80501		
Contact Name:	Maureen Hartigan, VP		
Telephone:	303-774-0100	FAX:	303-774-0200
E-mail:	maureen.hartigan@alpinetg.com		
SRM Supplier #:	171487		
5. Delivery or service location:	Department of Health, Bureau of Informatics and In		

SECTION B

<input checked="" type="checkbox"/> 1. Sole Source: Only known source - Not available from another supplier.
<input type="checkbox"/> 2. Material/Repair/Maintenance: Material or service MUST be compatible with existing equipment. Documentation must be provided from the manufacturer.
<input type="checkbox"/> 3. Used Equipment: Value set by 2 independent 3rd party appraisals.
<input type="checkbox"/> 4. Professional Expert: Describe in detail in Section C.
<input type="checkbox"/> 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.
<input type="checkbox"/> 6. Feasibility: Clearly not feasible to award the contract on a competitive basis.

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SECTION C

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

SAIS began in 1997 as an initiative for Quality Assurance to automate the state licensing and federal certification survey processes. Alpine Technology Group was selected as the vendor because they developed the federal Automated Survey Processing Environment System (ASPEN), which is the system used by all state survey agencies nationwide to submit federal survey data. SAIS was developed based on the core ASPEN system.

It is imperative that SAIS maintains compatibility with the ASPEN system modules to meet this requirement. The core code of both the ASPEN system and SAIS system is proprietary to Alpine Technologies; therefore, Alpine is the only vendor that can complete this work.

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

The vendor is the developer of the SAIS system as well as the federal ASPEN system and owns the proprietary core code in both systems.

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.

No

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.

Previous Sole Source Contract Number - 4400010622.
Previous Sole Source POs - 4300395703 and 4300400296.
Previous EPs:
11626 - 2/1/2018 - 4/30/2018
12043 - 5/1/2018 - 10/31/2018
12943 - 11/1/2018 - 12/31/2018

The current service is under EP 12043 using split PO's 4300585068 and 4300585069. EP 12943 using split PO's 4300604325 and 4300604339 was put in place for the period 11/1/2018 - 12/31/2018. This is to allow enough time to get this sole source through the approval process.

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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?

ITQ PO's 4300354044, 4300354045, 4300395703 and 4300400296 - \$647,448.49 - 11/1/2012-1/31/2018.

EP 11626 (2/1/2018 - 4/30/2018):

- PO 4300575809 - \$211,364.00

- PO 4300576045 - \$23,386.00

EP 12043 (5/1/2018 - 10/31/2018):

- PO 4300585069 - \$161,964.00

- PO 4300585068 - \$27,846.00

EP 12943 (11/1/2018 - 12/31/2018):

- DOH PO 4300604325 - \$53,550

- DDAP PO 4300604339 - \$10,708

This sole source request is intended to be the final phase of the project, but will be dependent on award of a competitively bid contract to complete the replacement system.

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

No

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

The DOH & DDAP are the sole Commonwealth agencies charged with ensuring that nursing homes, hospitals, acute and ambulatory facilities, home health agencies, intermediate care facilities and drug & alcohol treatment facilities provide quality care for patients/residents via state licensure legislation and federal certification requirements. SAIS is currently the sole application that allows survey staff to efficiently complete the various functions. If this procurement is not approved, Federal and/or State mandated changes could not be completed and DOH/DDAP would be severely impacted in performing their core function.

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

This Sole Source contract must be in place by 1/1/2019. The time frame was established based on the expiration date of Emergency Procurement 12943 (12/31/2018). We are proceeding with this procurement at the direction of Department of General Services Procurement staff.

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

This sole source contract will be limited to one (1) base year and one (1) optional one (1) year extension. The SAIS system will be replaced, in part, by the Enterprise Licensing System (ELS). ELS has been started. It will replace state-only components of the SAIS system. Fulfillment of federal requirements will be shifted to a new system, currently under development by the Centers for Medicare and Medicaid Services (CMS). The CMS project began in September of 2017 and is scheduled for completion in September of 2020. The ELS project is partially completed. DOH is working with the Department of Human Services (DHS) in an effort to work cooperatively to complete ELS. The schedule to competitively bid development of the system is 11/1/2018.

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

Yes

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:	Kathy Brosius	P-Group:	HC7	Date:	11-13-18
Title:	Administrative Officer 2	Telephone:		Fax:	

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

Name:	Janee Bloom	Title:	Sr. Applications Developer	Date:	11-13-18
Telephone:		Fax:		Email:	jabloom@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:	Sandra Patterson	Title:	CIO, HHS Delivery Center	Date:	10-19-18
Telephone:		Fax:			

Additional Approvals (if required by Agency):

Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	
Name:		Title:		Date:	
Telephone:		Fax:		Email:	