

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	Amendment extension of the current Adult Protective Services contract (due to expire March 31, 2020. To manage Adult Protective Services Reports of Need, including investigation and implementation of emergency services for at risk adults aged 18-59.		
Materials Description:			
Services Description:	This amendment extension provides for an uninterrupted continuation of the services currently contained in contract 4000018938. Receive and track reports of need, prioritize for investigation and referral, and provide emergency services to at risk adults aged 18-59 to ensure health and safety.		
3. Materials Shopping Cart # or Services SPR#	N/A	Estimated Cost:	\$5M +
		Initial Contract Term:	One year
		Renewals:	2 6 month renewal option
4. Supplier - Name:	Liberty Healthcare Corporation		
Full Address:	401 E. City Avenue, Suite 820, Bala Cynwyd, PA 19004-1155		
Contact Name:	Charles Sproule		
Telephone:	610-668-8800	FAX:	484-434-1514
E-mail:	charlies@libertyhealth.com		
SRM Supplier #:	128050		
5. Delivery or service location:	Statewide		

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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").

Liberty Healthcare is the incumbent and only source that can provide this service within a 90 day period due to staffing, computer systems, and established processes. A Request for Proposals will be issued during this extension period.

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

N/A

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.

Liberty Healthcare has held the contract for the past 5 years, contract # 4000018938

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?

No

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

This is a request to add additional time to the current Adult Protective Services contract.

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

Liberty Healthcare currently provides services to more than 1,000 vulnerable participants per month. Without approving this procurement, DHS will have no method to provide this service.

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

Current contract has been extended until March 31, 2020. After this date, there will be no vendor available to provide this service. This is required to allow time for the RFP process to be completed to identify a new vendor.

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

N/A

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:	Jordan Kembel	P-Group:	11111	Date:	01/09/20
Title:	Administrative Officer 1	Telephone:		Fax:	

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

Name:	Laura Deitz	Title:	Director, APS	Date:	01-13-20
Telephone:		Fax:		Email:	ldeitz@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:	DeShawn Lewis	Title:	Bureau Director	Date:	01-13-20
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:	