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THE LACKAWANNA COUNTY AREA AGENCY ON AGING

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**REQUEST FOR QUALIFICATION (RFQ)  
FISCAL YEAR 2013/2014  
for SERVICE PROVIDERS**

**NOTICE IS HEREBY GIVEN** that pursuant to a fair and open process, sealed submissions will be received by The Lackawanna County Area Agency on Aging (LCAAA) at its offices at 200 Adams Avenue, 3rd Floor, Scranton, Pennsylvania 18503 for provision of services to eligible individuals served by our Department. This RFQ will be used in applying for funds to provide services in Fiscal Year 2013-2014.

Respondents must submit their written requests by **4:00 p.m.** prevailing time on **March 25, 2013.**

Submissions received will be reviewed and evaluated by the LCAAA, based upon such criteria as the LCAAA, in its sole discretion, deems appropriate. The LCAAA reserves the right to request clarification or additional information from any respondent. The LCAAA, in its sole discretion, may accept the proposal of a respondent, may choose a respondent with which the LCAAA will enter into negotiations, or may reject all proposals.

The LCAAA reserves the opportunity to modify this Request for Qualifications at its own discretion and without prior notice, and to waive any immaterial defect or informality in any proposal as may be permitted by law.

**A. PURPOSE:**

**The purpose of this RFQ for service providers is to solicit submissions from qualified agencies and/or individuals to provide services on behalf of the County in connection with the administration of the Lackawanna County Area Agency on Aging (LCAAA) as defined by PA Department of Aging and the Office of Long Term Living. Service areas include:**

- **Adult Day Care**
- **Caregiver Support Services**
- **Consumer Reimbursement / Family Caregiver Support Programs**
- **Environmental Modifications**
- **Escort Transportation**
- **Escort Transportation for the Visually Impaired**
- **Guardianship of Estate Program**
- **Guardianship of Person Program**
- **Home Delivered Meals**
- **Information and Assistance**
- **Legal Services**
- **Medical Equipment (Supplies, Consumables and Adaptive Devices)**
- **Medication Management**
- **Nutrition Services / Congregate Meals**
- **Ombudsman**
- **Outreach**
- **Personal Assistance Services**
- **Personal Care**

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- **Personal Emergency Response Systems**
- **Prime Time Health Program**
- **Representative Payee Program**
- **Socialization/Recreation/Education/Health Promotion (SREHP)**
- **Visitation Services**

### **B. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:**

1. RFQ submissions will include two (2) copies and contain all information required within Section C. Qualifications must be submitted to the LCAAA , 200 Adams Avenue, 3<sup>rd</sup> floor Scranton, PA 18503 by 4:00 p.m. on **March 25, 2013** in a sealed envelope with the name of the agency or individual submitting clearly marked on the outside of the envelope. The LCAAA assumes no responsibility for delays in any form of carrier, mail, or delivery service causing the submission to be received after the above-referenced due date and time. Submission by fax, telephone, or email is not permitted.
2. All questions regarding this RFQ should be made in writing to the LCAAA, 200 Adams Avenue, 3<sup>rd</sup> Fl., Scranton, PA 18503 and submitted by **March 04, 2013**. All responses to questions will be posted on the Lackawanna County website at [www.lackawannacounty.org](http://www.lackawannacounty.org) by Monday, March 11, 2013.
3. **Submission Format:** Each submittal must be in sufficient detail to permit evaluation, at minimum, with respect to the areas outlined in Section C. Submittals must include the information that is specifically requested herein as well as such additional information as an agency/individual deems relevant. Submissions should adhere to the following outline:
  - a. Cover letter
  - b. Qualification Requirements (Section C)
    - i. Agency Summary (Form A)
    - ii. Scope of Services – Qualification statements (Form B)
    - iii. Other Service Contracts (Form C)
    - iv. Conflict of Interest (Form D)
  - c. Appendix – Additional Supporting Documents

### **C. QUALIFICATION REQUIREMENTS:**

The LCAAA is requesting agencies and individuals to provide the following information in their Request for Qualification:

1. **Agency Summary** – All summaries submitted to the LCAAA shall include the following:
  - a) Name, address, phone number, email address, and EIN number of your agency and the corporate officer authorized to execute agreements.
  - b) A brief description of your agency's history, ownership and organizational structure. Identify current private-pay rates for each service.

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- c) A statement of assurance that your agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Aging (PDA) that may have any impact on your agency's operations.
  - d) A statement that your agency is not involved in any current litigation with Lackawanna County.
  - e) Verification of current agency licenses for each *Services Provided* identified and applicable industry-related insurances.
2. **Scope of Services** – The LCAAA is requesting qualification statements to provide those allowable services/cost centers listed under Section A "Purpose."
- a) All submittals must detail the proposed service and the agency's qualifications and experience in providing this service.
3. **Other Service Contracts**
- a) All submittals shall include a listing of all like or similar contracts with other Lackawanna County departments to provide this service including contract dates and amounts.
4. **Conflict of Interest Statement**
- a.) All submittals must state that there are no conflicts of interest to which the agency would be subject if it were to provide the requested service on behalf of the LCAAA.

### D. CRITERIA FOR EVALUATION OF QUALIFICATION:

The LCAAA will independently evaluate each submission and selection will be made upon the following criteria:

1. Experience and reputation in the field;
2. Experience and reputation in the field with respect to contracting with governmental entities to provide services on behalf of the County;
3. Knowledge of Pennsylvania's Department of Aging Grants and the organizational structure of the LCAAA;
4. The administrative and programmatic capacity to manage the volume of work;
5. Availability to accommodate any required meetings of the LCAAA;
6. Ability to meet reporting requirements and timelines for completion as set forth by the LCAAA;
7. Other factors determined to be in the best interest of the County in the LCAAA's sole discretion.

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**CONFIDENTIALITY:**

This Request for Qualifications and all submissions received in response, will remain confidential (with the exception of information that was previously public information), and will not be used for any purpose other than the evaluation of the proposals received by the LCAAA. Each respondent, by responding to this Request, acknowledges the terms above and agrees to safeguard the details of this process and the contents of this document. If your organization does not agree to these conditions concerning confidentiality, or if you elect not to respond to this Request for Qualifications, please return this Request to the LCAAA and retain no copies thereof.

**QUALIFICATIONS BASED SELECTION PROCESS:**

The statement of qualifications will be evaluated in accordance with the County's Qualifications Based Selection Process. Anyone submitting a statement of qualifications is advised to review that process, which is set forth on the County's website.

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**AGENCY SUMMARY**

**FORM A**

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

| <b>I. GENERAL INFORMATION</b>      |        |           |
|------------------------------------|--------|-----------|
| Agency Name:                       |        |           |
| Corporate Address:                 |        |           |
| City:                              | State: | Zip Code: |
| Phone:                             |        |           |
| EIN Number:                        |        |           |
| Services Provided:                 |        |           |
| *Corporate Officer's Name:         | Title: |           |
| Corporate Officer's Signature:     |        |           |
| Corporate Officer's Email Address: |        |           |

\* Person authorized to execute agreements

| <b>II. DESCRIPTION</b>  |
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| In the space below, please provide a brief description of your agency's history, ownership and organizational structure. Identify current private-pay rates for each service. Please attach verification of current agency licenses for each <i>Services Provided</i> identified and applicable industry-related insurances and any other supporting documents. |
|   |

| <b>III. EMPLOYEE DETAILS</b>   |
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| In the space below, please provide the names, experience, proposal, and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program. |
|  |

- I ATTEST** that [TYPE NAME OF AGENCY] currently carries the following types of insurance coverage:
- Workers' Compensation Insurance
  - Commercial General Liability Insurance
  - Professional Liability Insurance
  - Automobile Insurance

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- I ATTEST** that [TYPE NAME OF AGENCY] is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Public Welfare (DPW) that may have any impact on our agency's operations.
- I ATTEST** that [TYPE NAME OF AGENCY] does create/have a *conflict of interest* with the submission of this Request for Qualification.



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**OTHER SERVICE CONTRACTS**

**FORM C**

**Instructions:** In the space below, please provide a listing of all like or similar service contracts with other county programs or Mutually Agreed Upon Written Arrangement (MAWA) to provide services listed on Form B. Include the name, address and telephone number of the contact person. If no other service contracts exist, please mark N/A in the first space.

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

| <b>OTHER SERVICE CONTRACTS</b> |         |                   |                |
|--------------------------------|---------|-------------------|----------------|
| Name                           | Address | Telephone Numbers | Contact Person |
|                                |         |                   |                |
|                                |         |                   |                |
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**CONFLICT OF INTEREST STATEMENT**

**FORM D**

All submittals must state that there are no conflicts of interest to which the agency would be subject if it were to provide the requested service on behalf of the LCAAA.