

LACKAWANNA SUSQUEHANNA OFFICE OF DRUG AND ALCOHOL PROGRAMS

ANNUAL REQUEST FOR QUALIFICATION (RFQ) FOR SERVICE PROVIDERS

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submissions will be received by The Lackawanna-Susquehanna Office of Drug and Alcohol Programs, the Single County Authority for Drug and Alcohol services [“SCA”], at its offices at 507 Linden Street, 5th Floor, Scranton, Pennsylvania 18503 for provision of services to the organization as well as to eligible individuals served by the SCA. This RFQ will be used in applying funds for Fiscal Year 2012-2013.

A. PURPOSE:

The purpose of this RFQ for service providers is to solicit interest from qualified agencies and/or individuals to provide professional services for the SCA. A qualified agency and/or individual will be selected through a competitive, quality-based, fair, and open process at the sole discretion of the SCA.

B. PROCEDURES FOR RESPONDING TO REQUEST FOR PROPOSAL:

1. RFQ submissions will include four [4] copies and contain all information required within Section D. Proposals must be submitted to the Project Officer, c/o Pat Cushner, Administrative Assistant at 507 Linden Street, 5th Floor, Scranton, Pennsylvania 18503 by the close of business on Tuesday, April 12, 2011. Submissions must be submitted in a sealed envelope with the name of the agency or individual submitting the proposal clearly marked on the outside of the envelope. It is recommended that each submission package be hand-delivered. The SCA 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 Project Officer, c/o Pat Cushner, Administrative Assistant. All questions will be received by the SCA by Tuesday, March 22, 2011. All responses to questions will be posted on the Lackawanna County website at www.Lackawannacounty.org by Tuesday, March 29, 2011.
3. **Submission Format:** Submissions should adhere to the following outline:
 - a. Cover letter
 - b. Qualification Requirements (Section D)
 - i. Agency Summary.
 - ii. Budget Performance Plan (Form 28)
 - iii. Roster of Personnel (Form HDA 313)
 - iv. Conflict of Interest Disclaimer
 - c. Any Additional Supporting Documents
4. Technical Information - Providers may obtain copies of the Pennsylvania’s Bureau of Drug and Alcohol Programs [BDAP] manuals through a secure forum by logging into the BDAP Communicator at <http://bdap.health.state.pa.us/BDAPCommunicator>.

Username: **reference**
Password: **provider#1**

Once the Provider is logged into Communicator click on the Forums button, next click on 2010-2015 BDAP Manuals from there you will download and uncompress a WinZip file.

C. CRITERIA FOR EVALUATION OF QUALIFICATION:

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

1. Experience and reputation with respect to providing services for governmental entities;
2. Experience and reputation in the field of drug and alcohol;
3. Knowledge of Pennsylvania's Bureau of Drug and Alcohol Programs [BDAP] and the SCA's requirements for delivery of specific services;
4. Ability to meet timelines and schedules for completion on an expedited basis as set forth by County, Commonwealth, and SCA authorities;
5. Cultural Competency and Diversity: The organization shall promote policies, practices and procedures that are culturally competent. Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community; and
6. Other factors determined to be in best interest of the County and the Commonwealth in the SCA's sole discretion.

D. QUALIFICATION REQUIREMENTS:

The SCA is requesting agencies and individuals to qualify to provide professional services by providing the following:

1. Agency Summary - Agency overview and program philosophy. Include office locations and hours of availability where appropriate for the services being provided.
 - a. Name and address of your organization and the corporate officer authorized to execute agreements;
 - b. A brief description of your organization's history, ownership, and structure;
 - c. The names, experience, qualifications, and applicable licenses held by the individual(s) primarily responsible for servicing the SCA and any other person(s) with specialized skills that would be assigned to service the SCA;
 - d. A listing of all like or similar service contracts with other county programs. Include the name, address and telephone number of the contact person;
 - e. A statement of your organization's coverage. Organizations need not provide an insurance certificate specific to the SCA in responding to this RFQ; and

- f. A statement of assurance that the organization is not currently in violation of any regulatory rules and regulations that may have any impact on its operations.
2. Scope of Services, including a listing of services provided by your agency identified in Form 28, in the following areas:
 - a. Treatment Services [other than those approved through the BDAP-SCA XYZ Process]
 - b. Primary Prevention Services
 - c. Support Services

Use appropriate service codes as identified in Section 2.03 in the BDAP Fiscal Manual.

3. Conflict of Interest - A statement that there are no conflicts of interest to which the organization would be subject if it were to provide the requested services for the County.

E. 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 SCA. Each respondent, by responding to this Request, acknowledges the terms expressed above and agrees to safeguard the details of this process and the contents of this document.

F. RESERVATION OF RIGHTS:

1. Submissions received will be reviewed and evaluated by the SCA, based upon such criteria as the SCA, in its sole discretion, deems appropriate.
2. The SCA reserves the right to request clarification or additional information from any respondent.
3. The SCA, in its sole discretion, may accept the proposal of a respondent, may choose a respondent with which the SCA will enter into negotiations, or may reject all proposals.
4. The SCA reserves the opportunity to modify this Request for Qualifications at its own discretion and without prior notice as may be permitted by law.

ODAP # 28-R

PERFORMANCE PLAN

SCA Lackawanna/Susquehanna – 225 Period July 1, 2012 TO June 30, 2013

Facility _____ Provider ID _____

Activity	Activity Code	Definition of a Unit	# Unduplicated Recipients	# Units of Service	Unit Cost	Total Cost
					/	/
					/	/
					/	/
					/	/
					/	/
					/	/
					/	/
					/	/
					/	/
					/	/
TOTALS					/	/

Prepared By _____ Phone Number _____

I HEREBY CERTIFY THAT THE INFORMATION SHOWN ON THIS FORM REGARDING THE VOLUME OF SERVICES TO BE DELIVERED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Specialist/Director

Date