

LACKAWANNA COUNTY BOARD OF COMMISSIONERS
DEPARTMENT OF HUMAN SERVICES-
BEHAVIORAL HEALTH / INTELLECTUAL DISABILITIES / EARLY INTERVENTION PROGRAM
REQUEST FOR QUALIFICATIONS
FOR SERVICE PROVIDERS

Issued: March 17, 2014

RFQ ID #: 0-76-14-1100-16

1. INTRODUCTION:

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submittals will be received and reviewed by the County of Lackawanna ("COUNTY") Board of Commissioners ("Board of Commissioners") for the provision of services to eligible individuals served by the Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program. This Request for Qualifications (RFQ) will be used in applying for funds to provide services for Fiscal Year July 2014 to June 2015.

PLEASE NOTE: Individuals or Provider Agencies that have been qualified through a State sanctioned process such as The Office of Developmental Programs (ODP) or The Office of Child Development and Early Learning (OCDEL) and have an audited and approved rate must complete FORM A and submit as stated to Maria Elkins, Lackawanna County Chief of Staff as described under Procedures for responding to RFQ.

Submission Deadline:			
Respondents must submit their written Submittals by 4:00 p.m. prevailing time:		April 14, 2014	
Contact Person:	<u>Jeremy Yale,</u> <u>Acting Administrator</u>	Email: yalej@lsbhidei.org	

Submissions received will be reviewed and evaluated by the Lackawanna–Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program (herein after referred to as the Program), based upon such criteria as the Program, in its sole discretion, deems appropriate. The Program reserves the right to request clarification or additional information from any respondent. The Program, in its sole discretion may accept or reject any or all submittals.

The Program reserves the opportunity to modify this Request for Qualifications (herein after referred to as RFQ) 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.

2. PURPOSE:

The purpose of this Request for Qualifications is to solicit submissions from qualified agencies and individuals to provide professional services on behalf of The Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program in connection with the administration of services provided to eligible individuals served by the Program. Service areas include: **Behavioral Health Services, Intellectual Disabilities Services and Early Intervention Services.**

3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

One (1) original and four (4) copies of the Submittal must be provided.

Submittals must be addressed to the Lackawanna County Chief of Staff, 200 Adams Ave 6th Fl., Scranton, Pennsylvania 18503. Submittals must be in a sealed envelope with the name of the submitting agency or individual and the RFQ number clearly marked on the outside of the envelope. The County 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.** The final selection will be made in the sole discretion of the Program.

4. PRE-SUBMITTAL MEETINGS:

There will be an opportunity for prospective Submitters to meet with the County staff for a Question and Answer session: **Only Submittals from the Submitters that attended the Pre-Submittal Meeting will be accepted.**

Date: N/A
Time: N/A
Location: N/A

5. QUESTIONS:

Questions can be submitted via email to Jeremy Yale, Acting Administrator at yalej@lsbhidei.org

* Questions will be answered by the appropriate individual(s) and answered within 3 business days via email with a return reply acknowledging receipt of the email request.

* QUESTIONS AND ANSWERS WILL BE SHARED WITH ALL SUBMITTERS through posting on the Lackawanna County website, www.lackawannacounty.org

All questions pertaining to this RFQ must be submitted on or before: March 24, 2014

6. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

The Program will independently evaluate each submittal 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 the Pennsylvania Department of Public Welfare's Office of Mental Health and Substance Abuse Services (OMHSAS), Office of Developmental Programs (ODP) and Office of Child Development and Early Learning (OCDEL) regulations and requirements and the organizational structure of the Lackawanna County Department of Human Services and the Program.
4. The administrative and programmatic capacity to manage the volume of work.
5. Availability to accommodate any required meetings of the Program.
6. Ability to meet reporting requirements and timelines for completion as set forth by the Program.
7. Other factors determined to be in the best interest of the County in the Program's sole discretion.

7. SUBMISSION REQUIREMENTS:

Each Submission must be in sufficient detail to permit evaluation, at a minimum, with respect to the following issues. Submissions must include the information that is specifically requested herein as well as such additional information as a respondent deems relevant to the process. Each submitter agrees that their Submittal constitutes a firm offer to the County that cannot be withdrawn for ninety (90) days from the Submission due date.

To achieve a maximum degree of comparability, the Submissions shall be organized in the manner specified below and use corresponding lettering and/or numbering.

Title Page:

(1 page): Show name of your agency, address, name of contact, telephone number(s) and email address along with the current date. Also include the title and ID number of the RFQ.

Table of Contents:

All Submissions to the County must include the following:

SECTION 1 Agency Information (see Form A)

- Name, address, phone number and email address of the agency;
- The corporate officer's name, title and signature. This person must be able to execute agreements on behalf of the agency;
- The service(s) for which the submittal has been prepared.

SECTION 2 Agency Description (see Form A)

- A brief description of your agency's history, ownership and organizational structure;
- Include as attachments an organizational chart, a copy of the most recent audit and a copy of any licenses that pertain to services provided.

SECTION 3 Agency Services (see Form A)

- List all services provided by your agency and address at which they are provided. Please specify if service is exempt from the RFQ process.

SECTION 4 Scope of Services/Statement of Qualifications (see Forms B1, B2 and B3)

- Provide a description of the proposed service and your agency's qualifications and experience in providing this service;
- Provide the names, experience, qualifications 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.

SECTION 5 County Contracts (see Form C)

- Provide a listing of all like or similar service contracts or Mutually Agreed Upon Written Agreement (MAWA) with other county programs to provide services. Include agency name, contact person, services, contract dates and amounts. If no other contracts, please state N/A.

SECTION 6 Statement of Assurances (see Form D)

- 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 Public Welfare (DPW) that may have any impact on your agency's operations;
- A statement of assurance that your agency has no conflict of interest in providing service on behalf of Lackawanna County;
- A statement of assurance that your agency is not involved in any current or pending litigation involving Lackawanna County or any of its Departments or Authorities;
- A statement of the insurances currently held by your agency.

SECTION 7 Additional Information

- Include any additional information not specifically required but deemed important and relevant by the submitting agency.

SECTION 8 Subcontractors

- **RESPONDENTS SHOULD NOTE THAT ANY AND ALL WORK INTENDED TO BE SUBCONTRACTED AS PART OF THIS SUBMITTAL MUST BE ACCOMPANIED BY BACKGROUND MATERIALS AND REFERENCES FOR PROPOSED SUBCONTRACTOR(S) – NO EXCEPTIONS**

8. RESPONSIBILITIES:

The successful Submitter shall have primary responsibility for the following:

- The Provider agrees to provide services to eligible individuals served by the Program in compliance with all Department of Public Welfare, Office of Mental Health and Substance Abuse Services, Office of Developmental Programs, and Office of Child Early Learning and Development Regulations and requirements.
- The Provider will provide services as outlined in this RFQ and will adhere to all requirements of the contract between the Lackawanna-Susquehanna Behavioral Health / Intellectual Disabilities / Early Intervention Program for the period of the contract.

9. CONFIDENTIALITY:

All Submissions in response to this RFQ shall be held confidential until a contract is awarded. Following the contract award, Submissions are subject to release as public information unless the Submission or specific parts of the Submission can be shown to be exempt from the Pennsylvania

Public Information Act. Respondents are advised to consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets or any other proprietary information. The County assumes no obligation or responsibility for asserting legal arguments on behalf of potential Respondents. If a Respondent believes that a Submission or parts of a Submission are confidential, then the Respondent shall so specify. The Respondent shall stamp in bold red letters the term "CONFIDENTIAL" on that part of the Submission, which the Respondent believes to be confidential. Vague and general claims as to confidentiality shall not be accepted. All Submission and parts of Submissions that are not marked as confidential will be automatically considered public information after the contract is awarded.

10. CONFLICT OF INTEREST:

Any agency or person considering doing business with Lackawanna County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the Submitter's submittal.

11. COMMUNICATION WITH ELECTED OR APPOINTED OFFICIALS:

All communications during this process should be directed to the appropriate contact listed in this RFQ. Any agency that makes any effort to communicate with any other official of Lackawanna County, either directly or indirectly, during this process will be EXCLUDED from consideration.

12. FORMS ATTACHED

- Form A – Agency Information, Description and Services
- Form B1 – Scope of Services/Statement of Qualifications –Behavioral Health Service Providers
- Form B2- Scope of Services/Statement of Qualifications –Intellectual Disabilities Service Providers
- Form B3- Scope of Services/Statement of Qualifications –Early Intervention Service Providers
- Form C – County Contracts
- Form D – Statement of Assurances

Qualification Base Selection Process

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

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.

I. AGENCY INFORMATION		
Agency Name:		
Corporate Address:		
City:	State:	Zip Code:
Phone:	Email:	
Services Provided: <input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Early Intervention
EIN Number:		
*Corporate Officer's Name: * Person authorized to execute agreements		Title:
Corporate Officer's Signature:		

Agencies are exempt from the County RFQ process for services that are qualified through a State sanctioned process developed by The Office of Developmental Programs (ODP) or The Office of Child Development and Early Learning (OCDEL).

Check if EXEMPT. Please complete FORM A ONLY and follow the instructions for Procedures for Submitting the Request For Qualification.

II. AGENCY DESCRIPTION
In the space below, please provide a brief description of your agency's history, ownership and organizational structure. Include as attachments an organizational chart, copy of your most recent audit, applicable licenses and other supporting documents.

III. AGENCY SERVICES

Instructions: In the space below, please list all services and the address of service delivery provided by your agency.

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.

Service Name	Address

SCOPE OF SERVICES/STATEMENT OF QUALIFICATIONS
FORM B1
BEHAVIORAL HEALTH SERVICES

I. SERVICE DESCRIPTION

In the space below, please provide a brief description of the proposed service and your agency's qualifications and experience in providing this service.

II. EMPLOYEE DETAILS

In the space below, please provide the names, experience, qualifications, 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.

**SCOPE OF SERVICES/STATEMENT OF QUALIFICATIONS
FORM B2
INTELLECTUAL DISABILITIES SERVICES**

I. SERVICE DESCRIPTION

In the space below, please provide a brief description of the proposed service and your agency's qualifications and experience in providing this service.

II. EMPLOYEE DETAILS

In the space below, please provide the names, experience, qualifications, 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.

**SCOPE OF SERVICES/STATEMENT OF QUALIFICATIONS
FORM B3
EARLY INTERVENTION SERVICES**

I. SERVICE DESCRIPTION

In the space below, please provide a brief description of the proposed service and your agency's qualifications and experience in providing this service.

II. EMPLOYEE DETAILS

In the space below, please provide the names, experience, qualifications, 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.

COUNTY 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 A. 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.

OTHER SERVICE CONTRACTS				
Agency	Contact Person	Service	Contract Date	Contract Amount

STATEMENT OF ASSURANCES
FORM D

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 there are no conflicts of interest to which [TYPE NAME OF AGENCY] would be subject if it were to provide the requested service on behalf of Lackawanna County.

If unable to attest to the above statement, please explain below:

I ATTEST that [TYPE NAME OF AGENCY] is not involved in any current or pending litigation with Lackawanna County or any of its Departments or Authorities.

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