

LACKAWANNA COUNTY BOARD OF COMMISSIONERS  
REQUEST FOR Qualifications (RFQ)  
**LICENSED PEDIATRICIAN WITH FACILITY NURSING SERVICES**

Issued: July 8 2013

RFQ ID #: 176-13-1

**1. INTRODUCTION:**

**NOTICE IS HEREBY GIVEN** that pursuant to a fair and open process, sealed submissions will be received by the County of Lackawanna ("COUNTY") for a Licensed Pediatrician that also offers Facility Nursing Services for the County's Juvenile Detention Center

**Submission Deadline:**

Respondents must submit their written submission by **1:00 p.m.** prevailing time on August 5, 2013

**Contact Person:** David Pettinato Email: [pettinatod@lackawannacounty.org](mailto:pettinatod@lackawannacounty.org)

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

The Board 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 submission as may be permitted by law.

**2. PURPOSE:**

The purpose of this Request for Qualification is to solicit submissions from qualified providers who can meet the needs of the County's Juvenile Detention Center on an as needed basis, seven (7) days per week, twenty-four (24) hours per day. Provider must comply with all, Federal, State, Local and Center policies and procedures, must be bonded, licensed by the State of Pennsylvania, with a minimum of five (5) years experience. The selected solution will provide the best option for the County, in terms of experience, reliability, capability, reputation, pricing, and ability to provide needed services within a specific time period.

**3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:**

**Four (4) copies of the Submission must be provided. Submissions must be addressed to the Board of Commissioners, c/o Maria Elkins, Chief of Staff, 200 Adams Avenue, 6th Floor, Scranton, Pennsylvania 18503. Submissions must be submitted in a sealed envelope with the name of the firm submitting 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 Board.

**4. QUESTIONS:**

Questions can be submitted via email to: [pettinatod@lackawannacounty.com](mailto:pettinatod@lackawannacounty.com)

\* Questions will be answered by the appropriate individuals 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 RESPONDENTS.

**All questions pertaining to this RFQ must be submitted on or before:** July 31, 2013

- \* The Respondent's demonstrated experience and expertise in Healthcare Services for Children. Experience shall include current and past services provided of similar scope and size projects as well as experience of support staff, Nursing team and management.
- \* Knowledge and experience of the subject matter of services provided at a Juvenile Detention Center.
- \* Experience and commitment to providing timely services 24 hours a day, 7 days a week.
- \* Ability to bill the juveniles insurance or Access directly for services performed.
- \* Availability to oversee any issues that may arise regarding the Healthcare of the juveniles.
- \* Availability to accommodate required meetings of the Board.
- \* Other factors determined to be in best interest of the County in the Board's sole discretion.
- \* The respondent must submit a certified copy of a current financial report of the company.
- \* The respondent shall submit a list of five (5) references, including name of institution, address, contact person and phone number.

## 6. SUBMISSION:

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 respondent agrees that the submission constitutes a firm offer to the County that cannot be withdrawn for ninety (90) days from the submission due date.

1. Scope of Services/Prior Experience - All submittals must detail the services proposed to be provided and the firm's experience in providing such services.
2. Personnel – All submissions to the County must include the following:
  - \* Name, address, and brief description of your firm;
  - \* The names, experience, and qualifications of the individual(s) who would be primarily responsible for performing services along with Criminal background checks on each;
  - \* A statement of assurance that your firm is not currently in violation of any regulatory rules and regulations that may have any impact on your firm's operations; and
  - \* A statement that your firm or principals are not involved in any current or pending litigation involving Lackawanna County, or any of its Departments or Authorities.

## 11. RESPONSIBILITIES:

The successful Respondents shall have primary responsibility for the following:

- \* Responsible for routine medical exams within 48 hours of residents arrival.
- \* Diagnosis and treatment of medical issues and conditions.
- \* Emergency diagnosis and treatment.
- \* Medication management services.

## 7. CONFLICT OF INTEREST:

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

## 8. COMMUNICATION WITH ELECTED OR APPOINTED OFFICIALS

All communications during this process should be directed to the appropriate contact listed in this Request for Qualifications. Any firm 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.

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**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 SUBCONTRACTORS(S) – NO EXCEPTIONS**

exception of information that was previously public information), and will not be used for any purpose other than the evaluation of the submissions received by the Board. 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. If your organization does not agree to these conditions concerning confidentiality, or if you elect not to respond to this Request for Qualification, please return this Request to the Board and retain no copies thereof.

**Lackawanna County**  
**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.