

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 2013-2014.

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 4:00 p.m. on Monday, March 25, 2013. 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 Monday, March 04, 2013. All responses to questions will be posted on the Lackawanna County website at www.lackawannacounty.org by Monday, March 11, 2013.
3. **Submission Format:** Submissions should adhere to the following outline:
 - a. Cover letter
 - b. Qualification Requirements (Section D)
 - i. Agency Summary
 - ii. Budget (Form 311 cost reimbursement and new providers only)
 - iii. Performance Plan (Form 28 cost reimbursement and new providers only)
 - iv. Conflict of Interest Disclaimer
 - c. Any Additional Supporting Documents
4. Technical Information - Providers may obtain copies of the Pennsylvania’s Department of Drug and Alcohol Programs [DDAP] manuals through a secure forum by logging into the DDAP communicator at <https://apps.ddap.pa.gov/Communicator/>.
Username: **Reference**
Password: **1Provide**

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 DDAP-SCA XYZ Process]
 - b. Primary Prevention Services
 - c. Support Services

Use appropriate service codes as identified in Section 2.03 in the DDAP 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.

YEAR-TO-DATE FISCAL REPORT AND CASH REQUEST FOR FACILITIES

Pennsylvania Department of Health
 Bureau of Drug and Alcohol Programs

TO: _____ County Drug & Alcohol Program (SCA)

Facility ID #: _____ Name: _____ Report No.: _____
 Address: _____
 City/State: _____ ZIP: _____ For Period of: _____
 Program Activity: _____ Code: _____ Contract Number: _____ Total Funds Approved: _____

Section I - Cumulative NON-SCA Revenue & Income

Part A - Cumulative Revenue & Income Receipts Applicable to Eligible Expenses

Source	Amount
501 Provider Revenue *	\$ _____
502 Provider Charitable Income *	\$ _____
503 Provider Interest Income	\$ _____
504 Client Fees	\$ _____
505 Private Health Insurance	\$ _____
506 Medical Assistance	\$ _____
507 Other Third Party Fees	\$ _____
508 Miscellaneous	\$ _____
* Identify	\$ _____
Total - Section I Part A:	\$ _____

Section I - Cumulative NON-SCA Revenue & Income

Part B - Cumulative Revenue & Income Applicable to Non-Eligible Expenses

Source	Amount
501 Revenue*	\$ _____
502 Charitable Income *	\$ _____
*Identify	\$ _____
Total - Section I, Part B	\$ _____

Certification Statement

Section II - Year-to-Date Invoicing

1. Cumulative Eligible Expenses (Section III, Part A, Column 4)	\$ _____
2. Less: Cumulative Revenue & Income appl. to eligible expenses (Section I, Part A, Total)	(-) \$ _____
3. Cumulative Amount Eligible for Reimbursement	(=) \$ _____
4. Less: Cumulative Amount previously billed to SCA	(-) \$ _____
5. Cumulative Cash Request to SCA (3. less 4.)	(=) \$ _____
6. Funds Advanced to Facility by SCA	\$ _____
7. Amount of advance funding applied to this invoice	(-) \$ _____
8. Cumulative Amount of advance funding applied to eligible expenses	\$ _____
9. NET CASH REQUEST (5. LESS 7.)	(=) \$ _____

I certify that I am the Executive Officer of said organization, and this statement of income and expense for the period shown is true and correct to the best of my knowledge and belief; that the expenses and income shown on these forms have been reconciled with the related balances of the books of this organization; that the expenses are in accordance with fiscal guidelines, directives and provisions of the contract/agreement, as required by the Single County Authority, and that the organization understands that any and all payments made hereunder are made in reliance by the Single County Authority upon the statements herein made.

Prepared By: _____ Telephone: _____
 Facility Director/Administrator (Signature) _____ Date _____
 SCA Approval (Signature) _____ Date _____

HDA 311 Revised (7/05) Section III - Facility Expenses Part A- Eligible Expenses Budget Categories	1 Project Budget Total Funds Approved (All Sources)		2 Project Funds Expended Expenses Previously Reported		3 Expended for this Period		4 Cumulative Project Funds Expended (Cols. 2 + 3)		5 Balances of Project Funds Available (Cols. 1 - 4)	
Personnel Services (100)										
111 - Administrative Salaries								\$		\$
112 - Administrative Benefits								\$		\$
121 - Client-Oriented Services Salaries								\$		\$
122 - Client-Oriented Services Benefits								\$		\$
131 - Staff Development								\$		\$
Sub-total: Personnel Services	\$	-	\$	-	\$	-	\$			\$
Operating Expenses (300)										
301 - Meeting and Conference Expenses								\$		\$
302 - Consultant Expenses								\$		\$
303 - Miscellaneous Personnel Expenses								\$		\$
304 - Occupancy Expenses								\$		\$
305 - Insurance								\$		\$
306 - Communications								\$		\$
307 - Office Supplies								\$		\$
308 - Minor Equipment and Furniture								\$		\$
309 - Medical Supplies and Drugs								\$		\$
310 - Food and Clothing								\$		\$
311 - Program Supplies								\$		\$
312 - Staff Travel								\$		\$
313 - Client Transport								\$		\$
314 - Purchased Client-Oriented Services								\$		\$
315 - Equipment Maintenance Expense								\$		\$
316 - Equipment Leases								\$		\$
317 - Motor Vehicle Maintenance Expense								\$		\$
318 - Motor Vehicle Leases								\$		\$
319 - Other Operating Expenses								\$		\$
320 - Indirect Costs								\$		\$
Sub-total: Operating Expenses	\$	-	\$	-	\$	-	\$			\$
Fixed Assets (400)										
401 - Equipment and Furniture								\$		\$
402 - Motor Vehicles								\$		\$
403 - Capital Improvements								\$		\$
404 - Capital Purchases								\$		\$
Sub-total: Fixed Assets	\$	-	\$	-	\$	-	\$			\$
Total (Part A - Eligible Expenses)	\$	-	\$	-	\$	-	\$			\$
Part B - Non-eligible Expenses										
								\$		\$
								\$		\$
Total (Part B - Non-eligible Expenses)	\$	-	\$	-	\$	-	\$			\$
Grand Total of Project Expenses (Parts A&B)	\$	-	\$	-	\$	-	\$			\$

ODAP # 28-R

PERFORMANCE PLAN

SCA Lackawanna/Susquehanna – 225 Period July 1, 2013 TO June 30, 2014

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