

LACKAWANNA COUNTY BOARD of COMMISSIONERS

LACKAWANNA COUNTY
DEPARTMENT of HUMAN SERVICES / AREA AGENCY on AGING
REQUEST FOR QUALIFICATIONS for for SERVICE PROVIDERS
Fiscal Years 2020/2021 thru 2022/2023

Issued: April 20, 2020

RFQ ID #: 111/20/1100/04

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 County Area Agency on Aging / Aging Block Grant. This RFQ will be used in applying for funds to provide services for Fiscal Years 2020/2021 thru 2022/2023.

Submission Deadline:

Respondents must submit their written
Submittals by 4:00 p.m. prevailing time:

May 20, 2020

Contact Person:

Gayle Sensi

Email: sensig@lackawannacounty.org

Submissions received will be reviewed and evaluated by the Lackawanna County Area Agency on Aging (herein after referred to as the Department), based upon such criteria as the Department, in its sole discretion, deems appropriate. The Department reserves the right to request clarification or additional information from any respondent. The Department, in its sole discretion, may accept or reject any or all submittals.

The Department 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 /or individuals to provide professional services on behalf of the County in relation to the administration of the Aging Block Grant. Service areas/definitions include:

- **Adult Day Services**...is a consumer choice service where Older Adult Daily Living Centers operate for part of a 24-hour day and offer an interactive, safe, supervised environment for older adults with a functional impairment, and adults with a dementia-related disease, Parkinson's disease or other organic brain syndrome. Older Adult Daily Living Centers offer a community-based alternative to institutionalization and provide a reliable source of support and respite for caregivers, while providing personal care, nursing services, social services, therapeutic activities, nutrition and therapeutic diets and emergency care.

Unit of service = one full day or half-day attendance that includes a meal.

- **Congregate Meals**...meals provided in a group setting to eligible persons and served at Senior Community Centers/Satellite Centers. All meals must comply with requirements for menu development, sanitation standards, transportation, and reporting standards. Foods or combinations of foods served must meet 1/3 RDA requirements, only foods meeting this eligibility can be counted as USDA reimbursable. With prior written approval from the Lackawanna County Area Agency on Aging, meals may occasionally be served at approved alternate locations such as picnics, etc. All dietary needs will be considered as a choice at all Senior Centers. If kosher meals are to be provided, details regarding packaging, transportation and delivery of food must be detailed to include how meals will remain Kosher throughout the process from preparation to consumption.

Unit of service = one meal.

- **Dietitian**...an individual with a bachelor's degree in dietetics who has successfully completed the national examination of the Commission on Dietetic Registration (CDR) and maintains continuing education requirements as established by the CDR. The Dietitian/Nutritionist shall be licensed in Pennsylvania pursuant to the State Board of Nursing regulations at 49 PA. Code, Chapter 21, Professional and Vocational Standards for Licensing Dietitians/Nutritionists. Responsibilities of provider are to complete nutrition monitoring, nutrition education and evaluation.

Unit of service = one hour.

- **Guardian of Estate and/or Person...**activities include the evaluation of consumers as to the appropriateness and type of guardianship needed, petitioning for guardianship and acting as a guardian when so appointed by the court.

Unit of service = one consumer served per month.

- **Health and Wellness Program/Health Activity Programs...**delivery of Pennsylvania Department of Aging approved IID Evidence-Based Programs to include name of program, website, program goals & target audience, program description, how/whom program delivered by, training requirements, and the Health & Wellness priority areas. Programs to be delivered to Lackawanna County Area Agency on Aging Senior Centers, as well as senior housing complexes, (public or private), senior clubs, senior organizations and groups. Health & Wellness programs must be evidence based, approved by the Pennsylvania Department of Aging, responsible for collection of data for entry into AAA/SAMS system and have ability to establish a Wellness Committee for reporting to PDA. This also includes Non Evidence Based Health and Wellness Programming to enhance the activities provided to older adults by the AAA and promote physical fitness, mindfulness and wellbeing.

Unit of service=one IID program

- **Home Delivered Meals/Emergency Meal...**provides regularly scheduled meals to older adults who may have nutritional needs such as the inability to obtain food or prepare meals due to a physical or cognitive disability, lack of resources for meals or absence of someone willing or able to prepare meals for them. Home Delivered Meals must meet at least one-third of the recommended nutritional needs of older persons. Meals can be provided hot, cold, frozen or in combination, to consumers in their individual residences, and not in a congregate setting.

Emergency meals generally consist of healthy shelf-stable items that do not require refrigeration or frozen meals that can be delivered prior to need. Meals may be provided when weather, center emergencies or other temporary organizational situations prohibit regular meal service being provided for a defined period of time.

Unit of service = one meal.

- **Aging in Place/Home Modification Services...**adaptations/modifications made to improve consumer safety, increase functionality, improve accessibility, and to assist in the provision of care to a consumer in his/her home. Most jobs include ramps, minimal step & porch repair to ensure safe entry/exit into the residence, grab bar installation, stairglides and other minor repairs. All modifications are to

me made with the consultation and recommendations of an Occupational Therapist.

Unit of service = one job completion.

- **Home Support**...this consumer choice service should support continued, independent living in the consumer's residence when there are no other informal supports available. Services include basic housekeeping, laundry, shopping, errands, meal prep, garbage removal and minor home repairs to ensure safe and sanitary conditions. Shopping and errands are completed on behalf of the consumer and does not include transportation.

Unit of service = one hour.

- **APPRISE TeleCenter**...provides information and education on available services and benefits and links individuals with appropriate agencies and community resources to meet their needs. I & R activities include APPRISE services and telecenters which help Medicare beneficiaries to understand their health insurance options and make informed decisions about what is best for the consumer without providing any bias about their choices.

Unit = Performance-based funding.

- **Legal Services**...the Elder Law Project and the Elder Law Help Desk provides legal assistance, counseling, education and representation to older persons to understand, secure, protect or expand their legal rights. Also included is the development of resources of the local bar association through coordination and referrals of elderly consumers for services on a pro bono or reduced fee basis and provision of counsel to Protective Services Consumers where a petition for emergency intervention is filed and approved by the Court of Common Pleas.

This includes representation with or without the consumer's presence before a public benefit agency. Cases are only for non-fee generating and civil legal problems. Time spent on general or case-specific record keeping, staff meetings, intra-agency case discussions, transportation, and other administrative expenses supporting the legal services program shall not be included in consumer hours reported, although the costs of such activities are charged to this cost center.

Unit of service = one consumer hour of direct service received by a consumer and includes time spent with or on behalf of a consumer (including assessment of the consumer's needs).

- **Medical Equipment, Supplies, Assistive/Adaptive Devices**...consumer choice service for equipment, supplies and devices used to assist consumers with

certain medical conditions, illnesses, and/or disabilities to remain independent and living in their homes. Includes the purchase of items that are not covered under other available health care funding.

Durable Medical Equipment - items primarily used in the presence of illness, injury or functional disability that can withstand repeated use and are appropriate for use in the home. Items in this definition shall be Medicare, Medicaid or Third Party non-reimbursable.

Medical Supplies - Expendable, disposable or consumable supplies used in the provision of home health or personal care to chronically ill or disabled consumers at home not otherwise covered by other insurance or third party payer.

Assistive/Adaptive Devices - Items and/or aids that will enable consumers with functional disabilities to perform ADLs and IADLs more independently.

Unit of service = one item.

- **Ombudsman**...are federally mandated, legally-based, and state-certified via standardized trainings to actively advocate and give voice to consumers of long-term care services. Pennsylvania ombudsmen champion the rights of these consumers to achieve the highest quality of life and care wherever they reside. They are united through an impassioned commitment to listen, educate, investigate, mediate, and empower through a visible presence.

Ombudsman program directs the PEER Program which is a self-advocacy and empowerment partnership between residents, facility staff, and the local ombudsman. Pennsylvania's Empowered Expert Resident (PEERs) are long-term care consumers who are trained in self-advocacy and empowerment to provide support for other long-term care consumers in skilled nursing facilities and personal care homes where they reside.

Unit of service = a resolved complaint.

- **Rent Rebate/Person Center Counseling** ...provides education on benefits and services available and assistance in applying for the same to disabled, low income, minority and/or isolated persons. Services are provided in a consumer's residence or a community setting. These tasks supplement care management activities and are completed at the request of the LCAA.

Unit of service = one consumer face-to-face contact.

- **Personal Care**...consumer choice service that includes assistance with Activities of Daily Living (ADL's), such as feeding, skin and mouth care, ambulation, bathing, hair care, grooming, shaving, dressing, transfer activities, toileting, and

assistance with self-administration of medications (i.e. opening medication containers, providing verbal reminders). Consumers receiving Personal Care services shall need some degree or amount of hands on Personal Care to assist with the completion of activities of daily living (ADLs) during each authorized visit.

Home Support activities may be included in personal care service if they are necessary and secondary to the provision of personal care.

Unit of service = one hour.

- **Personal Emergency Response Systems (PERS)**...consumer choice service where an electronic device enables eligible high-risk consumers, who must be capable of using this device, to receive help in the event of an emergency. PERS services are limited to consumers who live alone or are alone for significant parts of the day, are significantly at risk for falls, have an unstable medical condition and have no regular caretaker for extended periods of time or lives with an individual who may be unable to promptly call for help in the event of an emergency.

Services for bid include basic PERS unit, cellular PERS unit, auto-alert with basic PERS unit, auto-alert with cellular PERS unit, GPS PERS unit, Wanderguard PERS unit, medication dispenser, lockbox, 2nd pendant and large pendant.

Unit of service = one month lease.

- **Pest Control/Fumigation**...may be used for purposes of eliminating pests or rodents to maintain safe, sanitary living conditions in a consumer's home environment. Services may be provided on a one-time or ongoing basis as deemed necessary to eradicate pests and rodents and maintain a pest-free or rodent-free living environment.

Unit of service = one job completion.

- **Healthy Aging Campuses and Community Activities and Events** ...activities to meet the socialization, recreational, educational and enrichment needs of older persons. A diverse offering of programs, activities and services to active older adults in communities are planned and implemented. Activities usually take place in a senior community facility in which people age 60 years of age and over, and their spouses (regardless of age), can meet with one another to access a wide array of services and fulfill many social, physical, emotional and intellectual needs. Providers are responsible to facilitate and adjust to the tastes and preferences of an increasingly diverse target population and balance the need for establishing programming for younger seniors and their older counterparts.

Unit of service = one activity

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 Gayle Sensi, Department of Human Services, 123 Wyoming Avenue, 3rd Floor, 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 Department.

4. PRE-SUBMITTAL MEETINGS:

There will be an opportunity for prospective Submitters to 'meet' with the Lackawanna County Area Agency on Aging staff for a Question and Answer session:

Please email Gayle Sensi at: sensig@lackawannacounty.org to request a Microsoft Teams meeting or phone conference.

5. QUESTIONS:

Questions can be submitted via email to Humanservices@lackawannacounty.org

* Questions will be answered by the appropriate individual(s) and responded to 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 within 7 days through posting on the Lackawanna County website at www.lackawannacounty.org

All questions pertaining to this RFQ must be electronically submitted on or before: Friday, May 1, 2020

6. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

The Department 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, private and public sector entities to provide services on behalf of the County.
3. Knowledge of applicable Aging Program Directives and the organizational structure of the Lackawanna County Area Agency on Aging.
4. The administrative and programmatic capacity to manage the volume of work.
5. Availability to accommodate any required meetings of the Department.
6. Ability to meet reporting requirements and timelines for completion as set forth by the Department.
7. Other factors determined to be in the best interest of the County in the Department'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 firm, address, name of contact, telephone number(s) and email address along with the current date. Also include the title and 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, EIN 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 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 the address at which service delivery is provided.

SECTION 4 Scope of Services/Statement of Qualifications (see Form B)

- Provide a description of the proposed service and your agency's qualifications and experience in providing this service; including private-pay rates for each service.
- Provide the names, experience, qualifications and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s) 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 with other governmental/county agencies and private/public sectors, including Memorandums of Understanding, to provide services. Include agency name, contact person, service(s), contract dates, unit rate(s) and contract 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 Human Services (DHS), Pennsylvania

Department of Aging (PDA), or Pennsylvania Department of Health (PDH) 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 industry-related 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**
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8. RESPONSIBILITIES:

The successful Submitter shall have primary responsibility for the following:

Submission of appropriate licenses as required for service provision. Verification of Workers' Compensation Insurance, Commercial General Liability Insurance, Professional Liability Insurance and Automobile Insurance.

In-Home Service Providers are responsible to update the LCAAA on new service starts utilizing the monthly Narrative Report. Consumers must be identified by name, ACM name, date vendor order received, date services started, reason if services started after required timeframe dates...Personal Care 14 days, HDM 7 days and PERS and Consumables 5 days.

In-Home Service Providers are responsible to email ACM directly to update on areas of concern that include but are not limited to: Consumer/caregiver hospitalization, placement, death; Deterioration in consumer or caregiver's health status, including falls;

Home environment presents a safety risk to consumer or others; Conflicts occurring between consumer, caregiver, direct-care worker, etc.; Need for a change in type or amount (increase/decrease) of service currently received; Patterns in consumer/caregiver's refusal of services, missed service, DCW unavailability or problems that necessitate need for new DCW; PERS – consumer activates PERS to access emergency assistance, habitually activates PERS for non-emergency situations, loses pendant, change in 1st responder, & other misuses.

Solicitations are completed biannually to allow consumers, who do not meet cost-share requirements, the opportunity to make a financial contribution to defray the cost of in-home and Senior Escort transportation services.

Adult Day Services

- Any Older Adult Daily Living Service funded by a AAA shall take place in an Older Adult Daily Living Center that is licensed by the Department of Aging and governed by [6 PA Code Chapter 11 - Older Adult Daily Living Centers](#). Adherence to [APD 14-20-01 Older Adult Daily Living Centers Dually Licensed an Adult Training Facility](#) is required.
- Licensed Older Adult Daily Living Center operators are responsible for reporting unusual incidents to the Department of Aging, Division of Licensing as defined in [6 PA Code Chapter 11, Section 11.3 - Definitions](#) and to submit the reports within the timeframes outlined in [6 PA Code Chapter 11, Section 11.16 - Reporting of Unusual Incidents](#).
- The qualified bidder must comply with [15-03-02 Policies and Standards for the Department of Aging Nutrition Services](#).
- Adult Day programs shall provide nutrition education that targets ADC individuals and uses materials written for the individual or caregiver. At a minimum, nutrition education shall be provided biannually, with a copy shared with the LCAAA. In the ADC setting, the DETERMINE checklist must be completed annually on site with the caregiver or sent home with the individual with return instructions. Nutrition education programming utilizing the results of this screening may be completed at the ADC site with the caregiver or sent home with the individual.

Congregate Meals

- The qualified bidder must comply with [APD 15-03-01 Policies and Standards for Food Safety and Menu Compliance](#) and [15-03-02 Policies and Standards for the Department of Aging Nutrition Services](#).
- Congregate meal providers shall provide nutrition education on a quarterly basis. Nutrition education shall include verbal instruction. Written materials such as

newsletters or brochures may accompany instruction but may not be used independently in the congregate setting.

- Complete routine collection of consumer contributions and deposit in a bank account. Donation amounts shall be reported on monthly report form.

Dietitian

- The qualified bidder must comply with [APD 15-03-01 Policies and Standards for Food Safety and Menu Compliance](#) and [15-03-02 Policies and Standards for the Department of Aging Nutrition Services](#).

Escort Transportation

- Must adhere to PA Department of Aging requirements at the time of contract.
- Purchase, maintenance, and repair of vehicles and equipment used in the provision of transportation services or payment of mileage reimbursement to persons volunteering the use of their personal vehicles in the direct provision of transportation services.
- Payment of insurance expenses related to the provision of Transportation which cover general liability claims, property damage, uninsured motorists and collision costs must be provided. Insurance coverage's must include all individuals involved in operating vehicles or assisting in the provision of Transportation such as volunteer drivers, escorts, etc.

Guardian of Estate or Person

- An agency or organization must demonstrate that it is able and willing to fulfill the role of guardian in accordance with [20 Pa. Cons. Statute Section 5510 et seq.](#), which defines incapacitated person and provides the procedure for appointment, removal, powers and duties of the guardian of estate.
- The qualified bidder must work in accordance with applicable Pennsylvania Legislation ([20 Pa. Cons. Statutes Section 5501 et seq. – Chapter 55 of the Probate, Estates and Fiduciary Code](#)) when providing Guardian of Estate services.
- Bidders will identify agency staff by name and title and their experience in providing guardianship services.

- Outline how the agency will provide guardianship services during and after normal business hours, including how legal counsel and volunteers will be used to support the services to be provided.
- Outline how work will be distributed among staff, including court appearances; on-site visits; consults with the older adult's family, the LCAAA and physicians; and preparing and submitting required Court/LCAAA reports. The work plan must also include how the guardian proposes to secure and protect the older adult's property, including but not limited to real estate, bank accounts, and monthly income checks.
- Identify community and aging network providers who the agency successfully partners with to serve, protect, empower and advocate for older adults.
- The awarding of Guardian of Estate and Person contracts is contingent upon approval from the Orphan's Court of Lackawanna County.
- The qualified bidder will only be reimbursed for cases referred by the LCAAA. Subcontractor staff is expected to work collaboratively with the LCAAA staff on all Guardian of Estate cases.
- The qualified bidder will manage cases in accordance with standards imposed by the LCAAA which includes an initial comprehensive financial needs assessment and periodic reassessments to be conducted at regular intervals or as the older adult's situation warrants. The older adult should be engaged as much as possible in creating a care plan and, thereafter, documented monthly contacts to the older adult shall be made.

Health & Wellness Program

- The qualified bidder must comply with [APD 16-04-01 Policies and Standards regarding Older Americans Act Title IIID Funding for Evidence-based Programs AND Health & Wellness Programs.](#)

Home Delivered Meals

- The qualified bidder must comply with [APD 15-03-01 Policies and Standards for Food Safety and Menu Compliance](#) and [15-03-02 Policies and Standards for the Department of Aging Nutrition Services.](#)
- Home Delivered providers shall provide nutrition education via written materials distributed to the individual or caregiver. Written materials must be approved by a licensed dietician or the PA Department of Aging & can be accessed on the PDA website. At a minimum, nutrition education shall be provided biannually, with a copy of the information submitted to the LCAAA.

- Identify special diets offered. LCAAA will secure physician scripts to share with providers.

Home Modifications

- Home Modifications shall be completed by a PA licensed contractor who is in compliance with [34 PA Code Labor and Industry Part XIV Chapter 401 Uniform Construction Code Training and Certification of Code Administrators](#) and [34 PA Code Part XIV Chapter 403 Administration](#).
- The contractor shall carry all the necessary insurances as outlined in [34 PA Code 401.12 Liability Insurance](#). The contractor is responsible for obtaining all necessary building permits, following all local codes and scheduling the inspections of the work in progress and upon completion if applicable.
- All bids must meet all local and state building codes and Americans with Disabilities Act standards and the consumer will be responsible for the difference.

Legal Services

- [APD #85-09-01](#) must be adhered to in its entirety to comply with contract terms.

Medical Equipment, Supplies, Assistive/Adaptive Devices

- Must adhere to PA Department of Aging requirements at the time of contract.
- The provider shall have a system in place and supporting documentation to verify dates and times of deliveries which is consistent with the consumer's care plan.

Ombudsman

- Performing activities consistent with the requirements [APD #16-10-01 Office of the State Long-Term Care Ombudsman Program Regulation Compliance Manual](#).

Personal Care

- The AAA shall only enter into contracts with Personal Care providers who are in compliance with [28 PA Code Chapter 51 \(General Regulatory Requirements\)](#) and [28 PA Code Chapter 611 \(Home Care Agencies and Home Care Registries\)](#).
- The provider shall have a system in place and supporting documentation to verify dates, times and tasks performed by the Personal Care worker which is consistent with the consumer's care plan.
- The provider is responsible for ensuring that all Personal Care/Home Care workers receive basic training that includes competency requirements as listed in [28 PA Code Chapter 611 Home Care Agencies and Home Care Registries](#) and ensure that the worker receives specific training for tasks identified in the consumer's care plan.
- An initial assessment, completed by a Registered Nurse or LPN, is required as a prerequisite to Personal Care services. The assessment is not reimbursable and considered to be included in the cost of Personal Care services.

Personal Emergency Response Systems (PERS)

- Included as a part of the monthly charge, the successful bidder will provide ongoing provision of on-line emergency response center services. This shall include repair and replacement and 24-hour staffing by trained operators of the emergency response center 365 days per year.
- Each system shall include: installation in the consumer's home, including any needed phone jack modifications and devices; two-way voice communication; an average range, waterproof, portable help button; 600 foot range, and the ability to self-test on-line status of all functions.
- Providers are responsible to update LCAAA within 24 hours of a consumer accessing PERS for emergency assistance and consumers failing to test their units, including pendants, on the monthly vendor report.

Pest Control/Fumigation Service

- The provider shall be a licensed Pesticide business as outlined in [7 PA Code Chapter 128 - Pesticides](#).

Senior Activities

- Complete routine collection of consumer contributions and deposit in a bank account. Donation amounts shall be reported on monthly report form.

Visitation

- [APD #85-06-01 Volunteer Services](#) must be adhered to in its entirety to comply with the contract terms.
- All volunteers must have completed criminal background checks and child abuse clearances in place before volunteer services begin.
- All successful bidders must provide quarterly trainings for direct-care staff. Topics should relate to the care and well-being of the geriatric population.

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 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.

12. FORMS ATTACHED:

- Form A – Agency Information, Description and Services
- Form B – Scope of Services/Statement of Qualifications
- 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. Any RFQ's submitted after the Submission Deadline may not be eligible for consideration of approval.

**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:		
EIN Number:		
*Corporate Officer’s Name:	Title:	
Corporate Officer’s Signature:		

* Person authorized to execute agreements

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 B

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.

DHS-AAA SERVICE PROVIDERS

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 Human Services (DHS) 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