

General Information for Applicants

PURPOSE:

- ❖ This Request for Proposal (RFP) is for the program years of July 1, 2014 through June 30, 2019, and is for the purpose of providing interested applicants with information necessary to prepare and submit a proposal for consideration by the Lehigh County Office of Aging & Adult Services (AAA/AS) to enter into a written contract for the provision of services for adult citizens (ages 18-59) and elderly citizens (ages 60 and above) in Lehigh County.

ISSUING OFFICE:

- ❖ This RFP is issued for the AAA/AS which is the sole point of contact for this RFP.

TYPE OF CONTRACT:

- ❖ The type of contract produced as a result of this RFP will be a "fee for service" contract based upon a negotiated unit rate for a prescribed and defined unit of service for each respective fiscal year. Negotiations may be undertaken with applicants whose proposal demonstrates that they are qualified and capable of providing service as described in this RFP. The AAA/AS reserves the right to enter into contracts other than "fee for service" where it deems appropriate.

PRIOR COSTS:

- ❖ The AAA/AS is not liable for any costs incurred by the applicant prior to execution of a contract.

REJECTION OF PROPOSALS:

- ❖ The AAA/AS reserves the right to reject any and all proposals received as a result of this RFP, or to negotiate separately with competing applicants for all or any part of the services described in this RFP.

RESPONSE DATE:

- ❖ **PROPOSALS** must arrive at the AAA/AS **before June 12, 2015 at 4:30 PM. Any proposals received after this date will not be accepted.**
- ❖ Both the "Rate" and the "Narrative" proposals are to be mailed to the attention of the Administrative Officer, Lehigh County Office of Aging & Adult Services, 17 South 7th Street, Allentown PA 18101-2401. RFP's received after the dates and times identified above may be rejected at the sole discretion of the AAA/AS for being submitted late.

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PROPOSALS:

- ❖ Applicants must submit the Rate Proposal and the Narrative Proposal as defined in the RFP in the format described by the AAA/AS in this instruction packet by the response date. An official authorized to bind the applicant to its provisions must sign both proposals. Services and Rates submitted in the RFP and then approved by the AAA/AS must remain firm for the duration of the contract period.

ECONOMY OF PREPARATION:

- ❖ Proposals are to be concise! The submission of the RFP is to provide a concise description of the applicant's ability to meet the requirements of the RFP. Providers are not to deviate from the format as described in this RFP packet.

PRIME CONTRACTOR RESPONSIBILITIES:

- ❖ Selected providers will be required to assume responsibility for and begin to provide all services as identified in their approved proposal, or those services negotiated separately, for the period of July 1, 2014 through June 30, 2015, and for a possible four, 1 year extensions through June 30, 2019. The applicant may not enter into subcontracts for the performance of the services submitted as a part of this RFP without the written consent of the AAA/AS.

INSURANCE:

- ❖ Subcontracted providers of service must comply with the established Insurance Requirements as determined by the County of Lehigh in order for contracts to be fully executed. Current insurance levels are included as a part of the attached reference materials.

PRIORITIES:

- ❖ The AAA/AS has a goal of serving adults (age 18-59), and elderly citizens (age 60 and above) of Lehigh County in the greatest social and economic need. Indicators of this need are as follows: Advanced age - 75 years of age and older; Living alone; Low income - at or below the poverty level; Minority; socially, physically, and/or economically isolated; and / or functionally disabled. These are guidelines used by the AAA/AS to determine priority of need.
- ❖ Oversight of this contract procurement process is by the Pennsylvania Department of Aging and the County of Lehigh. The Aging Waiver program is not part of this Request for Proposal; service providers for this program must contact the Bureau of Provider Enrollment, Office of Long Term Living/Department of Public Welfare.

SERVICES:

Prospective contractors may provide any of the following services:

Adult Day Care

Consultant

- Medical Doctor
- Psychiatrist
- Psychologist
- Registered Nurse

Employment Services

Housing

- Case Management
- Housing Assistance

In-Home Supportive Services

- Home Health
- Home Support
- Homemaker (Adult 18-59)
- Personal Care
- Personal Assistance (Consumer directed)
- Personal Emergency Response Systems (Age 60+ Only)

Legal Assistance

Life Skills Education (Employment Assistance)

Meals

- Congregate Meals
- Home Delivered Meals

Overnight Shelter/Respite

Passenger Transportation

Senior Community Center Services

Volunteer Services

Specific Instructions

The substance of your proposal consists of three (3) parts, as follows:

- Rate or Budget Proposal(Section 1)**
- Narrative Proposal.....(Sections 2-5)**
- Certificate(s) of Insurance and Licensure(s).....(Section 6)**

Information Required from Applicants:

- Applicants will submit their proposal on 8 ½ x 11” white paper.
- Each page must be numbered, beginning at page 1, and proceeding through each sheet of the proposal.
- Each of the 7 sections listed below (Unit Rate Proposal, Program Description, Applicant’s Background, Prior Experience, Qualifications, Applicant’s Work Plan and Certificate(s) of Insurance and Licensures) must begin on a new title sheet, and clearly identifying the section in the header.
- In the content of each numbered section, the bidding applicant will re-state, in its entirety, each numbered item (as identified below), followed by the bidders answer or response to that question or request.
- If you are attaching documents, or previously prepared tables, the attachment should be listed under the stated section, incorporated, and referenced as a numbered exhibit.

1. Unit Rate Proposal (Section 1 of 7)

- 1.1 Provide your proposed rates for all services on the attached form: RFP Requested 2014-2015 Budget and Rates (Appendix B)
Please complete the last three columns.
- 1.2 Unit Rate / Budget Proposals are to be submitted according to the date specifications outlined in this RFP.

2. Program Description (Section 2 of 7)

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- 2.1 Provide a description of the service(s) you intend to provide to consumers through this Request for Proposal.

3. Applicant's Background (Section 3 of 7)

Provide a complete company history/overview which is to include, but is not limited to, the following:

- 3.1 The full, official, name and address of the company or firm;
- 3.2 The state of incorporation; E.I.N. / Taxpayer ID number;
- 3.3 A listing of the Corporate Officers, Principals, Owners, and / or Operators; contact names (scheduling/billing), phone numbers and email addresses;
- 3.4 A statement which indicates if the principals in the company had ever filed for protection under the bankruptcy laws under their current, or another businesses name;
- 3.5 A statement that indicates any indebtedness due to protection under current bankruptcy laws;
- 3.6 A statement as to whether the company, or any predecessor company has, in the past five years, had any contractual arrangements canceled or terminated due to poor performance, default, or financial inability to continue operations. Briefly indicate the reason for cancellation or termination, and the resulting actions taken subsequent to such actions.

4. Prior Experience (Section 4 of 7)

Provide a description of your agency's prior experience in providing services in the volumes, forms and substance as delineated within this RFP. The narrative is to include, but is not limited to, the following:

- 4.1 Identify if you have ever provided contractual services for an Area Agency on Aging / Adult Services program.

5. Qualifications (Section 5 of 7)

Provide, in narrative fashion, a description of your agency's qualifications (professional, structural, etc.) in providing services in the volumes, forms and substance as delineated within this RFP. The narrative is to include, but is not

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limited to, the following:

- 5.1 Identify the professional staff, and the professional credentials of all staff, participating in the provision of services under this RFP;
- 5.2 Identify the non-professional staff, and identify the practical experience and qualifications, for all non-professional staff participating in the provision of services under this RFP;
- 5.3 Provide a Table of Organization which identifies the organizational structure and hierarchy of your agency;
- 5.4 Provide a listing of official licenses (such as PA Dept of Health; and / or Medicare Licensure; Nursing Licensure, etc.) maintained by your agency, or any individuals employed by your agency;
- 5.5 Describe the capacity of service provision as it currently exists, and how the provision of services described herein will impact on your daily operations. Explain how you will be able to accommodate the additional volume of services.

**6. Applicant's Work Plan - Understanding the Need & Soundness of Approach
(Section 6 of 7)**

Provide, in narrative fashion, a description of your work plan, and your understanding of the need as described herein for providing services in the volumes, forms and substance as delineated within this RFP. The narrative is to include, but is not limited to, the following:

- 6.1 Your agency's mission statement or philosophy;
- 6.2 Service(s) are you proposing to provide;
- 6.3 Provide a work plan indicating your goals and objectives as they relate to the needs of the population to be served or tasks involved in implementing and maintaining service delivery;
- 6.4 Please describe the service site (regarding the physical location, space, access to public transportation, accessibility to handicapped, and as meeting all applicable codes and regulations such as ADA);

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- 6.5 Describe the maximum and minimum limits of the volume of services in which you can provide under this RFP;
- 6.6 Describe the protocol and procedure that you use to assure performance such as supervisory reviews and performance evaluations; and the procedures you will use to resolve performance deficiencies as identified and communicated to your agency by the AAA/AS;
- 6.7 Describe existing or proposed procedures that your agency currently performs, or will perform, to evaluate your own performance in fulfilling the requirements of this contract, and the satisfaction of the AAA/AS, and the consumer.

7. Certificate(s) of Insurances and Licensures (Section 7 of 7)

- 7.1 Applicants will submit evidence of insurance coverage (i.e. Insurance Certificates) in the types and amounts as are defined by the County of Lehigh. A copy of insurance levels has been attached for your reference.
- 7.2 Applicants who wish to seek a waiver from the current County insurance provisions will be required to do so in writing, citing the specific provision that they request to be modified or waived, and why they are seeking a waiver. All waiver requests will be reviewed by the Lehigh County Department of Law for final determination.
- 7.3 Applicants are to reference and provide copied evidence of all current forms of Medicare licensure, PA Dept of Health licensure, or any other such forms of governmental licensure regulating the services provided. If none are required, you must state in writing that no forms of licensures are required.

County Disclaimers

1. The County of Lehigh, Office of Aging & Adult Services (AAA/AS) reserves the right to reject any or all proposals received in response to this Request for Proposal (RFP)
2. The AAA/AS reserves the right to disqualify any proposal that is not fully responsive to the service specifications as delineated herein.
3. The AAA/AS reserves the right to waive technical defects in any proposal, at its own sole discretion.
4. The AAA/AS will not be liable for any costs incurred by bidders prior to full execution of a contract for services.
5. Some or all applicants may be permitted or required to supplement proposals with information as requested at the sole discretion of the AAA/AS.

Criteria for Selection

Consideration of all applications includes, but will not be limited to, the following:

1. Completion of this proposal application in accordance with the specific RFP instructions listed above.
2. Communication/demonstration of the applicant's ability to fulfill program requirements according to the specifications delineated in this RFP; and,
3. Arrival at an acceptable negotiated unit rate for services.

Additional Information

Below are identified, for informational purposes, several conditions relevant to entering into a contractual agreement for the provision of services:

1. **CLIENT ASSESSMENT AND REFERRAL TO PROVIDER** - All referrals for services must come to the AAA/AS. The request for service is assigned to a care manager who will visit the consumer. The care manager will perform a comprehensive assessment, and with involvement by the consumer, will prepare a care plan.

Consumers are given a randomized list of service providers and are encouraged to choose whom they would prefer provide their care. The AAA/AS cannot guarantee a provider's selection and/or a minimum dollar amount of service.

2. **AUTHORIZATION OF SERVICE** -The care manager is responsible for contacting the Provider regarding the Provider's ability to meet the requested service hours. The Provider will be notified in writing of the number of hours authorized and approximate monthly cost. The care manager will monitor the care plan and re-evaluate each case semi-annually (sooner if warranted). The final decision making authority to initiate, terminate, reduce, or expand service rests with the AAA/AS.
3. **REPORTING** - The Provider will invoice the AAA/AS on a monthly basis satisfactory to the AAA/AS. The Provider shall also submit such program and statistical/outcome measurement reports as may be required by the AAA/AS.
4. **PROVISION OF SERVICE RESPONSE TIME** - The Provider must contact the AAA/AS within 24 hours regarding its ability to initiate service as ordered. Failure to contact the AAA/AS and/or to initiate services shall constitute refusal of service and an alternate Provider will be selected.
5. **CONTRACT TERMINATION** - Notice of cancellation will be in writing and sent registered mail indicating that the contract will be terminated 30 days from the date of the notice, or as identified in the contents of the contractual agreement between the provider and the AAA/AS. During the notice period, the Provider will continue to provide service and cooperate in an orderly transfer of clients to a new provider of services.
6. Certification statements for the "Unit Rate Proposal" and the "Narrative" Proposal" are to be included and used to certify that each of the proposal submissions is official.
7. If the provider does not wish to submit a proposal, a "Decline of Proposal Submission" form must be completed and returned.

NARRATIVE PROPOSAL CERTIFICATION

I certify that I am authorized to submit the NARRATIVE PORTION of our proposal to the above cited RFP announcement, and can bind the agency below in a contractual agreement with the County of Lehigh for the services described herein. Therefore, the agency cited below hereby proposes to furnish and deliver all services as required within the body of the RFP specifications as contained in the provider's Narrative Proposal.

Official Agency / Corporation Name:

Official Mailing Address:

Federal Identification Number:

Signature of Official Authorized to Submit Bid / Bind Agency:

Printed Name and Title of Official:

Date of Signature:

Telephone Number:

Email Address:

INCLUDE THIS SHEET WITH YOUR NARRATIVE PROPOSAL SUBMISSION!

UNIT RATE CERTIFICATION

I certify that I am authorized to submit the UNIT RATE PORTION of our proposal to the above cited RFP announcement, and can bind the agency below in a contractual agreement with the County of Lehigh for the services described herein. Therefore, the agency cited below hereby proposes to furnish and deliver all services as required within the body of the RFP specifications as contained in the provider's Unit Rate and/or Budget Proposal.

Official Agency / Corporation Name:

Official Mailing Address:

Federal Identification Number:

Signature of Official Authorized to Submit Bid / Bind Agency:

Printed Name and Title of Official:

Date of Signature:

Telephone Number:

Email Address:

***INCLUDE THIS SHEET WITH YOUR
UNIT RATE PROPOSAL SUBMISSION!***

**Lehigh County Office of Aging & Adult Services
2014-2019 RFP Decline of Proposal Submission Statement**

DECLINE OF PROPOSAL SUBMISSION

To assist us in obtaining maximum participation on our RFP's we are asking each agency who has received an RFP packet, but does not wish to participate, to state their reasons below and return this form to the Administrative Officer, Lehigh County Office of Aging & Adult Services, 17 South 7th Street, Allentown PA 18101-2401. This response will not preclude the receipt of any future invitations unless you a.) request removal from the RFP mailing list, b.) do not return a bonafide proposal, or c.) do not return this form completed.

Unfortunately, we decline to submit a proposal at this time because (please check applicable):

_____ - We do not wish to participate in the RFP process.

_____ - We do not wish to submit a proposal under the terms and conditions of the RFP document. Our objections are:

_____ - We do not feel we can meet the qualifications of the RFP.

_____ - Other (Please explain):

_____ - We wish to remain on the mailing list for future RFP's

_____ - We wish to be deleted from the mailing list for future RFP's.

Official Agency / Corporation Name:

Official Mailing Address:

Signature of Official Authorized to Submit Bid / Bind Agency:

Printed Name and Title of Official:

Date of Signature:

Telephone Number:

Email Address: