

General Information for Applicants

PURPOSE:

- ❖ This Request for Proposal (RFP) is for the program years of July 1, 2019 through June 30, 2024, 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 (LCAAA/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 LCAAA/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 LCAAA/AS reserves the right to enter into contracts other than "fee for service" where it deems appropriate.

PRIOR COSTS:

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

REJECTION OF PROPOSALS:

- ❖ The LCAAA/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 LCAAA/AS **before April 1, 2019 by 2:00 PM. Any proposals received after this date will not be accepted.** If deadline is missed, you may need to wait until the next time period of 2024-2029
- ❖ Both the "Rate" and the "Narrative" proposals are to be mailed to the attention of the Lehigh County Aging and Adult Services, Tracy MacDonald, 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 LCAAA/AS for being submitted late.

PROPOSALS:

- ❖ Applicants must submit the Rate Proposal and the Narrative Proposal as defined in the RFP in the format described by the LCAAA/AS in this instruction packet by the response date and time. 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 LCAAA/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, 2019 through June 30, 2024. The applicant may not enter into subcontracts for the performance of the services submitted as a part of this RFP.

INSURANCE:

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

PRIORITIES:

- ❖ The LCAAA/AS has a goal of serving adults (age 18-59), indicators of need are as follows: an adult who resides in Lehigh County, consumer is not eligible for and under 60 waiver, and is need of personal care or home support due to a physical disability and/or a cognitive or mental impairment.
- ❖ The LCAAA/AS has a goal of serving 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 LCAAA/AS to determine priority of need.
- ❖ Oversight of this contract procurement process is by the Pennsylvania Department of Aging and the County of Lehigh.

Schedule for Proposers Conference on March 1, 2019

8:30 to 10:30 In-Home Services and PERS

10:30 to 11:00 Older Adult Daily Living Centers

11:00 to 1:00 In-Home Meal Service and Congregate Meals

2:30 to 3:15 Housing, Transportation and Senior Centers

3:15 to 4:00 Legal, Guardianship and Volunteer Services

Due to time constraints, this schedule will be strictly adhered to.

Additional questions not covered at the Proposers Conference may be submitted on the available 5x7 index cards which can be given to a Lehigh County representative at the conference. All questions and answers will be forwarded to all perspective proposers.

SERVICES:

Prospective contractors may provide any of the following services:

Consultant

- Medical Physician Consultant
- Psychiatrist
- Psychologist
- Registered Nurse

Housing

- Case Management
- Housing Assistance

Guardianship Services

Life Skills Education (Employment Assistance)

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 2-6)**
- Certificate(s) of Insurance and Licensure(s).....(Section 7)**

Information Required from Applicants:

- Applicants will submit their proposal on 8 ½ x 11” white paper with will include one original and 4 copies and one (1) electronic copy on a flash drive. Proposals must identify services to be contracted with corresponding Budget and Rate information. The Proposals with the Budget and Rate Sheet must be submitted by Monday April 1, 2019 by 2:00 PM to: County of Lehigh, c/o Tracy MacDonald, Lehigh County Government Center, 17 S. 7th Street, Allentown, PA 18101.
- The original Proposal shall be marked “original” and each copy of the Proposal must be a complete copy of the original including all attachments and appendixes.
- 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. Please list the type of service you want to provide and a proposal rate for that service.

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- 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)

- 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 business(s) 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 and 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 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; Physician 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 (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) you are 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;

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- 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);
- 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 LCAAA/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 LCAAA/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 Law Department. 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 (LCAAA/AS) reserves the right to reject any or all proposals received in response to this Request for Proposal (RFP)
2. The LCAAA/AS reserves the right to disqualify any proposal that is not fully responsive to the service specifications as delineated herein.
3. The LCAAA/AS will not be liable for any costs incurred by bidders prior to full execution of a contract for services.
4. Some or all applicants may be permitted or required to supplement proposals with information as requested at the sole discretion of the LCAAA/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 LCAAA/AS. Consumers receive and assessment for a level of care determination prior to a referral to a care manager. The request for service is then assigned to a care manager as indicated who will visit the consumer. The care manager will perform a comprehensive needs 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 LCAAA/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 specific service authorized and the type and frequency of the service authorized. 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 LCAAA/AS care manager or supervisor.
3. **REPORTING** - The Provider will invoice the LCAAA/AS by the 10th of the following month for services provided in the previous month. The Provider shall also submit such program and statistical/outcome measurement reports as may be required by the LCAAA/AS.
4. **PROVISION OF SERVICE RESPONSE TIME** - The Provider must contact the LCAAA/AS within 2 business days regarding its ability to initiate service as ordered. Failure to contact the LCAAA/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 LCAAA/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.

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7. If the provider does not wish to submit a proposal, a "Decline of Proposal Submission" form must be completed and returned.

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Appendix B (Budget and Rates)

	A	B	C	D	E	F	G	H	I	J	K	L
	Vendor	Program	Contracted General Service	Type	From Date 2018/2020	To Date 2018/2020	Contract for Limit 2018 / 2020	Unit of Service 2018/2020	Agency's Current Private Pay / Customary Rate	Agency's MA Rate	Requested Amount for Contract for 2019/2020	Requested Unit of Service for 2019/2020
1												
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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!***