

**Solicitation Request for Qualified Provider**

**Provider of Day Array Services for Individuals with  
Developmental Disabilities**

**CRAWFORD COUNTY BOARD OF DEVELOPMENTAL  
DISABILITIES**

**Bid RFQ#2017**  
**Provider of Day Array Services for Individuals with Developmental Disabilities**

**Provider of Day Array Services for Individuals with Developmental Disabilities**

Start Date                    **June 15, 2017**  
End Date                     **August 10, 2017**  
Question End Date         **Jul 20, 2017**

Contact                      **Court Sturts**

Contract Duration         **One time**

Contract Renewal         **Not Applicable**

Prices Good for            **Not Applicable**

Pre - Bid Conference      **July 6, 2017 9:00:00 AM**  
                                     **Attendance is optional**  
                                     **Location: Crawford County Board of DD**  
                                     **1650 E Southern Ave**  
                                     **Bucyrus, OH 44820**

Comments                    **Crawford County Board of Developmental Disabilities is interested in identifying an organization(s) to assume operations of Adult Day Array Services which are currently operated by Crawford County DD. Email: Court Sturts [sturtsc@crowfordcbdd.org](mailto:sturtsc@crowfordcbdd.org) for a bid packet**

**CRAWFORD COUNTY BOARD OF DEVELOPMENTAL DISABILITIES  
CRAWFORD COUNTY, OHIO**

**REQUEST FOR QUALIFICATION STATEMENT  
FOR  
Provider of Day Array Services for Individuals with Developmental  
Disabilities**

**OWNER: Crawford County Board of Developmental Disabilities Crawford County, Ohio  
Superintendent – Liz Prather**

**ISSUED: June 15, 2017**

**STATEMENTS DUE: August 10, 2017**

**CONTACT:**

**Court Sturts, Director Operations and Transition  
1650 E Southern Ave  
Bucyrus, OH 44820**

**Phone: 419.562.3321 Fax: 419.562.3176**

**E- Mail: [sturtsc@crawfordcbdd.org](mailto:sturtsc@crawfordcbdd.org)**

## Section 1.0 - Introduction

In order to meet the federal mandate of conflict free case management, the Crawford County Board of Developmental Disabilities, plans to transition Adult Day Services and Community Employment to a qualified PROVIDER(s) in such a manner that avoids any negative impact to the individuals served by the Board.

- A. The Crawford County Board of Developmental Disabilities (hereinafter referred to as AGENCY) currently operates a Medicaid Waiver certified program offering day array services to 49 individuals in one center in Crawford County.

Crawford County Board of Developmental Disabilities  
1650 East Southern Ave.  
Bucyrus, OH 44820  
Square footage: 21,450

The population served includes individuals across the acuity spectrum including individuals with extensive medical and behavioral challenges. These services offer a variety of programming options ranging from an extensive vocational program offering work options and community employment, to a life enrichment program including an arts program, community integration opportunities, as well as, a combination of all opportunities.

The vocational program is offered through an agreement with a not-for-profit organization that employs the individuals who desire to participate in the vocational program. Waycraft Industries holds a *Certificate Authorizing Special Minimum Wage Rates Under Section 14(c) Of The Fair Labor Standards Act* issued by the US Department of Labor that is used to establish the pay for these employees. The employees receive the opportunity to work at a variety of tasks to allow them to learn skills designed to help them work more efficiently so as to increase their employability in the community.

Of these 49 individuals, 38 possess Medicaid Waivers that provide the funding for their services. The balance of services are funded through tax levy funds. Upon the transition of the operations of the program the AGENCY will contract to serve individuals whose services are funded by the AGENCY tax levy. The services funded under this contract would be paid at a rate that is commensurate with Medicaid funded services. We are currently in the process of transitioning the funding of many of the individuals whose services are paid for by the AGENCY tax levy to waivers. Thus, it is anticipated that the number of the individuals served through Medicaid Waiver funding will increase in the future while the number of individuals who will receive levy funded services will decrease.

- B. The AGENCY operates a CARF accredited program in community employment and is a current vendor for employment services through Opportunities for Ohioans with Disabilities (OOD). In addition, Medicaid or Board funded employment services are provided to individuals following closure from OOD. Currently 23 individuals eligible for agency services are served, in addition to, 50 outside referrals.

The AGENCY is interested in identifying a qualified PROVIDER(s) to assume operations of these programs. The details of the services needed are further defined in **Section 2.0, Anticipated Scope of Services**.

Section 1.1 - Project Schedule:

<b>Action Item</b>	<b>Delivery Date</b>
Pre-qualification conference:	Thursday, July 6, 2017 9:00 AM
Facility tours:	Following conference
Deadline for receiving final questions:	Thursday, July 20 ,2017 by 12:00 PM
Deadline for issuing final answers:	Thursday July 27, 2017 at 4:00 PM
Deadline for statements to be received by AGENCY:	Thursday August 10, 2017 at 11:00 AM
Statements review completed:	Approximately – Thursday August 17, 2017
Interviews:	Approximately – August 24, 2017 through August 31, 2017
Written decision issued:	September 14 2017

## Section 1.2 - Contact:

The mailing address and contact information to be used to send a statement, or ask questions regarding the RFQ process, technical issues, or the scope of service is:

**CONTACT:**  
**Court Sturts, Director Operations and Transition**  
**1650 E Southern Ave**  
**Bucyrus, OH 44820**  
**Phone: 419.562.3321      Fax: 419.562.3176**  
**E- Mail: [sturtsc@crowfordcbdd.org](mailto:sturtsc@crowfordcbdd.org)**

## Pre-Qualification Conference and Registration Process:

A Pre-qualification Conference will take place at the AGENCY offices at 1650 East Southern Ave. Bucyrus, OH 44820 on Thursday, July 6, 2017 at 9:00 AM. The purpose of the conference is to answer questions related to the process of request for qualified PROVIDER. **While the Pre- Qualification Conference is not mandatory, no other opportunity to visit these sites will be provided.**

Bidders interested in submitting their proposals must register by faxing or e-mailing the registration form document to:

**[sturtsc@crowfordcbdd.org](mailto:sturtsc@crowfordcbdd.org)**  
**(RFQ#2017 should be entered in the subject line of the e-mail)**  
**or**  
**Faxing to: Court Sturts at (419) 562-3176**

Registration helps ensure that bidders receive all addenda and copies of all questions and answers given.

Unauthorized communication with individuals served, families or employees of the Crawford County Board of Developmental Disabilities may be grounds for rejection of the Bidder's proposal. All communication must be directed to Court Sturts .

Paper Sealed Statement Qualifications will be received at the Crawford County Board of Developmental Disabilities until 11:00 AM on the opening date, Thursday August 10, 2017 and will be read at that time.

The **Public Opening will be held in conference room 122** at 1650 East Southern Ave. Bucyrus, OH 44820.

**This is a Request for Qualification (RFQ) and if Vendors are present for the opening the "NAMES ONLY" of all vendors that sent in proposals will be released. Proposals/cost cannot be released until after the contract is signed.**

### Section 1.3 - Inquiries

All questions regarding this proposal must be presented in writing and e-mailed or faxed to:

[sturtsc@crowfordcbdd.org](mailto:sturtsc@crowfordcbdd.org)  
(RFQ#2017 should be entered in the subject line of the e-mail) or  
Fax: (419) 562-3176

### Section 1.4 - PROVIDER Examination of the RFQ:

PROVIDERs shall carefully examine the entire RFQ and any addenda thereto, all related materials and data referenced in the RFQ or otherwise available, and shall become fully aware of the nature of the request and the conditions to be encountered in performing the requested services.

If PROVIDERs discover any ambiguity, conflict, discrepancy, omission or other error in this RFQ, they shall immediately notify the Issuing Officer of such error in writing and request clarification or modification of the document. Modifications shall be made by addenda issued pursuant to **Section 1.5, Addenda to RFQ**. Clarification shall be given by email to all parties who registered without divulging the source of the request. All PROVIDERs who plan to submit a statement must register **Section 1.2** of this document.

### Section 1.5 - Addenda to RFQ:

Any addenda to this RFQ will be issued by the AGENCY through email to all PROVIDERs that have registered using the procedure previously mentioned in **Section 1.2**

### Section 1.6 – Pre-Qualification Conference

There will be a single pre-qualification conference for parties interested in providing these services to address any questions, which may arise. This conference is optional but will be the only forum through which PROVIDERs will have the opportunity to ask questions concerning the contents of this RFQ and to observe the operations of the center. The conference will be held at 1650 East Southern Ave on **Thursday, July 6, 2017 beginning at 9:00 am**. Following the conference we will conduct a tour of the center. Specifics of the tour will be provided at the pre-qualification conference. If questions arise during the conference that cannot be answered at the conference, a response will be provided to all organizations in writing in the next Addendum. Minutes will not be taken or distributed.

## Section 2.0 – Anticipated Scope of Services

The Centers for Medicaid and Medicare Services (CMS) published Conflict of Interest Guidance in 2014 that states that PROVIDERs of Home and Community Based Services (HCBS) for the individual, or those that have an interest in or are employed by a PROVIDER of HCBS for the individual, must not provide case management or develop the person-centered service plan. Since day array services are included in the definition of HCBS it is necessary for the AGENCY to cease being the PROVIDER for these services in the future.

We have the following priorities in transitioning out of services:

A transition of services must be completed in such a way as to minimize the disruption in the lives of the individuals served.

A commitment to person centered services by the PROVIDER.

Due to the close personal nature of the services provided and the need to create an environment that mirrors the current one, it is important that the PROVIDER assuming services employ as much of the staff as possible.

The opportunity to participate in a vocational experience providing paid work is important to a large portion of the number of individuals served. Thus it is important that services be transitioned to a PROVIDER that is willing to continue to provide this service.

Continued opportunities for individuals to develop and maintain community connections.

Many of the individuals served have been attending this program for a large portion of their lives. They feel an attachment to the physical location and find comfort in maintaining the continuity of the location of their day services. As such, an agreement to lease the facility is an important element of the plan.

The transition of operations to a PROVIDER needs to provide continuity and stability.

It is important to note that all individuals served possess a right to “a free choice of PROVIDER” thus prior to the transition of any services to a new PROVIDER each individual will be given the opportunity to elect to receive services from any qualified and willing PROVIDER of Medicaid services.

Information is provided in Attachments 1 – 4 to allow the PROVIDER to better understand the scope of the operation of these services. The following information is provided:

Attachment 1 –Twelve months of attendance days by acuity

Attachment 2 – Current staffing information indicating personnel and position noting current salary

Attachment 3 – RFQ Evaluation Form



### **Section 3.0 – PROVIDER’s Qualifications**

For purposes of this Request, the PROVIDER’s qualifications include, but are not limited to the following:

Current certification by the Ohio Department of Developmental Disabilities to provide the following services under the I/O, Level One and SELF Waivers:

Adult Day Support  
Vocational Habilitation  
Employment

CARF Accreditation, or ability to acquire, for any PROVIDER interested in transitioning community employment

### **Section 4.0 – Statement Format/Content**

The format/content provisions listed below have been established to assist the AGENCY in its review and evaluation of all qualification statements. All statements must comply with the following format to allow the selection committee to fairly evaluate submittals:

The following is a brief description of the desired content for the Qualification Statement(s):

#### **Section 4. 1 – Cover Letter**

An introductory cover letter of not more than one (1) page specifying in which services the PROVIDER has interest. Adult Day Services, Community Employment or both.

#### **Section 4.2 – Executive Summary**

A two (2) - page summary highlighting the contents of the qualification statement.

#### **Section 4.3 – Organization Background/Overview**

A summary of the organization’s background.

This overview should address items pertinent to understanding the organization’s history in the field specifically serving the population that is currently served by the AGENCY. This summary should include but not be limited to the following:

Organization’s name, address, telephone number, fax number, and name of person to contact.

A brief organizational history including years in existence and geographic office locations.

Explain the structure of the organization’s ownership (example – corporation, limited partnership etc.)

A listing of the organization’s programs providing day array services (or equivalent) indicating the number of individuals served.

Documentation of the organization’s experience in providing community employment  
Documentation of the organization’s experience in providing sheltered employment.(if

applicable)

Evidence of the organization's financial stability, responsibility (submit your most recent 2 years audited financial statement, if available). Confidential information must be submitted in an envelope marked "**Confidential**".

#### **Section 4.4 – Certifications**

Provide documentation of certification by:

- a. The Ohio Department of Developmental Disabilities to provide the following services under the I/O, Level One and SELF Waivers:
  - Adult Day Support
  - Vocational Habilitation
  - Employment
- b. CARF

#### **Section 4.5 - Project Approach**

Describe your proposed methodology for providing day array services for the portion of the population that we serve that would select the organization as a PROVIDER. Include within the description how you intend to structure the program options available to the individuals who select your program. This discussion should include a detailed description of the various opportunities that will be provided. It is essential that this description address all of the items of importance that were identified in Section 2.0, Anticipated Scope of Services.

#### **Section 4.7 - Quality Control**

Provide an understanding of the importance that your organization places on providing quality services to the individuals that it serves. This discussion should include but not be limited to the following:

Your quality assurance history over the last two years as documented by reviews and inspections by appropriate regulatory bodies including but not limited to PROVIDER compliance reviews conducted by the Ohio Department of Developmental Disabilities.

Independent third party accreditation, such as CARF, JCOH or NCI, as applicable.

Two years summaries of your programs incident/critical incident reporting.

An overview of your organization's plan to gauge the satisfaction of individuals served including the last two years program summaries.

#### **Section 4.8 – Scheduling**

Indicate the proposed timeline required to accomplish the task of the transfer of responsibility for providing day array services to the individuals that we currently serve that select the organization as a PROVIDER. This timeline should address items related to individual's services, as well as administrative and business issues.

## **Section 4.9 - Transition**

Provide an organization chart that identifies key personnel needed in completing the transition of services and a description of the steps required. This description must address but not be limited to the following points.

- Enrollment process
- Creation of demographic database
- Seamless transition with no lost days of service
- Hiring of staff
- Communication plan
- Information technology systems
- Production/payroll system

## **Section 4.10 – Optional Information**

Include any additional information or description of resources supporting your organization's qualifications or any other information you find appropriate to the AGENCY's selection.

## **Section 4.11 Required Forms**

- RFQ Registration Form
- Personal Property Tax Statement
- Warranty Unresolved Finding

## **Section 4.12 Objections**

Objections to any of the requirements of this RFQ must be listed in this section of your response. If an objection is not raised in your submittal it will not be considered during the process. Raising an objection does not necessarily insure that it will receive consideration. The AGENCY will only entertain objections that are in the best interests of a successful transition for the individuals served.

Objections to the insurance provisions as discussed in Section 6 – Insurance, Indemnification and Hold Harmless of this document will not be entertained.

## **Section 5.0 – Selection Criteria**

The AGENCY will review, evaluate and rank all statements of qualification received based on the following criteria and the qualifications previously described for adult day services and community employment, separately:

Competence of the PROVIDER to support adults with developmental disabilities with day array services and/or community employment.

Years of experience in the delivery of adult day services and/or community employment.

The transition of services will be completed in such a way as to minimize the disruption in the lives of the individuals served by the AGENCY.

Ability of the PROVIDER to serve individuals across the acuity spectrum with an emphasis on community connections and person centered services.

Past performance of the PROVIDER as reflected by the evaluations of quality assurance organizations in locales where the PROVIDER is currently operating.

Past performance of the PROVIDER as reflected in the satisfaction of individuals served

The PROVIDER's ability to include a paid work element to the day array service model.

The PROVIDER's willingness to employ a significant portion of the current staff at a wage similar to their current salaries in order to provide continuity of care for the individuals served.

The PROVIDER's willingness to utilize the current facility of the AGENCY.

Timeline to complete the transition of these services is specific, measurable, attainable and realistic.

## **Section 7.0 - Conclusion**

The Statement review process will be conducted in two (2) stages. Stage 1 will consist of a preliminary review to ensure that the qualification materials adhere to the minimum requirements (and mandatory conditions) specified in the RFQ and the completion of all the required forms. Organization's Statements, which successfully complete the first stage, will be deemed "Qualified". Those which do not, will be deemed "Non-Qualified". "Non-Qualified" proposals will be placed in the inactive file.

The AGENCY shall not consider any proposal that is submitted late or is otherwise not submitted in compliance with the requirements of this RFQ.

### **Stage 1 Review**

Upon the Deadline for Statements to be received by the Agency which occurs on **Thursday August 10, 2017 at 11:00 am** the Stage 1 Review will be completed to identify all "Qualified" statements. "Qualified" statements in response to the RFQ must meet the following requirements:

Timely Submission – the statement is received at the address designated in the RFQ by **Thursday August 10, 2017 at 11:00 am** according to instructions. Statements mailed but not received at the designated location by the specified date will be deemed "Non-Qualified" and will not be considered.

Completeness of submission – proposal submission must include at minimum:

Documentation of required certifications from Ohio Department of Developmental Disabilities

Quality Assurance documentation

Incident/critical incident reporting documentation

Required number of copies (1 original, 1 copy, 1 **original electronic copy and one (1) redacted electronic copy** CD and/or Thumb Drive)

All sections defined in **Section 4.0 – Statement Format/Content**

All designated attachments

Easily reproduced, quality paper, clearly formatted with type face that is easily read.

Qualified statements will be forwarded to the AGENCY's Selection Process Review Committee to perform the Stage 2 review.

**Proposals which do not meet all of the above first stage review submission requirements will be deemed "Non-Qualified" and will not be reviewed for Stage 2.**

### **Stage 2 Review**

The AGENCY shall evaluate the statements (as shown in Attachment 5), rank the PROVIDERs using the selection criteria set forth in Section 5. During this review process the AGENCY reserves the right to approve the qualifications on the basis of individual items, or on the list of items or to conclude that none of the proposals indicate an appropriate level of correspondence to the desired service level. At any time during the review, and at any level of the review, the AGENCY may request additional information from the PROVIDER. Such information requests and PROVIDER's responses must always be in writing. Information may be requested from sources other than the written statement to evaluate the PROVIDER.

All information obtained will be used in conjunction with the data from Stages 1 and 2 to make a final selection.

The evaluation will include, but will not be limited to:

Viability of the PROVIDER's Day Array Service program to support adults with developmental disabilities, including, but not limited to, general operations and creation of vocational and life enrichment programs in both facility and community based settings;

The PROVIDER's history of offering quality day array services as evidenced by quality assurance, satisfaction and incident reporting data;

The ability of the transition of services to be completed in such a way as to minimize the disruption in the lives of the individuals served;

Assurance that services will remain person centered;

Services to be provided in such a manner as to create an environment that mirrors the current services;

The plan to include hiring of current staff at a wage similar to their current salaries ;

Qualifications and other pertinent business history of the PROVIDER;

PROVIDER's financial status;

Plans for use and maintenance of the current premises;

Ability to create a timely transition of services;

Information in the Executive Summary;

Distinguishing Characteristics;

Any other facts considered relevant by the AGENCY and demonstrated by the proposal or our investigation.

Upon completion of the evaluation of the statements the AGENCY shall determine a group of up to three(3) PROVIDERs to be interviewed. The information gathered during these interviews will be considered by the AGENCY in conjunction with information obtained from reviewing the statements.

**Section 8.0 - Proposal Selection:**

Following the interviews, the AGENCY shall rank the PROVIDERs using the stated selection criteria and forward a recommendation for PROVIDER selection to the AGENCY's Board. Upon the Board's approval of the recommendation, the Superintendent will negotiate a lease related to the **facilities and related furniture and equipment** with the selected PROVIDER. If the parties are able to successfully negotiate a contract, the Superintendent will forward the contract to the Crawford County Board of Developmental Disabilities for formal approval. If the parties are unable to successfully negotiate a contract, consideration of the next highest ranked PROVIDER will be given.

**Section 9.0 – Terms and Conditions:**

The contents of this RFQ and the commitments set forth in the selected statements shall be considered contractual obligations, if a contract ensues. Failure to accept these obligations may result in cancellation of the award. All legally required terms and conditions shall be incorporated into final contract agreements with the selected Vendor.

# **REQUIRED FORMS SECTION**

# REGISTRATION FORM

PLEASE READ AND ACKNOWLEDGE RECEIPT OF THIS DOCUMENT

RFQ#:2017 Provider of Day Array Services for Individuals with Developmental Disabilities

All inquiries regarding this RFQ are to be in writing and are to be e-mailed or faxed to:

Court Sturts  
Director of Operations and Transition  
Fax #: (419) 562-3176  
Email: [sturtsc@crowfordcbdd.org](mailto:sturtsc@crowfordcbdd.org)

**Inappropriate contact may result in rejecting of the Bidder's Proposal, including attempts to influence the RFQ process, evaluation process or the award process by Bidders who have submitted statement qualifications or by others on their behalf.**

*The only appropriate contact is listed above.*

Have you been banned from doing business with the State of Ohio? \_\_\_\_\_.

Please e-mail [sturtsc@crowfordcbdd.org](mailto:sturtsc@crowfordcbdd.org) or fax this page to (419) 562-3176.

By e-mailing or faxing this page you will be registering your company's interest in this RFQ, attendance at pre-qualification conference and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page.

<b>DATE:</b>	
<b>COMPANY NAME:</b>	
<b>ADDRESS:</b>	
<b>REPRESENTATIVE'S NAME:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>FAX NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NUMBER OF INDIVIDUALS ATTENDING IF APPLICABLE: Due to tour constraints please limit to no more than three participants</b>	
<b>SIGNATURE:</b>	



**PERSONAL PROPERTY TAX STATEMENT**

This document must be notarized. Please print and complete document and scan to upload the completed document to your response. If you are submitting your statement qualifications in paper form include all of your forms with your proposal in a sealed envelope.

In accordance with Section 5719.042 of the Ohio Revised Code, I hereby certify that the company I represent is not delinquent in the payment of personal property taxes to the State of Ohio or any subdivision thereof.

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SIGNATURE

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PRINT NAME

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TITLE

**TO BE COMPLETED BY NOTARY PUBLIC**

On \_\_\_\_\_, there appeared before me  
DATE

\_\_\_\_\_, saying that he/she is  
PRINT NAME

\_\_\_\_\_ of  
PRINT TITLE

\_\_\_\_\_,  
PRINT NAME OF COMPANY

and that he/she understands all of the implications of the above statement and has signed  
in good faith.

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SIGNATURE OF NOTARY PUBLIC

**WARRANTY AGAINST AN UNRESOLVED FINDING FOR RECOVERY**

(Formerly State of Ohio Debt)

This document must be notarized. Please print and complete document and scan to upload the completed document to your statement qualification response. If you are submitting your statement qualifications in paper form include all of your forms with your proposal in a sealed envelope.

In accordance with Section 9.24 of the Ohio Revised Code, I hereby certify that the company I represent does not owe any money to the State of Ohio.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

**TO BE COMPLETED BY NOTARY PUBLIC**

On \_\_\_\_\_, there appeared before me  
DATE

\_\_\_\_\_, saying that he/she is  
PRINT NAME

\_\_\_\_\_, of,  
PRINT TITLE

\_\_\_\_\_  
PRINT NAME OF COMPANY

and that he/she understands all of the implications of the above statement and has signed in good faith.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

## Attachment 1 – May 1, 2016 – April 30, 2017 Adult attendance by person served with acuity

Individual	Acuity	January	February	March	April	May	June	July	August	September	October	November	December	Total
A		2	5	5	3	14	8	7	11	2	3	6	8	74
A		18	19	19	17	21	22	15	22	20	17	19	14	223
A		20	18	21	18	21	21	15	22	20	19	18	16	229
A		0	4	6	8	1	4	3	4	0	0	0	0	30
A		16	5	5	10	21	22	15	22	21	19	20	15	191
A		20	18	22	18	21	22	15	22	21	14	20	15	228
A		19	17	20	18	19	19	15	22	20	19	18	15	221
A		19	13	20	17	19	9	10	9	12	17	20	12	177
A		19	11	9	8	21	22	15	22	20	19	19	16	201
A		7	7	7	7	11	11	6	8	5	6	7	5	87
A		19	16	21	16	21	19	15	21	20	17	18	15	218
A		17	19	18	0	0	0	0	20	20	18	15	14	141
A		1	0	0	2	0	0	0	1	0	4	0	0	8
A		19	18	21	18	19	21	14	22	19	19	16	16	222
A		10	11	13	10	12	13	9	12	13	11	9	9	132
A		20	18	21	18	21	22	11	21	21	19	19	14	225
A		10	8	12	11	13	12	8	14	12	12	12	5	129
A		19	18	18	18	21	21	15	22	17	18	18	12	217
A		19	18	19	18	21	22	11	22	19	14	18	15	216

Crawford DD

A	19	19	20	18	16	1	0	9	19	19	19	14	173
A	15	19	21	18	21	21	14	21	20	19	20	15	224
A	19	19	21	18	21	22	15	8	10	18	20	14	205
A	18	18	20	18	20	22	15	22	21	19	20	15	228
A	19	19	20	0	18	13	9	19	18	17	20	12	184
A	0	0	0	0	7	0	1	0	2	0	0	0	10
A	18	12	21	17	21	19	12	18	21	18	17	15	209
A	20	19	20	10	21	22	15	22	21	19	19	14	222
A	16	18	20	18	21	22	15	20	21	16	18	11	216
A	20	16	16	15	21	16	15	22	21	18	20	15	215

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438	402	456	367	484	448	310	480	456	428	445	341	5055
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Crawford DD

B	16	14	11	16	0	14	15	21	19	15	15	13	169
B	18	19	20	17	15	5	14	17	21	8	18	8	180
B	19	17	20	13	21	18	15	20	20	18	19	14	214
B	0	0	16	17	20	21	14	19	19	1	0	0	127
B	19	19	20	18	20	18	14	22	21	19	17	14	221
B	0	0	7	6	21	19	14	20	16	18	11	5	137
B	19	17	21	18	21	22	15	22	21	19	19	16	230
B	19	19	22	15	20	13	13	18	18	19	19	14	209
B	0	0	1	18	0	0	0	0	0	0	0	0	19
B	19	15	19	18	18	22	15	21	20	18	20	13	218
B	10	11	15	13	0	12	4	14	12	11	13	10	125

Totals	139	131	172	169	156	164	133	194	187	146	151	107	1849
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Crawford DD

C	1	0	1	5	4	4	1	2	3	2	3	2	28
C	18	17	20	17	17	19	15	18	21	16	19	7	204
C	17	17	20	17	20	14	9	13	12	10	11	9	169
C	17	17	12	0	16	21	14	20	20	17	17	15	186
C	14	16	18	17	20	18	12	17	19	16	17	9	193
C	14	16	20	18	20	22	14	22	19	14	17	13	209
C	8	12	17	14	16	15	12	17	19	13	9	10	162
C	10	15	17	15	17	15	12	17	15	11	11	10	165
C	15	15	18	15	19	22	14	21	20	18	18	12	207
C	10	9	11	10	13	12	9	12	13	10	10	7	126

Total Grand Totals	124	134	154	128	162	162	112	159	161	127	132	94	1649
		667	782	664	802	774	555	833	804	701	728	542	8553
	701												

**Totals days of attendance by acuity:**

<b>A</b>	<b>5055</b>
<b>A1</b>	<b>0</b>
<b>B</b>	<b>1849</b>
<b>C</b>	<b>1649</b>
	<u><u>8553</u></u>

**Totals individuals by acuity:**

<b>A</b>	<b>29</b>
<b>A1</b>	<b>0</b>
<b>B</b>	<b>11</b>
<b>C</b>	<b>10</b>
	<u><u>49*</u></u>

**Attachment 2 - Current Adult Services  
Staffing Information June 1, 2017**

Department	Employee #	Position Job Title	Hourly Amount	Hours Per Day	Annualized
Adult Services	235	Adult Services Worker	\$18.12	7	\$32,978.40
Adult Services	566	Adult Services Worker	\$19.78	7	\$35,999.60
Adult Services	832	Adult Services Worker	\$19.78	7	\$35,999.60
Adult Services	836	Custodian - P/T	\$9.69	4	\$10,077.60
Adult Services	839	Adult Services Worker	\$19.78	7	\$35,999.60
Adult Services	547	Adult Services Worker	\$19.78	7	\$35,999.60
Adult Services	673	Adult Services Worker	\$19.78	7	\$35,999.60
Adult Services	308	Adult Services Worker	\$17.22	7	\$31,340.40
Adult Services	1080	Adult Services Worker	\$19.47	7	\$35,435.40
Adult Services	284	Adult Services Worker	\$16.32	7	\$29,702.40

**Current Community Employment  
Staffing Information June 1, 2017**

Department	Employee #	Position Job Title	Hourly Amount	Hours Per Day	Annualized
Community Employment	107	Job Coach	\$11.53	8	\$23,982.40
Community Employment	415	Job Developer	\$14.06	8	\$29,244.80
Community Employment	205	Community Employment Mgr.	\$23.94	8	\$49,795.20
Community Employment	240	Job Developer	\$14.07	8	\$29,265.60
Community Employment	56	Secretary - P/T	\$11.86	6	\$18,501.60

**RFQ Evaluation Form – Attachment 3**

Date of Evaluation: \_\_/\_\_/\_\_

<b>Evaluation Criteria</b>	<b>Possible Points</b>	<b>Points Awarded</b>
<p><b>Scope of Services</b> - The RFQ Statement shall indicate the ability of the PROVIDER to meet the terms of the RFQ, especially the ability to address the items delineated in the Anticipated Scope of Services. In determining whether a Respondent is responsible, factors to be considered include, without limitation:</p> <ul style="list-style-type: none"> <li>• Competence of the PROVIDER to support adults with developmental disabilities in receiving day array services and/or community employment.</li> <li>• Years of experience in the delivery of adult day services and/or community employment.</li> <li>• The transition of services will be completed in such a way as to minimize the disruption in the lives of the individuals served by the AGENCY.</li> <li>• Ability of the PROVIDER to serve individuals across the acuity spectrum with an emphasis on community connections and person centered services.</li> <li>• The PROVIDER's ability to include a paid work element to the day array service model.</li> <li>• The PROVIDER's willingness to employ a significant portion of the current staff at a wage similar to their current salaries in order to provide continuity of care for the individuals served.</li> <li>• The PROVIDER's willingness to utilize the current facility of the AGENCY.</li> <li>• Services provided should be established in such a manner as to create an environment that mirrors the current one.</li> </ul>	50	
<p><b>Quality of Services</b> - The RFQ Statement shall indicate the competence of personnel whom the PROVIDER intends to assign to the Project.</p> <ul style="list-style-type: none"> <li>• Past performance of the PROVIDER as reflected by the evaluations of quality assurance organizations in locales where the PROVIDER is currently operating;</li> <li>• Past performance of the PROVIDER as reflected in the satisfaction of individuals served.</li> </ul>	25	
<p><b>Transition Plan</b> - The RFQ statement shall indicate the methods used by the PROVIDER to address factors needed to complete a timely and efficient transition of services:</p> <ul style="list-style-type: none"> <li>• Timeline is specific, measurable, attainable and realistic</li> <li>• Timeline addresses all pertinent factors, including but not limited to: <ul style="list-style-type: none"> <li>• Enrollment of individuals;</li> <li>• Demographic database;</li> <li>• Seamless transition with no lost days of service;</li> <li>• Hiring of staff</li> <li>• Communication Plan</li> <li>• Information Technology Systems</li> <li>• Production/payroll systems</li> </ul> </li> </ul>	25	
<b>Totals</b>	100	



## Question and Answers for RFQ #2017 - PROVIDER of Day Array Services for Individuals with Developmental Disabilities

### Overall Bid Questions

There are no questions associated with this bid.