



**MENTAL HEALTH  
MENTAL RETARDATION  
PROGRAM**

Administrator's Office

January 4, 2010

RE: Request for Qualification (RFQ) for an Early Intervention  
Independent Evaluation Team

Dear Provider,


The Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program is accepting Request for Qualifications (RFQs) for an **Early Intervention Independent Evaluation Team (IET)** to be implemented on July 1, 2010. A copy of the RFQ can be found on the Program's website at [www.lsmhmr.org](http://www.lsmhmr.org) by clicking on "Request for Qualifications – EI IET."

Interested providers are asked to submit a *Letter of Intent* to the Program by the close of business on **January 20, 2010**; all final submissions are due by the close of business on **February 8, 2010**. The RFQ includes details about the purpose, procedures for responding to the RFQ, criteria for the evaluation of qualifications and (4) qualification requirements.

Qualified provider agencies will possess (1) an understanding of The Commonwealth's/Lackawanna-Susquehanna MH/MR Program's philosophy and approach to the delivery of early intervention services, (2) the administrative and programmatic capacity to manage the volume of work, (3) the ability to frequently travel to requested locations within Lackawanna and Susquehanna Counties, (4) availability to accommodate any required meetings of the Program and (5) maintain compliance with the minimum qualifications established by the Program for the Early Intervention Program – Independent Evaluation Team.

Please submit questions in writing to Jeremy Yale, Lackawanna-Susquehanna MH/MR Program, 135 Jefferson Avenue, 3<sup>rd</sup> Floor, Scranton, Pennsylvania 18503. All questions will be received by January 20, 2010.

Sincerely,

  
Stephen Arnone  
Administrator

SA:er  
enclosure

---

LACKAWANNA-SUSQUEHANNA COUNTIES  
MENTAL HEALTH/MENTAL RETARDATION PROGRAM

---

**REQUEST FOR QUALIFICATIONS (RFQ)**

**NOTICE IS HEREBY GIVEN** that pursuant to a fair and open process, sealed submissions will be received by the Lackawanna-Susquehanna Counties Mental Health/Mental Retardation Program ("Program") at its offices at 135 Jefferson Avenue, 3<sup>rd</sup> Floor, Scranton, Pennsylvania 18503 for the following:

EARLY INTERVENTION PROGRAM – INDEPENDENT EVALUATION TEAM (IET)

**A. PURPOSE:**

The purpose of this Request for Qualifications is to solicit interest from qualified agencies and/or individuals to provide professional services for the Program. A qualified agency and/or individual will be selected through a competitive, quality-based, fair and open process at the sole discretion of the Program.

**B. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:**

1. Interested providers will submit a Letter of Intent to the Project Officer, c/o Jeremy Yale, Lackawanna-Susquehanna MH/MR Program, 135 Jefferson Avenue, 3<sup>rd</sup> Floor, Scranton, Pennsylvania 18503 by the close of business on **January 20<sup>th</sup>, 2010**.
2. The final submission will include four (4) copies and include all information required within Section D. Qualifications must be submitted to the Project Officer, c/o Jeremy Yale, Lackawanna-Susquehanna MH/MR Program, 135 Jefferson Avenue, 3<sup>rd</sup> Floor, Scranton, Pennsylvania 18503 by the close of business on **February 8<sup>th</sup>, 2010**. Submissions must be submitted in a sealed envelope with the name of the agency or individual submitting the qualifications clearly marked on the outside of the envelope. It is recommended that each submission package be hand-delivered. The Program 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.
3. All questions regarding this Request for Qualifications should be made in writing to the Project Officer, c/o Jeremy Yale, Lackawanna-Susquehanna MH/MR Program, 135 Jefferson Avenue, 3<sup>rd</sup> Floor, Scranton, Pennsylvania 18503. All questions will be received by the Program by January 20<sup>th</sup>, 2010. All responses to questions will be posted on the Lackawanna-Susquehanna MH/MR Program's website at [www.lsmhmr.org](http://www.lsmhmr.org) by February 1<sup>st</sup>, 2010.
4. **Submission Format:** Submissions should adhere to the following outline:
  - a. Cover letter
  - b. Qualification Requirements (Section D)
    - i. Scope of Services – Qualification statements
    - ii. Resume
    - iii. Facilities – Office Locations
  - c. Appendix – Attached documents

---

LACKAWANNA-SUSQUEHANNA COUNTIES  
MENTAL HEALTH/MENTAL RETARDATION PROGRAM

---

**C. CRITERIA FOR EVALUATION OF QUALIFICATIONS:**

The Program will independently evaluate each submission and selection will be made upon the following criteria:

1. experience and reputation in the field;
2. knowledge of The Commonwealth's/Lackawanna-Susquehanna MH/MR Program's philosophy and approach to the delivery of early intervention services;
3. the administrative and programmatic capacity to manage the volume of work;
4. no current direct Early Intervention (EI) services provided in Lackawanna-Susquehanna Counties;
5. availability to accommodate any required meetings of the Program;
6. compliance with the minimum qualifications established by the Program for the Early Intervention Program – Independent Evaluation Team.

**D. QUALIFICATION REQUIREMENTS:**

The Program is requesting qualifications for an Early Intervention Program – Independent Evaluation Team (IET) including: (1) Scope of Services, (2) Resume(s), (3) Facilities and (4) Conflict of Interest.

The following explains what the Program expects in each of the major sections:

1. **Scope of Services** – The Lackawanna / Susquehanna County Mental Health / Mental Retardation Program is requesting qualification statements to provide professional services for the Program. Your response should detail the agencies or individual's qualifications to provide that type of service.

The minimum qualifications established by the Program for the professional appointments are as follows:

- a) Lackawanna-Susquehanna Counties' Independent Evaluation Team (IET) Provider will operate as an Early Intervention Service in full compliance with regulations described in PA Code Title 55 Chapter 4226 Early Intervention Services.
- b) Children eligible for early intervention services through Lackawanna-Susquehanna Counties' Early Intervention Program are infants and toddlers who have a twenty-five percent (25%) or more delay in at least one of the following areas: physical development, including hearing and vision; cognitive development, sensory development, communication development, social/emotional development, and adaptive development *or* a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

---

LACKAWANNA-SUSQUEHANNA COUNTIES  
MENTAL HEALTH/MENTAL RETARDATION PROGRAM

---

- c) The parent and the service coordinator must receive a copy of all Evaluation Reports (ER) within thirty (30) calendar days of the Initial Multidisciplinary Evaluation (MDE).
- d) All evaluations must be administered within sufficient time to allow for an Individualized Family Service Plan (IFSP) to be developed within forty-five (45) days of the child's referral to the EI Program.
- e) The agency or individual will comply with State and Program requirements to utilize the Pennsylvania's Enterprise to Link Information for Children Across Networks (PELICAN) and PROMISe (Pennsylvania Medical Assistance billing system).
- f) The agency or individual will complete initial and annual evaluations using the standardized assessment tool(s) as identified by the Program.
- g) Based on the Program's historical data regarding the need for initial and annual evaluations, the agency or individual will address approximately forty (40) evaluations per month.
- h) The evaluation must be conducted in the child's natural environment and with parent/caregiver and service coordinator participation; within the geographical location of Lackawanna and Susquehanna Counties.
- i) The provider is responsible for the completion of the state mandated Evaluation Report form to include:
  - i. The child's level of functioning in the developmental area listed above, along with the health summary and vision/hearing status;
  - ii. Team discussion to identify team concerns, impact on daily experiences/routines and special considerations;
  - iii. Recommendations for possible outcomes/teaching strategies using the child/family routines to be used for the first ER and IFSP, if eligibility is established;
  - iv. A description of the appropriate natural environments in which early intervention supports and services should be provided, if eligibility is established; and,
  - v. Recommendations/teaching strategies/suggestions for the child/family to use to enhance development.
  - vi. Assistance in developing a transition plan if the child is one (1) year, nine (9) months or greater.
- j) The agency or individual shall ensure the protection of all personally identifiable information collected, used or maintained under PA Code Title 55 Chapter 4226 Early Intervention Services and The Family Educational Rights and Privacy Act (FERPA).

---

LACKAWANNA-SUSQUEHANNA COUNTIES  
MENTAL HEALTH/MENTAL RETARDATION PROGRAM

---

2. **Resume** – All resumes submitted to the Program shall include the following:

- a) Name and address of your agency and the corporate officer authorized to execute agreements.
- b) A brief description of your agencies history, ownership, organizational structure, location of its management, and licenses to do business in the Commonwealth of Pennsylvania.
- c) 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.
- d) A listing of all like or similar service contracts with other county programs or Mutually Agreed Upon Written Arrangement (MAWA) to provide EI Part C and/or Part B services. Include the name, address and telephone number of the contact person.
- e) A statement of your agencies insurance coverage. Agencies need not provide an insurance certificate specific to the Program in responding to this RFQ. Minimum insurance requirements include: professional & general liability and Worker's Compensation. An insurance certificate will be required prior to commencing work after selection of an agency to provide services relative to a specific project.
- f) A statement of assurance to the effect that your agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Public Welfare (DPW) that may have any impact on your agencies operations.

3. **Facilities – Office Locations**

- a) For your agencies facilities which will service this project:
  - i. The location
  - ii. Agency personnel assigned to this location (Administrative and Professional)
  - iii. Activities of the agency performed at this location
- b) For those facilities and activities located elsewhere, please explain the activities performed elsewhere and why these are best performed at a different office. Agencies where all activities are performed at one location should clearly indicate there is only one location.

**E. RESERVATION OF RIGHTS:**

The Program reserves the right to reject any and all submissions, in whole or in part; to waive any immaterial defect or informality in any proposal as may be permitted by law.