



Request for Proposals

Older Adults Protective Services After-Hours Phoneline Response Service

RFP Posting: Friday, September 21, 2018

Pre-Proposal Conference: 11:30 a.m. on Friday, October 5, 2018 at the Area Agency on Aging at 2100 Wharton Street, 15203, 2nd Floor

Deadline for Questions: 3 p.m. Eastern Time on Thursday, November 8, 2018

Submission Deadline: 3 p.m. Eastern Time on Thursday, November 15, 2018

Estimated Award Decision/Notification: February 2019

Allegheny County Department of Human Services
One Smithfield Street
Pittsburgh, PA 15222

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Definitions

Unless the context indicates otherwise, the following capitalized words are defined as follows for purposes of this RFP:

1. Abandonment: The desertion of an older adult by a caregiver.
2. Abuse: The occurrence of one or more of the following acts: 1) infliction of injury, unreasonable confinement, intimidation or punishment resulting in physical harm, pain or mental anguish; 2) willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health or 3) sexual harassment, rape or abuse.
3. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services.
4. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania.
5. Area Agency on Aging (AAA): A program office of the Allegheny County Department of Human Services which provides programs and services that enable and empower adults, who are 60 years of age and older and live in Allegheny County, to lead safe, independent lives.
6. Caregiver: An individual or institution that has assumed the responsibility for providing care needed to maintain the physical or mental health of an older adult. This responsibility may arise voluntarily, by contract, by receipt of payment for care, by family relationship or by order of a court of competent jurisdiction. Also called caretaker.
7. Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services in the Agreement.
8. DHS: [Allegheny County] Department of Human Services
9. Exploitation: An act or course of conduct by perpetrator against an older adult or an older adult's resources, without the older adult's informed consent or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary or personal loss to the older adult.
10. Neglect: The failure to provide for oneself or the failure of a caregiver to provide goods or services essential to avoid a clear and serious threat to an older adult's physical or mental health.
11. Older Adult: An individual in Allegheny County who is 60 years of age or older.
12. Older Adult Protective Services (OAPS): [Allegheny County Department of Human Services Area Agency on Aging] unit department that investigates reports of abuse, neglect, exploitation and/or abandonment of an individual 60 years of age or older.
13. Phoneline Response Service: The service being sought through this RFP to answer calls outside of normal business hours to OAPS, the Senior Line and other general calls for information.
14. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP.
15. Proposer: The non-profit organization, for-profit organization or business submitting a Proposal in response to this RFP.
16. Protective Services: Activities, resources and supports provided to older adults to detect, prevent, reduce or eliminate abuse, neglect, exploitation and abandonment.
17. Report of Need: A record created by OAPS that contains information about suspected abuse of an older adult.

18. Response Form: The Word document in which Proposers respond to requested information about this RFP.
19. RFP: Request for Proposals
20. Senior Line: A phone, email and walk-in service that anyone may contact to receive information related to older adults, report abuse of an older adult, or to start the process to receive services through the Allegheny County AAA.
21. Social Assistance Management System (SAMS): The mandated, state-wide database in which all services funded and provided through the state's AAAs are recorded and participant files are maintained.
22. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services.

The RFP at a Glance

Purpose

Allegheny County, on behalf of its Department of Human Services (DHS) is soliciting Proposals from qualified Proposers to answer and manage after-hours calls to The Area Agency on Aging (AAA) and to the Older Adult Protective Services (OAPS) hotline. The Successful Proposer will provide support, resource information and referrals to callers and – in the case of potential abuse of an older adult – will take OAPS Reports of Need and make referrals to OAPS and to the geographically-based Protective Service agencies contracted through the County. This RFP is soliciting an important element in AAA's seamless system of supports for older adults, ensuring 24/7 access to anyone with questions or information about abuse, neglect, exploitation and abandonment of older adults.

Award Details

DHS anticipates allocating up to \$150,000 per year to one Successful Proposer who will staff the after-hours phoneline. DHS is desirous of entering into a one-year Agreement with the Successful Proposer (with the option to extend the term).

Who can apply

All entities, including but not limited to education organizations, non-profit organizations, for-profit organizations, call centers and other small businesses, are eligible to and are encouraged submit a Proposal in response to this RFP. Entities do not need to have an existing contract with Allegheny County to apply, but a Proposer must meet all of Allegheny County's contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capability to provide the Contract Services.

What we don't want

We are not interested in a typical answering service model, in which a message is taken and delivered the next business day. Nor are we looking for an answering service that utilizes voicemail or recorded messages. Rather, we are seeking Proposers who will provide an in-person, well-trained staff capable of providing supportive assistance, information and – when appropriate – complete a Report of Need and make a referral to the appropriate Protective Services agency.

While agencies providing Protective Services may submit a Proposal in response to this RFP, they should be aware that they will be making referrals to County-contracted Protective Services agencies based on geography, NOT necessarily directing them to their own agency. Please see the RFP for Older Adult Protective Services Providers for more information.

What's important to us

Key to the success of this service is a well-trained staff who can interact warmly and knowledgeably with callers and provide appropriate information in addition to referrals, when appropriate.

Timeline

Proposers are encouraged to attend a Pre-Proposal Conference on Friday, October 5, 2018 at 11:30 a.m. at the Area Agency on Aging at 2100 Wharton Street, 15203, 2nd Floor, Frick Conference Room B. Deadline for Proposers to submit questions about this RFP is by 3 p.m. Eastern Time on Thursday, November 8, 2018.

Proposals must be submitted by 3 p.m. Eastern Time on Thursday, November 15, 2018.

Proposers will be notified of the County's decision to award an Agreement by February 2019.

Prior to the start of the contract on July 1, 2019, the Successful Proposer must be certified in Protective Services and have attended the "Protective Services Basic Training," a three-day training program developed by Temple University and offered in Harrisburg and other locations.¹

Who we are

On behalf of Allegheny County, DHS is the issuing office for this RFP.

DHS is the largest department of Allegheny County government and provides publicly-funded services to more than 200,000 people annually, in areas including child welfare, behavioral health, aging, intellectual disability, homelessness and community services.

More information about DHS is available at <http://www.alleghenycounty.us/human-services/index.aspx>

¹ For more information and to see a schedule of training, see <https://noncredit.temple.edu/search/publicCourseSearchDetails.do?method=load&courseId=20665042> or <https://harrisburg.temple.edu/continuing-education/institute-protective-services/protective-services-training>

Section 1: Why We Are Issuing this RFP

The Pennsylvania Older Adults Protective Services Act (OAPSA, 35 P.S. §10225.101 et seq.)² mandates that adults age 60 years and older (referred to as “older adults”) who lack the capacity to protect themselves and are at imminent risk of being abused, neglected, exploited or abandoned have access to and be provided with services necessary to protect their health, safety and welfare. DHS’s Older Adult Protective Services Program (OAPS) receives and investigates reports of abuse and provides supports to older adult victims in Allegheny County.³ Its goal is to reduce and eliminate the risk of abuse of older adults. OAPS administers the Protective Services program for Allegheny County and receives reports of potential abuse. Currently, OAPS contracts with three Protective Services providers to investigate and respond to reports, but an RFP being issued concurrently with this RFP may result in fewer or more providers (see DHS’s RFP for Older Adult Protective Services Providers).

OAPS manages a toll-free phonenumber 24 hours per day, seven days per week, that anyone may call if they have concerns about the well-being of an older adult. The 24/7 hotline is staffed by the AAA during normal business hours (Monday through Friday, 8:30 a.m. to 4:30 p.m.). A phonenumber response service answers calls Monday through Friday from 4:30 p.m. to 8:30 a.m., weekends and Allegheny County holidays, and provides backup to AAA as needed. The phonenumber response service receives after-hours OAPS calls, as well as calls to AAA’s Senior Line and other general calls for information (the Senior Line receives calls from people who are looking for information related to older adults or who are hoping to start the process to receive services through the AAA). These calls are the responsibility of the phonenumber response service and are tracked as described in Section 2.3.

1.1 Reports of Need

Anyone can report suspected abuse to OAPS. Reporters have legal protection from retaliation, discrimination and civil or criminal prosecution and may remain anonymous. A Report of Need is completed for each call about potential abuse of an older adult and is forwarded to the County’s contracted Protective Services providers for investigation. The Report of Need can be about potential abuse, abandonment, neglect and exploitation:

- Abuse comes in many forms and includes but is not limited to physical, emotional, verbal, and sexual abuse. Abuse can be: 1) injury, unreasonable confinement, intimidation or punishment resulting in physical or mental harm; 2) the willful deprivation by a caregiver of goods or services that an older adult needs to maintain physical or mental health; or 3) sexual harassment, rape or abuse. A caregiver is responsible for providing care for the older adult and frequently is the perpetrator of abuse. A caregiver can be a person or an institution and the caretaking responsibility can be voluntary, such as when a child cares for their parent, or by contract, such as when an older adult pays for lodging in a nursing facility. Abuse can happen anywhere—in the home of an older adult or in a hospital, senior center or other public space. Environmental factors beyond the control of the older adult or caregiver, such as inadequate housing, furnishings, clothing or medical care due to lack of income, are not grounds for substantiated abuse.

² See https://www.pacode.com/secure/data/006/chapter15/006_0015.pdf

³ For more information, see <http://www.alleghenycounty.us/Human-Services/About/Contact/Older-Adult-Abuse.aspx>

- Neglect is the failure to provide the goods or services essential to avoid a clear and serious threat to physical or mental health. A caregiver can neglect an older adult or the older adult may neglect his or herself.
- Abandonment occurs when a caregiver deserts an older adult.
- Exploitation is an act or course of conduct by an individual against an older adult or his or her resources that results in monetary, personal or other benefit for the perpetrator or monetary or personal loss to the older adult. It is done without the informed consent of the older adult or with consent obtained through misrepresentation, coercion or threats of force. Exploitation can be committed by anyone—a caregiver, family member, guardian, acquaintance or a stranger. There is no minimum dollar amount required for financial exploitation. Exploitation can occur when the perpetrator has a fiduciary relationship with the older adult, such as the power of attorney or a court-appointed guardianship of the person and/or estate. A stranger can exploit an older adult through a scam, such as fraudulent sweepstakes, charity or home repair scam.

After gathering information from the reporter to develop a Report of Need, the staff person assigns the report to one of the following categories. All Reports of Need are sent to OAPS; Reports of Need categorized as Emergency or Priority are also sent immediately to the appropriate Protective Services provider.

- Emergency: An emergency report occurs when the older adult may be at imminent risk of death or serious physical harm. The Protective Services provider must immediately contact and ensure the safety of the older adult upon receiving an emergency report. A face-to-face visit must be made within 24 hours after the report is received. In fiscal year 2016-2017, two percent of the approximately 3,000 Reports of Need received in Allegheny County were categorized as emergency.
- Priority: A priority report requires early intervention and suggests that without face-to-face contact within 24 hours, the older adult may be at risk to an injury or loss. The Protective Services provider must initiate the investigation by contacting the older adult within 24 hours after the report is received. In fiscal year 2016-2017, 15 percent of the County's Reports of Need were categorized as priority.
- Nonpriority: A nonpriority report suggests that the older adult does not have to be seen for several days or longer. The Protective Services provider must initiate the investigation by contacting the older adult in a timely manner, but never later than 72 hours after the report was received. In fiscal year 2016-2017, 60 percent of the County's Reports of Need were categorized as nonpriority.
- No need for Protective Services: A report is categorized as no need for Protective Services if the adult involved: 1) is under 60 years of age; or 2) has the capacity to perform or obtain services necessary to maintain physical or mental health without help; or 3) has a responsible caregiver at the time of the report; or 4) is not at imminent risk of danger to self or property. When the report falls in this category, OAPS provides referrals and other information to the reporter as needed. In fiscal year 2016-2017, 24 percent of the County's Reports of Need were categorized as no need for Protective Services.
- Another Protective Services Entity: A report is categorized as another planning and service area when the older adult is not located in Allegheny County or the individual is under 60. When the report falls in this category, OAPS refers the Report of Need to the correct agency in another county or to Liberty Healthcare Corporation in the event that the individual is under 60.

The completed Report of Need is sent to a Protective Services provider based on the geographic location of the older adult, where an investigation is launched.

Section 2: What We Are Looking For

Through this RFP, we are seeking an after-hours phonenumber response service provider who will answer calls outside of normal business hours to OAPS, the Senior Line and other general calls to AAA for information. As stated above, OAPS manages the phonenumber response service during normal business hours, but receives approximately 950 calls each month after-hours. Many of these calls are simple requests for information that easily can be responded to by knowledgeable phonenumber staff. The Successful Proposer will provide support, resource information and referrals to these callers. About 140 of calls each month involve potential abuse of an older adult. These calls require immediate live attention by personnel trained specifically in Protective Services by the AAA. Automated message systems and voice mail are not permitted. The Successful Proposer will complete a Report of Need for each call involving the potential abuse of an older adult. The Report of Need is a standardized form developed by the Pennsylvania Department of Aging for use specifically by OAPS and is used across the Commonwealth (see Appendix A). The Report of Need form itself can be completed in roughly ten to 15 minutes, however, call durations will vary depending on the caller and the nature of the allegations being reported. Total time spent between call and completing the Report of Need can be expected to be approximately 45 minutes to one hour.

2.1 Staffing and Staff Qualifications

The 24/7 phonenumber is staffed by the AAA during normal business hours (Monday through Friday, 8:30 a.m. to 4:30 p.m.), with backup provided by the Successful Proposer. The Successful Proposer is expected to answer calls Monday through Friday from 4:30 p.m. to 8:30 a.m., weekends and Allegheny County holidays. Proposers should propose a staffing schedule that accommodates vacations, time off and unexpected absences.

All the Successful Proposer's staff must be trained by AAA OAPS staff before answering calls. Training will last approximately four weeks and will include an overview of Protective Services, appropriate responses to typical calls, diversity and compassion, completion of the Report of Need, the referral process, and entering data in SAMS (Social Assistance Management System, the AAA data management system). The Successful Proposer's staff also will receive training on available community resources, in general, in order to respond to calls for which there is no need for Protective Services and which would typically go to the AAA's Senior Line during normal business hours. New staff hired by the Successful Proposer must attend "Protective Services Basic Training," a three-day training program developed by Temple University and offered in primarily in Harrisburg, as well as in other locations. Following that training, they will be certified in Protective Services.

2.2 Call Answering

Because of the wide variety of calls, no specific script is provided, but well-trained staff should be prepared to handle any type of call. For calls concerning potential abuse, staff will interview the caller, following the format of the Report of Need. Other calls should be responded to with the appropriate resource or referral information and will be tracked as described in Section 2.3.

2.3 Data Collection

The Successful Proposer must track data on all calls (e.g., call volume, type of call, length of call, call trends) and provide that information to OAPS on a regular basis. Proposers should have a data collection mechanism in place to do so; OAPS will work with the Successful Proposer to ensure that the mechanism meets its needs. All calls resulting in a Report of Need are also entered and tracked in SAMS, for which the Successful Proposer will receive training from OAPS.

2.4 Referral Process

OAPS has divided Allegheny County into three geographic service area zones served by Protective Service provider agencies contracted through the County. All Reports of Need are sent to OAPS; any Report of Need that falls into the “Emergency” or “Priority” category also is sent immediately to the appropriate provider agency.

2.5 Budget

DHS anticipates allocating up to \$150,000 annually to the phonenumber response service and will enter into a one-year renewable Agreement with the Successful Proposer.

2.6 Confidentiality

Successful Proposers must strictly adhere to all Older Adults Protective Services Act confidentiality requirements. Client records are confidential, and the Successful Proposers must restrict access to reports and information. Successful Proposers must follow confidentiality requirements for the release of the names of individuals involved in the Protective Services investigation, including clients as well as potential abuse reporters who choose to remain anonymous.

Section 3: Proposal Requirements and Evaluation Criteria

Proposals are evaluated based upon the evaluation criteria described in detail below. Proposers must address their qualifications in their Proposal by responding to the specifically-requested items or questions in the Response Form. Proposers should download and type their responses directly into the Response Form available on the Active Solicitations webpage at www.alleghenycounty.us/dhs/solicitations. The maximum score that a Proposal can receive is 80 points, as outlined in the following sections.

3.1 Organizational Experience (35 points)

- Experience operating a live answering service or phonenumber response service. (10 points)
- Experience triaging callers with a variety of needs and providing them with appropriate information and/or referrals. (10 points)
- Experience providing protective services or other crisis-related services in the community. (5 points)
- Plan for maintaining compliance with the Older Adults Protective Services Act. (5 points)
- Experience in data collection and transmission. (5 points)

3.2 Staffing (20 points)

- Staffing plan that ensures coverage without gaps. (5 points)
- Commitment to staff training and a staff training plan. (5 points)
- Staff qualifications. (5 points)
- Plan to either locate staff centrally or have them work remotely with appropriate levels of oversight and supervision. (5 points)

3.3 Budget (25 points)

- A detailed line item budget that reflects a realistic estimate of the costs associated with managing the after-hours phonenumber service. (10 points)
- A budget narrative that clearly explains and justifies the line items in the proposed budget. (10 points)
- A description of how staff are paid (e.g., hourly, salary, per call, per minute). (5 points)

Section 4: How to Submit a Proposal

4.1 Pre-Proposal Conference

A pre-proposal conference for this RFP will be held at 11:30 a.m. Eastern on Friday, October 5, 2018 at the AAA offices (Birmingham Towers, 2nd Floor, Frick Conference Room B, 2100 Wharton Street, 2nd Floor, Pittsburgh, PA 15203). Proposal preparation and submission requirements will be presented, and questions will be entertained from Proposers.

- a. Proposers are not required to attend the pre-proposal conference.
- b. Please RSVP for the conference at https://allegHENYcounty.az1.qualtrics.com/jfe/form/SV_1ZwNSe9jkwglOxn no later than 3 p.m. Eastern on Friday, September 28, 2018.
- c. Preliminary answers will be provided orally at the conference for questions asked during the conference. These oral answers provided at the pre-proposal conference are preliminary and should not be relied upon by any Proposer. Final definitive answers to questions asked during the conference will be posted in writing on the DHS Solicitations webpage the following week.
- d. Proposers may submit questions to be addressed at the pre-proposal conference in advance. Questions submitted to DHSProposals@allegHENYcounty.us by 3 p.m. Eastern on Friday, September 28, 2018 will be addressed at the pre-proposal conference.

4.2 Submission Process

- a. Proposers should take time to review and understand the RFP in its entirety including:
 - The background (see Section 1: Why We Are Issuing this RFP)
 - The narrative (see Section 2: What We Are Looking For)
 - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
 - The evaluation process (see Section 5: How We Will Evaluate Your Proposal)
- b. Proposers must use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available at our Active

Solicitations website with the RFP announcement at www.alleghenycounty.us/dhs/solicitations.

- c. Proposers must submit a complete Proposal, which includes the following attachments that are available on our Active Solicitations website:
 - Response Form
 - MWDBE documents
 - Allegheny County Vendor Creation Form
 - Audited financial reports for the last three years
 - W-9
- d. Proposer should not send any attachments other than those listed above and on the Response Form.
- e. If you do not have audited financial reports for the last three years, you may submit other financial documentation that attest to the financial health of your organization. Tax returns are the preferred alternative. Please note that providing financial documentation is a requirement of contracting through Allegheny County.
- f. Make sure to complete each section of the Response Form and to stay within any word counts or page limits that may be specified in the Response Form.
- g. Proposals must be submitted electronically to DHSProposals@alleghenycounty.us no later than 3:00 p.m. Eastern Time on Thursday, November 15, 2018 to be considered for review.**
- h. Please make sure to get your Proposal in before the deadline! If your Proposal is late, it will be rejected and will not be presented to the evaluation committee for review and scoring as described in Section 5 below.
- i. You will receive an email when your Proposal is received. If you do not receive this notification within 48 hours of submitting your Proposal, please contact DHSProposals@alleghenycounty.us

4.3 How to Contact DHS about this RFP

- a. All inquiries and questions must be submitted via email to DHSProposals@alleghenycounty.us
- b. All information about the RFP, including answers to questions, changes and clarifications will be posted at our Active Solicitations website at www.alleghenycounty.us/dhs/solicitations
- c. Please be sure to check this website regularly for answers to questions, additional information or changes to the RFP or the RFP process.

4.4 Other Information

- a. The issuance of this RFP does not obligate the County to enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals.
- b. Any Agreement originating from this RFP is subject to all of the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
- c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
- d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
- e. The Successful Proposal will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).

- f. Proposers also should be aware that all documents and materials submitted in response to this RFP are subject to requests made pursuant to Pennsylvania’s Right-To-Know Law and that the County may have to make submitted documents and materials available to a requestor after an award of an Agreement is made.

Section 5: How We Will Evaluate Your Proposal

Proposals will be evaluated by an evaluation committee convened by DHS. The evaluation committee will assign scores based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria using the scale listed in Section 5.1 b.

5.1 Evaluation Model

The evaluation process will consist of the following steps:

- a. An Evaluation Committee will be formed by DHS and may consist of some or all of the following:
 - Content experts from within DHS, selected for their expertise and/or experience
 - Representatives of foundations, educational institutions, community and civic organizations, businesses and/or non-profit agencies
- b. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer’s Response Form according to their expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:
 - 0 – Not addressed in Proposal or Not Applicable
 - 1 – Poor
 - 2 – Below expectations
 - 3 – Meets expectations
 - 4 – Exceeds expectations
 - 5 – Outstanding
- c. The Evaluation Committee members then will meet collectively to discuss the individual scores and evaluations of each committee member.
- d. DHS, on behalf of the County, shall have exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. The Evaluation Committee will score the oral presentation using the following criteria and the scale outlined in 5.1b. The maximum score that an oral presentation can receive is 15 points:
 - Presentation demonstrates Proposer’s ability to implement the proposed program effectively (5 points)
 - Proposer’s answers to Evaluation Committee’s questions (5 points)
 - Proposer’s presentation is thoughtful and professional (5 points)
- e. At any time during the review process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.

- f. As part of determining Proposers' eligibility to enter into a contract with Allegheny County, all Proposers' financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure Proposers' financial stability.
- g. The Evaluation Committee will submit their recommendation for award of an Agreement to the Director of DHS for his approval, who in turn will submit a request to the County Manager for approval for the County to enter into an Agreement with the Successful Proposer(s).
- h. The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.**
- i. All Proposers will be notified of their status following the final determination of which Proposer(s) will be awarded Agreements.
- j. Proposers not awarded an Agreement who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

For a Proposal to be eligible for evaluation, it must be:

- Received by the due date/time
- Properly formatted and include responses to all requested information
- Complete with all required forms and attachments

Proposals which do not meet the above requirements will be automatically rejected and will not be presented to the evaluation committee.

Section 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with the County, Proposers must be willing to comply with all contract requirements listed below and all standard terms and conditions contained in a County contract for provision of services to DHS and its offices. Additional details about contracting with Allegheny County are provided in the [DHS Contract Specifications Manual](http://www.alleghenycounty.us/dhs/solicitations), available at www.alleghenycounty.us/dhs/solicitations.

6.1 Minority, Women or Disadvantaged Business Enterprise (MWDBE) Requirements

Allegheny County has MWDBE goals of 13% participation for Minority Business Enterprises and 2% participation for Women Enterprises, and expects that Successful Proposers will make a "good faith effort" in assisting the County in meeting these goals.

- a. All Proposals must include either of the following:
 - If your organization is able to meet the MWDBE contract goals, a completed MWDBE Participation Statement and MWDBE Contact Information form is required. You must also attach the MWDBE certifications of the firms you intend to use with the Participation Statement.
 - If your organization will request a waiver from participating in the MWDBE contract goals, a completed MWDBE Participation Statement, MWDBE Contact Information form and MWDBE Waiver Request are required.

- b. MWDBE forms and resources can be found at www.alleghenycounty.us/dhs/solicitations:
 - MWDBE Forms
 - [MWDBE Participation Statement](#)
 - [MWDBE Waiver Request](#)
 - [MWDBE Contact Information form](#)
 - MWDBE Resources
 - [MWDBE Contract Specifications Manual](#)
 - [MWDBE Response Checklist](#)
 - [Guide for completing the MWDBE Participation Statement](#)
 - [Sample Diversity Policy](#)
- c. For more information about MWDBEs, visit the [Allegheny County MWDBE website](#).

6.2 HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). Therefore, a Successful Proposer must comply with all HIPAA requirements.

6.3 Cyber Security

- a. Successful Proposers must meet the minimum computer specifications which begin on page 14 of the [DHS Contract Specifications Manual](#), available at www.alleghenycounty.us/dhs/solicitations.
- b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
- c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.4 Equal Employment Opportunity and Non-Discrimination Requirements

By submitting a Proposal, a Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, client or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability.

6.5 New Provider Requirements

If awarded an Agreement, Successful Proposers who do not have current Allegheny County contracts will be required to complete the [DHS New Provider Application](#), available at <http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Prospective-Providers.aspx>. While not required as part of your Proposal, Proposers may wish to review the requirements of this application.

Appendix A: Report of Need

RON 5-1-2018

1. REPORTER'S DETAILS

1.A. CONSUMER'S INFORMATION

1. **Date RON Received (MM/DD/YYYY)**

____/____/____

2. **Time RON Received (include AM or PM)**

3. **Date(s) of the incident(s) (MM/DD/YYYY)**

4. **LAST Name**

5. **FIRST Name**

6. **MIDDLE Initial**

7. **Name SUFFIX (if applicable)**

1.B. CONSUMER'S DEMOGRAPHIC DATA

1. **What type of communication assistance will be needed to communicate with consumer?**

- Language
- Language and Mechanical
- Mechanical
- American Sign Language (ASL)
- None/Not Reported

2. **Primary Language**

- American Sign Language
- English
- Russian
- Spanish
- Other-Document in Notes

3. **Date of Birth (DOB) (MM/DD/YYYY) (If unknown, document an indicated age range in Next Question, if DOB entered here, skip Question 1B4)**

____/____/____

4. **If Date of Birth is unknown, indicate the consumer's age range.**

- Under Age 60
- Age 60+

5. **Marital Status**

- Divorced
- Married
- Single
- Separated
- Widowed
- Other-Document Details in Notes
- Unavailable/Unknown

6. **Gender**

- Female
- Male

7. **Social Security Number (SSN) (Optional)**

____-____-____

8. **Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

9. **Race(s)**

- American Indian/Native Alaskan
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Non-Minority (White, Non-Hispanic)
- White-Hispanic
- Other-Document in Notes
- Unavailable

10. **Current Living Arrangement (Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, and PCH, pay rent, or have no roommate.)**

- Lives Alone
- Lives with Spouse Only
- Lives with Child(ren) but not Spouse
- Lives with Other Family Member(s)
- Other-Document Details in Notes
- Don't Know

11. CONSUMER'S type of residence at time of reported event.

- Apartment
- Assisted Living (AL)
- Community Homes for Individuals with ID
- Caretaker/Caregiver's Home
- CRR (Mental Health)
- Family Living/Shared Living
- Domiciliary Care Home (DC)
- Inpatient Psychiatric Facility
- Intermediate Care Facility (ICF)
- Homeless
- Long Term Structured Residence (LTSR/MH) Mental Health
- Nursing Facility
- Own Home
- Personal Care Home (PCH)
- Other-Document Details in Notes
- Unknown

12. Identify where the incident occurred. If County is different than residence, document details in notes.

1.C. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION

1. Name of facility, if residing in a facility. (If not residing in a facility, document as N/A.)

2. RESIDENTIAL Street Address (Include number of house, apartment, or room.)

3. RESIDENTIAL Street Address Second Line (if needed)

4. RESIDENTIAL City or Town (Optional and must be located within the required residential municipality.)

5. RESIDENTIAL Municipality - REQUIRED (Usually a Township or Borough where Consumer Votes, Pays Taxes.)

6. RESIDENTIAL County – REQUIRED

- Adams
- Allegheny
- Armstrong
- Beaver
- Bedford
- Berks
- Blair
- Bradford
- Bucks
- Butler
- Cambria
- Cameron
- Carbon
- Centre
- Chester
- Clarion
- Clearfield
- Clinton
- Columbia
- Crawford
- Cumberland
- Dauphin
- Delaware
- Elk
- Erie
- Fayette
- Forest
- Franklin
- Fulton
- Greene
- Huntingdon
- Indiana
- Jefferson
- Juniata
- Lackawanna
- Lancaster
- Lawrence
- Lebanon
- Lehigh
- Luzerne
- Lycoming
- McKean
- Mercer
- Mifflin
- Monroe
- Montgomery
- Montour

- Northampton
- Northumberland
- Perry
- Philadelphia
- Pike
- Potter
- Schuylkill
- Snyder
- Somerset
- Sullivan
- Susquehanna
- Tioga
- Union
- Venango
- Warren
- Washington
- Wayne
- Westmoreland
- Wyoming
- York
- Out Of State

7. CONSUMER'S Primary Telephone Number

8. DIRECTIONS to Consumer's Location (Optional)

9. NAME of Emergency Contact

10. PHONE Number of Emergency Contact

11. NAME of Primary Care Physician

12. Business PHONE Number for Primary Care Physician

1.D. CONSUMER'S POSTAL/MAILING ADDRESS INFORMATION

1. POSTAL Street Address (Include number of PO Box, street, house, apartment, OR room.)

2. POSTAL Address Second Line (if needed)

3. POSTAL City or Town

4. POSTAL State

5. POSTAL Zip Code

2. REPORTER'S OBSERVATIONS

2.A. CONSUMER'S CURRENT SITUATION

1. Identify ALL ALLEGATIONS made by the reporter. Document ALL Details provided regarding EACH ALLEGATION in the Notes section.

- Physical abuse
- Emotional abuse
- Self neglect
- Caretaker/Caregiver neglect
- Exploitation
- Abandonment
- Sexual abuse

2. Is the consumer in a life threatening situation?

- Yes
- No
- Unknown

3. Reported physical and health conditions of consumer - Document ALL Details in Notes.

- None/Not reported
- Amputation
- Arthritis
- Functional limitations
- Medication mismanagement (ie. undermedicated, substance abuse)
- Physical trauma (ie. bruises, cuts, burns, signs of sexual abuse)
- Poor personal hygiene (ie. dirty, odorous, poor dental health)
- Poor nutritional status (ie. malnourished, dehydrated, weight loss)
- Recent hospitalizations (ie. hospitalized in last 30 days)
- Unmet personal needs (ie. lack of false teeth, eyeglasses, hearing aid)

- Untreated medical condition (ie. ulcerations, bedsores)
- Other-Document Details in Notes
- Unknown

4. Type of disability(ies) reported:

- None/Not Reported
- ALS (Lou Gehrig's)
- Alzheimer's/Dementia
- Autism Spectrum Disorder
- Blind/Visually Impaired
- Brain Injury (Traumatic/Acquired)
- Chemical Dependency, including Alcohol and Substance Abuse
- DD/ID
- Deaf/Hearing Impaired
- Epilepsy
- Mental Illness
- Medical Diagnoses Leading to Physical Disability
- Physical Disability
- Speech Impairment
- Other-Document Details in Notes
- Unknown

5. Indicate the types of substance abuse:

- None/Not reported
- Alcohol
- Illegal drugs
- Misusing prescribed medications
- Other-Document Details in Notes

6. Reported emotional and mental conditions of Consumer - Document all Details in Notes.

- None/Not Reported
- Confusion (ie. memory loss, wandering)
- Disoriented (ie. to person, place, or time)
- Feels threatened or intimidated
- Hallucinations (ie. hearing voices, seeing non-existent objects or people)
- Recent suicidal talk/actions/thoughts
- Social Isolation: Consumer Imposed
- Social Isolation: Imposed by Another Person(s)
- Unable to communicate and/or comprehend
- Other-Document Details in Notes
- Unknown

7. Reported problems with the physical environment of Consumer - Document all Details in Notes.

- None/Not reported
- Architectural barriers (ie. inaccessible, bathroom, stairway)
- Garbage/trash accumulation
- Inadequate utilities (ie. heat, plumbing)
- In need of repair
- Insect/pest problem(s)
- Pet/animal problem(s) (ie. overpopulation, inadequate care)
- Safety hazard(s) (ie. fire danger, leaky roof)
- Other-Document Details in Notes
- Unknown

8. Note any dangers - Document Details in Notes.

- None/Not reported
- History of Violent Behavior in Home
- Gang Activity
- Neighborhood Dangers
- Known Drug Activity
- Pets
- Weapons
- Other-Document Details in Notes
- Unknown

9. Reported financial problems of Consumer - Document Details in Notes.

- None/Not reported
- Depleted bank account with no reason
- Mismanagement of funds (ie. unpaid bills, utility shut-offs)
- Missing assets (ie. checks, cash, personal property)
- Unexpected change of name on accounts
- Other unusual financial arrangements or relationships
- Unknown

10. Does the Consumer have assistance with legal/financial concerns?

- Yes
- No-Skip to 2.A.12
- Unknown-Skip to 2.A.12

11. If response to 2.A.10 is "Yes," check all appropriate options from list below.

- Guardian
- Informal Representative
- Lawyer
- Power of Attorney (Healthcare)
- Power of Attorney (Durable)
- Representative Payee

12. What is the name of the Alleged Perpetrator (AP)? (Document if N/A or Unknown)

13. Does the Alleged Perpetrator currently have access to the Consumer/Consumer assets?

- Yes
- No
- Unknown

14. Where is the Consumer currently located?

3. REPORTER'S DATA

3.A. REPORTER'S INFORMATION

1. REPORTER'S First and Last Name

2. REPORTER'S Phone Number

3. Is this a MANDATED Report?

- Yes-Skip to 3.B
- No

4. Type of VOLUNTARY Reporter

- Alleged Perpetrator (AP)
- Anonymous
- Area Agency on Aging (AAA)
- Assisted Living Facility (AL)
- Consumer
- Domiciliary Care Home (DC)
- Family Member
- General Public
- Home Health Care Agency
- Hospital
- Law Enforcement Agency
- LTC Ombudsman
- Nursing Facility
- Personal Care Home (PC)
- Social Service
- Physician's Office
- Other-Document Details in Notes

3.B. MANDATORY REPORTERS (If report is voluntary, skip to 4.A)

1. NAME of the Organization/Facility- Mandatory Facilities CANNOT be Anonymous.

2. Type of MANDATORY Reporter

- Adult Training Facility/Vocational Program
- Assisted Living Facility (AL)
- Birth Center (BC)-DOH
- Community Homes for Individuals with ID - DPW
- Community Residential Rehabilitation Services (CRRS) -DPW
- Domiciliary Care Home (DC)
- Hospice-DOH
- Hospital LTC-DOH
- Home Care Agency-DOH
- Home Care Registry-DOH
- ICF/ID-DPW
- In-Home Direct Service Worker
- Licensed Home Health Care (HH)-DOH
- Long Term Structured Residence (LTSR)-DPW
- Nursing Home-DOH
- Older Adult Daily Living Center (OADLC)
- Personal Care Home (PCH)-DPW
- Other Public Funded Entity (Licensed or Unlicensed) - Document Details in Notes
- Residential Treatment Facility
- State Mental Hospital-DPW

3. Type of abuse reported

- Sexual abuse
- Serious bodily injury (risk of death, permanent disfigurement, loss/impairment)
- Serious physical injury (causes severe pain, impairs physical functioning)
- Suspicious death
- Abuse not listed above-Document Details in Notes

3.C. MANDATORY REPORTS (Sexual Abuse, Serious Physical Injury, Serious Bodily Injury or Suspicious Death)

1. Was the mandatory reporter advised of additional reporting requirements to the appropriate State Agency and Law Enforcement?

- Yes
- No (Not one of the four serious, skip to 3.C.4)

2. Date the PS Agency reminded the organization/facility of the additional reporting requirements to the appropriate State Agency and Law Enforcement (MM/DD/YYYY)

____/____/____

3. Time the PS Agency reminded the organization/facility of the additional reporting requirements to the appropriate State Agency and Law Enforcement (include AM or PM)

4. When was the mandatory written report from the facility received by the appropriate PS Agency/Entity?

- Within 48 hours

- More than 48 hours
- Not received

5. Did the PS Agency forward the facility's mandatory written report to the appropriate State Agency?

- Yes
- No

4. REPORT OF NEED SUMMARY

4.A. REPORT OF NEED SUMMARY

1. What is the Category assigned to the Report of Need at intake?

- Emergency-Immediately refer to PS
- Priority-Immediately refer to PS
- Non-priority-Normal Business
- No need for PS (complete 4.A.2)
- Referred to another entity-include date/time and person receiving RON in Notes.

2. Why categorized as No Need for Protective Services? Document Details in Notes

- Is not in the jurisdiction of PA (OAPSA only)
- Is not a resident of PA (APS only)
- Under age 60 (OAPSA only)
- Under age 18 or over age 59 (APS only)
- Able to perform or obtain services on their own (OAPSA only)
- Able to obtain PS without the assistance of another person (APS)
- No imminent risk to person or property (OAPSA or APS)
- Has a responsible caretaker (OAPSA only)
- No physical/mental impairment limiting 1 or more major life activity (APS only)

4.B. RON CONFIRMATION (Completed by PS Worker or Supervisor)

1. Date Report of Need was received by Protective Service Worker (MM/DD/YYYY)

____/____/____

2. Time Report of Need was received by Protective Service Worker (include AM or PM)

3. Was the Intake Report of Need Category confirmed? Document who confirmed or changed the category in Notes.

- No
- Yes-Skip to 4.B.5

4. If the Category assigned at intake to this Report of Need was changed, enter the appropriate Category here.

- Emergency-Immediately refer to PS
- Priority-Immediately refer to PS
- Non-Priority-Normal Business
- No need for PS-Explain in Notes
- Referred to another entity

8. Date Director Reviewed and Approved the Receipt of the RON and Assignment (MM/DD/YYYY)

____/____/____

5. Based on review of the RON, what organizations/agencies were notified of the RON? Check all that apply. Document in the Notes the dates and individual names contacted for each choice below.

- Coroner
- Department of Aging (PDA)
- Department of Health (DOH)
- Department of Public Welfare (DPW)
- Law Enforcement - At time of RON - (i.e. NN due to consumer death)
- MH/DD
- Ombudsman
- Other-Document Details in Notes
- None-Document Details in Notes

6. If referred to a different entity, document the entity, county name, and name of individual receiving report.

5. SIGNATURES

5.A. SIGNATURES, TITLES, & DATES FOR REPORT OF NEED

1. Signature & Title of Intake Worker

2. Date Intake Worker Completed RON (MM/DD/YYYY)

____/____/____

3. Signature & Title of Caseworker Reviewing and/or Investigating

4. Date Caseworker and/or Investigator Received the RON (MM/DD/YYYY)

____/____/____

5. Signature & Title of Supervisor

6. Date Supervisor Reviewed and Approved the Receipt of the RON (MM/DD/YYYY)

____/____/____

7. Signature and Title of Director

Title : _____

Date

Title : _____

Date