



REQUEST FOR PROPOSAL

Personal Emergency Response Systems

Released: **October 12, 2021**
Closing Date: **November 5, 2021**
Time: **4:00 PM**
Contact: Vicki Hon, Operations
Administrator
Clay County Senior Services
4444 N. Belleview, Ste. 110
Gladstone, MO 64116
816.455.4800
E-Mail:
vicki@claycoseniors.org

Dear Perspective Bidder:

Clay County Senior Services (CCSS) is seeking proposals from qualified bidders to provide personal emergency response systems for residents of Clay County, Missouri who are age 60 and older, and living in an independent living situation. The details are contained in the enclosed Request for Proposal. We hope you find the information sufficient to evaluate, prepare, and submit a proposal in accordance with the proposal specifications.

Individuals or parties interested in submitting a proposal are required to have the staffing and equipment available to provide personal emergency response systems for residents of Clay County, Missouri who are age 60 and older.

Person(s) submitting a proposal need to read and follow all instructions and specifications contained herein. Any questions should be submitted via e-mail to the above address. All questions and inquiries and CCSS's answers will be given to all firms that have expressed an interest in the RFP. Please do not contact the CCSS staff concerning this RFP except by this method. Failure to follow this procedure may result in disqualification.

The proposal must be signed by a representative authorized to legally bind the bidder and returned in its entirety, with all required attachments, prior to the closing date and time in order for the proposal to be considered valid. Proposals are to be returned to the address above before **4:00 p.m. on Friday, November 5, 2021.**

I. PUBLIC NOTICE

Notice is hereby given that Clay County Senior Services (CCSS) will release Request for Proposal (RFP) documents for the provision of the following services in the Missouri county of Clay:

Personal Emergency Response System for adults age 60 and older

These documents will be released at 10:00 a.m. on Tuesday, October 12, 2021. Questions relating to proposal procedures, requirements and evaluation should be directed to Vicki Hon by email. All responses to this RFP must be received at CCSS no later than 4:00 p.m. Friday, November 5, 2021 in order to be given full consideration. The envelope containing the proposal must be clearly marked "SEALED PROPOSAL". Late proposals will be returned to sender unopened.

CCSS reserves the right to select or reject any proposal, in whole or in part.

All proposals received by the aforementioned deadline shall be screened by CCSS staff for completeness.

Non-conforming proposals shall be rejected. The respondent will be informed as such in writing no later than November 19, 2021.

A review committee will be established to review all proposals responding to this RFP. Representatives of each party submitting an accepted proposal may be invited to a meeting held by this committee (time and place to be announced) to answer and possibly clarify any questions or concerns committee members may have regarding the proposal. Evaluations and recommendations concerning the RFP's by this committee will be submitted to the Board of CCSS for review and further action.

All proposals received by CCSS are subject to the Missouri Sunshine Law. To the extent possible, CCSS will keep information contained in the proposals confidential. Respondents are required to identify those portions of their proposal documents that they consider to be proprietary. An entire proposal document may not be protected. All proposals and supporting documents will remain confidential until a final contract has been executed.

II. CONTRACT PERFORMANCE PERIOD

The term of the contract will be for one year beginning January 1, 2022 and ending December 31, 2022.

III. MINIMUM REQUIREMENTS OF RESPONDENTS

Responses to this RFP will be accepted from Parties meeting the following minimum requirements:

- A. A business entity eligible to do business in the State of Missouri. Proposals from individuals will not be accepted.
- B. A business entity with current licenses and/or permits, as required, for proposed services.
- C. A business that has at least two (2) years of experience in the provision of services to be provided as outlined in these documents to the target population.

IV. SUBMITTING A PROPOSAL

One original of the proposal, properly endorsed by a representative authorized to legally bind respondent must be returned in its entirety with all required attachments by the closing time and date of 4:00 p.m. Friday, November 5, 2021.

V. REVIEW AND EVALUATION

- A. It is the intent of CCSS to negotiate a contract with one or more respondents whose proposal is deemed most advantageous to CCSS in accordance with all the provisions, instructions, and requirements in this document. CCSS shall also utilize the services of one or all of the successful respondents during the term of the respective contracts in a manner that is most advantageous to CCSS and the clients it serves.
- B. This is an Indefinite Delivery and Indefinite Quantity (IDIQ) RFP. Because of the nature of this service, CCSS does not and cannot guarantee to any contractor any certain type or quantity of clients nor their location other than in Clay County.
- C. All submitted proposals will be reviewed for completeness and those deemed to be incomplete or non-responsive will be rejected from further consideration. CCSS reserves the right to waive any irregularities it deems minor.
- D. CCSS staff may open any bid received prior to the closing date for purposes of preparing a compilation/comparison of the various proposals for submission to the CCCSS board of directors.
- E. Prior to selection and award of a contract, one or more respondents may be asked to be interviewed by CCSS's staff members and/or Board members.
- F. CCSS retains the right to reject any or all proposals and to negotiate a final contract or contracts with the vendors whose proposals are deemed most acceptable and advantageous to CCSS. CCSS in its sole discretion may also reject all proposals submitted and re-issue the RFP for new submissions or terminate the process.
- G. Award shall be made by written notification from CCSS.

Continue to Proposal Cover Sheet

PROPOSAL COVER SHEET

DATE: _____

TO: Tina Uridge
Executive Director
Clay County Senior Services
4444 N Belleview, Suite 110
Gladstone, MO 64116

SERVICE: Personal emergency response systems ("PERS").

- A. The undersigned, in compliance with your request for Indefinite Delivery/Indefinite Quantity (IDIQ) Contract Proposal, having examined the proposal instructions and specifications, hereby proposes to perform the service in accordance with the CCSS' requirements, specifications and standards at the rates for service as stated in the attached proposal.
- B. The undersigned further agrees as follows:
1. Upon receiving official CCSS notification of approval shall by January 1, 2022 begin work and carry on regularly and expeditiously thereafter (unless CCSS specifically directs otherwise) with such force as to insure the full completion within the time specified in a provider agreement guaranteeing the faithful performance of the services; and
 2. That CCSS has the right to reject any and all proposals.

Signature of Authorized Individual

Date

Name & Title

Telephone Number

Party/Company

Fax Number

Address

City, State, Zip Code

Contact Person

Telephone Number

Website

Email

You Must Provide the Following Information in Your IDIQ Proposal

All requested Indefinite Delivery and Indefinite Quantity (IDIQ) proposal documentation must be submitted with your IDIQ proposal.

A "Proposal Narrative" is required and must include the subject categories that follow. Proposals will be evaluated based upon SPECIFIC DETAILED descriptions of how the respondent will perform the scope of work. Simple paraphrasing of the RFP will not be sufficient.

1. Describe the organization's structure, including the corporate status; date of incorporation; list of senior officers for 2019, 2020, and 2021. Please enclose publications provided by your organization to clients describing your organization and services.
 2. Please provide the number of office locations and the address(es) of local office and/or other offices.
 3. Describe in detail how many years your agency has been providing the services outlined in this proposal and where and to whom these services have been delivered.
 4. Describe the respondent's staff, staff qualifications and organization of service personnel (paid and voluntary) involved in the service operation. Include a specific list of administrative staff, their qualifications and responsibilities and a description of service personnel to be involved in the provision of services, including numbers, positions and qualifications.
 5. Describe your agency's quality assurance program and grievance procedures for clients.
 6. How many clients do you currently provide services for as described in this RFP?
 7. Describe in detail the service plans and charges being proposed, including a plan for CCSS subsidies for low-income clients.
 8. Describe in detail how you will perform the scope of work including: processing referrals, responding to a change in status of client, handling non-payment by existing clients, and equipment delivery and/or installation process.
 9. In the event of an equipment shortage, describe how this will affect service delivery.
 10. Please share your agency's Diversity, Equity and Inclusion Statement and how it impacts the way you carry out your mission.
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- ☐ Sign and dated Proposal Cover Sheet attached to the front of your IDIQ documentation.
 - ☐ The geographic areas of Clay County that your agency will provide service to —specify boundaries and use the attached map of Clay County to indicate your proposed service area. (See Attachment II)
 - ☐ Verification of general and professional liability insurance coverage for all employees, staff and agents in the amount of not less than \$500,000.00 per occurrence and not less than \$1,000,000.00 annual aggregate limit. Please enclose a copy of the policy certificate of insurance. If proposal is accepted, CCSS must be named as "additional insured" as their interest may appear in regards to generally liability. Verification of Worker's Compensation insurance for all employees, staff, and agents. Please enclose

a copy of the policy certificate of insurance. If proposal is accepted, CCSS must be named as "additional insured" as their interest may appear in regards to generally liability.

- ☐ Designated Billing Staff Contact:
 - Phone Number:
 - Email:
- ☐ Designated Project Manager Contact:
 - Phone Number:
 - Email:
- ☐ Performance records and/or references (if not a current CCSS provider).
- ☐ Licenses, certifications and registrations (check all that applies):
 - ☐ Verification that your agency and its' employees have on file current licenses, certifications and registrations to perform the services described in this RFP.
 - ☐ Your agency and its' employees are not required by law to maintain current licenses, certifications or registrations to perform the services described in this RFP.
- ☐ Missouri Immigration Law (check which applies):
 - ☐ You are the sole employee of your agency and you are not required to enrolling a work authorization program (If you check this box, skip the following affidavit).
 - ☐ Your agency has more than one employee and is enrolled in the E-Verify work authorization program. (If you check this box, the following Employer/Contractor Citizenship/Immigration affidavit must be filled out and returned with your proposal).

Invoice Requirements and Billing Expectations

Please check statements below to indicate ability to comply with requirement.

- ☐ Respondent will be able to provide split billing between the client and CCSS.
- ☐ Respondent's invoices will include but may not be limited to the following:
 - Name of client
 - Client's address
 - Type of Unit
 - Unit Total
 - Client's co-pay amount
 - CCSS co-pay amount
 - CCSS's total amount for all clients
- ☐ Respondents will invoice Clay County Senior Services monthly for the services that are the subject of the RFP. Respondent agrees that in order for an invoice to be paid in a timely fashion, the invoice must be emailed to CCSS no later than the 15th of each month, in an Excel format with column headings as requested by CCSS.

ATTACHMENT II

MAP OF CLAY COUNTY

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FEDERAL WORK AUTHORIZATION PROGRAM ("E-VERIFY") ADDENDUM

Pursuant to Missouri Revised Statute 285.530, all business entities awarded any contract in excess of Five Thousand Dollars (\$5,000) with Clay County Senior Services (hereinafter referred to as "CCSS") must, as a condition to the award of any such contract, be enrolled and participate in a federal work authorization program with respect to the employees working in connection with the contracted services being provided, or to be provided, to CCSS (to the extent allowed by E-Verify). In addition, the business entity must affirm the same through sworn affidavit and provision of documentation. In addition, the business entity must sign an affidavit that it does not knowingly employ any person who is an unauthorized alien in connection with the services being provided, or to be provided, to CCSS.

Accordingly, your company:

- a) Agrees to have an authorized person execute the attached "Federal Work Authorization Program Affidavit" attached hereto as Exhibit A and deliver the same to CCSS prior to or contemporaneously with the execution of its contract with CCSS;
- b) Affirms it is enrolled in the "E-Verify" (formerly known as "Basic Pilot") work authorization program of the United States, and are participating in E-Verify with respect to your employees working in connection with the services being provided (to the extent allowed by E-Verify), or to be provided, by your company to CCSS;
- c) Affirms that it is not knowingly employing any person who is an unauthorized alien in connection with the services being provided, or to be provided, by your company to CCSS;
- d) Affirms you will notify CCSS if you cease participation in E-Verify, or if there is any action, claim or complaint made against you alleging any violation of Missouri Revised Statute 285.530, or any regulations issued thereto;
- e) Agrees to provide documentation of your participation in E-Verify to CCSS prior to or contemporaneously with the execution of its contract with CCSS (or at any time thereafter upon request by CCSS), by providing to CCSS an E-Verify screen print-out (or equivalent documentation) confirming your participation in E-Verify;
- f) Agrees to comply with any state or federal regulations or rules that may be issued subsequent to this addendum that relate to Missouri Revised Statute 285.530; and
- g) Agrees that any failure by your company to abide by the requirements a) through f) above will be considered a material breach of your contract with CCSS.

By: _____ (signature)

Printed Name: _____ Print Title: _____

For and on behalf of: _____ (Company Name)

EXHIBIT A
FEDERAL WORK AUTHORIZATION PROGRAM AFFIDAVIT

I, _____, being of legal age and having been duly sworn upon my oath, state the following facts are true:

1. I am more than twenty-one years of age; and have first-hand knowledge of the matters set forth herein.
2. I am employed by _____ (hereinafter "Company") and have authority to issue this affidavit on its behalf.
3. Company is enrolled in and participating in the United States E-Verify (formerly known as "Basic Pilot") federal work authorization program with respect to Company's employees working in connection with the services Company is providing to, or will provide to, the Clay County Senior Services, to the extent allowed by E-Verify.
4. Company does not knowingly employ any person who is an unauthorized alien in connection with the services the Company is providing to, or will provide to, Clay County Senior Services.

FURTHER AFFIANT SAYETH NOT.

By: _____ (Individual Signature)

For: _____ (Company Name)

Title: _____

Subscribed and sworn to before me on this ____ day of _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: _____