



DIVISION OF FINANCE – PURCHASING DEPARTMENT

100 N. Broadway St, Suite 610 Wichita, KS 67202 • Phone (316) 660-7255 • Fax (316) 660-1839

PURCHASING@SEDGWICK.GOV • SEDGWICKCOUNTY.ORG

**REQUEST FOR BID
RFB #25-0088
SENIOR CARE ACT AND OLDER AMERICANS ACT
IN-HOME SERVICES**

October 23, 2025

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking bids for in-home services. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Bid. **Responses are due no later than 1:45 pm CST Tuesday, November 4, 2025.**

All contact concerning this solicitation shall be made through the Purchasing Department. Bidders shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Purchasing Department in writing. Failure to comply with these guidelines may disqualify the Bidder’s response.

Sincerely,

Joseph Thomas

Joe Thomas, NIGP-CPP, CPSM, CPSD, C.P.M.
Director of Purchasing

JT/ks

Table of Contents

- I. [Purpose](#)
- II. [Submittals](#)
- III. [Scope of Work](#)
- IV. [Sedgwick County's Responsibilities](#)
- V. [Bid Terms](#)
 - A. [Questions and Contact Information](#)
 - B. [Minimum Firm Qualifications](#)
 - C. [Evaluation Criteria](#)
 - D. [Request for Bid Timeline](#)
 - E. [Contract Period and Payment Terms](#)
 - F. [Insurance Requirements](#)
 - G. [Indemnification](#)
 - H. [Confidential Matters and Data Ownership](#)
 - I. [Bid Conditions](#)
- VI. [Required Response Content](#)
- VII. [Response Form](#)
- VIII. [Pricing Sheet](#)

I. Purpose

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 514,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the County is a Commission/Manager entity, employs nearly 2,800 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County is seeking bids for in-home services for eligible clients in Butler, Harvey and Sedgwick counties, in accordance with the specifications outlined, for Sedgwick County Department of Aging & Disabilities / Central Plains Area Agency on Aging.

II. Submittals

Carefully review this Request for Bid. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate with an electronic response, the RFB number must be entered in the subject line and email the entire document with supplementary materials to:

Purchasing@sedgwick.gov

Should you elect to participate with a physical response, the response must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Submit one (1) original **AND** one (1) electronic copy (PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Joe Thomas

Sedgwick County Purchasing Department
100 N. Broadway, Suite 610
Wichita, KS 67202

SUBMITTALS are due **NO LATER THAN 1:45 pm CST TUESDAY, NOVEMBER 4, 2025**. If there is any difficulty submitting a response electronically, please contact the Purchasing Technicians at purchasing@sedgwick.gov for assistance. Late or incomplete responses will not be accepted and will not receive consideration for final award. If you choose to send a hard copy of your bid, Sedgwick County will not accept submissions that arrive late due to the fault of the U.S. Postal Service, United Parcel Service, DHL, FedEx, or any other delivery/courier service.

Bid responses will be acknowledged and read into record at Bid Opening, **which will occur at 2:15 pm CST, on the due date**. We will continue to have Bid Openings for the items listed currently. If you would like to listen in as these bids are read into the record, **please dial our Meet Me line @ (316) 660-7271 at 2:15 pm**.

III. Scope of Work

Senior Care Act (SCA) Services.

Term: July 1, 2025 – June 30, 2026, with an option to renew for three (3) additional one (1) year periods.

Service Area: Butler, Harvey, and Sedgwick counties

Qualifications: Applicant shall be qualified to provide home health services in Kansas and be licensed by Kansas Department of Health and Environment in accordance with Kansas act (KSA 65-5101) and (KSA 65-5102).

Senior Care Act (SCA) Services. The applicant should be capable of providing one (1) or more of the types of services designated for Eligible SCA Participants who become clients through the SCA Program. Please refer to the Kansas Department for Aging and Disability Services', Service Taxonomy. The following are required services:

- (i) Attendant/Personal Care: Supervision and/or assistance with bathing, medication, dressing, personal appearance, feeding, transferring, and toileting under the direction of a licensed health professional.

- (ii) Homemaker Services: Providing assistance to customers having difficulty performing one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, doing light housework, and laundry.
- (iii) Medication Issue: Any activity, service, or device associated with medication including the purchase of such items as medication dispensers, prescription and over-the-counter medication.
- (iv) Self-directed Care: Providers interested in acting as a Payroll Agent for SCA Clients pursuing Self-Direct Care option. As a payroll agent the agency is taking on full responsibility of being the Employer of Record for the self-directed care provider.
- (v) Personal Emergency Response: This service reimburses a monthly fee for the monitoring of a personal emergency response system. Personal Emergency Response units are electronic devices and have portable buttons worn by the customer. These units provide 24 hour a day on call support to the customer having a medical or emergency need that could become critical at any time.
- (vi) Personal Emergency Response Installation: Installation of a personal emergency response electronic device.

Self-Directed Services. Applicant interested in acting as a Payroll Agent for SCA Clients pursuing the Self-Direct Care must agree to the following:

As a Payroll Agent, your agency is taking on the full responsibility of being the Employer of Record for the self-directed care provider, which includes (according to the current contract):

- (i) Fulfilling the Minimum Wage Requirement.
- (ii) Conducting Background Checks.
- (iii) Contractor's Training.
- (iv) Accepting the responsibility of paying out unemployment insurance in the event such action is warranted.
- (v) Accepting the responsibility of providing Worker's Compensation and Employer's Liability Insurance in the event such action is warranted.
- (vi) Accepting the responsibility as the Employer of Record, including sole responsibility for any liability arising out of self-direct care.

Hours of Service. Applicant shall be available to provide SCA Services on all weekdays and weekends, and holidays, if applicable.

SCA Program Requirements.

- Hours of Service
- Attend Required Meetings
- Accept Eligible Clients
- Follow Established Plan of Care (POC)
- Follow Customer Service Worksheet (CSW)

Older Americans Act (OAA) Services.

Term: October 1, 2025 – September 30, 2026, with an option to renew for three (3) additional one (1) year periods.

Service Area: Butler, Harvey, and Sedgwick counties

Qualifications: Applicant shall be qualified to provide home health services in Kansas and be licensed by Kansas Department of Health and Environment in accordance with Kansas act (KSA 65-5101) and (KSA 65-5102).

Older Americans Act (OAA) Services. The applicant should be capable of providing one (1) or more of the types of services designated for Eligible OAA Participants who become clients through the OAA Program. Please refer to the Kansas Department for Aging and Disability Services', Service Taxonomy. The following are required services:

- (i) Attendant/Personal Care: Supervision and/or assistance with bathing, medication, dressing, personal appearance, feeding, transferring, and toileting under the direction of a licensed health professional.

- (ii) Homemaker Services: Providing assistance to customers having difficulty performing one (1) or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, doing light housework, and laundry.
- (ii) Respite Services – In-home: A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services.
- (iii) Respite – Out-of-home, overnight: A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster home (or, in the case of older relatives raising children, summer camps,) in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time. The service provides the caregiver with time away to do other activities.

Hours of Service. Applicant shall be available to provide OAA Services on all weekdays and weekends, and holidays, if applicable.

OAA Program Requirements.

- Hours of Service
- Attend Required Meetings
- Accept Eligible Clients
- Follow Established Plan of Care (POC)

IV. Sedgwick County's Responsibilities

- Provide information, as legally allowed, in possession of the county, which relates to the county's requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.
- County reserves the right to make inspections at various points of the project. Contractor agrees to openly participate in said inspections and provide information to the county on the progress, expected completion date and any unforeseen or unexpected complications in the project.

V. Bid Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted via email to Joe Thomas at joseph.thomas@sedgwick.gov by 5:00 pm CDT, Monday, October 27, 2025. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at <https://www.sedgwickcounty.org/finance/purchasing/current-bids-and-proposals/> under the Documents column associated with this bid number by 5:00 pm CDT, Wednesday, October 29, 2025. Firms are responsible for checking the website and acknowledging any addenda on their bid response form.

B. Minimum Firm Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Bid. Firms must meet or exceed these qualifications to be considered for award. Bids submitted must reflect in detail their inclusion as well as the degree to which they can be provided. Any exceptions to the requirements listed should be clearly detailed in proposer's response.

Bidders shall:

1. Have proper certification(s) or license(s) for the services/product specified in this document.
2. Ensure that project work meets all local, state and federal laws, regulations and ordinances.
3. Have the capacity to acquire all required permits, bonds, escrows or insurances.
4. Provide appropriate project supervision and quality control procedures.
5. Have appropriate material, equipment and labor to perform job safely and efficiently. *All costs associated with meeting this requirement will be the sole responsibility of the vendor.*

C. [Evaluation Criteria](#)

All interested applicants meeting established service requirements and accepting listed compensation rates will be accepted.

D. [Request for Bid Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Purchasing Department at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Bid to interested parties	October 23, 2025
Clarification, Information and Questions submitted via email by 5:00 pm CDT	October 27, 2025
Addendum Issued by 5:00 pm CDT	October 29, 2025
Bid due before 1:45 pm CST	November 4, 2025
Board of Bids and Contracts Recommendation	November 6, 2025
Board of County Commission Award	November 12, 2025

E. [Contract Period and Payment Terms](#)

A contractual period will begin following Board of County Commissioners (BoCC) approval of the successful firm(s) for:

Senior Care Act (SCA) Services. Term: July 1, 2025 – June 30, 2026, with an option to renew for three (3) additional one (1) year periods.

Older Americans Act (OAA) Services. Term: October 1, 2025 – September 30, 2026, with an option to renew for three (3) additional one (1) year periods.

County may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

Billing and payments under these programs shall be processed in accordance with established budgeting, purchasing and accounting procedures of the county/CPAAA. Invoices to the CPAAA for OAA/SCA Services provided must be submitted on the Monthly Planned Service Report provided (KDADS 225) and received by the CPAAA no later than the tenth (10th) day of the month following the month in which services have been provided. Payments shall be made within 30 days following receipt of billing.

F. [Insurance Requirements](#)

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. If required, Contractor's professional liability/errors and omissions insurance shall (i) have a policy retroactive date prior to the date any professional services are provided for this project, and (ii) be maintained for a minimum of three (3) years past completion of the project. Contractor shall furnish a certificate evidencing such coverage, with county listed as an additional insured including both ongoing and completed operations, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after county receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must be acknowledged on the bid/proposal response form**).

NOTE: If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance. It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements.

Workers' Compensation:	
Applicable coverage per State Statutes	
Employer's Liability Insurance:	\$500,000.00
Commercial General Liability Insurance (on form CG 00 01 04 13 or its equivalent):	
Each Occurrence	\$1,000,000.00
General Aggregate, per project	\$2,000,000.00
Personal Injury	\$1,000,000.00
Products and Completed Operations Aggregate	\$2,000,000.00
Automobile Liability:	
Combined single limit	\$500,000.00
Umbrella Liability:	
Following form for both the general liability and automobile	
☐ Required / ☒ Not Required	
Each Claim	\$1,000,000.00
Aggregate	\$1,000,000.00
Professional Liability/ Errors & Omissions Insurance:	
☒ Required / ☐ Not Required	
Each Claim	\$1,000,000.00
Aggregate	\$1,000,000.00
Pollution Liability Insurance:	
☐ Required / ☒ Not Required	
Each Claim	\$1,000,000.00
Aggregate	\$1,000,000.00

Special Risks or Circumstances:

Entity reserves the right to modify, by written contract, these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

IF CONTRACTOR IS PROVIDING CONSTRUCTION SERVICES:

N/A

In addition to the above coverages, Contractor shall also provide the following:

Builder's Risk Insurance:	In the amount of the initial Contract Sum, plus the value of subsequent modifications and cost of materials supplied and installed by others, comprising the total value for the entire Project on a replacement cost basis without optional deductibles. Entity, Contractor, and all Subcontractors shall be included as named insureds.
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G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Confidential Matters and Data Ownership

The successful bidder agrees all data, records and information, which the bidder, its agents and employees, which is the subject of this bid, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful bidder agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data.

In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful bidder agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Bid is the property of Sedgwick County.

I. Bid Conditions

<https://www.sedgwickcounty.org/media/31339/bid-terms-conditions.pdf>

Sample Contract

<https://www.sedgwickcounty.org/media/67402/sample-contract-kws-13024.pdf>

Federal Clauses and Provisions

<https://www.sedgwickcounty.org/media/70261/federal-clauses-and-provisions.pdf>

Protest Procedure

Any protests and/or challenges to the bid process must be filed timely and pursuant to Sedgwick County's protest procedure.

www.sedgwickcounty.org/media/68789/protest-procedure-rev-4225.pdf

VI. Required Response Content

Bid response should include the following:

1. Program Preference and Service Taxonomy Type: Example Program: OAA, SCA, or OAA/SCA; Taxonomy Type: Refer to page 13.
2. Any exclusions clearly delineated: Example: Service area preference.
3. Completed and signed Bid Response Form.
4. Proof of required license.
5. Proof of insurance.
6. Kansas Tax Clearance Certificate.
7. Those responses that do not include all required forms/items may be deemed non-responsive.

VII. Response Form

**REQUEST FOR BID
RFB #25-0088
SENIOR CARE ACT AND OLDER AMERICANS ACT IN-HOME SERVICES**

The undersigned, on behalf of the Bidder, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a bid on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the bidder is entered; (4) they have read the complete Request for Bid and understands all provisions; (5) if accepted by the County, this bid is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted bid will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____ **HOURS** _____

STATE OF INCORPORATION or ORGANIZATION _____

COMPANY WEBSITE ADDRESS _____ **E-MAIL** _____

NUMBER OF LOCATIONS _____ **NUMBER OF PERSONS EMPLOYED** _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority-Owned Business: _____ **Minority-Owned Business:** _____ (Specify Below)

_____ African American (05) _____ Asian Pacific (10) _____ Subcontinent Asian (15) _____ Hispanic (20)

_____ Native American (25) _____ Other (30) (Please specify _____)

Not a Woman-Owned Business: _____ **Woman-Owned Business:** _____ (Specify Below)

_____ Not Minority -Woman Owned (50) _____ African American-Woman Owned (55)

_____ Asian Pacific-Woman Owned (60) _____ Subcontinent Asian-Woman Owned (65) _____ Hispanic Woman Owned (70)

_____ Native American-Woman Owned (75) _____ Other (Woman Owned) (80) Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

UEI (UNIQUE ENTITY IDENTIFIER) NO. _____

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: _____ Yes _____ No

☐ Yes, I would like to be on the emergency vendor list.

☐ No, I would not like to be on the emergency vendor list.

After Hours Phone #: _____ **Emergency Contact Name:** _____ **After Hours Fax #:** _____

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFB/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to <https://www.sedgwickcounty.org/finance/purchasing/>.

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature _____ Title _____

Print Name _____ Dated _____

REQUEST FOR BID
RFB #25-0088
SENIOR CARE ACT AND OLDER AMERICANS ACT IN-HOME SERVICES

Consistent with the guidance provided in Section 1 of this Request for Bid, Sedgwick County is subject to the Kansas Open Records Act (K.S.A. 45-215 *et seq.*). As such, portions, and potentially all, of your proposal may become accessible to the public through records requests even if it is not awarded the contract.

If you are claiming some of the submitted documentation should not be disclosed, indicate the associated information and the basis for such claims of privilege in the spaces below. In the event, records requests are submitted for information identified as privileged, proprietary or confidential, Sedgwick County may attempt to coordinate a response and would expect for you to be available to defend your claims in court. Failure to provide information in the spaces below shall constitute a waiver of any claims of violation of privileged, proprietary or confidential information resulting from the production of these records, regardless of other language or claims within your Response.

PRIVILEGE LOG		
Page and/or Section of Information Not Subject to Disclosure	Description of Information that You Claim are Privileged or Confidential. Do not include specific details, but rather categories or general descriptions of the information in question.	Basis for the Claim of Privilege. Please include the Applicable Federal or State Law Cite and Rationale

VIII. Pricing Sheet

Applicant agrees to accept compensation at the rates set by:

Senior Care Act (SCA):

<u>SCA SERVICE TYPE</u>	<u>CONTRACTOR RATE</u>
(i) Attendant Care ("ATCR")	\$24.00/Unit
(ii) Homemaker Services ("HMKR")	\$23.00/Unit
(iii) Personal Emergency Response ("PERM")	\$32.00/month
(iv) Medication Issues (MEDIC)	\$25.00/month
(v) Medication Installation (MEDIC)	\$50.00 (one-time fee)

A "unit" is one (1) hour of SCA services provided directly to a client.

Older Americans Act (OAA):

<u>OAA SERVICE TYPE</u>	<u>CONTRACTOR RATE</u>
(i) Attendant Care ("ATCR")	\$24.00/Unit
(ii) Homemaker Services ("HMKR")	\$23.00/Unit
(iii) Respite ("RRIH")	\$20.00/Unit
(iv) Respite – Out of Home – Overnight ("ROHN")	\$29.40/Unit

A "unit" is one (1) hour of OAA services provided directly to a client.