



REQUEST FOR PROPOSALS (RFP)

RFP NO. 2023HCA38

***NOTE:** If you download this RFP from any source other than the Washington Electronic Business Solution (WEBS), you are responsible for registering in WEBS for your organization to receive any RFP amendments, including Bidder questions/agency answers. HCA is not responsible for any failure of your organization to register in WEBS or any other repercussions that may result to your organization because of this failure.*

PROJECT TITLE: Grays Harbor County Pregnant and/or Parenting Individuals Substance Use Disorder Residential Treatment Facility

PROPOSAL DUE DATE: April 5, 2024 by 2:00PM Pacific Time, Olympia, Washington, USA.

Only e-mailed bids will be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: June 14, 2024 to June 30, 2025

The Health Care Authority reserves the right to extend the contract for up to five (5) additional 1-year periods at its sole discretion, dependent on performance of initial contracted work resulting from this RFP, available funding and mutual agreement of the contract terms by the parties.

BIDDER ELIGIBILITY: This solicitation is open to those Bidders that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

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1. INTRODUCTION

1.1 DEFINITIONS

Definitions for the purposes of this RFP include:

Apparent Successful Bidder (ASB) – The Bidder selected as the entity to perform the anticipated services under this RFP, subject to completion of contract negotiations and execution of a written contract.

ASAM – [American Society of Addiction Medicine](#); means the six dimensions to identify the intensity of treatment services that best fits the individual's needs and provides a common language of holistic, biopsychosocial assessment, and treatment across addiction treatment, physical health, and mental health services, which also addresses the spiritual issues relevant in recovery.

ASAM Level 3.3 Treatment Facility – A clinically managed population specific and high intensity residential treatment services facility.

Behavioral Health Agency or BHA- The Department of Health (DOH) licenses and regulates inpatient Behavioral Health Agencies that may be certified to provide mental health, substance use disorder (SUD), problem gambling and gambling disorder services, or any combination of these types of services. A BHA is required for any facility wishing to be licensed as an RTF.

BH-ASO or Behavioral Health Administrative Services Organization – An entity selected by the Medicaid agency to administer behavioral health programs, including crisis services for individuals in a fully integrated managed care regional service area.

Bidder – Individual or company interested in the RFP that submits a proposal to attain a contract with the Health Care Authority.

Business Day – Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the state of Washington, unless otherwise specified within the RFP.

Caregivers – A primary or secondary parent, spouse, or relative who is responsible for the care of an infant or child 0-18 years of age.

Co-Occurring Disorder or COD — coexistence of both a mental illness and a substance use disorder.

Diversity, Equity and Inclusion or DEI –are organizational frameworks which seek to promote "the fair treatment and full participation of all people", particularly groups "who have historically been underrepresented or subject to discrimination" on the basis of identity or disability.

Family Preservation Model- The goal of a Family Preservation Model is keeping families with children safely together and preventing out-of-home placement. The heart of the model is whole family healing. The model serves PPI and their children, the (I in PPI) includes fathers and couples.

Health Care Authority or HCA – An executive agency of the state of Washington that is issuing this RFP.

Managed Care Organization or MCO – an organization having a certificate of authority or certificate of registration from the Washington State Office of Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible HCA Enrollees under HCA managed care programs.

Persons with Lived Experience – First-hand experience with mental health and/or substance use disorder challenges, i.e., Co-occurring Disorder.

Proposal – A formal offer submitted in response to this solicitation. To be responsive, a Proposal must include all items outlined in Section 3 (PROPOSAL CONTENTS AND REQUIREMENTS). Two such items that may be referred to throughout this document are:

- 1) **Cost Proposal** – Bidder’s cost as described in Section 3.9 and Exhibit D.
- 2) **Written Proposal** – Bidder’s written response as described in Section 3.8 and Exhibit C.

Request for Proposals (RFP) – Formal solicitation document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the bidder community to suggest various approaches to meet the need at a given price.

Revised Code of Washington (RCW) – The laws of the state of Washington, as enacted by the Legislature. Any references to specific titles, chapters, or sections of the RCW includes any substitute, successor, or replacement title, chapter, or section. Pertinent RCW chapters can be accessed at: <http://apps.leg.wa.gov/rcw/>.

Residential Treatment Facility or RTF – A DOH licensed establishment in which twenty-four-hour on-site care is provided for the evaluation, stabilization, or treatment of residents for substance use and co-occurring disorders.

Subcontractor – A person, partnership, or entity not in the employment of or owned by the Bidder, who would be performing all or part of the services under this RFP under a separate contract with or on behalf of the Bidder. The term “Subcontractor” means Subcontractors in any tier.

School Age – A child between six (6) and eighteen (18) years of age.

Substance Use Disorder or SUD – Disorder which occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Trauma – Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma Informed Care— acknowledges the need to understand a patient’s life experience in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, and health outcomes.

1. Involving patients in the treatment process
2. Screening for trauma
3. Training staff in trauma-specific treatment approaches
4. Engage referral sources and partnering organizations [Key Ingredients for Successful Trauma-Informed Care Implementation \(samhsa.gov\)](https://www.samhsa.gov/trauma-informed-care)

Underserved and Vulnerable Populations – The US federal agency Centers for Medicare & Medicaid Services (CMS) under the Department of Health and Human Services (HHS) defines underserved and vulnerable populations as populations that face health, financial, educational, and/or housing disparities, such as “facing barriers that make it difficult to get health coverage and basic health care services”. Underserved and vulnerable populations include minority populations such as American Indian/Alaska Native (AI/AN), African American, and Hispanic populations.

Washington’s Electronic Business Solution or WEBS – An internet-based bid notification system HCA uses to post competitive solicitations. Individuals and firms interested in state contracting opportunities with

the Department of Enterprise Services or any state agency should [register](#) for competitive solicitation notices on WEBS. *Note: There is no cost to register on WEBS.*

1.2 ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES

Issue Request for Proposals	February 29, 2024
Letter of Intent Due (<u>Optional</u> -but highly encouraged)	March 26, 2024 – 2:00 PM
Bidder Questions Due	March 20, 2024 - 2:00 PM
HCA Answers Posted*	March 26, 2024
Interested Subcontractor Responses Due	March 27, 2024
Interested Subcontractor List Posted*	March 28, 2024
Complaints Due (if applicable)	March 29, 2024
Proposals Due	April 5, 2024 - 2:00 PM
Evaluate Proposals*	April 10– 24, 2024
Conduct Oral Presentations with Finalists, if required	May 7-9, 2024
Announce “Apparent Successful Bidder” via WEBS*	May 23, 2024
Debrief Request Deadline	May 28, 2024
Hold Debriefs	May 30-31, 2024
Negotiate Contract	May 24- June 7, 2024
Begin Contract Work	June 14, 2024 or DOE

*Dates are anticipated and subject to change without an official amendment.

HCA reserves the right in its sole discretion to revise the above schedule at any time.

1.3 PURPOSE AND OBJECTIVES

The Washington State Health Care Authority, hereafter called “HCA,” is initiating this Request for Proposal (RFP) to solicit Proposals from qualified providers interested in participating in the implementation of a 16-bed in-patient Residential Treatment Facility (RTF) in Grays Harbor County. This RTF will be for Substance Use Disorder (SUD) specializing in treating Pregnant and/or Parenting Individuals (PPI) and their children, using a Family Preservation Model.

HCA intends to award one contract to provide the services described in this RFP.

1.4 BACKGROUND

In 2022 the Washington State Legislature, through Engrossed Senate Bill 6041 section 215 sub-108, directed HCA in partnership with Washington State Department of Children, Youth and Family Services (DCYF) to

develop a 16-bed SUD RTF in Grays Harbor County, specializing in treating PPI and their children, using a Family Preservation Model.

Data reports completed in 2020 by the Washington State Department of Social and Health Services (DSHS)—Research and Data Analysis (RDA) Division and DCYF— Office of Innovation, Alignment, and Accountability. Key findings include:

- A. 1/4 of Washington State child welfare-involved caregivers had an indication of SUD and only 39% received any treatment within 12 months of a Child Protective Services (CPS) intake. 60% of out-of-home placement caregivers had an indication of SUD while 49% of those with a SUD treatment need received any SUD treatment within 12 months of the child’s removal, [research-7-121.pdf \(wa.gov\)](#).
- B. 2022 Statistics, in accordance with DCYF [Prevention Dashboard | Washington State Department of Children, Youth, and Families](#):
 - i. 35 children 0–1-year-old (children birth to just under 2 years of age) were placed in out-of-home care (OOH) in Grays Harbor County, of which 50% were reported as American Indian and Alaska Native (AI/AN).
 - ii. 23 newborns (birth to the first 30 days) were placed in out-of-home care (OOH) in Grays Harbor County.

Child-welfare involved caregiver(s) and pregnant individuals with a SUD greatly benefit when access to treatment is available and coordination of care is provided.

1.5 SCOPE OF WORK

1.5.1 The ASB will specialize in providing SUD treatment at an in-patient 16-bed RTF serving pregnant and parenting individuals and their children, in Grays Harbor County. The ASB will have a detailed developed program Implementation Plan which shall include:

- A. Steps needed to start the proposed program and facility before accepting patients, including detailed timeframes and milestones.
- B. Critical pre-implementation steps needed to start the proposed program.
- C. A plan for strategies to scale the services to full implementation.
- D. An approach to identify and respond to any anticipated challenges associated with implementation.
- E. Steps to drafting and completing all policies and procedures needed to run the facility.
- F. Patient intake plan.

1.5.2 The ASB will meet the Family Preservation Model by doing the following:

- A. Equitably serve Underrepresented, Vulnerable populations, including fathers or their children;
- B. Incorporate a multidisciplinary approach to reduce barriers for families;
- C. Provide culturally centered and equitable designed program services to serve diverse family systems, including but not limited to:
 - i. Non-English-speaking population that require services of a translator.

- ii. AI/AN population, including an understanding of the Indian Health Service ([Agency Overview | About IHS](#)), which is an agency within the Department of Health and Human Services, responsible for providing federal health services to American Indians and Alaska Natives, tribal governments, and urban Indian health programs that serve them.
 - iii. Cultural, ethnic, and racial minority populations.
 - iv. LGBTQIA2S+ People who are lesbian, gay, bisexual, transgender and/or gender expansive, queer and/or questioning, intersex, asexual, and two-spirit.
 - v. Hearing impaired individuals who require an American Sign Language interpretation.
- D. Provide trauma informed services; acknowledging impacts of trauma, with intention to provide safe care; and
 - E. Ensure families involved in the child welfare system are kept safely together, or work towards reunification.

1.5.3 The ASB must meet the DOH BHA and RTF licensure requirements <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-341> and residential Washington Administrative Code (WAC) requirements, which include but are not limited to:

- A. [WAC 246-338-113](#) Resident sleeping room accommodations
- B. [WAC 246-337-120](#) Facility and environment requirements
- C. [WAC 246-337-124](#) Common room requirements
- D. [WAC 246-337-126](#) Resident care room requirements
- E. [WAC 246-337-111](#) Food and nutrition services
- F. [WAC 246-337-128](#) Laundry and housekeeping room requirements
- G. [WAC 246-337-146](#) Cleaning, maintenance and disposal

1.5.4 The ASB must meet the criteria set forth by the American Society of Addiction Medicine (ASAM) for the SUD RTF serving PPI and their children, utilizing the Family Preservation Model. The ASB must use the proposed model for both onsite services and for referral off-site services. This includes:

- A. SUD/COD treatment;
- B. Withdrawal management;
- C. Medication for Opiate Use Disorder (MOUD) services;
- D. Case management; housing and employment case management helps patients put together a plan that meets their needs; case management is a part of treatment planning;
- E. Educational opportunities in parenting skills;

- F. Pediatric transition plans, for parents transitioning into treatment with their infant after birth;
- G. Family and individual therapy;
- H. Partnership with DCYF for child welfare involved caregivers, and Tribal Child Welfare Programs, as appropriate;
- I. Coordinate follow up care with Outpatient Programs: direct services for people with substance use disorders or co-occurring mental and substance use disorders who do not require medical detoxification or 24-hour supervision;
- J. Coordinate follow up care with community based behavioral health service; and
- K. Onsite therapeutic childcare with access to Infant Early Childhood Mental Health Consultation.

1.5.5 The ASB must recruit and hire staff according to the ASAM Level 3.3, or equivalent treatment facility ([American Society of Addiction Medicine](#)). The ASB will meet the staffing requirements by doing the following:

- A. Detailed recruitment plan to staff an ASAM ([American Society of Addiction Medicine](#)) Level 3.3, or equivalent treatment facility. The recruitment plan shall include:
 - i. Recruitment timelines and outreach methodologies.
 - ii. Staff retention plans and mitigation of vacant positions.
 - iii. Re-hire plan.
- B. Training plan to provide a training pathway for staff after they are hired and on-going through their employment. The training shall include but are not limited to:
 - i. Laws and rules governing child and parent reunification;
 - ii. Trauma informed care and approaches;
 - iii. Educational opportunities in parenting i.e., parenting skill-based curriculums;
 - iv. Child development, attachment, social and emotional learning; and
 - v. Delivery of culturally attuned SUD treatment, i.e., trainings that strengthen and promote systematic behavioral health practice improvements, and SUD treatment services delivery for AI/AN and BIPOC individuals and parents attending treatment with their child(ren).

1.5.6 The ASB must manage and provide services to an underserved and vulnerable mixed population, which includes pregnant and parenting women, parenting fathers, and couples residing in treatment together with their child(ren). The ASB will provide an outlined plan on how the ASB will manage mixed populations and these specific program nuances:

- A. Age and gender requirements in accordance with the law;
- B. Mitigation of patient sexual conduct;

- C. Meeting the personal needs of all the admitted individuals (dietary restrictions, dental care, spiritual accommodations, haircuts, etc.);
 - D. Procedures for partners entering treatment together;
 - E. Screening plan for domestic or intimate partner violence (IPV);
 - F. Ability to serve families of multiple sizes and diverse composition; and
 - G. Discharge plan and any post-discharge assistance.
- 1.5.7 ASB will provide onsite therapeutic childcare and will accommodate transportation to school aged children to local schools.
- 1.5.8 ASB must have organizational infrastructure related to compliance, oversight of documentation integrity, maintenance of medical records or program clinical records, i.e., Electronic Health Records (EHR), database system or other method. This should include security protocols and training plans.
- 1.5.9 ASB may be required to collaborate and coordinate services with other entities including MCO's, BH-ASO's, DCYF, CPS, Indian Health Care Providers and Tribal Child Welfare Programs.

1.6 MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

- A. Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
- B. Licensed as an RTF (WAC 246-337) under a BHA through DOH and attest to ownership or leasing rights of the facility.
- C. Have an existing RTF located in Grays Harbor County, or

Demonstrate commitment to stand up or increase a current facility by 16 beds in Grays Harbor County in accordance with the RFP solicitation timeline.
- D. Experience providing SUD services.
- E. Experience providing services for the specific population which includes but is not limited to child welfare involved caregivers, pregnant and parenting women and parenting fathers, and couples residing in treatment together with their child(ren).
- F. Agreement to obtain appropriate DOH licensure for onsite therapeutic childcare in accordance with WAC: 246-337-085.
- G. Agreement to enter into a Core Provider Agreement (CPA) within thirty (30) calendar days of being selected as an ASB by HCA. If a time extension is needed to execute the CPA, ASB can submit the request to the HCA Contract Manager for approval. See Exhibit E.

1.7 FUNDING

HCA has budgeted an amount not to exceed One Million Seven Hundred and Three Thousand Dollars (\$1,703,000) for this project. Five Hundred and Sixty-Eight Thousand Dollars (\$568,000) of the budget is

reserved for staff salaries, recruitment, and training costs. The remainder of the budget, One Million One Hundred and Thirty-Five Thousand Dollars (\$1,135,000), is to address the program, maintenance and operational costs. Proposals in excess of \$1,703,000 will be considered non-responsive and will not be evaluated.

Any contract awarded as a result of this solicitation is contingent upon the availability of funding.

1.8 PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about June 14, 2024, and to end on June 30, 2025. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

The Health Care Authority reserves the right to extend the contract for up to five (5) additional 1-year periods at its sole discretion, dependent on performance of initial contracted work resulting from this RFP, available funding and mutual agreement of the contract terms by the parties.

1.9 ADA

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive written information in another format (e.g., large print, audio, accessible electronic formats, and other formats).

2. GENERAL INFORMATION FOR BIDDERS

2.1 RFP COORDINATOR

The RFP Coordinator is the sole point of contact in HCA for this solicitation. All communication between the Bidder and HCA upon release of this RFP must be with the RFP Coordinator, as follows:

Name	Lyudmila Kozlova
E-Mail Address	HCAProcurements@hca.wa.gov

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Bidder.

2.2 LETTER OF INTENT TO PROPOSE (OPTIONAL)

A Bidder is highly encouraged to submit a Letter of Intent to Propose but it is optional. If the Bidder chooses to submit a The Letter of Intent to Propose, it shall be emailed to the RFP Coordinator, listed in Section 2.1, and in accordance with the date and time stated in the Solicitation Schedule, Section 1.2. The subject line of the email must include the following: [Solicitation #] – Letter of Intent to Propose – [Your entity’s name].

The Letter of Intent to Propose may be attached to the email as a separate document, in Word or PDF, or the information may be contained in the body of the email.

Information in the Letter of Intent to Propose should be placed in the following order:

- A. Bidder’s Organization Name;
- B. Bidder’s authorized representative for this RFP (who must be named the authorized representative identified in the Bidder’s Proposal);
- C. Title of authorized representative;
- D. Address, telephone number, and email address;
- E. Statement of intent to propose; and
- F. A statement of how the Bidder meets ALL the minimum requirements specified in Section 1.6 of this RFP.

HCA may use the Letters of Intent to Propose as a pre-screening to determine whether Minimum Qualifications are met.

2.3 INTERESTED SUBCONTRACTOR LIST

HCA supports and encourages contracts and subcontracts with small, diverse, and veteran-owned businesses. To support participation in this process, the RFP Coordinator will add a list of Interested Subcontractors to the RFP. The RFP Coordinator will prepare the List based on the timely and complete submission of specific information requested in this section. The purpose of the List is to communicate to prime bidders the capabilities of interested subcontractors who can perform components of this RFP’s Scope of Work.

A. Interested Subcontractor Instructions

- i. Failure to follow the instructions in this Section may prevent your information from being included in the List.
- ii. An interested party must complete the below table to submit their firm name, contact information, and the summary of their capabilities as they relate to this RFP’s Scope of Work. Submissions are limited to what is requested in the table below and capability summaries must be two paragraphs or less.
- iii. The RFP Coordinator will only include the information requested below. Do not submit marketing materials.
- iv. Submissions must be emailed to the RFP Coordinator, with the subject line “RFP # Interested Subcontractor List – [Interested Subcontractor Name]” by the date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
- v. All material submitted for the Interested Subcontractor List becomes a public record.

Interested Subcontract Name	Contact Name	Contact Address, Phone Number, and Email Address	Summary of your capabilities as it relates to the Scope of Work

B. Posting Date

Complete and timely submissions will be compiled and posted in alphabetical order by interested subcontractor name. HCA anticipates the List will be posted as an RFP amendment on the *Interested Subcontractor List Posted* date identified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES). Late submissions will not be posted.

C. Information Provided As-Is

The Interested Subcontractor List is provided as an opportunity to support participation in this RFP. HCA provides this information as a courtesy with no warranties or representations as to any party and no guarantee of a subcontract. The Interested Subcontractor List shall not be construed as an endorsement by the state of Washington or HCA. The interested party is responsible for the completeness and accuracy of their submission.

2.4 BIDDER QUESTION PERIOD

Bidders are provided an opportunity to ask questions during the bidder question period which starts on the date of the RFP posting and concludes on the *Questions Due* date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).

- A. Questions regarding the RFP will only be accepted in writing, sent by email to the RFP Coordinator. The Bidder must use the following email subject line when submitting questions: “RFP # Question(s) – [Bidder Name]” to ensure timely receipt.

- B. HCA anticipates it will post answers to the questions in WEBS as an RFP amendment on the *Answers Posted* date specified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).
- C. HCA is under no obligation to respond to any questions received after the *Questions Due date* but may do so at its discretion.

2.5 SUBMISSION OF PROPOSALS

Proposals must be received by the RFP Coordinator no later than the *Proposal Due* deadline in Section 1.2, (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES). Proposals must be submitted electronically as an attachment to an e-mail to the RFP Coordinator at the e-mail address listed in Section 2.1, and meet the following requirements:

- A. Attachments to e-mail must be in Microsoft Word format or PDF. Exhibit D, Cost Proposal, must be submitted separately and in Excel format.
- B. Zipped files cannot be received by HCA and cannot be used for submission of proposals.
- C. The forms and certifications that require authorized signature (as designated in section 3.1, PROPOSAL CONTENTS OVERVIEW) must have a signature of the individual within the organization authorized to bind the Bidder to the offer.
- D. HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

Bidders should allow sufficient time to ensure timely receipt of the proposal by the RFP Coordinator. Late proposals will not be accepted and will be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault or HCA deems a grace period is in the best interest of the State. All proposals and any accompanying documentation become the property of HCA and will not be returned.

2.6 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this RFP will become the property of HCA. All proposals received will remain confidential until the Apparent Successful Bidder is announced; thereafter, the proposals will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of a document, must be clearly designated. Each page claimed to be exempt from disclosure must be clearly identified and must reference either: (1) the specific basis claimed under 42.56 RCW, or (2) a statement of why the information is designated propriety. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right-hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Bidder has marked as "Proprietary Information," HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFP Coordinator is required. All requests for information should be directed to the RFP Coordinator.

The submission of any public records request to HCA pertaining in any way to this RFP will not affect the solicitation schedule, as outlined in Section 1.2, unless HCA, in its sole discretion, determines that altering the schedule would be in HCA's best interests.

2.7 REVISIONS TO THE RFP

If HCA determines in its sole discretion that it is necessary to revise any part of this RFP, then HCA will publish addenda on WEBS. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFP and will be published on WEBS.

HCA also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.8 COMPLAINT PROCESS

The complaint process allows potential Bidders to focus on the solicitation requirements and evaluation process and raise issues early enough in the process to allow HCA to correct a problem before proposals are submitted. The complaint period starts on the date of the RFP posting and concludes on the *Complaints Due* date identified in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES).

- A. Potential Bidders may submit a complaint to HCA based on any of the following:
 - i. The RFP unnecessarily restricts competition;
 - ii. The RFP evaluation or scoring process is unfair or unclear; or
 - iii. The RFP requirements are inadequate or insufficient to prepare a response.
- B. For a complaint to be considered, it must be received by HCA by 5:00 pm PT on the *Complaints Due* date identified in Section 1.2. The complaint must:
 - i. Be in writing;
 - ii. Be sent to the RFP Coordinator, or designee;
 - iii. Clearly articulate the basis for the complaint; and
 - iv. Include a proposed remedy.
- C. HCA will address any complaint as follows:
 - i. The RFP Coordinator, or designee will respond to the complaint in writing.
 - ii. The response to the complaint and any changes to the RFP will be posted on WEBS.
 - iii. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response.

Complaints may not be raised again during a protest and HCA's action or inaction in response to a complaint will be final. There is no appeal process.

2.9 RESPONSIVENESS

The RFP Coordinator will review all proposals to determine compliance with administrative requirements and instructions specified in this RFP. A Bidder's failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.10 MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Bidder can propose. HCA reserves the right to contact a Bidder for clarification of its proposal.

The ASB should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. The contract resulting from this RFP will incorporate some, or all, of the Bidder's proposal. The proposal will become a part of the official solicitation file on this matter without obligation to HCA.

2.11 RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one responsive proposal as a result of this RFP, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. HCA may continue to have the bidder complete the entire RFP. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.12 NO OBLIGATION TO CONTRACT

This RFP does not obligate HCA to enter into any contract for services specified herein.

2.13 REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue any contract as a result of this RFP.

2.14 SUBCONTRACTOR PARTICIPATION MONITORING AND REPORTING

Pursuant to Executive Order 22-01, Equity in Public Contracting (dated 01/07/2022), Bidders using Subcontractors for any part of this work will be subject to the requirements of this section if awarded a contract as a result of this solicitation.

Once a contract is awarded through the solicitation process, the awarded Contractor is obligated to complete a new vendor registration in Access Equity. Access Equity (B2Gnow) is a secure business diversity management system available online at <https://omwbe.diversitycompliance.com/>.

Confidential Information (e.g., Tax ID, etc.) will not be published in Access Equity. Contractors that have previously registered with B2Gnow for any public entity must verify and ensure that Access Equity contains their most up-to-date registration information. Contractors can navigate online to Access Equity at <https://omwbe.diversitycompliance.com/> or through a direct link on the Office of Minority and Women's Business Enterprises (OMWBE) website at: <https://omwbe.wa.gov/>.

During the contract term, the Contractor will report monthly payments to all relevant Subcontractors in Access Equity. Monthly reporting information includes total dollar payments made to relevant Subcontractors, payment dates, and any additional information required to verify payment to Subcontractors. The Contractor will enter this payment information into Access Equity, and the Subcontractors will verify this payment information in the system. This requirement applies to both Contractors and Subcontractors. Online training is available through Access Equity.

3. PROPOSAL CONTENTS AND REQUIREMENTS

3.1 PROPOSAL CONTENTS OVERVIEW

Proposals must be submitted per the instructions in Sections 2.5 (SUBMISSION OF PROPOSALS) and 3.2 (PROPOSAL REQUIREMENTS AND GUIDELINES) in the order noted below.

A. Bidder Forms and Certifications (Exhibit A)

All the following are included in Exhibit A:

- i. Bidder Profile & Submittal Form* (Section 3.3 and Exhibit A, Section A)
- ii. Diverse Business Inclusion Plan (Section 3.4 and Exhibit A, Section B)
- iii. Executive Order 18-03 Worker's Rights* (Section 3.5 and Exhibit A, Section C)
- iv. References (Section 3.6 and Exhibit A, Section D)

B. Draft Contract (Section 3.7 and Exhibit B**)

C. Written Proposal (Section 3.8 and Exhibit C)

D. Cost Proposal (Section 3.9 and Exhibit D)

E. Core Provider Agreement (Section 3.10 and Exhibit E**)

**Authorized signature required*

*** Exhibits do not need to be submitted as part of the Bidder's Proposal, Exhibits are informational*

3.2 PROPOSAL REQUIREMENTS AND GUIDELINES

Proposals must comply with the requirements or restrictions listed below. Failure to do so may result in the disqualification of the Bidder's Proposal:

- A. State the Bidder's full legal name on the first or cover page of the Proposal.
- B. Proposals must provide information in the same order as presented in this RFP and with the same headings. Title and number each item in the same way it appears in the RFP. Each question must be restated prior to the Bidder's response.
- C. **All items listed in Section 3.1 (PROPOSAL CONTENTS OVERVIEW) must be included as part of the Proposal for the Proposal to be considered responsive;** however, only the following items will be scored during the evaluation process: Executive Order 18-03 Worker's Rights, Written Proposal, and Cost Proposal.
- D. Page limits stated in this RFP are determined by counting single sides of the response. HCA has no obligation to read, consider, or score any material exceeding the stated page limits. There will be no grounds for protest if critical information is on the pages exceeding the specified page limit that is not reviewed.

- E. Bidders are liable for all errors or omissions contained in their Proposals. Bidders will not be allowed to alter Proposal documents after the deadline for Proposal submission. HCA is not liable for any errors in Proposals.

HCA is under no obligation to consider any supplemental materials submitted that were not requested.

3.3 BIDDER PROFILE & SUBMITTAL FORM (MANDATORY)

Exhibit A, Bidder Forms and Certifications, Section A, Bidder Profile & Submittal Form must be completed in its entirety and signed and dated by a person authorized to legally bind the Bidder to a contractual relationship (e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship).

3.4 DIVERSE BUSINESS INCLUSION PLAN (MANDATORY)

Exhibit A, Bidder Forms and Certifications, Section B, Diverse Business Inclusion Plan must be completed in its entirety. In accordance with legislative findings and policies set forth in RCW 39.19 the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a Subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal governmental regulations included or referenced in the contract documents will apply.

3.5 EXECUTIVE ORDER 18-03 (SCORED)

Bidder must review Exhibit A, Bidder Forms and Certifications, Section C and respond as to whether the Bidder requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses and class or collective action waivers.

3.6 REFERENCES (MANDATORY)

Provide three (3) business references for the Bidder using the reference form provided in Exhibit A, Bidder Forms and Certifications, Section D, References. References must be independent of the Bidder's and Subcontractor's company corporation (e.g., non-Bidder owned, in whole or in part, or managed, in whole or in part) and be for work similar to the Scope of Work contained herein. Complete all boxes of the reference form for each reference. By submitting a proposal in response to this solicitation, the Bidder grants permission to HCA to contact these references and others, who from HCA's perspective, may have pertinent information. At HCA's sole discretion, HCA may or may not choose to contact references.

3.7 DRAFT CONTRACT (MANDATORY)

The ASB will be expected to enter into a contract which is substantially the same as the sample contract and its general terms and conditions attached as Exhibit B. HCA will not accept any draft contracts prepared by any Bidder. The Bidder must be prepared to agree to all terms of the attached Exhibit B, Draft Contract, as presented or the Proposal may be rejected. If Bidder has exceptions to the terms and conditions, they must include with their Proposal a copy of the Draft Contract with redline edits/comments documenting the changes they propose to be made if selected as ASB. If the Bidder fails to identify an objection to any particular term or

condition, the term or condition will be deemed agreed to by the Bidder. HCA will review requested exceptions and accept or reject the same at its sole discretion.

If, after the announcement of the ASB, and after a reasonable period of time, the ASB and HCA cannot reach agreement on acceptable terms for the Contract, the HCA may cancel the selection and Award the Contract to the next most qualified Bidder.

3.8 WRITTEN PROPOSAL (SCORED)

(Maximum available points: 350)

Exhibit C, Written Proposal must be completed in its entirety in accordance with the page limits identified within the Exhibit (See Section 3.2(D)). Bidder should respond using Exhibit C as its template, to ensure compliance with the formatting requirements outlined in Section 3.2(B).

3.9 COST PROPOSAL (SCORED)

(Maximum available points: 135)

The maximum cost proposed for this contract must be One Million Seven Hundred and Three Thousand Dollars (\$1,703,000) or less to be considered responsive to this RFP. Five Hundred and Sixty-Eight Thousand Dollars (\$568,000) of the budget is reserved for staff salaries, recruitment, and training costs. The remainder of the budget, One Million One Hundred and Thirty-Five Thousand Dollars (\$1,135,000), is to address the program, maintenance and operational costs.

The evaluation process is designed to award this solicitation not necessarily to the Bidder of least cost, but rather to the Bidder whose proposal best meets the requirements of this RFP. However, Bidders are encouraged to submit proposals which are consistent with state government efforts to conserve state resources.

HCA reserves the right to make the final determination if an operating expense is allowable and necessary.

3.9.1 Identification of Costs *(Maximum available points: 15)*

- A. Identify all costs in U.S. dollars including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. The Bidder is to submit a fully detailed budget including staff costs, estimates for any applicable sales and use taxes (see B below), and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract.
- B. ASB(s) will be required to collect Washington state sales and use taxes from HCA, as applicable, and for remittance of payment to the Washington State Department of Revenue (DOR). Bidders must identify any expenses to which Washington State sales and use taxes apply in the Cost Proposal and include an estimated amount for such taxes (based on the current tax rate(s)). HCA understands these amounts may fluctuate as tax rates fluctuate. If a tax isn't specifically identified, HCA will assume it is included in the costs identified.

3.9.2 Cost Proposal Spreadsheet

- A. Bidder must complete Exhibit D, Cost Proposal which is an excel spreadsheet. Exhibit D, Cost Proposal spreadsheet has some transcribed information, however the Bidder should complete the worksheets by adding all needed details to meet the service expectations of this RFP. Exhibit D consists of the following worksheets that will need to be completed:

- i. Worksheet A. Cost Summary. Sum of totals from Worksheets B. Personnel Cost, Worksheet C. Program Cost, and Worksheet D. Facility Maintenance & Operations Cost.
- ii. Worksheet B. Personnel Cost. Address key positions identified in the worksheet, also include positions, salary, and full-time equivalent (FTE) (actual percentage of time devoted to the project) for each position of staff employees allocated to the program. Salaries are fixed compensation for services performed by staff that are directly employed by the Bidder and are paid for on a regular basis. (*Maximum available points: 40*)
 - a. Employee Benefits (ERE): Employer's contributions or expenses for social security, employee's life and health insurance plans, unemployment insurance, pension plans, and other similar expenses. Vacation accruals, sick leave and PTO may be considered employee-related benefits. These expenses are allowable when they are included in the contract and are in accordance with the Bidder's approved written policies.
 - b. Address initial staff training as described in Exhibit C, Written Proposal, section 4.3, Training, and associated costs.
- iii. Worksheet C. Program Cost. List necessary expenditures exclusive of personnel salaries and benefits. Such expenses include all costs associated with meeting the Individuals' needs and the delivery of the program. The expenses must be program-related (i.e., to further the program objectives) and be incurred annually. Examples of program costs may include but is not limited to meals, laundry, prescription, medical supplies, personal care, transportation, waste removal services, special and continuing staff training, licensure, insurance and loan costs and interests; and supplies for treatments such as therapeutic equipment, art supplies, music equipment, yoga mats, etc. (*Maximum available points: 40*)
- iv. Worksheet D. Facility Maintenance & Operations Cost. Address the identified needs and add all other necessary expenditures to include by not limited to janitorial supplies, utilities, maintaining licensure(s), maintenance and repair for facility needs, furnishings, loan costs/interest, IT services, etc. (*Maximum available points: 40*)

Bidders must respond to all necessary requests for the Identification of Costs and Cost Proposal (Exhibit D), otherwise HCA may deem Bidder Non-responsive.

3.10 CORE PROVIDER AGREEMENT (CPA)

The ASB may be required to enroll (if not already enrolled) into Provider One and sign a Core Provider Agreement, attached as Exhibit E, for informational reference.

4. EVALUATION AND CONTRACT AWARD

4.1 EVALUATION PROCEDURE

Responsive Proposals will be evaluated strictly in accordance with the requirements stated in this RFP and any addenda issued. The evaluation of proposals will be accomplished by an evaluation team, to be designated by HCA, which will determine the ranking of the proposals. Evaluation teams could be comprised of internal (HCA) and external individuals. Evaluations will only be based upon information provided in the Bidder's Proposal.

- A. All proposals received by the stated deadline in Section 1.2 (ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES) will be reviewed by the RFP Coordinator to ensure that they contain all of the required information requested in the RFP. Only responsive proposals that meet the requirements will be evaluated by the evaluation team. Any Bidder who does not meet the stated qualifications or any proposal that does not contain all the required information will be rejected as non-responsive.
- B. HCA may, at its sole discretion, waive minor administrative irregularities.
- C. The RFP Coordinator may, at their sole discretion, contact the Bidder for clarification of any portion of the Bidder's Proposal. Bidders should take every precaution to ensure that all answers are clear, complete, and directly address the specific requirement.
- D. Responsive Written Proposals will be reviewed and scored by an evaluation team using the weighted scoring system described in Section 4.2 (EVALUATION WEIGHTING AND SCORING). Written Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda issued.
- E. The evaluation of the Executive Order 18-03 will be completed by the RFP Coordinator.
- F. HCA, at its sole discretion, may elect to select finalists for an oral presentation.
- G. HCA reserves the right to award the contract to the Bidder whose proposal is deemed to be in the best interest of HCA and the state of Washington.

4.2 EVALUATION WEIGHTING AND SCORING

Bidders' final scores will be based on the following scored items: Executive Order 18-03, Written Proposal, Cost Proposal, and Oral Presentations, if applicable.

A. Executive Order 18-03

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers' Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate proposals for best value and provide a preference in the amount of 15 points to any Bidder who certifies, pursuant to the certification included in Exhibit A, Bidder Forms and Certifications, Section C, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Bidders that do require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver will not be disqualified from evaluation of this RFP, however they will receive 0 out of 15 points for this section.

B. Scoring of Written Proposal

Each question in Exhibit C, Written Proposal has been assigned a weight. Points will be assigned to each question based upon the average of all evaluation team members scores for the question (0-5) multiplied by the weight indicated below. Individual question scores will then be combined to result in the Bidder's total weighted score. Any point calculations that result in decimal points will be rounded to the nearest whole number. The weight and maximum points for each question are as outlined in the following Evaluation Table:

Evaluation Table		
Section Title	Weight	Maximum Points
1. Project Approach/Methodology	18	90
2. Bidder Experience	10	50
3. Project Strategy Plan	16	80
4. Facility Staffing	16	80
5. Program Implementation Plan	4	20
6. Outcomes and Performance Measurement	3	15
7. Risks	3	15
Written Proposal Maximum Points		350

C. Scoring Rubric for Written Proposal

Evaluators will score the sections outlined in the Evaluation Table above using the following (0-5) scoring rubric:

Scoring Rubric		
Score	Description	Scoring Criteria
5	Excellent/ Far Exceeds Requirements	The Bidder has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a high level of experience with, or understanding of the requirement.
4	Very Good/ Exceeds Requirements	The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution.
3	Acceptable/ Meets Requirements	The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered "as substantially meeting the requirements".
2	Marginal/ Below Requirements	The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the Bidder will be fully able to meet the requirements.
1	Unacceptable/ Substantially Below Requirements	The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement.
0	Nonresponsive	The Applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is nonresponsive.

D. Scoring of Cost Proposal

Each of the cost elements listed in Exhibit D, Cost Proposal will be scored individually based on the lowest proposed total cost for each element. Points for each element will be computed according to the formula below. Any point calculations that result in decimal points will be rounded to the nearest whole number. The weights and maximum number of points possible for each category are outlined in the table below:

Evaluation Table – Cost Proposal		
Cost Element	Cost Element Description	Maximum Points Possible
1	Identification of Costs	15
2	Exhibit D- Cost Proposal	120
Cost Maximum Points		135

The Bidder's score for each of the cost elements will then be summed to determine the Bidder's total Cost Proposal score.

E. Oral Presentations (Optional)

Should oral presentations become necessary, HCA will contact the Bidders to provide further details and schedule the presentations. Commitments made by the Bidder at the oral presentation, if any, will be considered binding. The evaluation and ranking of oral presentations will be accomplished by an evaluation team, to be designated by HCA. Internal and external participants/evaluators may be present at oral presentations.

The scores from the evaluation (Executive Order 18-03, Written Proposal, and Cost Proposal) and the oral presentation combined will determine the Apparent Successful Bidder.

F. Total Score

Evaluation Table – All Scored Items		
Section/Exhibit	Title	Maximum Points
	Executive Order 18-03	15
	Written Proposal	350
	Cost Proposal	135
Total Maximum Points without Oral Presentation		500
	Oral Presentation (<i>if applicable</i>)	100
Total Maximum Points with Oral Presentation		600

4.3 BEST AND FINAL OFFER (BAFO)

HCA reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

4.4 SUBSTANTIALLY EQUIVALENT SCORES

Substantially Equivalent Scores are scores separated by two percent or less in total points. If multiple proposals receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the ASB the one proposal that is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Section 1.3 of this RFP.

If applicable, HCA's best interest will be determined by HCA staff, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with Substantially Equivalent Scores.

4.5 NOTIFICATION TO BIDDERS

HCA will announce the ASB to all Bidders via the WEBS notification system.

4.6 DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Bidder who has submitted a proposal and been notified it was not selected for contract award may request a debriefing conference. The request for a debriefing conference must be received by the RFP Coordinator no later than 5:00 p.m., Pacific Time, within three (3) Business Days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three (3) Business Days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

- A. Evaluation and scoring of the Bidder's Proposal;
- B. Critique of the Proposal based on the evaluation; and
- C. Review of the Bidder's final score in comparison with other final scores without identifying the other Bidders.

Topics a Bidder could have raised as part of the COMPLAINT PROCESS (Section 2.9) cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

Comparisons between proposals, or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

4.7 PROTEST PROCEDURE

A protest may be made only by Bidders who submitted a response to this RFP and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five (5) Business Days to file a protest. Protests must be received by the Contracts Administrator no later than 4:30 p.m., Pacific Time, on the fifth Business Day following the Bidder's debriefing. Protests must be submitted by e-mail to ensure timely receipt.

Consistent with RCW 39.26.030, proposal submissions and proposal evaluations will be available for public inspection following the announcement of ASB(s). If requested by a Bidder who received a debriefing pursuant to Section 4.6, the protest period will not conclude before the requestor has been provided with the applicable proposal submissions and proposal evaluations and provided five (5) Business Days to review the same. Bidder is responsible for notifying the RFP Coordinator of any such public disclosure requests so the timeline can be adjusted accordingly.

Bidders protesting this RFP must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this RFP.

- A. All protests must be in writing, addressed to the Contracts Administrator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFP number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested. Protests must be emailed to contracts@hca.wa.gov with the following subject line: "RFP # Protest – [Bidder Name]"
- B. Only protests alleging an issue of fact concerning the following subjects will be considered:
 - i. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

- ii. Errors in computing the score; or
- iii. Non-compliance with procedures described in the RFP, HCA's protest process, or Department of Enterprise Services (DES) policy requirements (POL-DES-170-00).

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit to the extent they address issues such as: 1) an evaluator's professional judgment on the quality of a proposal; or 2) HCA's assessment of its own needs or requirements.

- C. Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who is a neutral party with no involvement in the evaluation and award process (Protest Officer), will review and respond to the protest. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The Protest Officer will have the right to seek additional information regarding the solicitation from sources they deem appropriate in order to fully consider the protest.
- D. If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA may invite such Bidder to submit its views and any relevant information on the protest to the Protest Officer. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.
- E. The Protest Officer will issue a written protest response no more than ten (10) Business Days after receipt of the protest, unless additional time is needed, in which case HCA will notify the protesting Bidder in writing. The Protest Officer's decision is final unless the HCA Director exercises their right to make the final agency decision on the protest. There will be no appeal process.
- F. The final determination of the protest will:
 - i. Find the protest lacking in merit and uphold HCA's action; or
 - ii. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
 - iii. Find merit in the protest and provide options to the HCA Director, which may include:
 - 1) Correct the errors and re-evaluate all proposals; or
 - 2) Issue a new solicitation document and begin a new process; or
 - 3) Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASB(s), assuming the parties reach agreement on the contract's terms.

5. RFP EXHIBITS

- Exhibit A Bidder Forms and Certifications (included as a separate attachment)
- Exhibit B Draft Contract (included as a separate attachment)
- Exhibit C Written Proposal
- Exhibit D Cost Proposal (included as a separate attachment)
- Exhibit E Core Provider Agreement (CPA) (included as a separate attachment)

EXHIBIT A – BIDDER FORMS AND CERTIFICATIONS

Exhibit A is included as a separate document.

EXHIBIT B – DRAFT CONTRACT

Exhibit B is included as a separate document.

EXHIBIT C – WRITTEN PROPOSAL

Maximum Points for Written Proposal: **350 points**

Maximum Page Limit for Written Proposal: **10 pages**

Include all project requirements and the proposed tasks, services, activities, etc. necessary to accomplish the scope of the project defined in this RFP. This section must contain sufficient detail to convey to members of the evaluation team the Bidder's knowledge of the subjects and skills necessary to successfully complete the project. Include any required involvement of HCA staff. The Bidder may also present any creative approaches that might be appropriate and may provide any pertinent supporting documentation.

1. Project Approach/Methodology *(Maximum available points: 90)*

1.1 Program Philosophy. *(Maximum available points:10)*

Describe the vision, values, and beliefs of the Bidder's organization that will be evident in the design, methodology, and implementation of the proposed services. The Bidder should explain and include:

- A. How the values include strengths-based, recovery and resilience focused, and are evident in the operations of the Bidders organization.
- B. A description of how person-first, culturally competent, recovery oriented, and trauma-informed practices and approaches are incorporated into the Bidder's organization and into the proposed program.

1.2 Family Preservation Model. *(Maximum available points:40)*

The goal of a Family Preservation Model is keeping families with children safely together and prevent out of home placement. The heart of the model is whole family healing. The model serves PPI and their children, the (I in PPI) includes fathers and couples. Describe how the Bidder intends to meet this goal and address the following:

- A. Equitably serve Underrepresented, Vulnerable populations, including fathers or their children;
- B. Incorporate an interdisciplinary approach to reduce barriers for families;
- C. Provide culturally centered and equitable designed program services to serve diverse family systems, including but not limited to:
 - i. Non-English-speaking population that require services of a translator.
 - ii. AI/AN population, including an understanding of the Indian Health Service ([Agency Overview | About IHS](#)), which is an agency within the Department of Health and Human Services, responsible for providing federal health services to American Indians and Alaska Natives, tribal governments, and urban Indian health programs that serve them.
 - iii. Cultural, ethnic, and racial minority populations.
 - iv. LGBTQIA2S+.

- v. Hearing impaired Individuals who require an American Sign Language interpretation.
- D. Provide trauma informed services; acknowledging impacts of trauma, with intention to provide safe care; and
- E. Ensure families involved in the child welfare system safely together, or work towards reunification.

1.3 *Onsite and off-site Services. (Maximum available points:20)*

Describe the Bidder's proposed model for both onsite and off-site services and for referral off-site services including, but not limited to the following:

- A. SUD/COD treatment;
- B. Withdrawal management;
- C. Medication for Opiate Use Disorder (MOUD) services;
- D. Case management; housing and employment case management helps patients put together a plan that meets their needs; case management is a part of treatment planning;
- E. Educational opportunities in parenting skills;
- F. Pediatric transition plans, for parents transitioning into treatment with their infant after birth;
- G. Family and individual therapy;
- H. Partnership with DCYF for child welfare involved caregivers, and Tribal Child Welfare Programs, as appropriate;
- I. Coordinate follow up care with Outpatient Programs: direct services for people with substance use disorders or co-occurring mental and substance use disorders who do not require medical detoxification or 24-hour supervision;
- J. Coordinate follow up care with community based behavioral health services; and
- K. Onsite therapeutic childcare with access to Infant Early Childhood Mental Health Consultation.

1.4 *Coordination with DCYF. (Maximum available points:20)*

Outline the Bidder's plan to coordinate and collaborate with DCYF, with the following:

- A. Referral pathway, for infant parent dyads to transition into SUD treatment upon safe hospital discharge after birth; include pediatric transition care plan—parent and infant visitation, in accordance with [WAC 246-337-082W](#).
- B. Partner with CPS, DCYF, and social workers to keep families safely together and support reunification efforts.

2. Bidder Experience (Maximum available points: 50)

2.1 Indicate the experience the Bidder has in the following areas (Maximum available points:15):

- A. Operating and managing an in-patient and/or out-patient facility providing SUD services; and
 - B. Providing services to PPI.
- 2.2 Describe Bidder's experience with collaborating with tribal governments, MCOs, law enforcement agencies, counties/cities and/or similar organizations? If Bidder does not have this experience, how does Bidder intend on building these relationships and working collaboratively with these groups? *(Maximum available points:10)*
- 2.3 Describe other relevant experience that indicates the qualifications of the Bidder for the performance of the services described in this RFP. *(Maximum available points:15)*
- 2.4 Include a list of contracts the Bidder has had during the last five (5) years that relate to the Bidder's ability to perform the services needed under this RFP. List contract reference numbers, contract period of performance, contact persons, telephone numbers, and fax numbers/e-mail addresses. *(Maximum available points:10)*

3. Project Strategy Plan *(Maximum available points: 80)*

- 3.1 Describe how the Bidder will need to modify the facility to manage services unique to the mixed population as described in the RFP, and in accordance with the DOH BHA and RTF licensure requirements (<https://apps.leg.wa.gov/WAC/default.aspx?cite=246-341>), which include but are not limited to *(Maximum available points:30)*:
- A. Resident sleeping room accommodations, as per [WAC 246-338-113](#);
 - B. Facility and environment requirements, as per [WAC 246-337-120](#);
 - C. Common room requirements, as per [WAC 246-337-124](#);
 - D. Resident care room requirements, as per [WAC 246-337-126](#);
 - E. Food and nutrition services, as per [WAC 246-337-111](#);
 - F. Laundry and housekeeping room requirements, as per [WAC 246-337-128](#); and
 - G. Cleaning, maintenance and disposal, as per [WAC 246-337-146](#).
- 3.2 *Managing Mixed Population. (Maximum available points:20)*

Provide an outline plan describing how the Bidder will manage mixed populations within the RTF and how the Bidder will address these specific program nuances:

- A. Age and gender requirements in accordance with the law;
- B. Mitigation of patient sexual conduct;
- C. Meeting the personal needs of all the admitted individuals (dietary restrictions, dental care, spiritual accommodations, haircuts, etc.)
- D. Procedures for partners entering treatment together;
- E. Screening plan for domestic or intimate partner violence (IPV);
- F. Ability to serve families of multiple sizes and diverse composition; and

G. Discharge plan and any post-discharge assistance.

3.3 *Onsite Therapeutic childcare. (Maximum available points:15)*

Describe how the Bidder will plan to operate and obtain licensure for an onsite childcare facility in accordance with WAC: 246-337-085.

3.4 *Access to School. (Maximum available points:15)*

Describe how the Bidder will plan to transport school aged children to local schools, in accordance with [WAC 246-337-065](#) and or, provide an accommodation plan: i.e., school bus, transportation service, coordination with family.

4. Facility Staffing (Maximum available points: 80)

4.1 *Staffing. (Maximum available points:20)*

Provide a detailed staffing plan, including the number of personnel needed for the proposed program embedded in family preservation. Please provide the qualifications and experience of the key team member(s) that will operate the facility.

4.2 *Recruitment. (Maximum available points:30)*

Provide a detailed recruitment plan to staff an ASAM ([American Society of Addiction Medicine](#)) Level 3.3, or equivalent treatment facility. The recruitment plan shall include:

- A. Recruitment timelines and outreach methodologies.
- B. Staff retention plans and mitigation of vacant positions.
- C. Re-hire plan.

4.3 *Training. (Maximum available points:30)*

Provide a training plan to provide a training pathway for staff after they are hired and on-going through their employment. The training shall include, but are not limited to:

- A. Laws and rules governing child and parent reunification;
- B. Trauma informed care and approaches;
- C. Educational opportunities in parenting i.e., parenting skill-based curriculums;
- D. Child development, attachment, social and emotional learning; and
- E. Delivery of culturally attuned SUD treatment, i.e., trainings that strengthen and promote systematic behavioral health practice improvements, and SUD treatment services delivery for AI/AN and BIPOC individuals and parents attending treatment with their child(ren).

5. Program Implementation Plan (Maximum available points: 20)

Describe and provide a detailed Program Implementation Plan. The plan shall include:

- A. Steps needed to start the proposed program and facility before accepting patients, including detailed timeframes and milestones.
- B. Critical pre-implementation steps needed to start the proposed program.

- C. A plan for strategies to scale the services to full implementation.
- D. An approach to identify and respond to any anticipated challenges associated with implementation.
- E. Steps to drafting and completing all policies and procedures needed to run the facility.
- F. Patient intake plan.

6. Outcomes and Performance Measurement (*Maximum available points: 15*)

Describe the impacts/outcomes the Bidder proposes to achieve as a result of the delivery of these services including how these outcomes would be monitored, measured, and reported to HCA.

7. Risks (*Maximum available points: 15*)

Describe potential risks that are considered significant to the success of the project, include how the Bidder would propose to effectively monitor and manage these risks, provide policies and procedures for the safety and security of patients in accordance with [WAC 246-337-065](#), including reporting of risks to the HCA contract manager.

EXHIBIT D – COST PROPOSAL

Exhibit D is included as a separate excel spreadsheet.

EXHIBIT E – CORE PROVIDER AGREEMENT (CPA)

Exhibit E is included as a separate document.