



**STATE OF WASHINGTON  
HEALTH CARE AUTHORITY**

**REQUEST FOR INFORMATION (RFI)**

**RFI NO. 2022HCA7**

***NOTE:** If you download this RFI from any source other than the Washington Electronic Business Solution (WEBS), you are responsible for registering in WEBS to ensure your organization receives any RFI amendments, including Bidder questions/agency answers.*

**SCOPE TITLE: Residential Treatment Facilities in Clark County**

**SUBMISSION DUE DATE:** May 12, 2022, by 2:00 p.m. *Pacific Time*, Olympia, Washington, USA.

E-mailed submissions will be accepted. Faxed submissions will not.

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# 1 Introduction and Background

The Washington State Health Care Authority (HCA) is issuing this Request for Information (RFI) to gather information from the Vendor community to inform HCA about building programs to provide inpatient services at two 16-bed Residential Treatment Facilities (RTF) in Clark County.

HCA may use information submitted to assist in developing a competitive solicitation, known as a Request for Proposal (RFP) to award contracts for these services. The apparently successful bidder(s) will lease the RTF facilities from the Department of Social and Health Services (DSHS) and provides treatment services under contract with HCA.

In 2019, the Legislature enacted Engrossed Substitute House Bill 1102 (ESHB 1102) (Chapter 413, Laws of 2019). Section 2054 directed the Department of Social and Health Services (DSHS) to design and provide preliminary construction on a new 48-bed behavioral health facility. Section 2054 provides in relevant part as follows:

The appropriation in this section is subject to the following conditions and limitations:

- (1) The appropriation is provided solely for predesign, design, siting, site work, and preliminary construction for a new forty-eight bed behavioral health facility that is not subject to federal funding restrictions that apply to institutes of mental diseases.
- (2) The facility must be provided as follows: At least forty-eight beds, of which sixteen beds are for a state-operated civil commitment program and the remaining beds for private providers for community behavioral health services, including long-term civil commitments.

In 2022, the Legislature enacted Engrossed Substitute Senate Bill 5693, (ESSB 5693) (Chapter 297, Laws of 2022). Section 202(p) requires DSHS to provide treatment services at one of the 16-bed facilities in Clark County. Section 202(p) provides in relevant part as follows:

(p) \$159,000 of the general fund—state appropriation for fiscal year 2023 is provided solely for the department to prepare for opening a 16 bed facility located in Clark county to provide long-term inpatient care beds as defined in RCW 71.24.025. The department must use this facility to provide treatment services for individuals who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088. The department must develop and implement a protocol to assess the risk of patients being considered for placement in this facility and determine whether the level of security and treatment services is appropriate to meet the patient's needs.

This RFI does not pertain to the facility that DSHS will operate in Clark County.

In addition, Section 215(87) of ESSB 5693 requires HCA to enter into contracts for the development and operations of two RTF facilities in Clark County. This RFI will help HCA gather information from stakeholders and parties interested in providing services in the RTFs. HCA will require two separate entities, one to run each 16-bed facility. Section 215(87) provides in relevant part as follows:

(87) \$349,000 of the general fund—state appropriation for fiscal year 2022, \$1,849,000 of the general fund—state appropriation for fiscal year 2023, and \$942,000 of the general fund—federal appropriation are provided solely for the authority to contract for services at two distinct 16 bed programs in a facility located in Clark county to provide long-term inpatient care beds as defined in RCW 71.24.025. The beds must be used to provide treatment services for individuals who have been involuntarily committed to long-term inpatient treatment pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088. The authority, in coordination with the department of social and health services, must develop and

implement a protocol to assess the risk of patients being considered for placement in this facility and determine whether the level of security and treatment services is appropriate to meet the patient's needs.

## **1.1 Clark County Facilities**

In Clark County, three 16-bed facilities are being built by, and will be owned by, DSHS. Two of the facilities will be operated by contractors hired through HCA. This RFI pertains to those two facilities. DSHS will operate the other facility, and this RFI does not pertain to that facility.

The contractors selected by HCA will lease the facility from DSHS and be responsible for the associated costs. See Attachment 1 for site and floor plans. See Attachment 3 for the draft DSHS Lease and Attachment 5 for equipment and services assumed to be provided by DSHS and HCA. Provision of treatment services within the facilities will be under contract with HCA.

The current estimated date for move-in availability is between December 2023 and March 2024. HCA intends to have contractors in the facilities to provide services in the first quarter of 2024.

The primary goals of the facilities are the following:

- A. Provide safe and stable board and care atmosphere for up to 16 adults per facility;
- B. Obtain licensure accreditation by the Washington State Department of Health (DOH) as a residential treatment facility in accordance with Washington Administrative Code (WAC) 246-337;
- C. Obtain DOH certification to provide Adult Evaluation and Treatment services (WAC 246-341);
- D. Provide intensive mental health treatment services utilizing evidence-based practices for up to 16 individuals (per facility) that are civil conversions (see section 1.2.1 for individuals to be served);
- E. Work collaboratively with Eastern and Western State Hospitals to provide continuity of care for individuals;
- F. Provide long-term civil commitment Adult Evaluation and Treatment services onsite with an emphasis on psychiatric stabilization, rehabilitation, and community re-integration;
- G. Continuous quality improvement and program monitoring; and
- H. Provide services that are culturally and linguistically appropriate.

## **1.2 Scope of Service / Project Description**

### **1.2.1 Individuals to be Provided Services**

Facilities will serve individuals who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088. Their civil order of commitment will fall under the Involuntary Treatment Act (RCW 71.05.320) and be for up to 90- or 180-days of inpatient psychiatric treatment. Patients may be committed by the court for additional 180-day treatment periods until the individual is determined to be safe to transition back to the community. As such, patients will need to meet criteria for additional 180-day commitment following the expiration of their current civil commitment order. RCW 71.05.320 criteria require patients to:

- a) Have a behavioral health disorder as defined in RCW 71.05.020; and
- b) Be gravely disabled as defined in RCW 71.05.020; or
- c) Present a likelihood of serious harm as defined in RCW 71.05.020.

Programs will provide inpatient mental health treatment in a secure environment to assist people in stabilizing their acute psychiatric symptoms, reducing barriers to success in the community, and supporting the development and implementation of an individualized recovery plan. Following treatment, the programs will support patient transitions back to the community or to a less-restrictive setting. Programs will encourage and motivate patients to participate in long-term planning for mental health treatment and rehabilitation and will focus on identifying and addressing safety concerns and develop or strengthen behaviors, skills and habits that will lead to a successful recovery including personal care, social, communication, and practical living skills.

Patients must meet admission criteria, which includes medical clearance, and which may include required diagnostic tests as determined by a provider to be eligible for admission including: review of vital signs, basic neurological screening, questions about substance use, medication use, etc. The screening is completed by a licensed nurse and is designed to be repeated as necessary. Exclusionary criteria for admission include:

- a) Any patient falling outside the medically determined parameters of the facility will be referred to the hospital emergency room for further assessment and treatment. The client will be returned to the facility when their medical condition returns to within allowable parameters.
- b) Sexually violent predators being detained pursuant to RCW 71.09 will not be served.
- c) Any patient who is in need of inpatient detoxification from alcohol and/or other drugs shall be excluded from admission, until after detoxification from substances has occurred.
- d) Primary diagnoses of substance use shall be excluded from admission.
- e) Severe developmental disabilities or organic brain syndromes that would preclude participation in emergency procedures shall be excluded from admission.
- f) Patients who have not been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088

Patients will also be assessed to ensure a cognitive functioning level sufficient to understand the facility's evacuation and shelter in place process in the event of an emergency and to ensure they have the ability to evacuate with limited staff assistance. Patients should be able to respond to alarms and/or staff direction and evacuate or shelter in place in an orderly and timely manner. Some patients, including those with dementia, developmental disabilities or who are restrained or in seclusion, may require additional staff guidance, cueing and assistance. Facility procedures will include provisions for staff to monitor and assist these clients if they require extra support. These procedures will include extra orientation to evacuation or shelter in place procedures for these patients and assignment of staff to provide support of identified patients during emergency operations.

Because of their behavioral health symptoms, individuals admitted to the program may have impaired adaptive levels of functioning (e.g., inadequate social skills, and/or poor Activities of Daily Living skills) that prevent them from living independently within the community. Patients may include those who are elderly or developmentally disabled. A majority of the patients will be adults 18 years and older who have been diagnosed with behavioral health disorders other significant disabilities. Psychiatric, nursing and/or mental health professional staff will evaluate the individual's behavioral health history and current symptom presentation to determine whether the program can meet the individual's needs.

Patients typically pose a significant risk to themselves or others due to a mental disorder as defined in RCW 71.05.020 and meet the regulatory and program requirements for admission.

Some patients are experiencing psychosis or symptoms of mania that can lead them to have unreasonable and unsafe behaviors, thus posing a risk to themselves or others. Other patients might have impaired cognitive functioning to the degree that they are unable to make safe choices and are putting their life, health, and safety at risk (also known as Grave Disability). Some patients may require seclusion and/or restraint for limited periods during their treatment to ensure the safety of themselves or others. Patients in seclusion or restraint will be monitored by closed-circuit TV at all times and will have direct eyes on monitoring with documentation of the event occurring minimally every 15 minutes, or more frequently, as appropriate, in accordance with WAC 246-337-110.

### 1.2.2 Services to be Provided

The programs will provide services to seriously mentally ill adults aged 18 years and older who have been court-ordered to 90 or 180 days of inpatient psychiatric treatment. The facility will be a secured 16-bed unit.

The [HCA Mental Health Services Billing Guide](#) provides further details on services covered. Services provided may include the following:

- a) Assessment and psychiatric evaluation, including:
  - i. documentation of the medical necessity for the admission
  - ii. completion of a history and physical
  - iii. completion of a psychosocial evaluation
  - iv. formulation of a diagnosis and identification of problems to be addressed during the stay
  - v. assessment of the need for referral to other treatment, e.g., substance use disorder treatment or medical treatment
  - vi. consideration of the need for psychiatric medication
- b) Psychiatric medication management and medication monitoring
- c) Nursing care-Assistance in daily activities of living, daily vitals, room checks, physical assessment, supervision of patients during grooming, milieu management, medication administration, IVs, wound care.
- d) Individual and group or family therapies including trauma-informed treatment, cognitive behavioral approaches, experiential and psychoeducation groups, and process and skill building groups.
- e) A therapeutic milieu
- f) Monitoring, cueing, and skill building for social skills and activities of daily living
- g) Recreational and social activities
- h) Meal and snack services

The contractor and the facility will be required to comply with the Involuntary Treatment Act (RCW 71.05), including petitioning for further detention as necessary and providing notifications. This will involve record review, an interview with the patient, direct observation, preparation and filing of a petition with the court, and court testimony in support of the petition. Petitioners must be licensed "professional persons" as defined in RCW 71.05. At a hearing for long-term treatment for 90 or 180 days, the respondent/patient has a right to counsel and trial by judge or jury.

The treatment team members will have contact with each patient regularly to observe and evaluate the patient, make recommendations about the continued commitment status of the

patient, and consider adjustments to the patient's plan of care and plan for discharge from the facility and aftercare.

All patients will be given a formal health assessment upon admission. The assessment will include a full history and physical within twenty-four hours of admission and be conducted by personnel licensed to provide such an assessment (e.g., physician, ARNP or PA). The health assessment will include a review of health and medical history, current medications, allergies, substance use and abuse history, review of health issues affecting the safety for admission and other needed information. Assessments for pain, nutritional, and the need for dental treatment will also be completed.

Common medical issues will be addressed by the in-house or contracted medical staff. Medical and dental issues requiring more than routine care will be referred to physicians and dentists who have agreed to provide such services in the community. A transfer agreement will be executed with local hospitals to facilitate access to needed emergency treatment. Facility staff will accompany patients to outside appointments to ensure connection to services, coordination of care, and safe conditions when appropriate to do so.

When a patient requires ongoing medical follow-up care upon discharging from the facility, the provider will consult with the patient's primary care provider and schedule follow-up appointments with the patient's primary care provider on an outpatient basis following the patient's discharge from the facility. Program vehicles will be used for transportation to appointments. If ambulance transportation is required, an ambulance company is available nearby. Local hospitals are a short distance from the treatment facility.

### **Specific Patient Activities May Include:**

#### *Formal Therapeutic*

- a) Assessments and exams
- b) Treatment planning
- c) Daily Community Meetings
- d) Treatment
- e) Individual therapy
- f) Medication management
- g) Consultation/collateral contact
- h) Discharge planning
- i) Peer counseling

#### *Visits*

- a) Family visits
- b) Approved visitors

#### *Recreational*

- a) Sedentary leisure, such as board games, books, art, and audio/video
- b) Active leisure, such as games, exercise
- c) Decompression/quiet time
- d) "Air Breaks," regularly scheduled time to allow access to the fenced outside area of the unit for fresh air and exposure to outside elements and natural lighting
- e) Free time

### Activities of Daily Living

- a) Meals/Snacks – 3 times daily - Dining Area/lounge, snacks will be served in the day room
- b) Grooming – within the grooming station or individual bathrooms/bedrooms
- c) Medications will be dispensed in the lounge or near the medication room
- d) Patient’s laundry: under staff supervision, patients will do their own laundry individually in the patient laundry room
- e) Sleep and change clothing: individual bedrooms

Services contractors will **NOT** be expected to cover:

- a) Medical care services that are covered through individual’s insurance or through Medicaid, such as medical care services encounter and pharmacy benefits costs;
- b) Occupational therapy;
- c) Voluntary treatment services, in accordance with RCW 71.05.050.

### **1.2.3 Furnishings and Equipment Required to be Provided by Contractor(s)**

Contractors must provide furnishings and equipment necessary to run the facility, which may include but are not limited to the following recommendations (which can be adjusted to specific provider operations and treatment programs). To review a list of furnishings and equipment to be provided by the building owner, please see Attachment 5.

The following is a list of furnishings for resident accessible areas:

- a) **Resident Bedrooms:** desks, stools, wardrobes, beds, linens, blankets, mattresses, pillows;
- b) **Bathrooms:** seat covers, toilet paper, sanitizer, paper towels, hygiene products, towels, wash cloths, toiletry items;
- c) **Dining Area:** tables, seating; waste/recycle receptacles;
- d) **Outdoor Area:** recreational equipment;
- e) **Sensory Room:** seating; projector, rugs, blankets
- f) **Seclusion Room:** bed, restraint equipment, safety equipment;
- g) **Life Skills:** tables, seating, educational materials and supplies, small appliances;
- h) **Group Room:** tables, seating, art supplies, audio/visual equipment; DVDs;
- i) **Lounge Area:** tables, seating, television, games, reading material;
- j) **Neighborhood Lounge:** tables, seating;
- k) **Multi-Purpose Room:** tables, seating, audio/visual equipment, gaming systems, mobile video cart;
- l) **Exam Room:** exam table, stool, medical equipment, medical supplies, wall mounted workstation, bariatric chairs, gloves/dispenser, biohazardous waste receptacles, sharps containers, crash cart, wheelchair, evacuation sled;
- m) **Exercise Area:** mats, exercise equipment;
- n) **Kitchen:** small appliances, cookware, dinnerware, utensils, paper towels, dish rags, towels, storage containers, pantry items, knife safe, trays, waste and recycle receptacles, specialized equipment required by preferred food delivery service;
- o) **Patient Laundry:** tables, laundry supplies;
- p) **Conference Room:** patient intake materials, table, seating, white boards, cabinets, audio/visual equipment, teleconference equipment, telehealth equipment;
- q) Patient Telephone: patient phone;
- r) **Grooming Area:** hair dryers, personal grooming items

The following is a list of furnishings for staff and entry areas:

- a) **Staff Respite and Shower:** tables, seating, shelving;
- b) **Care Team Area:** desks, seating, file cabinets, locking storage, computer workstations, medical charts, chart cart, office supplies;
- c) **Team Workroom:** desks, seating, file cabinets, shelving, printer/fax/scanner, computer workstations, office supplies, telephones, shred bin;
- d) **Administrative Office, Flex Office, Shared Offices:** desks, tables, seating, acoustic panels, privacy screens, cadenzas, file cabinets, locking cabinets, office supplies, telephones, bookshelves, computer workstations, printer/fax/scanners, tabletop printers, floor safe;
- e) **Patient Storage:** secure lockers, storage containers;
- f) **Storage:** additional shelving as desired;
- g) **Provider Office:** desk, seating, cabinet, credenza, computer workstation, telephone, office supplies;
- h) **Consult Area:** table, seating, mobile workstation cart;
- i) **Medication Room:** desks, locked storage, computer workstation, office supplies, specimen refrigerator, safe, medication dispenser;
- j) **Break Room:** tables, seating, lockers, television, small appliances, utensils, waste/recycle receptacles
- k) **Family Lounge/Entry Area:** tables, seating, sofas, décor;
- l) **Soiled/Clean Linen Rooms:** linen carts, laundry rolling bin;
- m) **Medical Records:** locking file cabinets, desk, telephone, computer workstation;
- n) **IT Room:** servers, other IT equipment.

Safety and Security Items:

- a) Duress alarms;
- b) Safety knife;
- c) Emergency supplies, food packets;
- d) Automated External Defibrillator (AED);
- e) Radios, batteries, chargers;
- f) Flashlights, headlamps, batteries;
- g) Metal detectors;

#### 1.2.4 Facility Services

Contractors will need to have their own subcontracts for services to support operations as required to run the facility, including but not limited to:

- a) Medical Services:
  - i. Pharmacy;
  - ii. Laboratory;
  - iii. Medical Supplies;
  - iv. Medical Waste;
  - v. Off-campus medical services (e.g., dental, radiology, specialized therapy, optometry).
- b) Operations:
  - i. Radio equipment maintenance;

- ii. Consumable supplies and storage;
- iii. Food;
- iv. Laundry.
- v. Secured vehicle(s) for transportation.
- vi. Vehicle maintenance;
- vii. Patient services (e.g., spiritual, barber/beauty);
- viii. Utilities (electrical, gas, water, phone, cable);
- ix. Patient transport;
- x. Electronic Health Records (EHR);
- xi. Payroll, time, and attendance systems;
- xii. Mail and deliveries;
- xiii. Local funds management (for managing patient funds during their time in the facility).

c) Local Municipality Services:

- i. DSHS will contract for campus-wide EMS services. Contractor(s) will be expected to pay 1/3 of total cost.

All services should be provided with an emphasis on promoting wellness and recovery and be tiered to the appropriate level of services based on risk factors. Respondents to any subsequently issued RFP will be encouraged to include a post-treatment follow-up mechanism to evaluate outcomes and to promote linkage for outpatient or other levels of care for exits.

Respondents to any subsequently issued RFP must demonstrate experience in providing culturally and linguistically appropriate services (CLAS) as outlined in the national CLAS standards. Responses must include content that:

- A. Ensures the cultural and linguistic needs of individuals will be met, including strategies to meet the needs of:
  - i. Non-English speaking populations that require the services of a translator;
  - ii. American Indian and Alaska Native (AI/AN) populations, including an understanding of the Indian Health Service, tribal governments, and urban Indian health programs that serve them;
  - iii. Cultural, ethnic, and racial minority populations,
  - iv. Lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ) individuals; and
  - v. Deaf and hard of hearing individuals who require an American Sign Language interpretation.
- B. Includes a program staffing plan that reflects the diversity of the community(ies) served.

### **1.3 Facts and Assumptions**

- A. Contractors must provide or enter into a Core Provider Agreement (CPA) with HCA. See Attachment 4.
- B. Contractors must meet all regulatory requirements, including but not limited to the following:
  - i. Maintain DOH license as a Residential Treatment Facility (WAC 246-337);
  - ii. Maintain DOH certification as an Adult Evaluation and Treatment Program (WAC 246-337 and 246-341);

- iii. Ensure all Medicaid standards are met for Inpatient Psychiatric Services for individuals over age 18 in Psychiatric Facilities or Programs (42 C.F.R § 424.14);
  - iv. Meet Involuntary Commitment-Individualized discharge plan as set forth in RCW 71.05.365; and
  - v. Meet requirements of RCW 71.05.217 for Rights of involuntarily detained persons.
- C. The scope of work contemplated for these facilities is subject to the federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA), as amended; 42 C.F.R. Part 2; 42 C.F.R. Part 431, Subpart F; and RCW 70.02. Contractors will be expected to pass an OCIO Security Design Review, in accordance with OCIO Security Standard Number 141.10.
- D. Contractors will be required to have organizational infrastructure related to compliance, oversight of documentation integrity, maintenance of medical records or program clinical records, i.e., EHR, database system or other method. This must include security protocols, training plans, etc.

## 2 CONTENT OF RESPONSES

This section outlines the elements requested in the response to this RFI. Subsequent sections provide additional background and detail on these elements. The timeline in Section 3.2 includes time for additional questions to address any information not covered in the subsequent sections.

### 2.1 RFI Response Requirements

HCA is seeking to gather as much information as possible to help inform its future procurement of these two facilities in Clark County.

Exhibit A, attached, contains questions and desired capabilities for this program. Clearly reference where each item is addressed in your response. HCA has provided page limits to each question in parentheses.

Responses may include any preprinted materials that would provide the information HCA requests.

Respondents do not need to answer every question in order to submit a response. Respondents should feel free to answer only those questions that are applicable to their organization and provide information the respondents believe will help HCA successfully procure contractors for these two facilities.

## 3 ADMINISTRATIVE INFORMATION

### 3.1 RFI COORDINATOR

Please submit responses to the RFI Coordinator at the following address and/or email:

Name	Angela Hanson
E-Mail Address	<a href="mailto:HCAProcurements@hca.wa.gov">HCAProcurements@hca.wa.gov</a>

Please be sure to include the RFI Number (2022HCA7) in the subject line of any emails.

### 3.2 RFI SCHEDULE

Release RFI	April 18, 2022
RFI Clarification Questions Due by 2:00 p.m.	April 22, 2022
Answers to Round 1 Vendor Questions	By April 26, 2022
Vendor Submissions due by 2:00 p.m.	May 12, 2022

HCA reserves the right to change the RFI Schedule at any time.

### 3.3 RESPONSE FORMAT

Please do not cut and paste responses into this RFI. Instead, provide a response as a separate document using the corresponding item number listed in Exhibit A.

Responses must be provided in an electronic format, such as Adobe or Microsoft Word. You only need to provide a single copy of your response. Responses may be provided in more than one file and submitted in more than one email. HCA prefers that all responses be submitted via email to the RFI Coordinator. A physical copy of responses and materials will also be accepted. However, faxed responses will not.

**Please note that HCA will not accept zipped or compressed files.** HCA will not open any such file. If individual files to a response are too large, please send multiple emails instead of compressing files.

#### A. Cost of Response

You will not be reimbursed for any costs associated with preparing or presenting any response to this RFI.

#### B. Response Property of HCA

All materials submitted in response to this RFI become the property of HCA and will not be returned.

#### C. Public Records and Proprietary Information

HCA will consider all responses as “public records” under chapter 42.56 RCW (the Public Records Act). Any information contained in the response that is asserted to be proprietary or confidential must be clearly designated as such. The page and the particular exception(s) from disclosure must be identified. Each page claimed to be exempt from disclosure must be clearly identified by the word “confidential” printed on the lower right-hand corner of the page. Marking the entire response as confidential will be neither accepted nor honored and may result in disclosure of the entire response.

To the extent consistent with chapter 42.56 RCW and other applicable law, HCA will maintain the confidentiality of your information marked confidential or proprietary. If a request is made to view your proprietary information, HCA will notify you of the request and of the date that the records will be released to the requester unless you obtain a court order enjoining that disclosure. If you fail to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified in its notice to you.

HCA's sole responsibility will be limited to maintaining the above data in a secure area and to notify you of any request(s) for disclosure for so long as HCA retains your information in HCA records. Failure to so label such materials, or failure to timely respond after notice of request for public records has been given, will be deemed a waiver by you of any claim that such materials are exempt from disclosure.

### **3.4 REVISIONS TO THE RFI**

HCA reserves the right to amend this RFI at any time. If any amendments occur, addenda will be published on Washington's Electronic Bid System (WEBS). The website can be located at <https://fortress.wa.gov/ga/webs/>. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFI and will be placed on WEBS.

HCA reserves the right to cancel or reissue this RFI at any time, without obligation or liability.

### **3.5 NO OBLIGATION TO BUY OR ISSUE SOLICITATION**

HCA will not contract with any vendor as a result of this RFI. While HCA may use responses to this RFI to draft a competitive solicitation for the subject of these services, issuing this RFI does not compel HCA to do so.

Responding to this RFI will not be a requirement for responding to any future solicitations. Responses and information provided in response to this RFI will not be considered when evaluating responses to any future solicitation.

If HCA determines a solicitation is in its best interest, HCA will post it on WEBS.

### **3.6 SECURITY AND PRIVACY REQUIREMENTS**

Any solution HCA ultimately procures and implements will need to comply with applicable state and federal law and regulations, such as the following:

- A. HIPAA Privacy, Security and Breach Notifications (45 C.F.R. Parts 160 and 164)
- B. Washington State Office of the Chief Information Officer (OCIO) Security Standard 141.10
- C. 42 C.F.R. Part 2
- D. RCW 70.02

Further information about any of the above can be provided at the Respondent's request.

# Exhibit A – Clark County RTF

**Due by May 12, 2022, by 2:00 p.m. Pacific Time**

## A. Respondent Contact Information

1. Please provide your organization name, address, principal place of business, and a point of contact name and phone number, mailing and email address.

## B. Qualifications and Experience

1. To successfully operate an RTF, HCA has identified the minimum qualifications listed below.
  - i. Operating 24/7 facilities;
  - ii. Coordinating care and working collaboratively with community partner.
  - iii. Providing services to a population with complex and severe mental health needs.
2. Aside from the qualifications and experience listed in Section B(1), what other qualifications and experience should an operator possess to be successful in this work?
3. Please review the site map and floor plan, Attachment 1, and all other information in this RFI. Please reference to Attachment 5 to see equipment and services that are assumed to be provided by HCA or DSHS. What is required to finalize the building and be ready for service implementation? What customization, if any, will be required to begin operations on [date]?

## C. Scope of Work / Program Narrative

1. What type of treatment modalities should to be used for this work? Identify evidence-based practices (EBP) or specific models that will be utilized in the program, including training and oversight of the fidelity of models. Justify the selection of specific modalities in terms of evidence of effectiveness with target population.
2. What level of symptom acuity are you able to treat and why (mental health symptoms, medical symptoms/diagnosis, assaultive behavior, etc.)?
3. How would you leverage the information provided in Attachment 2, 90 and 180-Day Civil Commitment Toolkit?
4. What type of health and wellness information and services should be included in the program?
5. How should goals be measured, monitored, and quality improvement implemented?
6. Given the scope of work described, please provide what resources you believe this would require.
7. How would you address workforce issues to remain staffed in the facility?
8. Please provide information about what would be required for program implementation, including timeframes needed to meet milestones.
9. Other relevant information about how Respondent would provide the services described in this RFI.
10. Anything HCA has not contemplated in this RFI that you believe HCA should consider.

- D. Estimated Budget. Attachment 6, Budget Worksheet has been provided as a template to allow Respondent to provide information related to the estimated budget. Respondent may provide details for any estimated start-up costs, personnel costs, operational costs, and any administrative overhead or indirect costs. Expenditures may include the following:
1. Start-Up Budget: These are one-time costs and may include costs for staff recruitment and screening for initial staff hired, furnishings, supplies, equipment including computers, or other materials required to provide the service described in this RFI.
  2. Personnel Expenses: Includes 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 service performed by staff that are directly employed by the Proposer and are paid for on a regular basis.
  3. Employee Benefits & Employer Payroll Taxes: Employer's contributions or expenses for social security, employee's life and health insurance plans, unemployment insurance, pension plans, and other similar expenses.
  4. Operating Expenses: Necessary expenditures exclusive of personnel salaries and benefits. Such expenses include all costs associated with the delivery of the program. The expenses must be program-related (i.e., to further the program objectives) and be incurred during the contract period.
  5. Subcontractors: Costs associated with contract secured by the vendor for work to carry out activities in the proposal.
  6. Administrative and Indirect Costs: Shared costs that cannot be directly assigned to a particular activity but are necessary to the operation of the Bidder and the performance of the program. The costs of operating and maintaining facilities, accounting services, and administrative salaries are examples of indirect costs. Indirect costs should be calculated as a percentage of salaries and benefits and operating expenses.
  7. Please identify any other cost factors that HCA should consider for this project.

## Attachment 1 – Proposed Site and Floor Plan and Draft Renderings

### Clark Co. Site



Floor plan to follow on next page.



Draft Renderings of the Facilities. These are examples, and not finalized on what the facility will actually look like.





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## **Attachment 2 – 90 and 180-Day Civil Commitment Toolkit**

Attached separately.

## **Attachment 3 – DSHS Sample Lease**

Attached separately.

**Attachment 4 – Sample Core Provider Agreement (CPA)**

# Attachment 5 –Services and Equipment Assumed to be Provided by HCA or DSHS

## 1 Building Features

DSHS will provide three fully commissioned buildings that are identical in design and construction.

- A. Building envelope
- B. Commissioned systems (HVAC, Electrical, Mechanical, Fire Protection)
- C. Parking lots & roadways
- D. Landscaping
- E. Sewer systems
- F. Building access controls
- G. Security cameras
- H. VOIP phone systems
- I. Infrastructure for television service
- J. Campus artwork under the Arts in Public Places program

## 2 Furnishings, Appliances and Equipment

DSHS will provide, install, and maintain the following equipment in each building:

- A. **Maintenance/Storage Office:** workbench, lockers, cabinets, seating, telephone, shelving, tools, DSHS network drop
- B. **Housekeeping Room:** housekeeping cart, custodial supplies, shelving
- C. **Safety:** fire extinguishers
- D. Storage areas: shelving
- E. **Appliances:** DSHS will provide and maintain the following appliances and equipment:

### 2.1.1 Kitchen Equipment List

ITEM	LOCATION
Mobile Pot Shelving	Kitchen
Utensil Rack	Kitchen
Pot Washing Sinks	Kitchen
Undercounter Dishwasher	Kitchen
Eye Wash Station	Kitchen
Hand Sink	Kitchen
Mobile Reach-in Refrigerator/Freezer	Kitchen
Prep Table with Sink	Kitchen
Wall Shelving	Kitchen
Storage Shelving	Kitchen
Worktable	Kitchen
Mobile Cold Unit	Kitchen
Mobile Hot Holding Cabinet	Kitchen
Convection Oven (double stacked)	Kitchen
Exhaust Hood (ventless)	Kitchen
Wall Shelf	Kitchen
Coffee Maker	Kitchen

## 2.1.2 Specialty Equipment List

ITEM	LOCATION
Projector (Recessed)	Sensory
Hook	Public Toilet
Hand Soap Dispenser	Public Toilet, Break Room
Automated Paper Towel Dispenser	Break Room
Surface-mounted ADA Grab Bars, (18", 36", and 42")	Public Toilet
Range	Life Skills
Surface-mounted Soap Dispenser, Anti-ligature	Life Skills, Soiled Linen
Enclosure Wall Mounted Computer Workstation	
Refrigerator	Life Skills, Break Room
Television / Digital Monitor	
Television / Digital Monitor	Life Skills
Television / Digital Monitor	Entry, Group Room, Lounge, Conference
Stacked Washer-Dryer	Patient Laundry
Washer	Patient Laundry
Dryer	Patient Laundry
Accessible Shower Grab Bar (30")	Staff Respite & Shower
Surface-mounted Paper Towel Dispenser, Anti-ligature	Life Skills, Public Toilet
Small Undercounter Refrigerator	Staff Respite & Shower
Dishwasher	Life Skills, Break Room
Microwave	Life Skills, Break Room
Accessible Shower Grab Bar (18")	Staff Respite & Shower, ADA Private Bathroom
Shower Curtain Track, Heavy Duty & Ligature Resistant	ADA Semi-Private Bathroom, ADA Private Bathroom, Private Bathroom
Shower Curtain Track	Staff Respite & Shower
Surface-mounted Toilet Paper Dispenser	
Surface-mounted Sanitary Napkin Disposal	
Surface Mounted Seat Cover Dispenser	Public Toilet
Surface-mounted Anti-ligature ADA Grab Bars, (18", 36", and 42")	ADA Semi-Private Bathroom, ADA Private Bathroom
Accessible Anti-ligature Shower Grab Bar (30")	ADA Semi-Private Bathroom, ADA Private Bathroom
Whiteboard	Conference
Accessible Anti-ligature Shower Grab Bar (42")	
Anti-ligature Corner Guard (36")	Dining
Anti-ligature Corner Guard (54")	Break Room, Dining, Hall, Grooming
Utility Shelf with Mop and Broom Holder	
Whiteboard	Life Skills, Group Room
Corkboard	
Ligature Resistant Protective TV Enclosure	Entry, Group Room, Lounge, Conference
Ligature Resistant Protective TV Enclosure	Life Skills

## 3 DSHS Provided Campus Services

Building and campus maintenance will be outlined in the final DSHS lease and is expected to include:

- A. Carpentry (Doors, Floors, Walls, Ceilings, Windows)

- B. Controls (HVAC, Fire Suppression, Water Detection)
- C. Custodial Services (Cleaning, Janitorial, Solid Waste Removal & Recycling)
- D. Electrical (Equipment, Distribution)
- E. Environmental (Air Quality, Fire Inspection, Spill Response)
- F. Mechanical (Plumbing, Pumps, Fans, Motors)
- G. Painting (Interior Common Spaces, Exterior), Pest Control (Indoor, Outdoor)
- H. Security (Building Access, Cameras)
- I. Grounds (Lawns, Plantings, Trees, Parks)
- J. Roadways, parking lots, sidewalks
- K. Radio communications infrastructure

## **Attachment 6 – Estimated Budget Worksheets**

Attached separately.