



REQUEST FOR PROPOSALS (RFP)

RFP NO. 2022HCA37

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PROJECT TITLE: Snohomish County Residential Treatment Facility

PROPOSAL DUE DATE: September 6, 2024 by 2:00 p.m. Pacific Time, Olympia, Washington, USA.

Only e-mailed bids will be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: February 1, 2025 to January 31, 2030

The Health Care Authority reserves the right to extend the contract for up to one (1) additional five (5)-year period dependent on 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.

Bidder – Individual or company interested in this 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 this RFP.

Individual(s)- Patients admitted to the program under the Involuntary Treatment Act (RCW 71.05.280) for up to 90 or 180 days of inpatient psychiatric treatment, or longer. Under RCW 71.05.280, Individuals being treated may have a mental disorder, be gravely disabled, and/or present a likelihood of serious harm (each of which as defined in RCW 71.05.020) .

Institution for Mental Diseases or “IMD”- A hospital, nursing facility, or other institution of more than sixteen (16) beds, that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases, including medical attention, nursing care, and related services.

Evaluation and Treatment Facility or “E&T”- Any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is licensed or certified as such by the Department of Health.

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

Premises- The Building, together with all improvements and equipment to be erected or installed thereon, including but not limited to parking areas, signage and all other improved areas, and the real property upon which it is situated.

Program- Behavioral health facility that serves adults aged 18 and over who have been involuntarily committed by a civil (not criminal) action for 90 or 180 days under the state’s Involuntary Treatment Act under RCW 71.05.280.

Proposal – A formal offer submitted in response to this RFP. 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) **Written Proposal** – Bidder’s written response as described in Section 3.8 and Exhibit D.
- 2) **Cost Proposal** – Bidder’s cost as described in Section 3.9 and Exhibit E.

Residential Treatment Facility or “RTF”- A type of Evaluation & Treatment (E&T) facility licensed as a community-based facility that provides twenty-four (24)-hour inpatient care for people with mental health disorders in a residential treatment setting. The RTF contemplated by this RFP will be operated as an Evaluation & Treatment facility. See definition for Evaluation & Treatment facility.

"Regional Service Area" means a geographic region appropriate for effective health planning. The service area for Fern Lodge is the North Sound region, which includes Whatcom, Skagit, Snohomish, Island and San Juan counties.

Request for Information (RFI)- Formal solicitation document in which information is gathered for a particular need or service, to assist in developing a competitive solicitation such as a Request for Proposals.

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/>.

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 Subcontractor in any tier.

Trauma-Informed Care- TIC is a trauma-informed approach to the delivery of behavioral health services that includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. TIC views trauma through an ecological and cultural lens and recognizes that context plays a significant role in how Individuals perceive and process traumatic events, whether acute or chronic. TIC involves vigilance in anticipating and avoiding institutional processes and Individual practices that are likely to retraumatize Individuals who already have histories of trauma.

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	July 1, 2024
1 st Bidder Conference	July 12, 2024; 1:00 p.m. Pacific Time
2 nd Bidder Conference	July 29, 2024- 1:00 p.m. Pacific Time
1 st Round- Bidder Questions Due	July 17, 2024 – 2:00 p.m. Pacific Time
1 st Round - Answers Posted*	July 23, 2024
2 nd Round- Bidder Questions Due	August 15, 2024 – 2:00 p.m. Pacific Time
2 nd Round- Answers Posted	August 22, 2024 - 2:00 p.m. Pacific Time
Letter of Intent (LOI)	August 26, 2024 - 2:00 p.m. Pacific Time

Complaints Due (if applicable)	August 27, 2024, 5:00 p.m. Pacific Time
Proposals Due	September 6, 2024 – 2:00 p.m. Pacific Time
Evaluate Proposals*	September 12, 2024 – September 26, 2024
Oral Presentations (Optional)	October 8, 2024 – October 9, 2024
Best and Final Offer (BAFO) (Mandatory)	October 15, 2024 – October 29, 2024
Announce “Apparent Successful Bidder” via WEBS*	November 1, 2024
Debrief Request Deadline	November 6, 2024, 5:00 p.m. Pacific Time
Debrief Period	November 12, 2024- November 14, 2024
Protest Deadline	November 15, 2024- November 19, 2024, 5:00 p.m. Pacific Time
Negotiate Contract	Through January 31, 2025
Final Contract Signed	February 3, 2025
Implementation Work	November 1, 2024 – Building Move-In
Building Move In	Q1 2025

*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

HCA is initiating this RFP to solicit Proposals from organizations to provide:

1. Inpatient mental health treatment services at one (1) 16-bed behavioral health services facility; and
2. Property Management services for the facility.

HCA intends to award one (1) contract to provide the services described in this RFP but reserves the right to not award any contract. Awarded Contract includes draft sublease agreement as referenced in Exhibit B, Draft Contract. Draft sublease agreement is subject to change with negotiations.

1.4 BACKGROUND

Governor Inslee has articulated a vision to transform the behavioral health system in our state. Part of this vision includes treating people who have been involuntarily committed by a civil (not criminal) action for 90 to 180 days for treatment in small facilities closer to their homes rather than in one of the state’s two large psychiatric hospitals, Western State Hospital and Eastern State Hospital.

Generally, the more contact people have with their families and support networks, the quicker their recovery and ability to return home. Prior to the start of this transformation work, people on long-term

civil commitments were treated at the state hospital or in community beds not designed for long-term stays. New community-based programs have opened in the last few years, and more are under development. The Fern Lodge Behavioral Wellness at Stanwood ("Premises"), a Residential Treatment Facility (RTF), will be certified to provide E&T services, and will focus on serving Individuals on long-term civil commitments orders from this region.

This facility will operate as an E&T and not as an Institute for Mental Disease (IMD).

A. Tax Sharing Compact and Land Lease

Effective July 1, 2020, the State and the Tulalip Tribes of Washington entered into a Tax Sharing Compact (Compact) concerning the state retail sales tax, state use tax, and certain state business and occupation taxes collected in connection with certain qualified transactions within the Compact covered area. In the Compact, the parties agreed that the Tulalip Tribes of Washington will invest \$35 million in siting, design, and construction of a civil commitment facility (Facility) of forty-eight beds or less." The Facility will be sited in Snohomish County on land owned by the Tulalip Tribes of Washington, as required in the Compact terms. HCA and the Tulalip Tribes of Washington (Tulalip Tribes) will enter into a land lease agreement, and other agreements as necessary for the use of long-term civil commitment facility in Snohomish County.

HCA will lease Premises from the Tulalip Tribes of Washington and HCA will sublease the Premises to the Apparent Successful Bidder (ASB) of this Request for Proposal (RFP). The sublease will have an initial five (5) year term to coincide with the contract for program services.

A commercial appraisal for Fern Lodge was completed in early 2024, and the appraised value for the facility effective November 16, 2023, is \$9,350,000.

See Attachment 3 for a draft lease agreement.

B. Fern Lodge Behavioral Wellness at Stanwood and Operating Conditions

Fern Lodge is designed as a secure, 16,000 square feet, single-story building with ten (10) single and three (3) double occupancy rooms, on 4.66 acres, and located in Stanwood, Washington. Fern Lodge provides a total of sixteen (16) beds for the treatment of Individuals. Fern Lodge includes group areas for patient activities, patient laundry room, a warming kitchen, sensory room, an exercise room, life skills training room, as well as a maintenance room to be utilized for facility maintenance and operational needs.

Fern Lodge will be move-in ready with furnishings and infrastructure in place with state-of-the-art monitoring and security systems, and interior sound system with sound proofing capabilities for bedrooms. Fern Lodge is constructed with an open modern design with exposed beams, decorative color palette, decorative areas and tile mosaics. Lounge and dining areas are designed with an open concept feel with high vaulted ceilings and include quiet seating and lounge areas available for staff use. The facility also includes back-up power generators, state-of-the-art warming kitchen, and a secure hallway for vendors and staff use. The grounds of Fern Lodge boast beautiful, fully landscaped grounds with basalt rock and rock basin features, seat benching, and decorative split rail fencing, which is located in a quiet rural area near horse farms. The Fern Lodge facility is a LEED certified facility.

A virtual walk-through and Schematic Design Booklet are available to view in Attachment 1, Proposed Site, Floor Plan and Draft Renderings. For a complete list of furnishings and equipment that will be provided by HCA, can be found in Attachment 4.

At this time, only one (1) building is being built. The State may choose to add a second building in the future subject to the conditions in the Snohomish County Conditional Use Permit (CUP) found in Attachment 5. This solicitation is only for the first building/program. The construction of Fern Lodge was approved with conditions by the Snohomish County Hearing Examiner and will impact both the Program and property management and operations of Fern Lodge.

Construction for Fern Lodge began in October 2023 and is estimated to be completed in December 2024. The current estimated date for move-in availability is in the first quarter of 2025.

C. Program Philosophy and Model

HCA is the State's behavioral health authority and is responsible for administering the state's Involuntary Treatment Act (ITA) under chapter 71.05 RCW. The ITA provides a statutory framework for civil investigation, evaluation, detention, and commitment of Individuals experiencing a mental disorder or substance use disorder whose symptoms are so acute that the Individual may need to be treated on an involuntary basis in an RTF.

Fern Lodge will serve Individuals, aged 18 and over, who have been ordered by a court to be civilly committed for a primary diagnosis of mental health disorder(s) under chapter 71.05 RCW. Individuals may include those who are elderly or developmentally disabled and civilly committed under chapter 71.05 RCW, in the North Sound regional service area (Attachment 6: Regional Service Area). Tulalip Tribal members will be given admission preference, but any Individual on a long-term civil commitment order may receive treatment at the facility. The order of civil commitment will be for up to 90 or 180 days of inpatient psychiatric treatment. Individuals may be committed by the court for additional treatment periods until the Individual is determined to be safe to transition back to the community. As such, Individuals will need to meet criteria for an additional commitment following the expiration of their current civil commitment order. Chapter 71.05 RCW criteria require Individuals 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](#).

The Program will support the Individuals' transition back to the community or to a less restrictive setting and will encourage and motivate Individuals to participate in long-term planning for mental health treatment and rehabilitation. The Program focuses on the following outcomes:

- a. Identify and address safety concerns and develop or strengthen behaviors, skills and habits that will lead to a successful recovery; and
- b. Improve personal care, social, communication, and practical living skills.

The Program will operate in accordance with Substance Abuse and Mental Health Services' (SAMHSA) recovery principles, a Trauma-Informed Care (TIC) approach, and a commitment to culturally and linguistically appropriate treatment.

D. Property Maintenance and Operations

Property Management services are required for the facility on an around-the-clock, twenty-four (24) hour basis with sensitivity around the Program being administered and Individuals being served at Fern Lodge.

HCA launched a Request for Information (RFI) (No. 2022HCA8) on this topic on May 27, 2022, to gain a greater understanding of RTFs licensed as behavioral health E&T center offerings; participation in RFI No. 2022HCA8 is not required for participation in this RFP.

1.5 OBJECTIVES AND GOALS

The primary objectives and goals of the Program are the following:

- A. Provide safe and stable board and care atmosphere for up to sixteen (16) adults;

- B. Provide intensive mental health treatment services utilizing evidence-based practices for up to sixteen (16) Individuals that are civilly committed under chapter 71.05 RCW (see section 1.6(A) for Individuals to be served);
- C. Provide long-term civil commitment adult E&T services onsite with an emphasis on psychiatric stabilization, rehabilitation, and community re-integration;
- D. Continuous quality improvement and program monitoring;
- E. Provide services that are culturally and linguistically appropriate; and
- F. Property maintenance and operations for the property in accordance with the Snohomish County's Conditional Use Permit (CUP) decision, local ordinances, so that the property remains in the same condition that it was at the time of the original lease.

1.6 SCOPE OF WORK

The ASB will provide a Program for inpatient mental health treatment for a secure sixteen (16)-bed RTF and will serve adults aged 18 and over who have been involuntarily committed by a civil (not criminal) action under the state's ITA. The ASB will also provide an in-house property management service for Fern Lodge Premises, which includes the real property on which it is sited.

The ASB must abide by the conditions as set forth in the CUP decision and demonstrate ability to collaborate with partners and be a good neighbor to the surrounding community, found in Attachment 5.

The ASB must understand that the Tulalip Tribe is the owner of the underlying property and facility Premises and agree to work with HCA and the Tulalip Tribes as necessary to ensure compliance with the CUP conditions and other related matters as may be necessary.

The ASB must have an 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 should include security protocols and training plans.

A. Program Services to be Provided

Because of their behavioral health symptoms, Individuals admitted to the Program may have impaired adaptive levels of functioning (e.g., lacking social skills, and/or issues with activities of daily living) that prevent them from living independently within the community. Individuals will be adults 18 years and older who have been diagnosed with a primary mental health disorder and may also experience a co-occurring disorder.

1. Admissions

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. Individuals typically present with risk factors due to a mental disorder as defined in RCW 71.05.020 and must meet the legal and program requirements for admission.

All Individuals will be given a formal health assessment upon admission. The assessment will include a full history and physical within twenty-four (24) 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.

Individuals must meet legal and program requirements for admission criteria, and may include medical clearance, and diagnostic testing, as determined by the ASB to be eligible for admission. These criteria include review of vital signs, basic neurological screening, substance use history, medication use, etc. The admission screening is completed by a licensed nurse and is designed to be repeated as necessary. Exclusionary criteria for admission include but is not limited to:

- a. Any Individual falling outside the medically determined parameters of the facility will be referred to the hospital emergency room for further assessment and treatment. The Individual will be referred back to the facility when their medical condition returns to within allowable parameters.
- b. Sexually violent predators being detained pursuant to chapter 71.09 RCW will not be served.
- c. Any Individual who requires detoxification from alcohol and/or other drugs shall be excluded from admission, until after detoxification from substances has occurred.
- d. Individuals with a primary diagnosis of substance use.
- e. Severe developmental disabilities or organic brain syndromes that would preclude participation in emergency procedures shall be excluded from admission.

The ASB must comply with the ITA (RCW 71.05), including petitioning for further detention as necessary and providing notifications. This will involve record review, an interview with the Individual, 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/Individual has a right to counsel and trial by judge or jury. The ASB must build and maintain a relationship with the Snohomish County Superior Court. The ASB will need to facilitate defense counsel access to the Individuals as referenced in Section 8 (page 48) in the [90-180 Civil Commitment Toolkit](#).

2. Treatment Program and Services

All services must be provided with an emphasis on promoting wellness and recovery and be tiered to the appropriate level of services based on risk factors.

Some Individuals may experience thought and mood disorders that interfere with recovery and can lead to unsafe behavior. Other Individuals 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 Individuals may require emergency medications, seclusion and/or restraint for limited periods during their treatment to ensure the safety of themselves or others. Some Individuals may require compelled medications to prevent prolonged involuntary treatment.

The long-term care community beds at Fern Lodge will be available for Individuals who do not stabilize and ordered for long term commitment.

- I. Treatment Services provided may include, but are not limited to:
 - 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; and
 - (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 Individuals during grooming, milieu management, medication administration, IVs, and 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. Peer support services.
- f. A therapeutic milieu.
- g. Monitoring, cueing, and skill building for social skills and activities of daily living.
- h. Recreational and social activities.
- i. Meal and snack services.

The [HCA Mental Health Services Billing Guide](#) provides further details on services covered.

The ASB will have treatment team members who will have contact with each Individual regularly to observe and evaluate the Individual. ASB will make recommendations about the continued commitment status of the Individual and consider adjustments to the Individual's plan of care and plan for discharge from the facility and aftercare. The facility must be staffed at a ratio of at least one (1) credentialed direct service staff member per four (4) Individuals, unless standards or best practices identify a higher ratio of staff to Individuals.

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 Individuals to outside appointments to ensure connection to services, coordination of care, and safe conditions when appropriate to do so. Program vehicles will be used for transportation to and from appointments. If emergency medical services are needed, the ASB will establish procedures and protocol for transportation arrangements.

The treatment program will operate utilizing a recovery-oriented model that seeks to instill hope, fosters self-determination and self-responsibility, builds on strengths, is holistic, supports the Individual's connection to family, friends, and informal supports, recognizes recovery to be a non-linear process, and includes the use of peer support services.

II. Individual activities in treatment Program may include:

- (a) Formal Therapeutic
 - (i) Assessments and exams
 - (ii) Treatment planning
 - (iii) Daily Community Meetings
 - (iv) Treatment
 - (v) Individual therapy
 - (vi) Group therapy
 - (vii) Medication management
 - (viii) Consultation/collateral contact
 - (ix) Discharge planning
 - (x) Peer counseling
 - (xi) Access to recovery groups
 - (xii) Access to religious services and representatives
- (b) Visits
 - (i) Family visits
 - (ii) Approved visitors
- (c) Recreational
 - (i) Sedentary leisure, such as board games, books, art, and audio/video
 - (ii) Active leisure, such as games, exercise
 - (iii) Exercise, including space for large body movement
 - (iv) Decompression/quiet time

- (v) "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
 - (vi) Free time
 - (d) Activities of Daily Living
 - (i) Meals/Snacks: meals will be served three (3) times daily in the dining area/lounge, snacks will be served in the day room
 - (ii) Grooming: within the grooming station or Individual bathrooms/bedrooms
 - (iii) Medications will be dispensed in the lounge or near the medication room
 - (iv) Individual's laundry: under staff supervision, Individuals will do their own laundry Individually in the Individual laundry room
 - (v) Sleep and changing clothing: Individual bedrooms
 - (e) Culturally and Linguistically Appropriate Services (CLAS)

Bidders must demonstrate experience in providing CLAS as outlined in the national CLAS standards, which include:

 - (i) Ensures the cultural and linguistic needs of Individuals will be met, including strategies to meet the needs of:
 - (ii) Non-English-speaking populations that require the services of a translator;
 - (iii) 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;
 - (iv) Cultural, ethnic, and racial minority populations,
 - (v) Lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ+) Individuals; and
 - (vi) Deaf and hard of hearing Individuals who require an American Sign Language interpretation.
- III. Services the ASB will NOT be expected to directly provide:
 - (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; and
 - (c) Voluntary treatment services, in accordance with RCW 71.05.050, except for instances where ASB may seek alternate voluntary inpatient placement for Individual transfers.

3. Discharge

Bidders are encouraged to include a post-treatment follow-up mechanism to evaluate outcomes and to promote linkage for outpatient or other levels of care for discharge planning. Given the lengths of stay, it is expected that each Individual discharging from this facility will receive a comprehensive discharge plan that addresses ongoing mental health treatment, life skills to foster success in the community, housing or placement needs, connection with insurance or financial benefits, substance use services referral/follow up when indicated, other health care needs, medication supply, and transportation. Discharge plan will include working closely with Individuals to facilitate transportation from Fern Lodge to the Individual's next residence.

The ASB must comply with CUP conditions and ensure Individuals will not be discharged as pedestrians from Fern Lodge.

When an Individual requires ongoing or follow-up medical care after discharging from the facility, the ASB will consult with the Individual's primary care provider in the community and schedule follow-up appointments on an outpatient basis following the Individual's discharge from the facility. Per the Conditional Use Permit, the Tulalip Tribes have final approval of the written procedures and any updates, prior to HCA and DOH approval.

4. Emergency Procedures and Elopement

The ASB, in consultation with HCA, local law enforcement, and the Tulalip Tribes, will develop written procedures for notification of the public in case of elopement in accordance with operating conditions of the CUP. The ASB will work in collaboration with HCA, the Tulalip Tribes, and law enforcement to ensure written procedures are complete and final. These written procedures must be finalized prior to occupancy, and the ASB will collaborate with HCA and the Tulalip Tribes to update procedures every three (3) years. Per the CUP, the Tulalip Tribes have final approval of the written procedures and any updates, prior to HCA and DOH approval.

B. Facility Infrastructure

HCA intends for Fern Lodge to be move-in ready.

1. Furnishings and Equipment Required to be Provided by ASB

To review a list of furnishings and equipment to be provided by HCA, please see Attachment 4. ASB will need to provide any additional furnishings, equipment, etc., not provided by HCA, to be fully operational.

2. IT Systems to be Provided by ASB

HCA anticipates that Fern Lodge will have an IT infrastructure that is wholly independent of the state network. The ASB must provide a robust IT system, in compliance with federal, state, and local government regulations, for Fern Lodge including but not limited to:

- I. Card Key Management Systems (tracking software that is compatible with Card Reader)
- II. IT Systems
 - (i) Infrastructure (Maintenance, Repair, and Replacement)
 1. Application
 2. Data Center
 3. IT Management
 4. Network Platform
 5. Security
 6. Data Storage for cameras, card key readers, alarm systems, etc.
 7. Network Connectivity (cabling will be included but ASB will need to secure ISP services)
 - a. Fiber link
 - b. Computers used by all staff must be attached to a network (can only have one network)
 - c. Single entity for all subcontractors and all must comply with master contract (e.g., laundry, kitchen, etc.)
 - (ii) Delivery of IT equipment and software
 1. Provisioning of information technology services to meet the requirements defined within the contract.
 - (iii) Implementation for the end user
 1. IT equipment and software needed by the staff provided and managed by the behavioral health vendor to effectively deliver their contracted services.
 2. Output for computer software systems, printers, scanners, etc.
- III. Behavioral health vendor technical infrastructure
 - (iv) System to submit incident reports (e.g., badge not working, etc.)
 - (v) Software that supports badge system
 - (vi) Need to identify what specific IT services are needed to provide clinical services (a contract manager will be the point of contact for these)
- IV. Resident infrastructure
 - (vii) Network systems for TV, etc. (must include protective frames to protect system).

IV. Facility Services Required to be Provided by ASB

ASB 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;
- (b) Meal services;
- (c) Prescription services;
- (d) Laundry and Custodial services to include mopping, vacuuming, garbage, and waste removal, etc.;
- (e) Transportation for discharged Individuals if transportation services are needed beyond facility vehicle; and
- (f) Property management services

C. Property Management and Operations

In addition to providing program services, the ASB will need to provide around-the-clock property management services for facility repairs and maintenance. The ASB must demonstrate the following items, including but not limited to proactive maintenance and repair management, timely response, identification of facility needs and complete property management skill, conscientious environmental stewardship, and responsible fiscal administration. The ASB must demonstrate the ability to work collaboratively with HCA for regularly scheduled and as-needed maintenance requests.

The ASB will be responsible for providing the following services for Property Management:

1. Emergency
 - a. 24/7-service line;
 - b. Intrusion Detection Alarm System Maintenance, Repair, and Replacement
 - c. Fire Alarm System
Fire Alarm System is in place; and the property management provider will be responsible for testing and maintenance
 - d. Fire Suppression System testing and maintenance
 - e. Fire Extinguishers System testing and maintenance
 - f. Fire Doors System testing and maintenance
2. Site
 - a. Landscaping
 - b. Power Washing
 - c. Snow Removal
 - d. Garbage Service
 - e. Recycle Service
 - f. Secure shredding services
 - g. Fencing
 - h. Repainting and Resealing of Exterior Surfaces
3. Operations/Repairs
 - a. Computerized Maintenance Management System (CMMS) (*work order system*)
 - i. Service Requests for Break Fix/Repairs
 - ii. Work Orders for Moves, Adds, or Changes
 - iii. KPI reporting
 - b. Furniture Replacement (installation and removal of old or damaged furniture)
 - c. Plumbing Repair and Replacement
 - d. Electrical Maintenance, Repair, and Replacement
 - e. Mechanical Maintenance, Repair, and Replacement

Prescheduled maintenance
 - f. Card Key Readers and Card Key Generator Maintenance, Repair, and Replacement

- g. Cameras Maintenance, Repair, and Replacement
 - h. Sound System Maintenance, Repair, and Replacement
 - i. Access Control System
 - i. CCTV/Cameras
 - ii. Badge Readers
 - iii. Door Openers / Closures
 - iv. Door Contact Switches
 - v. Door Strikes
 - vi. Intrusion Detectors
 - vii. Door Locks
 - viii. Electronics
 - ix. Physical Key
 - j. Emergency Power (*power generator*)
 - i. Maintenance schedule
 - ii. Tanks for fuel on site
 - iii. Generator Fuel – Scheduled and Emergency Deliveries (*on call*)
 - iv. Fuel fill schedule for prolonged failure
 - k. Emergency Lighting (*connected to power generator*)
4. Maintenance, Repair, and Replacement
- a. Lighting
 - b. Cleaning
 - c. Septic System (as described in the [County Requirements](#))
 - d. HVAC
 - e. Generator
 - f. Flooring
5. Maintenance of Building and Equipment
- a. Exterior Window washing
 - b. Pest control
- Reactive and preventative schedule
- c. Painting as needed
 - d. Appliances (Repair or Replace)
 - i. Refrigerators
 - ii. Freezers
 - iii. Washer
 - iv. Dryer
 - v. Sanitizer/Dish Washer
 - vi. Grease Trap
 - e. Domestic Water System
 - i. Filters
 - ii. Softeners
 - iii. Backflow Preventers
 - iv. Hot Water Tank Equipment
 - f. Parking Lot
 - i. Cleaning
 - ii. Striping
 - g. Solar Panels
 - h. Roof Gutters
 - i. Storm Drains

6. Reports and Planning (require HCA approval)
 - a. Continuity of Operations Plan (COOP)
 - b. Disaster Recovery Plan
 - c. Emergency Management Plan
 - d. Campus Emergency Operations Plan

The Scope of Work contemplated is subject to all applicable federal and state laws, including but not limited to 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.

The ASB will be required to pass the Washington State Office of the Chief of Information Officer (OCIO) Security Design Review, in accordance with OCIO Security Standard Number 141.10.

1.7 MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

- A. Experience with operating and managing behavioral healthcare services.
- B. Licensed to do business in the state of Washington from the Department of Revenue and the Secretary of State, or provide a commitment that it will become licensed in Washington within thirty (30) calendar days of being selected as the ASB.
- C. Provide a commitment that it will become licensed as an RTF in Washington upon being selected as the ASB.
- D. Experience providing property management for a 24-7, 365-day medical facility or similar.
- E. Provision of, or agreement to enter into within thirty (30) calendar days of being selected as the ASB, a Core Provider Agreement (CPA) with HCA. See Attachment #4.
- F. Experience with various payment types, including but not limited to private insurance and Medicaid.
- G. Bidders must include a list of behavioral health facilities that the Bidder operates and identify if they are IMD or non-IMD facilities.

1.8 FUNDING

HCA has a budgeted amount for funding this project based on per diem rates, and other costs related to ensuring Fern Lodge becomes fully operational.

HCA will have funds available for the start-up and ramp-up phase to assist the ASB to become fully operational. HCA will provide an unoccupied bed rate to the ASB for one (1) calendar year.

Decisions on funding and overall budget will be made on the ASB's overall budget request per the ASB's cost proposal.

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

1.9 PERIOD OF PERFORMANCE

The ASB will have ramp-up and start-up activities; however, the period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about February 1, 2025, and to end as of January 31, 2030. Amendments extending the period of performance, if any, must be in writing and agreed to by both parties.

HCA reserves the right to extend the contract in one (1) year increments or whatever increments HCA deems appropriate, for up to an additional five (5) years.

1.10 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former Washington state employees pursuant to Chapter 42.52 RCW. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.11 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	Cendy Ortiz
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 BIDDER CONFERENCE

- A. A 1st Bidder conference is scheduled to be held on July 12, at 1:00 p.m., Pacific Time via Zoom at the link below. All prospective Bidders should attend; however, attendance is not mandatory.**

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/84899602937?pwd=Y1hld2s5bVVUZm43TXRjN2t6d3R3dz09>

Passcode: 634905

Or One tap mobile :

+12532158782,,84899602937#,,,,*634905# US (Tacoma)

+12532050468,,84899602937#,,,,*634905# US

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

+1 253 215 8782 US (Tacoma)

+1 253 205 0468 US

+1 719 359 4580 US

+1 346 248 7799 US (Houston)

+1 669 444 9171 US

+1 669 900 6833 US (San Jose)

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 931 3860 US

+1 689 278 1000 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

Webinar ID: 848 9960 2937

Passcode: 634905

International numbers available: <https://us02web.zoom.us/j/koXRYjJpF>

B. A 2nd Bidder conference is scheduled to be held on January 29, 2024, at 1:00 ,p.m. Pacific Time via Zoom at the link below.

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/86718328618?pwd=SThhVnBaSzYrbVFVZ3hRT1R0bIVrdz09>

Passcode: 389387

Or One tap mobile :

+12532050468,,86718328618#,,, *389387# US

+12532158782,,86718328618#,,, *389387# US (Tacoma)

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 669 900 6833 US (San Jose)

+1 719 359 4580 US

+1 346 248 7799 US (Houston)

+1 669 444 9171 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 931 3860 US

+1 689 278 1000 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

Webinar ID: 867 1832 8618

Passcode: 389387

International numbers available: <https://us02web.zoom.us/j/86718328618?pwd=SThhVnBaSzYrbVFVZ3hRT1R0bIVrdz09>

HCA will be bound only to HCA written answers to questions. Questions arising at the pre-proposal conference or in subsequent communication with the RFP Coordinator will be documented and answered in written form. A copy of the questions and answers will be posted on WEBS as an Amendment to this RFP. HCA will be bound only to the written answers to questions.

2.3 LETTER OF INTENT TO PROPOSE (OPTIONAL)

HCA strongly encourages Bidder(s) submit a Letter of Intent (LOI) to Propose. The LOI to Propose must be emailed to the RFP Coordinator, listed in Section 2.1, and must be received by the RFP Coordinator no later than the date and time stated in the Solicitation Schedule, Section 1.2. The subject line of the email must include the following: 2022HCA37 – 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 detailed description 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.

2.4 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 Subcontractors Instructions

- (1) Failure to follow the instructions in this Section may prevent your information from being included in the List.
- (1) 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.
- (2) The RFP Coordinator will only include the information requested below. Do not submit marketing materials.
- (3) 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).
- (4) 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.

2.5 BIDDER QUESTIONS PERIOD

Bidders are provided two (2) opportunities to ask questions during the procurement process 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 2022HCA23 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.

2.6 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 in a **flash drive and mailed via certified mail** to the RFP Coordinator at the address listed below. The Proposal must be received by the RFP Coordinator at the address specified below no later than the **date and time** specified in Section 1.2. Bidders should allow for normal mail delivery time to ensure timely receipt of their Proposals by the RFP Coordinator. Bidders are encouraged to submit their responses early to ensure unforeseen delivery issues such as weather or traffic problems. Time extensions will not be granted.

Washington Health Care Authority
Attention: Cendy Ortiz/Kelly Palmer
626 8th Ave SE
PO Box 42692
Olympia, WA 98504-2692

Encrypted flash drives **will not** be accepted; however, Bidder may secure their flash drive with a password. Bidder must email the flash drive password to the RFP Coordinator listed in Section 2.1. Bidder must include the subject line as "2022HCA37- [BIDDER NAME]" in email to RFP Coordinator.

Proposals must meet the following requirements:

- A. Attachments must be in Microsoft Word format or PDF. Cost Proposals will be accepted in Microsoft Excel format.
- B. The Cost Proposal must be submitted as a separate attachment.
- C. Zipped files **will not** be accepted by HCA as a proposal submission.

D. The following forms and certifications must have a signature of the Individual within the organization authorized to bind the Bidder to the offer:

- (1) Bidder Forms & Certifications (Exhibit A, Section A); and
- (2) Executive Order 18-03 Worker's Rights (Exhibit A, Section G).

E. HCA does not assume responsibility for problems with flash drives and the United States Postal Service.

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 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.

2.7 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 ASB is announced; thereafter, the proposals will be deemed public records as defined in chapter 42.56 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 chapter 42.56 RCW. 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.

2.8 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.

2.9 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:

- (1) The RFP unnecessarily restricts competition.
- (2) The RFP evaluation or scoring process is unfair or unclear; or
- (3) 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 Pacific Time, on the *Complaints Due* date identified in Section 1.2. The complaint must:

- (1) Be in writing.
- (2) Be sent to the RFP Coordinator, or designee.
- (3) Clearly articulate the basis for the complaint; and
- (4) Include a proposed remedy.

C. HCA will address any complaint as follows:

- (1) The RFP Coordinator, or designee will respond to the complaint in writing.
- (2) The response to the complaint and any changes to the RFP will be posted on WEBS.
- (3) 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.

2.10 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.

2.11 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.

2.12 RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one (1) 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.

2.13 NO OBLIGATION TO CONTRACT

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

2.14 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.

2.15 SUBCONTRACTOR PARTICIPATION MONITORING AND REPORTING

Pursuant to Executive Order 22-01, Equity in Public Contracting (dated January 7, 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 2.6 (Submission of Proposals) and 3.2 (Proposal Requirements and Guidelines) in the order noted below.

A. Bidder Forms and Certifications (Exhibit A- Separate Attachment)

All the following are included in Exhibit A:

- (1) Bidder Profile & Submittal Form* (Section 3.3 and Exhibit A, Section A)
- (2) Diverse Business Inclusion Plan (Section 3.4 and Exhibit A, Section B)
- (3) References (Section 3.5 and Exhibit A, Section C)
- (4) Executive Order 18-03 Worker's Rights* (Section 3.6 and Exhibit A, Section E)

B. Draft Contract (Section 3.8 and Exhibit B- Separate Attachment)

C. Draft Sublease Agreement (Section 3.8 and Exhibit C- Separate Attachment)

D. Written Proposal (Section 3.9 and Exhibit D within RFP)

E. Cost Proposal (Section 3.10 and Exhibit E within RFP)

F. Cost Proposal /Budget (Section 3.10 and Attachment E-1- Separate Attachment)

****Authorized signature required***

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 AND 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 chapter 39.19 RCW, 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 REFERENCES (MANDATORY)

Provide three (3) business references for the Bidder using the reference forms provided in Exhibit A, Bidder Forms and Certifications, Section C, 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, including a description of the services provided, the timeframe in which services were provided, and the Bidder's team members who provided the services. By submitting a proposal in response to this solicitation, the Bidder and team members grant permission to HCA to contact these references and others, who from HCA's perspective, may have pertinent information. HCA may or may not, at HCA's discretion, contact references.

To serve the best interests of the state of Washington, HCA reserves the right to be its own reference and utilize the Department of Commerce as a reference, with any potential Bidder(s) as deemed necessary in its sole discretion. This may result in a lower rating or disqualification of any potential Bidder(s).

3.6 EXECUTIVE ORDER 18-03 (SCORED)

Bidder must review Exhibit A, Bidder Forms and Certifications, Section E 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.

3.7 DRAFT CONTRACT AND SUBLEASE (MANDATORY)

The ASB will be expected to enter into a contract and sublease agreement 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 and Sublease Agreement, 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 and/or sublease agreement, HCA may cancel the selection and Award the Contract to the next most qualified Bidder.

3.8 WRITTEN PROPOSAL (SCORED)

(Maximum available points: 1570)

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

3.9 COST PROPOSAL (SCORED)

(Maximum available points: 580)

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.

A. Identification of Costs

- (1) 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 3.A(ii) below), and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract.
- (2) 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.

B. Cost Proposal

Cost Proposal is found in Exhibit E, Cost Proposal of the RFP, and includes two (2) elements:

(1) Narrative

Bidders must respond to the narrative portion as a written response and attach appropriate documentation to support financial strength and resources.

(2) Cost Proposal/Budget

Bidders must complete Attachment E-1, which includes the following Worksheets that will need to be completed:

Worksheet A. Cost Summary

Worksheet B. Start-Up Cost

Worksheet C. Personnel Cost

Worksheet D. Program Cost

Bidders must respond to all necessary requests for the narrative and budget portions of Exhibit E Cost Proposal, otherwise HCA may deem Bidder Non-responsive.

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. Responsive Cost Proposals will be reviewed and scored by an evaluation team using the weighted scoring system described in Section 4.2 (Evaluation Weighting and Scoring) for the Narrative element of the Cost Proposal. The evaluation of the Cost Proposal /Budget, Attachment E-1, will be completed by the RFP Coordinator.
- F. The evaluation of Executive Order 18-03 will be completed by the RFP Coordinator.
- G. HCA, at its sole discretion, may elect to select finalists for an oral presentation.
- H. 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 and Cost Proposal.

- 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 60 points to any Bidder who certifies, pursuant to the certification included in Exhibit A, Bidder Forms and Certifications, Section E, 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 60 points for this section.

B. Scoring of Written Proposal

Each question in Exhibit D, 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. The maximum score per section is noted below.

Evaluation Table	
Section 1- Program Services	Maximum Score
1. Project Approach/Methodology	690
2. Facility Staffing	180
3. Implementation plan	40
4. Organization Structure and Experience	50
5. Bidder Experience	170
6. Risks	40
Section 2- Property Management Services	Maximum Score
1. Project Approach/Methodology	40
2. Deliverables	110
3. Work Plan	60
4. Maintenance Schedule	20
5. Staff Qualifications/Experience	30
6. Bidder Experience	80
7. Outcomes and Performance Measures	20
8. Risk	40
Total Maximum Score	1570

C. Scoring Rubric for Written Response and Narrative of Cost 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.

There is a score of 290 points possible for the narrative portion of the Cost Proposal.

D. Scoring of Cost Proposal

The narrative portion of the cost element in Exhibit E, Cost Proposal will be scored similarly to the Written Proposal. Each question in Exhibit E, Cost Proposal narrative 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) (see Section C. Scoring Rubric), multiplied by the weight.

In Attachment E-1, Budget Worksheet of the Cost Proposal Budget element, only the Treatment and Administration Cost portion will be scored, and will follow the scoring guideline:

Treatment Cost	
Percentage Range of Total Annual Cost	Assigned Score
90-92%	145
87-89%	130
85-86%	115
<85%	80
Administration Cost	
Percentage Range of Total Annual Cost	Assigned Score
5-8%	145
9-12%	130
13-15%	115
>15%	80

There is a total of 290 points possible for Attachment E-1, Budget Worksheet.

Total Ramp Up Costs, Total Annual Cost, and Per Diem Rate of the Budget Worksheet will not be scored and will serve as being informational for HCA.

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	Narrative	290
2	Attachment E-1, Cost Proposal/Budget	290
Cost Maximum Points		580

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)

HCA may, after evaluating the Written Proposals, elect to schedule oral presentations of the Bidders. 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 top two (2) scoring Bidders will move onto the BAFO Phase.

F. Total Score

Evaluation Table – All Scored Items		
Section/Exhibit	Title	Maximum Points
	Executive Order 18-03	60
	Written Proposal	1570
	Cost Proposal	580
Total Maximum Points without Oral Presentation		2,210
Oral Presentation (if applicable)		1000
Total Maximum Points with Oral Presentation		3,210

4.3 BEST AND FINAL OFFER (BAFO) (MANDATORY)

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

HCA will negotiate the contract with the two (2) top scoring Bidders to determine the ASB.

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 management and 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 via Teams or Zoom 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 (5th) 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) 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:
 - (1) A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
 - (2) Errors in computing the score; or
 - (3) 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:
 - (1) Find the protest lacking in merit and uphold HCA's action; or
 - (2) Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
 - (3) Find merit in the protest and provide options to the HCA Director, which may include:
 - (a) Correct the errors and re-evaluate all proposals; or
 - (b) Issue a new solicitation document and begin a new process; or
 - (c) 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 Draft Lease Agreement (included as a separate attachment)

Exhibit D Written Proposal

Exhibit E Cost Proposal

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 – Draft Sublease Agreement

Exhibit D – Written Proposal – Fern Lodge Behavioral Wellness at Stanwood

Maximum Points for Written Proposal: 1,570

Section 1- Treatment Program and Services *Maximum Point for Program Services: 1,170*

1. Project Approach/Methodology *(Maximum available points: 690)*

Include a complete description of the Bidder's proposed approach and methodology for the project. This section should convey Bidder's understanding of the proposed project.

- 1.1 Program Philosophy. Please describe the vision, values, and beliefs that will be evident in the design and implementation of the proposed services. The Respondent should explain how the values include strengths-based, recovery and resilience focused, and are evident in the operations of the Respondent organization. The response should also include a description of how person-first, culturally competent, recovery oriented, and trauma-informed practices and approaches are incorporated into the applicant organization and into the proposed program. *(Page limit: 1, Maximum available points: 40)*
- 1.2 Please describe the Bidder's clinical model(s) for providing treatment to Individuals on 90- or 180-day long-term civil commitment orders. The response should include details of evidence-based practices, Trauma-Informed Approach and recovery-oriented treatment, connection to recovery support groups, and other interventions used. Please include examples of successful intervention(s) and/or specific challenges. If the Bidder has no experience, what is envisioned for this site? *(Page limit: 5, Maximum available points: 40)*
- 1.3 Please describe experience providing CLAS as outlined in the national CLAS standards. Bidder must include strategies on how to meet these needs for the Individuals listed below: *(Page limit: 3, Maximum available points: 40)*
 - A. Non-English-speaking populations that require services of a translator;
 - B. AI/AN populations, including an understanding of the Indian Health Service, tribal governments, and urban Indian health programs that serve them;
 - C. Cultural, ethnic, and racial minority populations;
 - D. LGBTQ+; and
 - E. Hearing impaired Individuals who require an American Sign Language interpretation.
- 1.4 Describe the proposed program that meets the requirements of this RFP. The description must include the following. *(Page limit: 5, Maximum available points: 40)*
 - A. Proposed specific therapeutic activities to be performed;
 - B. Description of expected daily activities and service offerings that will promote recovery, wellness, and independent living skills;
 - C. Description of how the proposed program will work collaboratively within the local continuum of care for health services; and
 - D. Assessment Process: include instruments to be used and the staff who will administer the assessments. Describe how assessment results will be used in the development of a plan of care.

- 1.5 Describe the types of treatment modalities the Bidder would use for this work. Identify evidence-based practices (EBP), best and promising practices, 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. *(Page limit: 3, Maximum available points: 40)*
- 1.6 Describe the level of symptom acuity you are able to treat and how? Bidder should at least address the following in their response: *(Page limit: 2, Maximum available points: 40)*
- A. Mental health symptoms
 - B. Physical health symptoms/diagnosis
 - C. Assaultive behaviors
 - D. Substance Use Disorder
 - E. Co-occurring cognitive impairment
- 1.7 How will the Bidder integrate in their daily operations the guidance and requirements outlined in Attachment 2, [90 and 180-Day Civil Commitment Toolkit](#)? *(Page limit: 2, Maximum available points: 40)*
- 1.8 Describe how the Bidder will meet the personal needs (dietary restrictions, dental care, PT/OT, family visits, spiritual accommodations, haircuts, etc.) of Individuals who will be admitted to the facility and occupy a 90- or 180-day long-term bed. Please note some of these services may or may not be covered by the Per-diem. *(Page limit: 1, Maximum available points: 40)*
- 1.9 Describe the Bidder's experience in providing services to Individuals who may have had unsuccessful placements previously. How would the Bidder identify and address the Individuals needs that impede successful community transition? *(Page limit: 2, Maximum available points: 40)*
- 1.10 Describe how the Bidder will ensure that eligible Individuals are assisted in enrollment in Medicaid? *(Page limit: 1, Maximum available points: 40)*
- 1.11 Describe Bidder's Individual discharge protocol and discharge practices. Describe how Bidder will coordinate and ensure Individuals are provided transportation when discharged. *(Page limit: 2, Maximum available points: 40)*
- 1.12 Describe what additional exclusionary criteria for Individual admittance the Bidder will utilize in addition to what HCA has provided in the Scope of Work and why. *(Page limit: 3, Maximum available points: 20)*
- 1.13 Describe the Bidder's methodology and strategy to ensure maximum bed occupancy is maintained? *(Page limit: 1, Maximum available points: 30)*
- 1.14 Describe the procedures to handle psychiatric and physical health care emergencies. Please describe the Bidders plan to develop and maintain relationships with relevant community stakeholders. This should also include arrangements for transportation. *(Page limit: 3, Maximum available points: 40)*
- 1.15 Describe the procedures for access to non-emergent physical health care needs. To include the Bidders plan to monitor and care for chronic medical needs for Individuals within the facility. *(Page limit: 3, Maximum available points: 40)*

- 1.16 Describe your understanding of the Bidders role and responsibility related to providing access to, facilitating, and coordinating ITA court activities. Describe the onsite and offsite procedures for court appointments, including coordination and or transportation, as necessary. *(Page limit: 2, Maximum available points: 30)*
- 1.17 Describe procedures, practices, and activities to support Individuals who experience co-occurring mental health and substance use issues. *(Page limit: 2, Maximum available points: 30)*
- 1.18 Describe plans to initiate internal program monitoring activities, and continuous quality improvement goals. This should include discussion of outcome measures to be used and methods to assess the success of interventions. Describe how post-discharge information will be collected and tracked. *(Page limit: 4, Maximum available points: 30)*
- 1.19 How will outcomes be measured? Identify what outcome tools or validated instruments will be utilized to monitor programs and cycle of administration to determine that the services provided made a positive impact. Include copies of tools/instruments to be used. *(Page limit: 2, Maximum available points: 30)*
2. Facility Staffing *(Maximum available points: 180)*
 - 2.1 Provide resume for the clinical director/operator of the facility. *(Page limit: 2, Maximum available points: 20)*
 - 2.2 Given the scope of work described, please provide what resources you believe this would require. *(Page limit: 7, Maximum available points: 40)*
 - A. Describe how certified peer counselors will participate in the delivery of services.
 - B. Provide infrastructure and historical data associated with recruitment and retention, including the retention statistics associated with clinical program staff and program management.
 - C. Provide retention strategies and use of competitive wage in retention strategy.
 - D. How would you ensure the facility is appropriately staffed?
 - 2.3 Provide a staffing plan, including the number of personnel needed for the proposed program, training plan, and staff-to- Individual ratio. Please provide the qualifications and experience of the key team member(s) that will operate the facility. *(Page limit: 4, Maximum available points: 40)*
 - 2.4 Describe the specific qualifications and experience for key team members from projects similar to this project. *(Page limit: 4, Maximum available points: 40)*
 - 2.5 List trainings that will be provided for program personnel related to addressing the needs of the target population including but not limited to suicide prevention, crisis evaluation and intervention, de-escalation techniques, cultural competency, recovery principles, trauma informed training etc. *(Page limit: 2, Maximum available points: 40)*
3. Implementation Plan *(Maximum available points: 40)*
 - 3.1 Describe the Program Implementation Plan which should illustrate the steps needed to start the proposed program including timeframes and milestones. This should include, but not be limited to, the critical pre-implementation steps needed to start the proposed program, a thoughtful plan for strategies to scale the services to full implementation, and an approach to identify and respond to any anticipated challenges associated with implementation. *(Page limit: 5, Maximum available points: 40)*

4. Organization Structure and Experience *(Maximum available points: 50)*

4.1 Project Team Structure/Internal Controls *(Page limit: 2, Maximum available points: 30)*

Provide a description of the proposed project team structure and internal controls to be used during the course of the project, including any subcontractors who will provide direct services to Individuals receiving treatment. Provide an organizational chart of your organization indicating lines of authority for personnel involved in performance of this potential contract and relationships of this staff to other programs or functions of the organization. This chart must also show lines of authority to the next senior level of management. Include who within the organization will have prime responsibility and final authority for the work.

4.2 Emergency Management. Please provide a high-level summary of the following plans needed for this contract: *(Page limit: 12, Maximum available points: 20)*

- A. Emergency Management Plan: Provide description of how the Bidder manages/prepares for an emergency e.g., drills, trainings, evaluations, and goals
- B. Campus Emergency Operations Plan: Provide Bidder's guidelines and procedures for when there is an incident in progress.
- C. Continuity of Operations Plan: Provide Bidder's guidelines on keeping the facility operational during a disaster.
- D. Disaster Recovery Plan: Provide Bidder's procedures on how the facility will resume full function after an unplanned incident.

5. Bidder Experience *(Maximum available points: 170)*

5.1 Indicate the experience the Bidder and any subcontractors have in the following areas: *(Page limit: 3, Maximum available points: 40)*

- A. Describe experience in operating and managing inpatient behavioral health services.
- B. If the applicant does not have experience with providing inpatient behavioral health services, then describe the applicants experience with behavioral health service provision in other areas.

5.2 Describe other relevant experience that indicates the qualifications of the Bidder, and any subcontractors, for the performance of the potential contract. *(Page limit: 2, Maximum available points: 30)*

5.3 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, fax numbers, and e-mail addresses. *(Page limit: 3, Maximum available points: 20)*

5.4 Describe how the Bidder intends to comply with the conditional use requirements of the CUP (See Attachment 5). *(Page limit: 6, Maximum available points: 40)*

5.5 Describe Bidder's experience with collaborating with tribal government, managed care organizations, 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? *(Page limit: 4, Maximum available points: 40)*

6. Risks *(Page limit: XX, Maximum available points: 40)*

- 6.1 The Bidder must identify potential risks that are considered significant to the success of the Program. Include how the Bidder would propose to effectively monitor and manage these risks, including reporting of risks to the HCA contract manager. *(Page limit: 3, Maximum available points: 40)*

Section 2- Property Management Services

Maximum Point for Property Management Services: 400

1. Program Approach/Methodology *(Maximum available points: 40)*
 - 1.1 This facility requires property management services twenty-four (24) hours, seven (7) days a week, three and sixty-five (365) days a year. Describe Bidder's approach and methodology for delivering property management services of this type. Please include an outline of how Bidder approaches the planning, scheduling, and implementation of around-the-clock service. *(Page limit: 3, Maximum available points: 40)*
2. Deliverables *(Maximum available points: 110)*
 - 2.1 Please describe Bidder's knowledge and experience with a Computerized Maintenance Management System (CMMS) work order system and how Bidder operates any current system(s) to maintain constant supervision of incoming work orders. *(Page limit: 1, Maximum available points: 20)*
 - 2.2 The facility has a maintenance room available for the ASB to utilize for a part time/full time on-site employee to help facility maintenance and operation's needs. Describe how Bidder may utilize this amenity for potential use for this scope of work. *(Page limit: 1, Maximum available points: 20)*
 - 2.3 Due to the time-sensitive nature of maintaining the Fern Lodge facility, please describe the Bidder's process on triaging work orders and emergency requests. Please include a flow chart or schedule demonstrating how Bidder will handle requests, and how they will ensure a timely and adequate response. *(Page limit: 2, Maximum available points: 30)*
 - 2.4 Describe Bidder's policy on subcontractor management including details in selection procedures, performance measurement and improvement, adherence to applicable standards and regulations, confidentiality, right to audit, insurance, etc. How will Bidder ensure subcontractors' adherence to all federal, state, and local applicable standards and regulations? *(Page limit: 4, Maximum available points: 40)*
3. Work Plan *(Maximum available points: 60)*
 - 3.1 Please provide an overview of any specific experience and qualifications in medical property management, as well as any specific experience in each of the building operations and management disciplines to include: *(Page limit: 4, Maximum available points: 20)*
 - A. Mechanical systems,
 - B. Electrical systems,
 - C. Plumbing systems,
 - D. Fire alarms,
 - E. Emergency management systems,
 - F. Access control systems

- 3.2 Provide a list of what building management areas the Bidder intends to perform in-house. *(Page limit: 1, Maximum available points: 20)*
- 3.3 Provide a list of what building management areas the Bidder intends to subcontract. *(Page limit: 1, Maximum available points: 20)*
- 4. Maintenance Schedule *(Maximum available points: 20)*
 - 4.1 Describe how the Bidder constructs a schedule for regularly scheduled maintenance items such as window cleaning, air/water filters, lawn care, septic checks, etc. *(Page limit: 2, Maximum available points: 20)*
- 5. Staff Qualifications/Experience *(Maximum available points: 30)*
 - 5.1 How does Bidder approach job coverage for property management when handling employees on vacation, sick leave, staffing shortage, etc. that may put ability to meet the requirements in the scope of work at risk? *(Page limit: 2, Maximum available points: 30)*
- 6. Bidder Experience *(Maximum available points: 80)*
 - 6.1 Describe the experience the Bidder and any Subcontractors have in property management of a 24/7 medical facility. *(Page limit: 3, Maximum available points: 30)*
 - 6.2 Describe other relevant experience that indicates the qualifications of the Bidder, and any Subcontractors, for the performance of the potential contract. *(Page limit: 1, Maximum available points: 20)*
 - 6.3 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 property management services needed under this RFP. List contract reference numbers, contract period of performance, contact persons, telephone numbers, and fax numbers/e-mail addresses. *(Page limit: 5, Maximum available points: 30)*
- 7. Outcomes and Performance Measurement *(Maximum available points: 20)*
 - 7.1 Describe how Bidder will track, monitor, and report maintenance activities at the facility to HCA. *(Page limit: 2, Maximum available points: 20)*
- 8. Risks *(Maximum available points: 40)*
 - 8.1 The Bidder must identify potential risks that are considered significant to the success of the management of this property. Include how the Bidder would propose to effectively monitor and manage these risks, including reporting of risks to the HCA contract manager. *(Page limit: 5, Maximum available points: 40)*

Exhibit E – Cost Proposal

Maximum Points for Cost Proposal: 580

1. Narrative *(Maximum available points: 290)*

- 1.1 Include the name and title of the Individual responsible for fiscal management and cost control. Describe this person's training, experience, and tenure in this position. *(Page limit: 1, Maximum available points: 35)*
- 1.2 Describe the fiscal and operational infrastructure and experience to support this program. This may include the number of employees in leadership and the fiscal department, tenure of each employee, and any relevant information that supports the depth and breadth of the fiscal and operational infrastructure of the organization. Infrastructure should be described within the context of the Bidder's entire set of business that relies upon that infrastructure. Describe experience relative to fiscal operations of a program similar in scope and nature. *(Page limit: 4, Maximum available points: 45)*
- 1.3 A statement as to whether, in the last ten (10) years, the Bidder has filed, or had filed against it, any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details. *(Page limit: 1, Maximum available points: 65)*
- 1.4 Financial Strength and Resources Documentation *(Page limit: 25, Maximum available points: 65)*
 - A. Bidder's most recent year of independent audited financial statements for a fiscal year that ended within the last 36 months. In lieu of audited financial statements, HCA may accept the Bidder's Form 990.
 - B. Documentation disclosing the amount of cash flows from operating activities for the Bidder's most current operating period, said documentation should include revenue and expenditures.
 - C. Describe overall cost methodologies and how analysis was performed.
- 1.5 How much will annual costs for years two (2) and three (3) vary from Bidder's year one (1) annual cost and why? *(Page limit: 1, Maximum available points: 35)*
- 1.6 How long does Bidder anticipate they will need to become fully operational? How long is Bidder's anticipated start-up (period prior to operation commencement) and ramp-up (period of operation, not at full capacity) phase? *(Page limit: 1, Maximum available points: 45)*

2. Cost Proposal / Budget – See attached Excel file, Attachment E-1 Budget Worksheet and Sample Budget Narrative, attached separately, and incorporated herein. Cost Proposal shall provide information on the requested budget and cost proposal for the program, and how the Bidder will ensure resources are appropriately used. Bidders must describe each of the costs in the cost categories and proposed budget line items should be defined and methodologies for determining calculations described in detail. *(Maximum available points: 290)*

- 2.1 Bidders must complete the following Budget Worksheets in Attachment E-1.

- A. **Worksheet A. Cost Summary:** This includes the summary of all costs associated for work described in this RFP pertaining to start up, ramp up, personnel, program, maintenance and operation expenses.

B. **Worksheet B. Start-Up and Ramp-Up Cost:**

Start-Up Cost: These are one-time costs for program build-up and may include but are not limited to, costs for furnishings, hiring and recruitment, policy and procedure development, staff training, initial licensing requirements, facility/property tools and equipment, and direct program expenses for work described in this RFP related to becoming fully operational.

Ramp-Up Cost: These are costs for program build-up at period of operation, but not yet at full capacity.

- C. **Worksheet C. Personnel Expenses:** Must 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 service performed by staff that are directly employed by the Bidder and are paid for on a regular basis, and Annual Cost.

- i. **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.

NOTE. Salary and fringe benefits must be pro-rated based on FTE ratio for non-full-time employees if agency provides fringe benefits to part time employees. Salaries and benefits of personnel involved in more than one program must be charged to each program based on the actual percentage of time spent on each program.

- D. **Worksheet D. Program:** Necessary expenditures exclusive of personnel salaries and benefits. Such expenses include all costs associated with meeting the Individual's 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, custodial, prescription, transportation, waste removal services, special staff training, licensure, insurance and loan costs and interests, and quality review and compliance; and supplies for treatments such as therapeutic equipment, art supplies, music equipment, yoga mats, etc.

- E. **Worksheet E. Maintenance & Operations:** Necessary expenditures to include but not limited to, facility and site maintenance and repair, janitorial supplies, utilities, furnishings, IT services, etc.

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

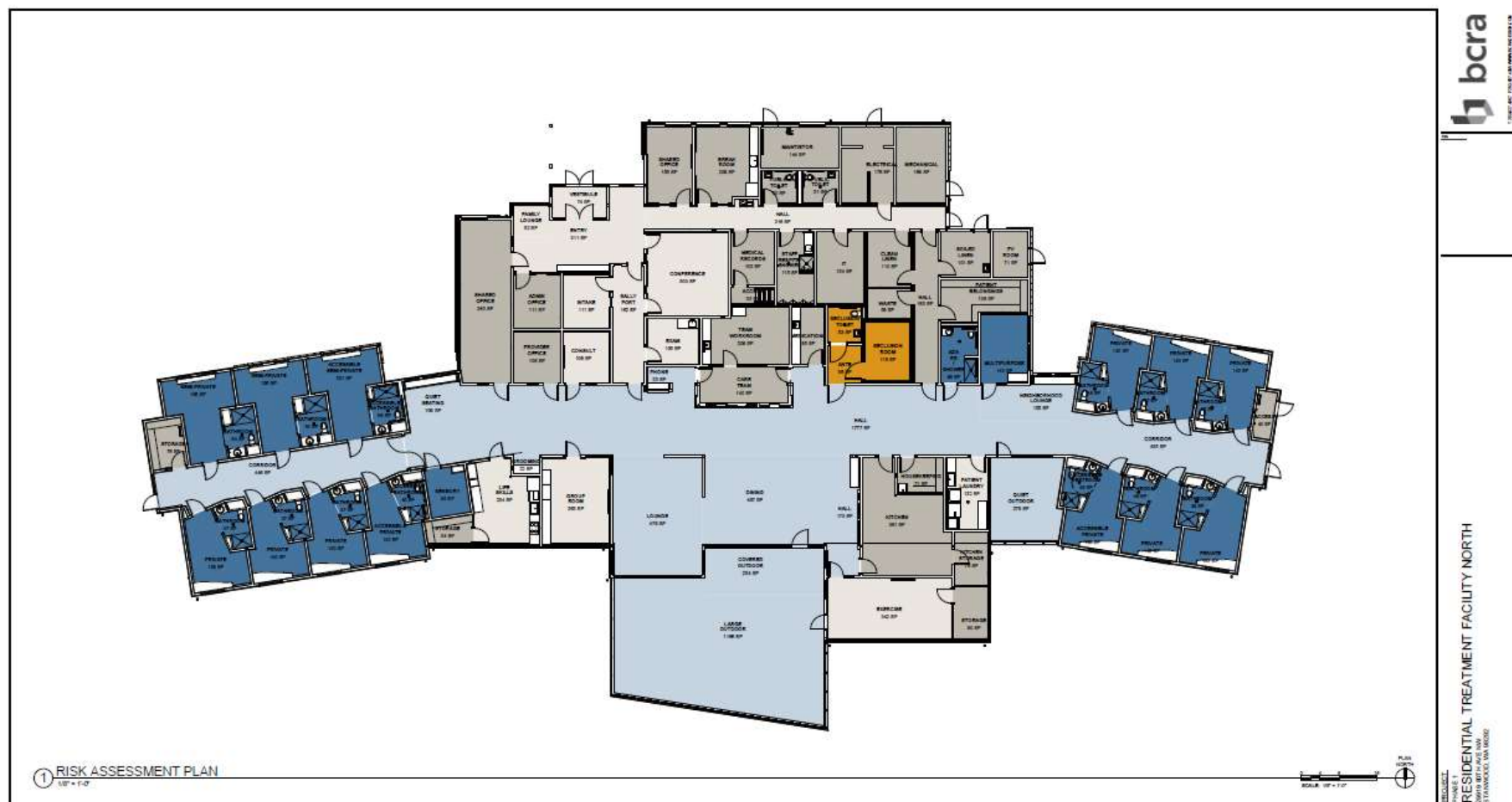
Attachment 1 – Proposed Site, Floor Plan, and Draft Renderings

[Fern Lodge Behavioral Health Center Virtual Walk-Through](#)
[Fern Lodge Schematic Design Booklet](#)

Proposed Site



Floor Plan



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





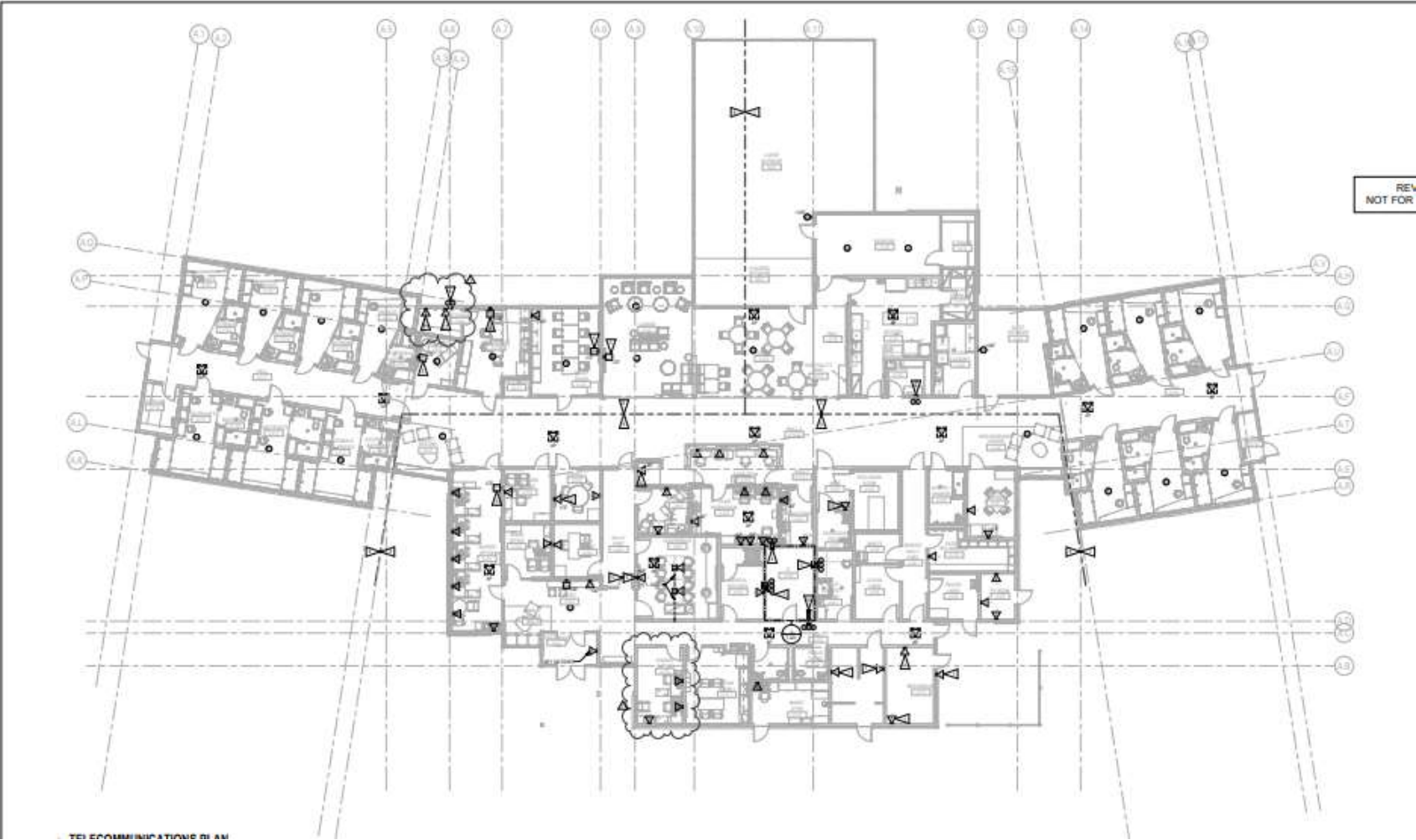








Telecommunications Infrastructure



Attachment 2 – 90 and 180-Day Civil Commitment Toolkit

Attached separately.

[90-180-civil-committment-toolkit.pdf \(wa.gov\)](#)

Attachment 3 – Sample Core Provider Agreement (CPA)

Attached separately.

Attachment 4 – Services and Equipment Assumed to be Provided by HCA

1. Building Features

HCA will provide a fully commissioned building that are identical in design and construction shown in Attachment 1.

- 1.1 Building envelope
- 1.2 Commissioned systems (HVAC, Electrical, Mechanical, Fire Protection)
- 1.3 Parking lots & roadways
- 1.4 Landscaping
- 1.5 Building access controls
- 1.6 Security cameras
- 1.7 VOIP phone systems
- 1.8 Infrastructure for television service

2. Furnishings, Appliances and Equipment

HCA will provide, install, and maintain the following:

2.1 (#102) Entry Room:

- A. Bench
- B. Trash enclosed in casework
- C. Recycle enclosed in casework
- D. Television / Digital Monitor with enclosure

2.2 (#103) Family Lounge Room:

- A. Coffee Table
- B. Guest chair (3)

2.3 (#104 & #168) Shared Offices:

- A. Trash can
- B. Recycling bin
- C. Guest chair
- D. Coffee table
- E. Short credenza
- F. Locking storage
- G. Task chair
- H. Desk
- I. Bookshelf

2.4 (#105) Admin Office:

- A. Tall Cabinet
- B. Task chair
- C. Guest chair (2)
- D. Right-side Credenza
- E. Desk
- F. Trash can
- G. Recycling container

2.5 (#106) Intake Room:

- A. Desk
- B. Task chair
- C. Chair (2)

2.6 (#108) Consultation Room:

- A. Table

- B. Chair (3)
- C. Television / Digital Monitor with enclosure

2.7 (#109) Provider Office:

- A. Tall cabinet
- B. Task chair
- C. Guest chair (2)
- D. Right-side credenza
- E. Desk
- F. Trash can
- G. Recycling container

2.8 (#111) Grooming Room:

- A. Trash enclosed in casework
- B. Recycle enclosed in casework.

2.9 (#112) Quiet Seating Room:

- A. Ballasted coffee table
- B. Ballasted chair (2)
- C. Ballasted Rocker (2)

2.10 Individual Rooms & Bathrooms:

- A. Semi- Private Rooms (Rooms #113-115); 2 Individuals per 1 room:
 - i. Wardrobe (2)
 - ii. Desk (2)
 - iii. Bed (2)
 - iv. Ballasted side table/stool (2)
 - v. Surface-mounted ADA Grab Bars
 - vi. Shower Curtain Track, Heavy Duty & Ligature Resistant
- B. Private Rooms (Rooms #118-121, 132-134, 137-139), one (1) Individual per room:
 - i. Wardrobe
 - ii. Desk
 - iii. Bed
 - iv. Ballasted side table/stool
 - v. Anti-Ligature Grab Bars, in Accessible Bathroom(s)
 - vi. Shower Curtain Track, Heavy Duty & Ligature Resistant

2.11 (#122) Sensory Room:

- A. Television / Digital Monitor with enclosure
- B. Ballasted side table/stool
- C. Ballasted lounge chair
- D. Ballasted footrest
- E. Ballasted rocker

2.12 (#123) Life Skills Room:

- A. Range
- B. Range Hood
- C. Refrigerator
- D. Dishwasher
- E. Microwave
- F. Surface-mounted Soap Dispenser, Anti-ligature
- G. Television / Digital Monitor
- H. Ligature Resistant Protective TV Enclosure
- I. Trash Can
- J. Whiteboard
- K. Table (2)

- L. Chairs (4)
- 2.13 **(#124) Group Room:**
 - A. Trash enclosed in casework
 - B. Recycle enclosed in casework
 - C. Television / Digital Monitor with enclosure
 - D. Table (4)
 - E. Chair (8)
- 2.14 **(#125) Lounge Room:**
 - A. Television / Digital Monitor with enclosure
 - B. Side table/stool (3)
 - C. Modular ballasting armless chair (10)
 - D. Modular ballasting cube
 - E. Coffee table (3)
 - F. End table (3)
 - G. Ballasting chair (5)
- 2.15 **(#126) Dining Room:**
 - A. Table (5)
 - B. Chair (20)
 - C. Trash enclosed in casework
 - D. Recycle enclosed in casework
- 2.16 **Individuals Main Kitchen:**
 - A. Mobile Pot Shelving
 - B. Utensil Rack
 - C. Pot Washing Sinks
 - D. Eye Wash Station
 - E. Prep Table with Sink
 - F. Wall Shelving
 - G. Storage Shelving
 - H. Worktable
 - I. Wall Shelf
 - J. Undercounter Dishwasher
 - K. Mobile Reach-in Refrigerator/Freezer
 - L. Mobile Cold Unit
 - M. Mobile Hot Holding Cabinet
 - N. Convection Oven (double stacked)
 - O. Exhaust Hood (ventless)
- 2.17 **(#128) Exercise Room:**
 - A. Elliptical
 - B. Exercise bike
 - C. Television / Digital Monitor with enclosure
- 2.18 **(#130) Housekeeping Room:**
 - A. Custodial Cart
 - B. Shelving with broom/mop holder and hooks
- 2.19 **(#131) Individuals Laundry Room:**
 - A. Stacked Washer-Dryer
 - B. Washer
 - C. Dryer
 - D. Trash can
- 2.20 **(#140) Neighborhood Room:**
 - A. Ballasting Table

- B. Ballasting Chair (2)
 - C. Ballasting Rocker (2)
- 2.21 **(#141) Multipurpose Room:**
- A. Trash enclosed in casework
 - B. Recycle enclosed in casework
 - C. Television / Digital Monitor with enclosure
 - D. Ballasting Table
 - E. Ballasting chair (4)
- 2.22 **(#143) Individual Belongings Room:**
- A. Cubbies (5)
 - B. Built-in shelving
- 2.23 **(#146) Seclusion Room:**
- A. Bed
 - B. Mattress
 - C. Bed restraints
- 2.24 **(#149) Medications Room:**
- A. Glove Box Holders
 - B. Sharps Containers
 - C. Pharmaceutical Waste Collector
 - D. Eye wash station- wall mounted
 - E. Waste can with lid
 - F. Undercounter Refrigerator
- 2.25 **(#150) Team Workroom:**
- A. Task chair (3)
 - B. Ped file (3)
 - C. Desk (3)
 - D. Trash can
 - E. Recycling bin
 - F. Glove box holder
 - G. Sound system
- 2.26 **(#151) Care Team Room:**
- A. Locking storage (2)
 - B. Task chair (3)
 - C. Ped file (3)
 - D. Desk (3)
- 2.27 **(#152) Individual Phone Room:**
- A. Wall-mounted, anti-suicide phone
- 2.28 **(#153) Exam Room:**
- A. Exam Table
 - B. Exam Stool
 - C. Bariatric guest chair
 - D. AED wall mount cabinet
 - E. AED
 - F. AED Trainer
 - G. CPR Board
 - H. Glove Box Holders
 - I. Sharps Containers
 - J. Biohazard trash can
 - K. Waste can with lid

2.29 **(#154) Conference Room:**

- A. Credenza
- B. Table (2)
- C. Conference chair (10)
- D. Modular low-back seating square (5)
- E. Television / Digital Monitor with enclosure
- F. Trash Can

2.30 **(#155) Medical Records Room:**

- A. Ped file
- B. Lateral file
- C. Task chair
- D. Desk
- E. Trash can
- F. Recycle bin

2.31 **(#157) Staff Respite & Shower Room:**

- A. Accessible Shower Grab Bar(s)
- B. Shower Curtain Track
- C. Small Undercounter Refrigerator
- D. Trash can
- E. Seating Square
- F. Seating Rectangle
- G. Square table

2.32 **(#158) IT Room:**

- A. IT Room switch

2.33 **(#165) Maintenance Room:**

- A. Workbench
- B. Industrial shelving (2)
- C. Desk
- D. Task chair
- E. Bookshelves
- F. Trash can
- G. Recycle bin

2.34 **(#167) Staff Break Room:**

- A. Hand Soap Dispenser
- B. Automated Paper Towel Dispenser
- C. Refrigerator
- D. Dishwasher
- E. Microwave
- F. Lockers (2 sets)
- G. Table
- H. Guest chair (4)
- I. Recycle bin
- J. Trash can

2.35 **Miscellaneous Items:**

- A. Supply hooks in storage rooms
- B. Built-in shelving in storage rooms
- C. Fire extinguishers
- D. Speakers throughout the facility (controlled at Team Workroom)

Attachment 5 – Conditional Use Permit, Operating Conditions

Conditional Use Permit Decision by Snohomish County Hearing Examiner made on March 7, 2023.

Operating Conditions:

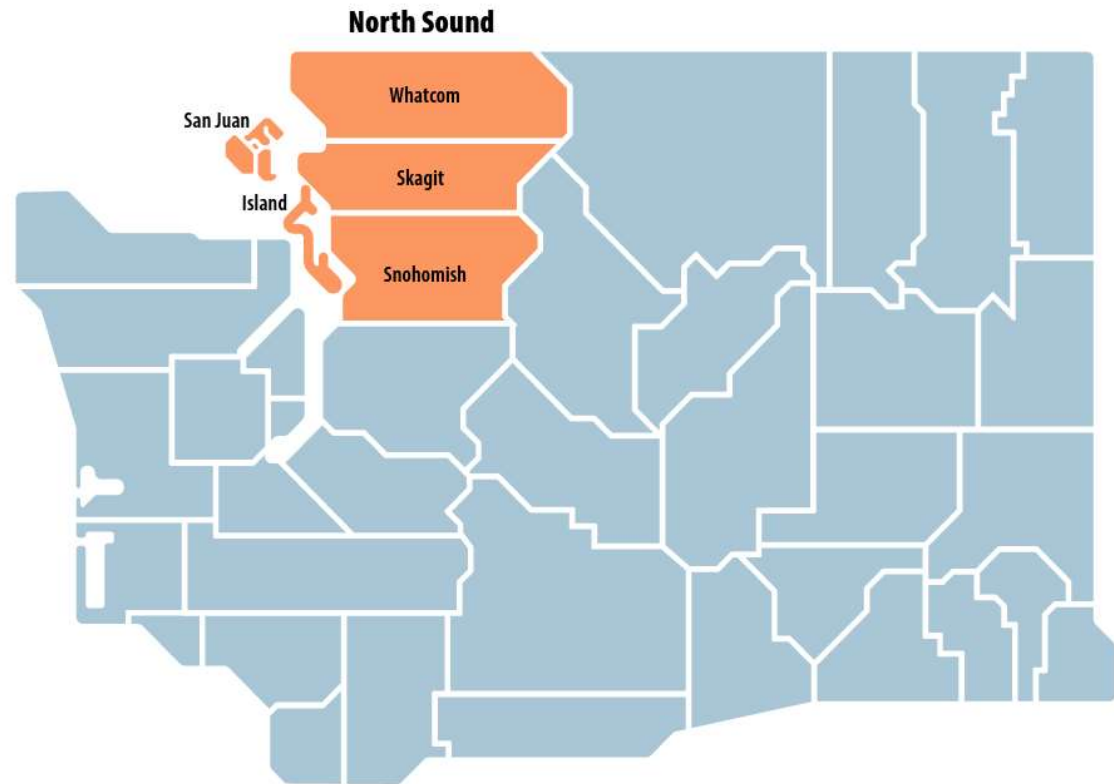
1. The facility and its operation shall comply with all applicable federal and state laws and regulations, including those of the Washington State departments of Social and Health Services and Health. If applicable state or federal standards and regulations change, the facility and its operation shall comply with the changed regulation within the timelines required by the revised regulation.
2. The use of external speakers or an external public address system is prohibited.
3. Patients shall not be discharged as pedestrians at the facility's location. Discharge plans shall include transportation from the facility to the patient's next residence. For example, a patient should not be allowed to walk out the facility's doors on discharge except to a waiting vehicle that will transport them to their next residence, such as a friend, family, or caregiver's vehicle, medical transport vehicle, taxi, or shared ride service vehicle.
4. Tulalip Tribes will develop written procedures for notification of the public in case of elopement. The procedures will be developed in consultation with law enforcement and with due regard for privacy and safety of the patient and community. The procedures may provide for different notification procedures and recipients for different situations. The procedures will be available to the public upon request and a copy provided to PDS. The procedures shall be finalized prior to occupancy and shall be updated no less often than every three years.
5. The facility will be staffed at a ratio of at least one clinical staff per four patients, unless subsequent standards or best practices identify a higher ratio of staff to patients.
6. All approved landscaping shall be maintained after installation. Dead or significantly damaged plants and other landscaping material shall be replaced within three months of the death or damage. PDS may authorize delay in replacement up to 180-days when plant death or damage occurs outside the normal planting season.
7. Buildings shall be equipped with NFPA automatic sprinkler systems and NFPA fire alarm systems, which shall be maintained in good working order.
8. All exterior lighting installed initially or in the future shall prevent glare and light pollution on adjacent properties by being shielded, directed downward, and have full-cutoff features. All site area lighting shall be equipped with (a) motion sensors and (b) integral photocells for dusk to dawn operation. All building-mounted exterior lighting shall be controlled by dusk to dawn sensor.
9. Access from and to 300 28th St. NW shall be restricted to right-in/right-out only, as required by the EDDS deviation approved by the County Traffic Engineer.
10. Minor and major revisions to the administrative site plan shall be subject to SCC 30.70.210 or 30.70.220.
11. Nothing in this approval excuses Tulalip Tribes, an owner, lessee, agent, successor or assigns from compliance with any other federal, state, or local statutes, ordinances, or regulations applicable to this project.

Attachment 6 – Regional Service Area

Behavioral Health: Administrative Services Organizations (BH-ASO) **North Sound region**

North Sound counties

Island, San Juan, Snohomish,
Skagit, and Whatcom



Regional crisis assistance (24/7/365) for mental health and substance use disorder crises available to all individuals, regardless of their insurance status or income level.

HCA 82-0538 (10/23)

Washington State
Health Care Authority