



REQUEST FOR PROPOSALS (RFP)

RFP NO. 2025HCA11

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PROJECT TITLE: OHBH Short Term and Inpatient Treatment Program(s)

PROPOSAL DUE DATE: December 16, by 3 p.m. *Pacific Time*, Olympia, Washington, USA.

Only Proposals submitted in flash drives via certified mail will be accepted.

ESTIMATED TIME PERIOD FOR CONTRACT: March 2026 through March 2031

The Health Care Authority reserves the right to extend the contract in increments that HCA deems appropriate and is mutually agreed upon.

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:

Adverse Childhood Experiences (ACES)- Adverse Childhood Experiences are potentially traumatic events that occur in childhood (0-17 years) that can have long-term impacts on health opportunity, and well-being.

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.

American Society of Addiction Medicine (ASAM) – A comprehensive set of guidelines for determining placement, continued stay and transfer or discharge of Enrollees with Substance Use Disorder and co-occurring disorder.

Behavioral Health Administrative Services Organization or BH-ASO - means any county authority or group of county authorities or other entity recognized by the state to administer behavioral health services in a defined region.

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

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

Co-Occurring, Mental Health and Intellectual, Developmental Disability(ies)- means the coexistence of a mental health disorder and an intellectual and/or development disability(ies). Co-occurring treatment provides an integrated program to meet the needs for both mental health conditions and intellectual disability/developmental disabilities.

Co-Occurring, Mental Health and Substance Use Disorder - means the coexistence of both a mental health and a substance use disorder. Co-occurring treatment is a unified treatment approach intended to treat both disorders within the context of a primary treatment relationship or treatment setting.

Core Provider Agreement - means an agreement with the Health Care Authority (HCA) to administer medical assistance and medical care programs for eligible clients. HCA provides medical assistance or medical care to certain eligible clients by enrolling eligible providers of medical services. HCA reimburses enrolled eligible providers for covered medical services, equipment, and supplies they provide to eligible clients.

Cultural Humility – means the continuous application in professional practice of self-reflection and self-critique, learning from patients, and partnership-building, with an awareness of the limited ability to understand the patient's worldview, culture(s), and communities.

Culturally Appropriate Care - means health care services provided with Cultural Humility and an understanding of the patient's culture and community and informed by historical trauma and, often, the resulting cycle of ACEs.

Gravely Disabled – means a condition in which a person, as a result of a behavioral health disorder:
(a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential

human needs of health or safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

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

“Individual(s)” means 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 as defined in RCW 71.05.020 respectively).

Peer Bridgers- means a trained Peer Support Specialist who offers Peer Support services to participants in Western State Hospital (WSH), Eastern State Hospital (ESH), and community hospitals with Long Term Community Commitment beds prior to discharge and after their return to their communities. The Peer Bridger must be an employee of a behavioral health agency licensed by the Department of Health that provides recovery services.

Professional Person- means a mental health professional, substance use disorder professional, or designated crisis responder and shall also mean a physician, physician assistant, psychiatric advanced registered nurse practitioner, registered nurse, and such others as may be defined by rules adopted by the secretary pursuant to the provisions of this chapter;

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

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

Residential Treatment Facility - or “RTF” means a facility in which 24-hour, onsite care is provided for the evaluation, stabilization, or treatment of residents for substance use, mental health, or co-occurring disorders.

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 Subcontractors in any tier.

Trauma-Informed Care- Trauma-informed care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.

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	October 30, 2025
Pre-Proposal Conference	November 10, 2025 – 3 pm PT
Facility Walk-Through	November 17, 2025 - 10:30am -12:30pm; <i>Tentative</i>
Bidder Questions Due	November 24, 2025 - 2pm PT
HCA Answers Posted*	December 2, 2025 -4:00pm PT
Interested Subcontractor Responses Due	December 9, 2025
Interested Subcontractor List Posted*	December 12, 2025
Complaints Due (if applicable)	December 9, 2025; 5:00pm PT
Proposals Due	December 16, 2025 -3pm PT
Evaluate Proposals*	December 22, 2025, 2025 – January 7, 2026
Conduct Oral Presentations with Finalists (Optional)	January 14, 2026 – January 15, 2026
Announce “Apparent Successful Bidder” via WEBS*	January 22, 2026
Debrief Request Deadline (3 Business Days after the ASB announcement)	January 27, 2026
Protest Deadline	February 6, 2026
Negotiate Contract	January 26, 2026 - February 26, 2026

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

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

1.3 PURPOSE AND OBJECTIVES

HCA is initiating this RFP to solicit Proposals from organizations interested in operating acute behavioral health residential or inpatient services for up to forty (40) adult beds at the Olympic Heritage Behavioral Health facility in Tukwila, Washington. This RFP does not include outpatient services.

The purpose of this project is to:

1. Provide short-term residential behavioral health services for individuals referred to the program, including those who may have received previous treatment or services through crisis stabilization or a 23-hour crisis facility system; and/or
2. Inpatient treatment for Individuals with substance use disorder and/or co-occurring substance use and mental health disorders.

This RFP is soliciting for either a single service or multiple services, and a single provider (ASB) in the available space at the Olympic Heritage Behavioral Health facility, as described in this RFP.

HCA intends to award one (1) contract for services described in this RFP.

1.4 BACKGROUND

In its 2024 and 2025 session, the Legislature appropriated funding to HCA to contract with a provider(s) to deliver behavioral health services, up to forty (40) beds, at the Olympic Heritage Behavioral Health (OHBH) facility, under [ESSB 5167, Sect 214\(60\), 2025](#). The OHBH facility—located in Tukwila, Washington—is a former psychiatric hospital that the Department of Social and Health Services (DSHS) acquired in 2023 to serve people in State psychiatric care. DSHS currently operates OHBH as a Residential Treatment Facility (RTF).

A. Olympic Heritage Behavioral Health Facility

OHBH is a licensed RTF that serves people in need of medically managed residential treatment services. OHBH is currently configured to support 112 beds. Seventy- two (72) beds are operated by DSHS, and up to forty (40) beds will be contracted by HCA.

OHBH is named in recognition of the nearby Olympic National Park, a serene and flourishing environment with thousands of diverse species. OHBH sits within King County, the most populous county in Washington state. Opening this facility helps to fulfill the State's commitment to provide space and care for people awaiting behavioral health treatment.

The OHBH campus has multiple buildings with a single kitchen and dining area. The ASB will need to contract directly with DSHS for food services. There is also shared building entry access, so all Providers must coordinate times for the different programs to access the building. There are no onsite laundry services.

For this project, the ASB will occupy 15,618 square feet and operate two (2) units that will accommodate up to forty (40) beds. The two units are located on separate floors with a current floor plan of up to ten (10) bedrooms on each floor. Each bedroom includes one bathroom, and two beds to serve two Individuals. Unit design includes a common room, treatment rooms and a nursing station.

B. Provider Interest Survey

HCA developed a provider interest survey to assist in selecting services to procure. The survey sought information from providers, including Tribal Governments, interested in offering behavioral health services at OHBH.

Survey results were shared with appropriate legislative committees, and the Office of Financial Management (OFM). HCA, after consultation with DSHS and other key stakeholders, developed a recommendation on which services to procure. HCA submitted their recommendation to OFM for program approval. OFM approved this request on July 1, 2024. A summary of the results from the Provider Interest Survey can be found [here](#).

Through this RFP, HCA is soliciting bidders to provide the following (one or both) behavioral health program modalities:

- a) **Program Modality 1:** Short-term residential behavioral health services for Individuals referred to the program, including those who may have received previous treatment or services through crisis stabilization or a 23-hour crisis facility system;
 - i) Mental Health (MH) services provided in a residential setting;; and/or
 - ii) Freestanding Evaluation and Treatment (E&T) services
 - (1) E&T services are considered acute ambulatory treatment services provided in a structured setting for Individuals whose MH disorder is not responsive to lower-level interventions such as crisis services, outpatient services, crisis stabilization, and residential services.
 - (2) May include providing co-occurring services for **mental health and intellectual and /or developmental disability(ies)** and offer an integrated mental health and intellectual disability/developmental program.
- b) **Program Modality 2:** Inpatient treatment for Individuals with SUD or co-occurring substance use and mental health disorders using the American Society of Addiction Medicine (ASAM) Criteria 3rd edition, including:
 - i) ASAM 3.1 Clinically Managed Low-Intensity Residential Services
 - ii) ASAM 3.3 Clinically Managed, Population Specific, High Intensity, Residential Services
 - iii) ASAM 3.5 Clinically Managed High Intensity Residential; and/or
 - iv) ASAM 3.7 Medically Managed Residential (Withdrawal Management).
 - (1) Note: ASB shall utilize ASAM Criteria 4th edition when issued. HCA anticipates ASAM Criteria 4th edition will take effect in January 2028.
 - (a) [American Society of Addiction Medicine \(ASAM\) | Washington State Health Care Authority](#)
 - (b) [ASAM Criteria Adoption Readiness FAQ](#)

These modalities are further described in Section 1.5, Scope of Work, Subsection B below.

Bidders may submit a proposal for one or both program modalities and must identify which program or programs and how many beds under the various options. HCA may award one (1) contract for the program modalities offered at OHBH, covering up to the forty (40) beds.

The target date for the start of program services is July 1, 2026.

1.5 SCOPE OF WORK

Bidders may submit a proposal for one or both program modalities. Bidders must identify which Program Modality(ies), as well as the number of beds, in their Proposal.

The ASB will provide a treatment program for one or both Program Modalities, as detailed in Section B, Program Modalities Options, for up to forty (40) beds. Program services will be for adults ages 18 and older and ASB will provide Culturally Appropriate and Trauma Informed Care. Services will be provided with Cultural Humility and with an understanding of the Individual's culture and community and informed by historical trauma and the resulting cycle of Adverse Childhood Experiences (ACEs). ASB must have organizational ability to support initiation and continuation of medication for opioid use disorder and alcohol use disorders as part of their program model and design.

The ASB must have an organizational infrastructure related to compliance, oversight of documentation integrity, maintenance of medical records or program clinical records, i.e., Electronic Health Records (EHR), database system or other methods. This should include security protocols, agency policies and procedures, and training plans. The ASB will adhere to [WAC 246-341](#) for applicable residential or inpatient services.

The ASB will inform HCA whether their program model serves Individuals on a voluntary or involuntary basis. If the ASB is proposing to provide involuntary treatment for involuntary behavioral health residential and inpatient services, ASB must comply with the Involuntary Treatment Act (ITA) (RCW 71.05), which also includes 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 Section 1.1 Definitions, as per RCW 71.05.

For any contract(s) that may be awarded to a Tribal government, the HCA may negotiate an Sovereign Nation Agreement that includes the scope of work attached to this RFP, as found in Attachment 3.

A. Sublease and Cost Sharing

DSHS owns the OHBH facility, and the ASB must agree to work in partnership with HCA and DSHS as necessary to provide program services at OHBH and coordinate shared space. The ASB will be required to enter into a sublease agreement with HCA to operate program(s) within OHBH facility, to include the cost of shared services e.g. building maintenance, janitorial, security and food services, as found in Exhibit C, Sample Sublease Agreement. Details of services included and excluded from the sublease rate are found in Attachment 2 of the Sublease Agreement. Successful Bidder will be responsible for providing medication storage and dispensing.

HCA will provide furniture for each unit of OHBH in which the ASB will operate as described in Attachment 4 of the Sublease Agreement. ASB will provide additional furniture needed to be fully operational. ASB may negotiate with HCA for additional furniture items.

B. Program Modalities Options

The first option is for short-term residential behavioral health services for Individuals referred to the program, including those who may have received previous treatment or services through crisis stabilization or a 23-hour crisis facility system.

i) Modality 1: Short-term Residential Program

Allowable services under this option include:

(1) Freestanding Evaluation and Treatment services(E&T)

E&T may provide voluntary treatment, or involuntary treatment for persons detained under the ITA. The level of care varies depending on the acuity of the current symptoms, risk, and individual needs.

Services are considered acute ambulatory treatment services provided in a structured setting for Individuals whose mental health disorder is not responsive to lower-level interventions such as crisis services, outpatient services, crisis stabilization, and residential services. Treatment typically includes a combination of group and Individual treatment, peer services, coupled with psychiatric evaluation and when indicated medication management in a highly structured setting.

May include providing co-occurring services for **mental health and intellectual and /or developmental disability(ies)** and offer an integrated mental health and intellectual disability/developmental program.

Involuntary services require proactive collaboration with King County Superior Court to conduct hearings and provide access to defense attorneys.

(2) Mental Health Services Provided in a Residential Setting

These services are a specialized form of rehabilitation service (non-hospital/) that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness. Treatment for these Individuals cannot be safely provided in a less restrictive environment but the Individual does not meet hospital admission criteria.

For this service, the mental health care provider is located on-site for a minimum of eight (8) hours per day, seven (7) days a week. Therapeutic interventions include both an individual and group format, peer services, and may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the Individual and return them to more independent and less restrictive treatment

This service offers short-term residential behavioral health services, where the average stay is up to sixty (60) days.

Admission and Continued Stay. The ASB will understand and preferably have experience with the level of care tools (e.g., LOCUS, InterQual) for utilization management, prior authorizations and continued stay reviews.

ii) Modality 2: Substance Use and/or Co-Occurring Behavioral Health Disorders Program, Clinically or Medically Managed

- (1) **Substance Use Disorder Residential** treatment provided in alignment with the 3rd edition of the ASAM Criteria and Chapter 246-341 Washington Administrative Code (WAC). All utilize ASAM Criteria 3rd Edition and level of care for authorizations and continued stay reviews:

(a) ASAM 3.1 Clinically Managed Low-Intensity Residential

- (i) At least 5 hours of clinical services per week
- (ii) 24-hour structure care and support
- (iii) Must meet medical necessity per ASAM criteria
- (iv) Recovery Support Services

(b) ASAM 3.3 Clinically Managed, Population Specific, High Intensity, Residential Services

- (i) At least 20 hours of clinical services a week, available seven (7) days a week
- (ii) 24-hour supervision
- (iii) Medical director oversight
- (iv) Available physicians and advanced practice providers to review admission decisions
- (v) Physical exam within 72 hours of admission
- (vi) Clinical services, direct psychosocial services and high intensity therapeutic milieu
- (vii) Recovery support services

(c) ASAM 3.5 Clinically Managed High Intensity Residential

ASAM service requirements for this level of care include:

- (i) At least 20 hours of clinical services a week, available seven (7) days a week
- (ii) 24-hour supervision

- (iii) Medical director oversight
- (iv) Available physicians and advanced practice providers to review admission decisions
- (v) Physical exam within 72 hours of admission
- (vi) Clinical services, direct psychosocial services and high intensity therapeutic milieu
- (vii) Recovery support services

(d) ASAM 3.7 Medically Managed Residential

ASAM service requirements for this level of care include:

- (i) More than 20 hours of clinical service per week
- (ii) 24-hour supervision
- (iii) Medical director oversight
- (iv) Physicians and advanced practice providers on-site or via telehealth 24/7
- (v) 24/7 Nursing
- (vi) Physical exam with 24 hours of admission
- (vii) Nursing assessment at admission

Clinical services include:

- 1. Direct withdrawal management and biomedical services
- 2. Management of common psychiatric disorders
- 3. Psychosocial services
- 4. Recovery support services

- (2) **Co-occurring Residential Treatment** includes services certified by the Washington State Department of Health (DOH) that combine mental health services and substance use disorder (SUD) services under a single RTF license. Co-occurring treatment as an integrated treatment approach intended to treat both mental health and substance use disorders within the context of a primary treatment relationship or treatment setting.

For a co-occurring treatment model, integrated interventions can include a wide range of techniques. Examples include but are not limited to:

- (a) Integrated screening and assessment processes.
- (b) Dual recovery mutual-support group meetings.
- (c) Dual recovery groups (in which recovery skills for both disorders are discussed).
- (d) Motivational enhancement interventions (individual or group) that address both mental and substance use problems.
- (e) Group interventions for people with the triple diagnosis of mental disorder, SUD, and another problem, such as a chronic medical condition (e.g., HIV), trauma, homelessness, or criminality.
- (f) Combined psychopharmacological interventions, in which a person receives medication designed to reduce addiction to or cravings for substances as well as medication for a mental disorder. Integrated interventions can be part of a single program or can be used in multiple program settings.
- (g) Peer Services.

For Co-Occurring services, either program level is allowable, as it relates to the ASAM Criteria 3rd Edition.

C. Admissions

Psychiatric, nursing and/or behavioral 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 behavioral health 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. Depending on the service modality, the assessment will be provided within twenty-four (24) hours or seventy-two (72) hours of admission and be conducted by personnel licensed to provide such an assessment (e.g., physician, Advanced Practice Nurse Practitioner [ARNP], or a Physician's Assistant [PA]). The health assessment will include a review of health and medical history, current medications, allergies, substance use 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 program requirements for admission criteria, which 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 personnel licensed to provide such an assessment (e.g., physician, ARNP, or PA) and is designed to be repeated as necessary.

All proposed models must ensure access to medically necessary medication for opioid use disorder (MOUD) continuation and initiation services, either as a provider or via immediate referral. When applicable the ASB must follow [WAC 182-502-0016](#).

D. Treatment Services

All program modalities must be provided with an emphasis on promoting wellness and recovery and be tiered to the appropriate level of services based on risk factors. A medical clearance protocol to encourage collaborative effort between emergency departments and inpatient behavioral health facilities is required for the chosen programs offered at OHBH.

- (1) Some Individuals may experience:
 - (a) Thought and mood disorders that interfere with recovery can lead to unsafe behavior.
 - (b) 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 Gravely Disabled).
- (2) Some Individuals may require:
 - (a) Emergency medications, seclusion and/or restraint for limited periods during their treatment to ensure the safety of themselves or others.
 - (b) Compelled medications to prevent prolonged involuntary treatment.
- (3) Treatment Services provided should include, but are not limited to:
 - (a) Assessment and psychiatric evaluation, including:
 - i. Documentation of the medical necessity for the admission.
 - ii. Completion of history and physical.
 - iii. Completion of a psychosocial evaluation.
 - iv. Formulation of a diagnosis and identification of problems to be addressed during the stay.
 - v. Assessment of the need for referral to other treatment, e.g., substance use disorder treatment or medical treatment.
 - vi. Consideration of the need for psychiatric medication.
 - vii. Psychiatric medication management and medication monitoring.

- viii. Individual and group or family therapies including trauma-informed treatment, cognitive behavioral approaches, experiential and psychoeducation groups, and process and skill building groups.
- ix. Peer support services.
- x. A therapeutic milieu.
- xi. Monitoring, cueing, and skill building for social skills and activities of daily living.
- xii. Recreational and social activities.
- xiii. Meal and snack services.

The Bidder's treatment team members are encouraged to maintain contact with each Individual regularly to observe and evaluate the Individual, make recommendations about the continued commitment status and consider adjustments to the Individual's care plan.

Common medical issues should 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 established and executed with local hospitals to facilitate access to needed emergency treatment. Bidder's facility staff will accompany Individuals to outside appointments to ensure connection to services, coordination of care, and safe conditions when appropriate to do so. A successful Bidder will have a vehicle for transportation for Individual's appointments outside of the OHBH facility.

Bidders should establish procedures and protocol for transportation for Individuals being served to include transportation for:

- A. Emergency treatment
- B. Outside appointments to include court hearings, medical appointments, etc.; and
- C. Discharge arrangements

The Bidder's 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 as a non-linear process, and includes the use of peer support services.

Treatment activities may include:

- (1) Formal Therapeutic Interventions
 - (a) Assessments and exams
 - (b) Treatment
 - (c) Individual therapy
 - (d) Group therapy
 - (e) Medication management
 - (f) Consultation/collateral contact
 - (g) Discharge planning
 - (h) Peer support
 - (i) Access to recovery groups
 - (j) Access to religious and/or spiritual services and representatives
- (2) Visits
 - (a) Family/support person visits
 - (b) Approved visitors
- (3) Recreational
 - (a) Sedentary leisure, such as board games, books, art, and audio/video
 - (b) Active leisure, such as games, exercise
 - (c) Exercise, including space for large body movement
 - (d) Decompression/quiet time
 - (e) "Fresh 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
 - (f) Free time

- (4) Activities of Daily Living
 - (a) Meals/Snacks: meals will be served three (3) times daily in the dining area/lounge, snacks will be served in the day room
 - (b) Grooming: within the grooming station or individual bathrooms/bedrooms
 - (c) Medications can be dispensed through nursing station
 - (d) Individual's laundry: under staff supervision, or Individuals will do their own
 - (e) Sleep and changing clothing: Individuals' bedrooms

(5) Culturally and Linguistically Appropriate Services (CLAS)

Bidders must demonstrate experience in providing CLAS as outlined in the national [CLAS standards](#), which:

- (a) Ensures the cultural and linguistic needs of Individuals will be met, including strategies to meet the needs of:
- (b) Non-English-speaking populations that require the services of a translator;
- (c) American Indian and Alaska Native (AI/AN) populations, including an understanding of the Indian Health Service, tribal governments, and urban Indian health programs;
- (d) Cultural, ethnic, and racial minority populations,
- (e) Lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ+) Individuals; and
- (f) Deaf and hard of hearing Individuals who require an American Sign Language interpretation.

E. Treatment Services for Medication for Opioid Use Disorder (MOUD)

All SUD treatment modalities must include MOUD treatment initiation, continuation of MOUD treatment, and coordination of care to obtain MOUD treatment as options for Individuals.

Treatment Services for MOUD includes the following:

- (a) MOUD Initiation refers to the beginning of treatment with Medications for Opioid Use Disorder (MOUD). It specifically means starting a medication to help manage opioid withdrawal symptoms and cravings, allowing Individuals to work towards recovery from opioid use disorder (OUD). This can involve medications like buprenorphine, methadone, or naltrexone, and may include counseling and support services as part of a comprehensive treatment plan.
- (b) Continuity of Care is the consistent and coordinated delivery of care to an Individual over time, by a consistent healthcare team or provider. It ensures Individuals receive ongoing, comprehensive care, from initial consultation to aftercare, especially for those with chronic conditions. It also involves effective communication and collaboration among different healthcare professionals and systems.
- (c) Continuation of Care for the ongoing provision of medical services and support to a Individuals over time. It ensures that the Individual receives consistent and coordinated care throughout their treatment journey, regardless of changes in healthcare providers, settings, or health conditions.

F. 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. 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. The discharge plan will require working closely with Individuals to facilitate transportation from the OHBH facility to the Individual's next residence. Linkages to appropriate care coordination, including Peer Bridgers and Program of Assertive Community Treatment (PACT) referrals when appropriate should be considered.

ASB must coordinate with Indian Health Care Planning (IHCP) and provide appropriate notification to Tribes per [RCW 71.05](#), depending on services, when and if ASB knows or has reason to know that an Individual is American Indian/Alaska Native (AI/AN) and accesses IHCP services.

The ASB must ensure individuals will not be discharged as pedestrians from the OHBH facility. The ASB must have its own vehicle and contracted transportation capabilities.

When an Individual requires ongoing or follow-up medical care after being discharged from the OHBH facility, the ASB will consult with the Individual's primary care provider, including appropriate coordination with IHCPs, in the community and schedule follow-up outpatient appointments following the Individual's discharge from the facility.

If providing involuntary services, ASB will follow any relevant Tribal Crisis Coordination Protocols as outlined in [RCW 71.05](#).

G. Emergency Procedures and Elopement

The ASB, in consultation with HCA, DSHS and local law enforcement, will develop written escalation protocol for emergency situations and when appropriate to engage local law enforcement and/or crisis services, including Tribal services.

1.6 MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

- A. Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington within thirty (30) calendar days of being selected as the ASB.
- B. Licensed to do business with the City of Tukwila or provide a commitment that will become licensed in Washington within thirty (30) calendar days of being selected as the ASB.
- C. Licensed as a behavioral health agency (BHA) with the Washington State Department of Health (DOH) or provide a commitment to submit an application, including required policies and procedures and fees, to become a BHA within sixty (60) days after being selected as the ASB; or have a Tribal Attestation Agreement with DOH.
- D. Commitment to apply for an RTF license, including all required documentation and fees, with DOH within sixty (60) days after being selected as the ASB.
- E. Experience with operating and managing behavioral healthcare services.
- F. 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.
- G. Experience with and have an agency infrastructure for billing and clinical review processes required by King County Integrated Care Network, managed care organizations (MCOs), Behavioral Health – Administrative Service Organizations (BH-ASOs) and commercial insurance.

1.7 FUNDING

HCA anticipates start-up funding for the first six (6) months, followed by ramp-up operational funding for the next six (6) months, based on need (Bidder response to Attachment E-1, Cost Budget Worksheet) and available funding.

Portions of ASB's revenue will be earned during and after the ramp-up period, through the cost of treatment services paid through negotiated contracts with King County Integrated Care Network, MCOs and BH-ASOs, as appropriate. The costs for treatment services will also be paid as fee-for-service through a Core Provider Agreement with HCA.

Please also refer to the following sections in Exhibit B, Draft Contract for more details on compensation:

- A. Section 3.3 Compensation.
- B. Schedule A: Statement of Work; subsection 7 Compensation.
- C. Schedule A: Statement of Work; subsection 8 Billing and Payment.
- D. Schedule C: Start-Up and Ramp-Up, subsection 6 Payment Considerations.

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

1.8 PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on January 2026 through January 2031. However, services are anticipated to start July 1, 2026. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

The Health Care Authority reserves the right to extend the contract in increments that HCA deems appropriate and is mutually agreed upon.

1.9 ADA

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

2. GENERAL INFORMATION FOR BIDDERS

2.1 RFP COORDINATOR

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

Name	Cendy Ortiz
Email 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 PRE-PROPOSAL CONFERENCE

A pre-proposal conference is scheduled to be held on November 10, 2025 at 3 pm PT., Pacific Time via a Zoom link below. All prospective Bidders should attend. Attendance is not mandatory, except for Bidder who want to participate in the facility walk-through, see Section 2.3 below.

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjZIZGE3NGEtNzA2Ny00OGUyLWI4NjMtZTc5NDdmZTMMyNDI0%40thread.v2/0?context=%7b%22Tid%22%3a%2211d0e217-264e-400a-8ba0-57dcc127d72d%22%2c%22Oid%22%3a%22adb04a68-02b6-424e-a1f1-e20f761b7d68%22%7d

Meeting ID: 295 926 878 528 0

Passcode: VZ6Pt2zj

Dial in by phone

[+1 564-999-2000](tel:+15649992000), [441280126#](tel:+1441280126) United States, Olympia

[833\) 322-1218](tel:+18333221218), [441280126#](tel:+1441280126) United States (Toll-free)

[Find a local number](#)

Phone conference ID: 441 280 126#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

HCA will answer questions at the pre-proposal conference or in subsequent communication with the RFP Coordinator. Questions 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 its written answers to questions.

Bidders will receive Facility Walk-Through information and details at the Pre-Proposal Conference.

2.3 FACILITY WALK-THROUGH

HCA will host a facility walk-through of the OHBH facility on the date found in Section 1.2 Estimated Schedule of Solicitation Activities.

Bidders MUST attend the Pre-Proposal Conference to confirm their participation and attend the Facility Walk-Through.

The walk-through will allow Bidders to see the grounds of OHBH and visit the wings where services will be provided, to assist Bidders to better estimate costs for cost proposals and planning of program modality(ies).

2.4 LETTER OF INTENT TO PROPOSE (OPTIONAL)

Bidders may submit a Letter of Intent to Propose. The Letter of Intent 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: [Solicitation #] – Letter of Intent to Propose – [Your entity's name].

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

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

- A. Bidder's Organization Name;
- B. Bidder's authorized representative for this RFP (who must be named the authorized representative identified in the Bidder's Proposal);
- C. Title of authorized representative;
- D. Address, telephone number, and email address;
- E. Statement of intent to propose; and
- F. A 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.

2.5 INTERESTED SUBCONTRACTOR LIST

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

- A. Interested Subcontractor Instructions
 - i. Failure to follow the instructions in this Section may prevent your information from being included in the List.
 - ii. An interested party must complete the below table to submit their firm name, contact information, and the summary of their capabilities as they relate to this

RFP's Scope of Work. Submissions are limited to what is requested in the table below and capability summaries must be two paragraphs or less.

- iii. The RFP Coordinator will only include the information requested below. Do not submit marketing materials.
- iv. Submissions must be emailed to the RFP Coordinator, with the subject line "RFP # Interested Subcontractor List – [Interested Subcontractor Name]" by the date specified in Section 1.2
- v. All material submitted for the Interested Subcontractor List becomes a public record.

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

B. Posting Date

Complete and timely submissions will be compiled and posted in alphabetical order by interested subcontractor name. HCA anticipates the List will be posted as an RFP amendment on the *Interested Subcontractor List Posted* date identified in Section 1.2. 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.

2.6 BIDDER QUESTIONS PERIOD

(If more than one bidder question period is offered, update this language and the solicitation schedule Bidders are provided an opportunity to ask questions during the bidder question period which starts on the date of the RFP posting and concludes on the *Questions Due* date specified in Section 1.2 Estimated Schedule of Solicitation Activities.

- A. Questions regarding the RFP will only be accepted in writing, sent by email to the RFP Coordinator. The Bidder must use the following email subject line when submitting questions: "RFP # Question(s) – [Bidder Name]" to ensure timely receipt.
- B. HCA anticipates it will post answers to the questions in WEBS as an RFP amendment on the *Answers Posted* date specified in Section 1.2 Estimated Schedule of Solicitation Activities.
- C. HCA is under no obligation to respond to any questions received after the *Questions Due date* but may do so at its discretion.

2.7 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 "2025HCA11- [BIDDER NAME]" in email to RFP Coordinator.

Proposals must meet the following requirements:

- A. Attachments to email must be in Microsoft Word format or PDF. Worksheet E-1, Cost Budget Worksheet can be 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).

HCA does not assume responsibility for problems with flash drives or delays in delivery by 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 email 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

2.8 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

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

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure

of a document, must be clearly designated. Each page claimed to be exempt from disclosure must be clearly identified and must reference either: (1) the specific basis claimed under 42.56 RCW, or (2) a statement of why the information is designated propriety. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right-hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

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

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

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

2.9 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.

2.10 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.

- A. Potential Bidders may submit a complaint to HCA based on any of the following:
 - i. The RFP unnecessarily restricts competition;
 - ii. The RFP evaluation or scoring process is unfair or unclear; or
 - iii. The RFP requirements are inadequate or insufficient to prepare a response.
- B. For a complaint to be considered, it must be received by HCA by 5:00 pm PT on the *Complaints Due* date identified in Section 1.2. The complaint must:
 - i. Be in writing;
 - ii. Be sent to the RFP Coordinator, or designee;

- iii. Clearly articulate the basis for the complaint; and
- iv. Include a proposed remedy.

C. HCA will address any complaint as follows:

- i. The RFP Coordinator, or designee will respond to the complaint in writing.
- ii. The response to the complaint and any changes to the RFP will be posted on WEBS.
- iii. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response.

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

2.11 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.

2.12 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.

2.13 RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

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

2.14 NO OBLIGATION TO CONTRACT

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

2.15 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.

2.16 SUBCONTRACTOR PARTICIPATION MONITORING AND REPORTING

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

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

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

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

3. PROPOSAL CONTENTS AND REQUIREMENTS

3.1 PROPOSAL CONTENTS OVERVIEW

Proposals must be submitted per the instructions in Sections 2.7 (SUBMISSION OF PROPOSALS) and 3.2 (PROPOSAL REQUIREMENTS AND GUIDELINES) in the order noted below.

A. Bidder Forms and Certifications (Exhibit A)

All the following are included in Exhibit A:

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

B. Draft Contract (Section 3.7 and Exhibit B)

C. Draft Sublease Agreement (Section 3.7 and Exhibit C)

D. Written Proposal (Section 3.8 and Exhibit D)

E. Cost Proposal (Section 3.9 and Exhibit E)

F. Cost Budget Worksheet (Section 3.9, Attachment E-1)

**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 must be included as part of the Proposal for the Proposal to be considered responsive**; however, only the following items will be scored during the evaluation process: Executive Order 18-03 Worker's Rights, Written Proposal, and Cost Proposal.
- D. Page limits stated in this RFP are determined by counting single sides of the response. HCA has no obligation to read, consider, or score any material exceeding the stated page limits. There will be no grounds for protest if critical information is on the pages exceeding the specified page limit that is not reviewed.

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

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

3.3 BIDDER PROFILE & SUBMITTAL FORM (MANDATORY)

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

3.4 DIVERSE BUSINESS INCLUSION PLAN (MANDATORY)

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

3.5 EXECUTIVE ORDER 18-03 (SCORED)

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

3.6 REFERENCES (MANDATORY)

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

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).

3.7 DRAFT CONTRACT AND DRAFT SUBLEASE AGREEMENT (MANDATORY)

The ASB will be expected to enter into a contract and a sublease agreement which are expected to be substantially the same as the sample contract and its general terms and conditions, attached as Exhibit B,

and sample sublease agreement, attached as Exhibit C. HCA will not accept any draft contracts or sublease agreement prepared by any Bidder. The Bidder must be prepared to agree to all terms of the attached Exhibit B, Draft Contract and Exhibit C, Draft 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 and Draft Sublease Agreement 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. Nevertheless, HCA reserves the right to make modifications to the sample sublease terms and conditions prior to execution of the sublease to ensure it conforms appropriately to, and meets all requirements of, HCA's final executed Lease Agreement with DSHS.

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 sublease, the HCA may cancel the selection and Award the Contract to the next most qualified Bidder.

3.8 WRITTEN PROPOSAL (SCORED)

(Maximum available points: 1,245)

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: 365)

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

- i. 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, including indirect costs.
- ii. ASB 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 is not 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:

- i. Narrative

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

ii. Cost Proposal/Budget

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

- 1) Worksheet A; Cost Summary
- 2) Worksheet B: Start-Up Cost
- 3) Worksheet C: Personnel Cost
- 4) 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) personnel and external individuals. Evaluations will only be based upon information provided in the Bidder's Proposal.

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

- 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 48 points to any Bidder who certifies, pursuant to the certification included in Exhibit A, Bidder Forms and Certifications, Section C, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Bidders that do require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration

clauses or class or collective action waiver will not be disqualified from evaluation of this RFP, however they will receive 0 out of 48 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 indicated below. Individual question scores will then be combined to result in the Bidder's total weighted score. Any point calculations that result in decimal points will be rounded to the nearest whole number. The weight and maximum points for each question are as outlined in the following Evaluation Table:

Evaluation Table	
Section Title	Maximum Points
1. Program Modality	<i>Not Scored</i>
2. Project Approach/Methodology	795
3. Bidder Experience	110
4. Facility Staffing	195
5. Organization Structure and Experience	85
6. Implementation Plan	35
7. Risks	35
Total Maximum Score	1,255

C. Scoring Rubric for Written Proposal

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

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

0	Nonresponsive	The Applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is nonresponsive.
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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 will be evaluated on a Pass/Fail basis by evaluators. To receive a "Pass", evaluators will determine whether Bidder's budget is complete, consistent, logical, and probable, based on the Bidder's cost budget and the work described in this RFP. Budgets that are given a "Pass" score will automatically receive 55 points. Budgets that are deemed incomplete, inconsistent, illogical and improbable in relation to the program that's proposed, will receive a "Fail" score and receive 0 points.

There is a total of 385 points possible for the Cost Proposal.

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	330
2	Attachment E-1, Cost Budget Worksheet	55
Cost Maximum Points		385

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 Bidder(s). 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. Up to the top three (3) 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	48
	Written Proposal	1255
	Cost Proposal	385
	References	<i>Not Scored</i>
Total Maximum Points without Oral Presentation		1,688

Oral Presentation (<i>Optional</i>)	1000
Total Maximum Points with Oral Presentation	2,688

G. Potential Outcomes

HCA at its sole discretion may award one (1) contract awarded to the top scoring Bidder who can provide one or both program modalities for up to 40 beds;

4.3 SUBSTANTIALLY EQUIVALENT SCORES

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

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

4.4 NOTIFICATION TO BIDDERS

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

4.5 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 2.10) cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

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

4.6 PROTEST PROCEDURE

A protest may be made only by Bidders who submitted a response to this RFP and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five (5) Business

Days to file a protest. Protests must be received by the Contracts Administrator no later than 4:30 p.m., Pacific Time, on the fifth Business Day following the Bidder's debriefing. Protests must be submitted by e-mail to ensure timely receipt.

Consistent with RCW 39.26.030, proposal submissions and proposal evaluations will be available for public inspection following the announcement of ASB. If requested by a Bidder who received a debriefing pursuant to Section 4.5, the protest period will not conclude before the requestor has been provided with the applicable proposal submissions and proposal evaluations and provided five (5) Business Days to review the same. Bidder is responsible for notifying the RFP Coordinator of any such public disclosure requests so the timeline can be adjusted accordingly.

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

- A. All protests must be in writing, addressed to the Contracts Administrator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFP number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested. Protests must be emailed to contracts@hca.wa.gov with the following subject line: "RFP # Protest – [Bidder Name]"
- B. Only protests alleging an issue of fact concerning the following subjects will be considered:
 - i. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
 - ii. Errors in computing the score; or
 - iii. Non-compliance with procedures described in the RFP, HCA's protest process, or Department of Enterprise Services (DES) policy requirements (POL-DES-170-00).

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

- C. Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who is a neutral party with no involvement in the evaluation and award process (Protest Officer), will review and respond to the protest. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The Protest Officer will have the right to seek additional information regarding the solicitation from sources they deem appropriate in order to fully consider the protest.
- D. If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA may invite such Bidder to submit its views and any relevant information on the protest to the Protest Officer. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.
- E. The Protest Officer will issue a written protest response no more than ten (10) Business Days after receipt of the protest, unless additional time is needed, in which case HCA will notify the protesting Bidder in writing. The Protest Officer's decision is final unless the HCA Director exercises their right to make the final agency decision on the protest. There will be no appeal process.
- F. The final determination of the protest will:

- i. Find the protest lacking in merit and uphold HCA's action; or
- ii. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
- iii. Find merit in the protest and provide options to the HCA Director, which may include:
 - 1) Correct the errors and re-evaluate all proposals; or
 - 2) Issue a new solicitation document and begin a new process; or
 - 3) Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASB, 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 Sublease Agreement
Exhibit D	Written Proposal
Exhibit E	Cost Proposal
Attachment 1	Floor Plan
Attachment 2	Details of Services Included in and Excluded from Sublease and Rate Range
Attachment 3	Indian Nation Agreement (if applicable)
Attachment 4	Furnishings Provided by HCA

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

Maximum Points for Written Proposal: 1,255

Maximum Page Limit for Written Proposal: 114

1. Program Modality: *(Not Scored)*

1.1 Bidder must identify the program they are submitting a Proposal for:

- A. ☐ Modality 1: Short-term residential behavioral health services for Individuals referred to the program, including those who may have received previous treatment or services through crisis stabilization or a 23-hour crisis facility system;
 - i. ☐ *Mental health services provided in a residential setting,*
 - ii. ☐ *Freestanding Evaluation and Treatment services*
May include providing co-occurring services for mental health and intellectual and /or developmental disability(ies) and offer an integrated mental health and intellectual disability/developmental program.
- B. ☐ Modality 2: Residential treatment for Individuals with substance use disorder or co-occurring substance use and behavioral health disorders.
 - i. ☐ *ASAM 3.1 Clinically Managed Low-Intensity Residential Services*
 - ii. ☐ *ASAM 3.3 Clinically Managed, Population Specific, High Intensity, Residential Services*
 - iii. ☒ *ASAM 3.5 Clinically Managed High Intensity Residential, Co-Occurring Enhanced; and/or*
 - iv. ☐ *ASAM 3.7 Medically Managed Residential, Co-Occurring Enhanced*
- C. Is your program based on voluntary or involuntary commitment?
 - i. ☐ *Voluntary*
 - ii. ☐ *Involuntary*
- D. Identify the number of beds in your program capacity:
 - i. ☐ *Up to 20 Beds (1 Floor)*
 - ii. ☐ *Up to 40 Beds (2 Floors)*
 - 1. *If Bidder is offering a program for 40 Beds, is the Bidder willing to offer program at a reduced number of beds, e.g. up to 20 beds?*
 - 2. *What is the minimum number of beds Bidder is willing to offer program for?*

2. Program Approach/Methodology *(Maximum available points:795)*

- 2.1 Please describe the vision, values, and beliefs that will be evident in the design and implementation of the proposed services. The Bidder should explain how the values include trauma-informed, strengths-based, recovery and resilience focused, and are evident in the operations of the Bidder organization. The response should also include a description of how person-first, culturally attuned, recovery oriented, and trauma-informed practices and approaches are incorporated into the

- applicant organization and into the proposed program. *(Page Limit: 3, Maximum available points: 50)*
- 2.2 Explain how Bidder's program can reduce the number of individuals with behavioral health needs entering into the criminal legal system. *(Page Limit: 3, Maximum available points: 50)*
- 2.3 Please describe referral pathways for how Individuals will be referred into the program, such as from the crisis system, other provider facilities, other state facilities, self or family, etc. *(Page Limit: 2, Maximum available points: 35)*
- 2.4 Please describe interventions offered through the program. The response should include details of evidence-based practices, promising approaches, practiced based evidence approaches, 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. Describe any cultural components to care. If the Bidder has no experience, what is envisioned for this program? *(Page Limit: 5, Maximum available points: 50)*
- 2.5 Please describe experience providing Culturally and Linguistically Appropriate Services (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: 5, Maximum available points: 50)*
- A. Non-English-speaking populations that require translation services;
 - B. AI/AN populations, including an understanding of the Indian Health Service, tribal governments, and urban Indian health programs that serve them.
 - C. Culturally, ethnically, and racially diverse minority populations.
 - D. LGBTQIA+; and
 - E. Hearing impaired Individuals who require an American Sign Language interpretation.
- 2.6 Describe the proposed program that meets the requirements of this RFP. The description must include the following: *(Page Limit: 5, Maximum available points: 50)*
- A. Description of the 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. Description of the instruments to be used and the staff who will administer the assessments.
 - E. Description of how assessment results will be used in the development of a plan of care.
- 2.7 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. Describe any culturally specific modalities. *(Page Limit: 5, Maximum available points: 50)*
- 2.8 Based on the modality(ies) chosen, provide an overview of how Bidder supports the following conditions. Bidders only need to respond to the section(s) appropriate for their proposal. *(Maximum Page Limit: 6, Maximum available points: 70)*

- A. Short-term residential services program modality, describe the following (*Page Limit: 3 Maximum available points: 35*):
 - i. Mental health symptoms
 - ii. Physical health symptoms/diagnosis
 - iii. Assaultive behaviors
 - iv. Substance use disorder, including MOUD
 - v. Co-occurring cognitive impairment
 - B. Co-occurring services, describe the following (*Page Limit: 3, Maximum available points: 35*):
 - i. Assaultive behaviors
 - ii. Co-occurring cognitive impairment
 - iii. How Bidder will ensure readiness to implement services to align with the ASAM, Fourth Edition, and co-occurring enhanced services?
- 2.9 Describe what best practice standardized medical clearance protocol would be implemented to reduce barriers to care e.g. SMART Clearance. (*Page Limit: 3, Maximum available points: 50*)
- 2.10 Describe how the Bidder will meet the personal needs (dietary restrictions, dental care, PT/OT, family visits, spiritual accommodations, cultural practices, (etc.) of Individuals who will be admitted to the facility. Please note some of these services may or may not be covered by the Per-diem. (*Page Limit: 3, Maximum available points: 50*)
- 2.11 Describe the Bidder's experience in providing services to Individuals who may have had prior treatment attempts and need additional support. How would the Bidder identify and address the Individuals needs that impede successful community transition? (*Page Limit: 3, Maximum available points: 50*)
- 2.12 Describe how the Bidder will ensure that eligible Individuals are provided assistance to enroll in Medicaid. (*Page Limit: 3, Maximum available points: 20*)
- 2.13 Describe Bidder's Individual discharge protocol and discharge practices, to include: (*Page Limit: 5, Maximum available points: 50*)
- A. How the Bidder will coordinate and ensure Individuals are provided transportation when discharged;
 - B. Procedures to support Individuals, provider(s), and the community;
 - C. Coordination with IHCPs and Tribes; and
 - D. How Bidder will ensure Individual's will not be discharged as pedestrians.
- 2.14 Describe any exclusionary criteria for Individual admittance the Bidder will utilize, and why. (*Page Limit: 5, Maximum available points: 50*)
- 2.15 Describe the Bidder's methodology and strategy to ensure maximum bed occupancy is maintained? (*Page Limit: 3, Maximum available points: 50*)
- 2.16 Please describe the Bidders plan to develop and maintain relationships with relevant community stakeholders, partners, and Tribal governments. This should also include arrangements for transportation. (*Page Limit:3, Maximum available points: 35*)

- 2.17 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: 35)*
- 2.18 Provide a high-level protocol to address managing services that are co-located in the same facility to support coordination, communication and service operations between providers. *(Page Limit: 5, Maximum available points: 35)*
- 2.19 Please describe the Bidder's readiness and transition plan from ASAM 3rd Edition to the ASAM 4th Edition, if proposal includes program Modality 2. *(Page Limit: 2, Maximum available points: Not Score)*

3. Bidder Experience *(Maximum available points: 110)*

- 3.1 Indicate the experience the Bidder have in the following areas: *(Page Limit: 5, Maximum available points: 50)*
 - A. Describe experience in operating and managing residential or inpatient behavioral health services.
 - i. Include DOH licensure(s) and certification(s).
 - ii. Include national accreditation (e.g. CARF, Joint Commission)
 - B. If the applicant does not have experience with providing residential or inpatient behavioral health services, then describe the applicant's experience with behavioral health service provision in other areas.
- 3.2 Include a list of contracts the Bidder has had during the last five (5) years that relate to the Bidder's ability to perform the services needed under this RFP. List contract reference numbers, contract period of performance, contact persons, telephone numbers, and e-mail addresses. *(Page Limit:3, Maximum available points: 25)*
- 3.3 Describe the Bidder's experience collaborating with tribal government, MCOs, BH-ASOs, law enforcement agencies, counties/cities and/or similar organizations? If the Bidder does not have this experience, how does the Bidder intend on building these relationships and working collaboratively with these groups? *(Page Limit: 3, Maximum available points: 35)*
- 3.4 Include a list of behavioral health facilities that the Bidder operates and identify if they are IMD or non-IMD facilities. *(Page Limit: 1, Not Scored)*

4. Facility Staffing *(Maximum available points: 195)*

- 4.1 Provide the resume for the clinical director/operator of the facility. If this position is not yet filled, please provide a position description. *(Page Limit: 3, Maximum available points: 25)*
- 4.2 Given the Scope of Work described, please provide what resources you believe this would require. The response shall include: *(Page Limit: 5, Maximum available points: 50)*
 - A. Describe how certified Peer Support Specialists 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 hiring and retention strategies and use of competitive wage in retention strategy.

D. How would Bidder ensure the facility is appropriately staffed?

- 4.3 Provide a 24-hour cycle staffing plan based on shift patterns, 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: 5, Maximum available points: 50)*
- 4.4 Describe the specific qualifications and experience for key team members from projects similar to the worked described in this RFP. *(Page limit: 5, Maximum available points: 35)*
- 4.5 Provide a list of 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 humility/attunement, recovery principles, trauma informed training, coordination with Tribal governments/IHCPs and Indian Health Care Delivery Systems, etc. *(Page limit: 3, Maximum available points: 35)*

5. Organization Structure and Experience *(Maximum available points: 85)*

- 5.1 Project Team Structure. 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. *(Page limit: 5, Maximum available points: 35)*
- 5.2 Emergency Management. Please provide a high-level summary of the following plans needed for this contract: *(Page limit: 5, Maximum available points: 50)*
- A. Emergency Management Plan: Provide description of how the Bidder manages/prepares for an emergency e.g., drills, trainings, evaluations, and goals
 - B. 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.

6. Implementation Plan *(Page limit: 5, Maximum available points: 35)*

- 6.1 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:
- A. The critical pre-implementation steps needed to start the proposed program
 - B. A thoughtful plan for strategies to scale the services to full implementation, and
 - C. An approach to identify and respond to any anticipated challenges associated with implementation. *(Page limit: 5, Maximum available points: 35)*

7. Risks *(Page limit: 3, Maximum available points: 35)*

- 7.1 Identify and describe 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: 35)*

EXHIBIT E – COST PROPOSAL

Maximum Points for Cost Proposal: 385

1. Narrative *(Maximum available points: 330)*

- 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: 3, Maximum available points: 55)*
- 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: 3, Maximum available points: 55)*
- 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: 3, Maximum available points: 55)*
- 1.4 Financial Strength and Resources Documentation *(Page limit: 3, Maximum available points: 55)*
 - A. Provide the 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 Describe what will the annual costs be for the first full year of operation and how will years two (2) and three (3) vary from Bidder's year one (1) annual cost and why. *(Page limit: 3, Maximum available points: 55)*
- 1.6 Describe how long the Bidder anticipates they will need to become fully operational. The response shall include anticipated start-up (period prior to operation commencement) and ramp-up (period of operation, not at full capacity) phase. *(Page limit: 3, Maximum available points: 55)*

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. *(“Pass”- 55 points / “Fail”- 0 points; Maximum available points: 55)*

2.1 Bidders must complete the following Cost 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, patient transportation vehicle(s), 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 paid time off (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, 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.

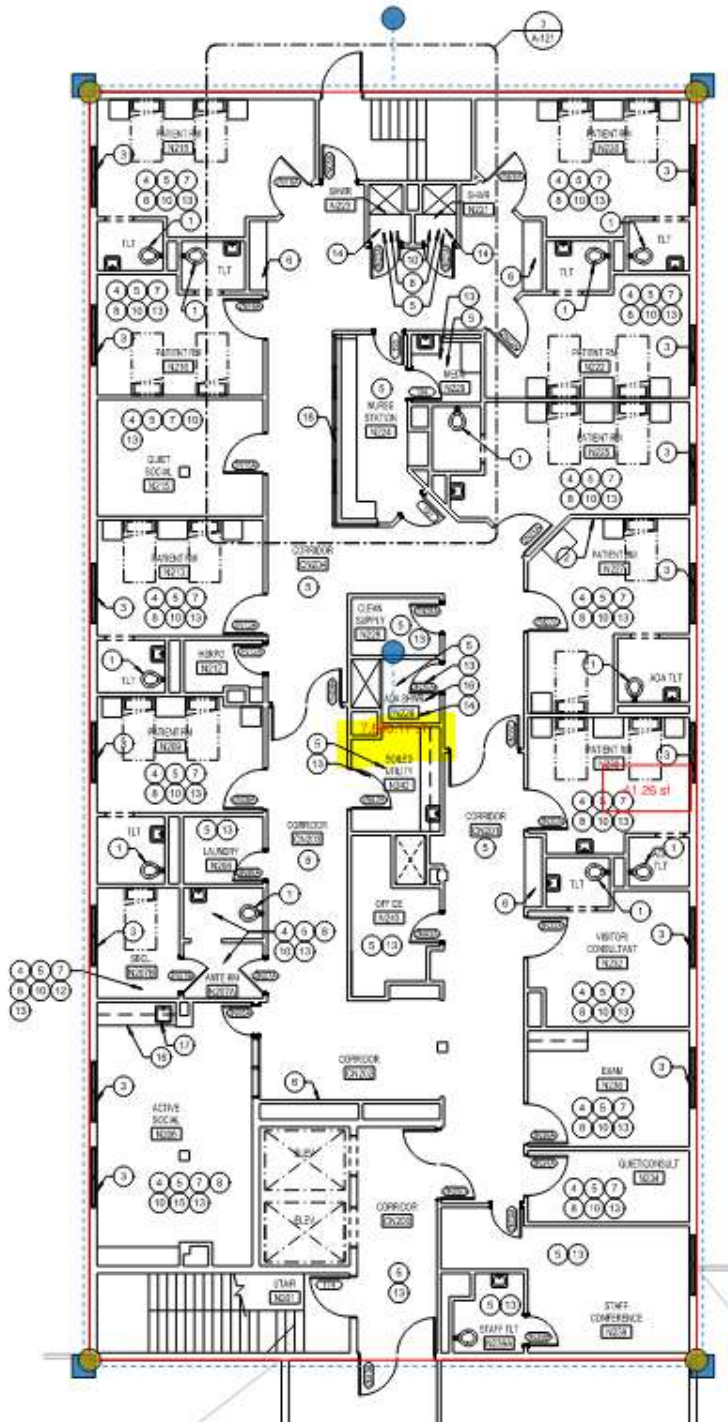
- E. **Worksheet E. Maintenance & Operations:** Necessary expenditures to include but not limited to facility and site maintenance and repair, janitorial supplies, utilities, furnishings, IT services, etc. HCA reserves the right to make the final determination if an operating expense is allowable and necessary.

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

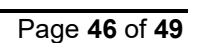
ATTACHMENT 1 – FLOOR PLANS

Total Square Footage: 15,618

2 North Floor Plan:



HCA RFP No. 2025HCA11
Attachment 1 -Floor Plans



ATTACHMENT 2 – DETAILS OF SERVICES INCLUDED IN AND EXCLUDED FROM THE SUBLEASE AND RATE RANGE

1) Expenses paid by HCA sublessee to DSHS in the sublease (see sample sublease for details)

- Real estate taxes
- Exterior interior window washing
- All utilities (natural gas, electricity, water, sewer garbage collection, recycling, light bulb replacement)
- All maintenance and repair including fire alarm systems and elevator system maintenance and certification
- Access system management – RFID card access management (this is extra work.
- Fire and EMS services provided by Puget Sound Regional Authority
- Hazardous biowaste disposal

2) Expenses paid by the sublessee to HCA in the lease (see sample sublease for details)

- Cost of badges and keys to be reimbursed by tenant to owner
- Restroom supplies
- Commissary services
- Security services
- IT services and new WAN circuit installation
- Program liability insurance
- Repair of damages to facility by tenant's clients or staff
- Business support services
- DOH Certifications or licenses
- Internal tenant emergency services
- Policing services provided by City of Tukwila
- Food service – required with MOU, separate from the lease costs
- Laundry service – required with MOU, separate from the lease costs

3) Sublease rate with janitorial services: \$39-\$45 per square foot per year

ATTACHMENT 3 – SOVEREIGN N NATION AGREEMENT

(If applicable)

<https://www.hca.wa.gov/assets/program/indian-nation-agreement-final-20191120.pdf>

ATTACHMENT 4 – FURNISHINGS PROVIDED BY HCA

Additional furnishings will be negotiated between HCA and the ASB based on the agreed upon configuration of the unit.

General Office Furniture, such as:

Desks
Chairs
Storage cabinets

Client Bedrooms, such as:

Attached beds
Attached wardrobes

Lounge Room, such as:

Ballasted chairs
Ballasted tables

Staff Break Room, such as:

Refrigerator
Microwave
Table
Chairs