

PIERCE COUNTY



Department of

HUMAN SERVICES

AGING AND LONG TERM CARE PROGRAM

REQUEST FOR PROPOSAL

No. 09-002-ALTC

to provide

ALZHEIMER'S/DEMENTIA CAREGIVER CONSULTATION SERVICES

Issued: October 30, 2009

Submit completed application to:

Pierce County Human Services
Aging and Long Term Care
3580 Pacific Avenue
Tacoma, Washington 98418

Phone: (253) 798-7376
FAX: (253) 798-3812

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ATTACHMENT I

ASSURANCES

- a) Title VI of the Civil Rights Act
- b) Section 504 of the Rehabilitation Act
- c) Compliance with State, Federal Statutes, and Pierce County Contract
- d) Certification Regarding Lobbying
- e) Certification Regarding Suspension and Debarment

SECTION I: TIMELINES

Friday, October 30, 2009

Alzheimer's/Dementia Caregiver Support Services Request for Proposal (RFP) issued.

Friday, November 6, 2009, 4:00 p.m.

Applicants' Questions due via e-mail at Bguthri@co.pierce.wa.us or mail to: ALTC ATTN: Brian Guthrie, 3580 Pacific Avenue, Tacoma WA 98418.

Friday, November 13, 2009, 2009

On or about this date, written responses to questions raised by written inquiry will be e-mailed to applicants and posted on ALTC County web site.

Monday, November 30, 2009, 4:00 p.m.

Proposals must be received by Pierce County Human Services no later than 4:00 p.m. Any proposals not received by Pierce County Human Services by this date and time will be ineligible and will not be considered.

December 1 - December 4, 2009

ALTC Program Specialist staff will review each proposal application for completeness to ensure all items requested were included and responses were made to all questions listed in Section VII:

- Applicant Information;
- Administrative Requirements;
- Technical/Program Requirements; and
- Fiscal Requirements.

Monday, December 7, 2009

Proposal Evaluation Committee (PEC) convenes to review and rate proposals and submit recommendations.

December 15, 2009

PEC recommendations presented to the Pierce County Aging and Long Term Care Advisory Board.

December 16, 2009

Panel recommendations submitted to Human Services Director.

December 17, 2009

Written notification sent to applicants.

January 1, 2010

Services will begin.

SECTION II. INTRODUCTION / BACKGROUND / SERVICES SOLICITED

A. Issuing Agency/Authority

This Request for Proposals (RFP) is issued by Pierce County Human Services Aging and Long Term Care Program, herein after referred to as “County,” or “ALTC”. Older American’s Act (OAA) and Family Caregiver Support Program funds are administered by DSHS Aging and Disability Services Administration (ADSA) and managed by the State’s thirteen Area Agencies on Aging (AAA’s). ALTC, as the designated Area Agency on Aging for Pierce County, has responsibility for planning, contracting, monitoring, and ensuring a system of support services to address the unmet needs of older adults, individuals with disabilities and their informal caregivers.

B. Background

The need for services to support and maintain unpaid caregiving activity has been recognized by the passage of federal and state legislation, advances in clinical research, and development of improved care approaches.

The 1987 Amendments to the Older American’s Act (Public Law 100-175) mandated Title III-D in-home supportive services funds for “In-Home Services For Frail Older Individuals” to be provided to older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, and their families.

Pierce County ALTC’s response to carrying out the provisions of OAA Part D was to develop, and competitively bid the Alzheimer’s/Dementia Caregiver Consultation program in 1990.

During the 2000 legislative session, the Washington State Legislature enacted Substitute House Bill 2454, which provided funding for programs to address the needs of unpaid caregivers. The National Family Caregiver Support Program was authorized under the legislative authority of Title III, Part E of the Older American’s Act, as amended in 2000 (Public Law 106-501) effective 11/13/00.

The National Institute of Health (NIH) cites the emotional, psychological, and physical impact of Alzheimer’s disease and dementia on families and caregivers as a major health problem for the United States. The National Institute of Nursing Research, National Institutes of Mental Health and NIH are examining factors that contribute to stress and depression in family caregivers of people with Alzheimer’s disease and investigating methods to ease the burden.

C. Services Specific to RFP

Pierce County Aging and Long Term Care (ALTC) is issuing a Request for Proposals (RFP) for **one** qualified organization to administer Alzheimer’s Dementia Caregiver Consultation Services Program in Pierce County.

Counseling, training, and other caregiver supportive services are to be provided to older individuals, aged 60 and over, with Alzheimer’s disease or related dementia disorders, and their unpaid caregivers/families. The purpose of providing these support services is to prevent premature institutionalization of elderly who are unable to perform normal daily tasks and require assistance in order to remain in their own homes.

A secondary program goal is to increase caregiver practical skills regarding methods of dealing with difficult behaviors through training, education, and professional consultation.

SECTION III: ADMINISTRATIVE REQUIREMENTS

A. Eligible Applicants

To be eligible to submit a response to Pierce County's Request for Proposal process applicants must:

- Provide Alzheimer's/Dementia Caregiver Consultation services county wide;
- Have an independent financial audit without findings for the two year period prior to contracting;
- Have two years experience in Washington State as social service provider with specific experience in the area of Alzheimer's/Dementia; and
- To ensure client and employee access, Contractors must:
 - ◆ Currently have or will obtain an office located in Pierce County (which can be owned, leased, rented, or donated space) and
 - ◆ Obtain or have a telephone number with a local area code, or toll free number.
 - ◆ Capability to provide services in the home of the Caregiver and/or Care Recipient.

B. Applicant's Inquiries

All Applicants' Inquiries are due on Friday, November 6, 2009 by 4:00 p.m. Questions may be sent via e-mail to: bguthri@co.pierce.wa.us. No inquiries, written or oral, will be accepted after Friday, November 6, 2009 by 4:00 p.m.

On or about November 13, 2009, written responses to questions through written inquiries will be posted on the Pierce County Human Services ALTC website at www.PierceCountyWA.org/ALTC, along with any amendments to the RFP. Questions will not be answered if the answers are deemed by staff to be detrimental to a fair and competitive procurement process.

C. Deadline For Submittal

To be considered, proposals must be received at the following address no later than **4:00 p.m. Monday, November 30, 2009.**

Pierce County Human Services
Aging and Long Term Care
ATTN: Brian Guthrie
3580 Pacific Avenue
Tacoma, Washington 98418

The proposal, whether mailed or hand delivered, must arrive at 3580 Pacific Avenue no later than 4:00 p.m., Monday, November 30, 2009. RFPs may not be transmitted using electronic media, such as FAX or E-mail. Late proposals will not be accepted, and will be disqualified from consideration and

promptly returned. The method of delivery shall be at the discretion of the applicant, at the applicant's sole risk.

D. Period of Performance

The period of performance of any contract resulting from this process shall be for a **two year** period. A contract extension for another two years will be contingent upon Contractor performance.

E. Format

The RFP proposal must contain a **Letter of Submittal**, signed by a person authorized to bind your organization to a contract. A Letter of Submittal includes a list of all materials and enclosures being sent in your proposal; and any other statements you wish to convey to the proposal Evaluation Committee.

Applications must be typed on singled-sided standard 8 1/2" x 11" white, bond paper and be stapled in the upper, left-hand corner. The font cannot be less than 10 characters per inch. Applicants must use the Agency Information Form and Checklists provided in the attached application. Covers and three-ring binders should not be used. Forms may be replicated for ease of word processing.

F. Copies

Applicants must submit one (1) original application proposal, with the original Letter of Submittal, Certifications, and Assurances, and five **(5) copies**, excluding Assurances. Only one set of Assurances is required and need not be attached to the five copies.

G. RFP Amendments

In the event it becomes necessary to revise any part of this RFP; the County reserves the right to issue an amendment.

H. Waiver of Minor Irregularities

The County reserves the right to waive minor irregularities contained in any proposal and reject any applications received.

I. RFP Conditions

1. If a contract is awarded, the award will be made to the applicant whose proposal is deemed by Human Services to be most advantageous to the County.
2. The application should be submitted on the most favorable terms that the applicant can propose.
3. The application must indicate any limitations in the ability to provide services as required by The County and described within the proposal.
4. The County reserves the right to make a determination of capability without further discussion of the application submitted.

5. Applications that do not address all points included in the application packet may be deemed unresponsive and may not be considered.
6. Applicants must be able to implement the program in full compliance with applicable State and local licensing requirements and State Department of Social and Health Services (DSHS) WAC's, RCW's and applicable ADSA Management Bulletins.

J. Notice of Solicitation

Failure of the County to notify a party or parties directly regarding the availability of this RFP shall not void the application process. Legal notice announcing the RFP was published **October 28, 2009** in the designated County contract newspaper (*The Puyallup Herald*).

K. Right to Reject or Negotiate

The County reserves to right to reject any or all proposals if such a rejection is in the County's best interest. This Request for Proposal (RFP) is a solicitation for offers and is not to be construed as an offer or a guarantee or promise that the services or goods referred to herein will be purchased by Pierce County. The County retains full discretion to abandon the RFP at any time, for any reason, without liability to applicants for any damages including, but not limited to, application preparation costs.

The County reserves the right to negotiate with the apparently selected applicants and may request additional information or modification from an applicant.

L. Application/Proposal Costs

The County is not liable for any costs incurred by the applicant prior to the issuance of a contract. All costs incurred in response to this RFP, including travel costs to attend the applicants' conference, staff preparation time, contract negotiation sessions, and so forth, are the sole responsibility of the applicant.

M. Acceptance of Terms

By submitting an application in response to this request, the applicant demonstrates a willingness to accept all terms and conditions of this request and all County, state, and federal regulations and requirements pertaining to the operation of the solicited services. If issued a contract, the applicant's proposal will become a part of the contract agreement. The applicant will be bound by the terms of the proposal, unless the County agrees that specific parts of the proposal are not part of the agreement. The County reserves the right to introduce different or additional terms and conditions during final contract negotiations.

N. Proprietary Information/Public Disclosure

Proposals and other materials submitted in response to this request become the property of the County and will not be returned. It is understood and agreed that applicants claim no proprietary rights to the ideas or approaches contained in their proposals. Any information in the application that the Applicant desires to claim as proprietary and exempt from disclosure under the provisions RCW 42.17.250 to .340 must be clearly designated.

O. Proposal Evaluation Committee

A proposal Evaluation Committee (PEC) will be appointed by the Director of Pierce County Human Services to review and evaluate proposals from organizations which qualified to submit an application as a result of the Letter of Intent process. The PEC may consist of representatives from DSHS Aging and Disability Services Administration, Veteran's Administration, Washington State Area Agencies on Aging (W4A), United Way, Pierce County Budget and Finance, and other professionals knowledgeable of subcontractor service requirements, and Alzheimer's disease and Dementia related disorders.

The Proposal Evaluation Committee (PEC) members will independently evaluate and rate each proposal. The PEC will then determine the most highly rated proposal, and those which should be eliminated from consideration. The PEC will review the proposals as a group and may request oral presentations in order to interview applicants concerning the content of their proposals. Based upon the evaluation criteria and content of the proposals, the PEC will rank them in order of preference to provide the required service. The PEC will make a recommendation to the Director of Pierce County Human Services in regard to contracting with the applicant who has submitted the most advantageous proposal.

Panel findings regarding applicant strengths and deficiencies will be noted and summarized. During the evaluation and selection process, no information shall be shared about the applicants standing.

P. Proposal Evaluation Criteria

Proposal scoring will be based upon the following factors and subfactors (not listed in priority order):

- Compliance with mandatory requirements of the RFP;
- Accuracy and completeness of responses to proposal questions;
- Management capability;
- Experience in provision of Alzheimer's disease and dementia services;
- Past performance/Actual performance on prior contracts;
- Qualifications, and experience of key personnel;
- Countywide coverage capacity;
- Financial capability;
- Technical excellence.

Information provided in one section of the proposal that is inconsistent with or contradicts information provided in another section of the proposal may cause scoring reductions.

Q. Unacceptable Proposals

The PEC will also determine which proposals are not responsive to the RFP and must be deemed unacceptable. Unacceptable proposals are those which meet at least one of the following criteria:

- do not address the essential requirements of the RFP ("materially deficient");

- clearly demonstrate that the applicant does not understand the requirements of the RFP;
- demonstrates insufficient understanding of service delivery;
- contain inappropriate or unreasonable costs; and/or
- did not meet the deadline for submittal.

R. Misrepresentation

Misrepresentation includes failure to differentiate between current capacity and capacity to be developed. Be specific when describing current program readiness and capacity. Indicate reasonable timelines for implementation when program readiness, capacity, and policies/procedures are to be developed. Proposers must indicate any limitations to providing services as specified in the RFP.

Any misrepresentation within a proposal is also grounds for disqualification of the entire proposal. It is also grounds for termination of any contract resulting from a proposal that contains misrepresentation.

S. Contract Award/Notification to Select Applicant

The authority to enter into a contract rests with the Pierce County Executive, except as otherwise designated. Decisions regarding contract awards for services solicited by this RFP will be made on or about December 16 2009.

The County reserves the right to award a contract as a result of this RFP process, in whole or in part or not at all, as is deemed in the best interest of Pierce County.

Contracts awarded under this application process are subject to standard contract conditions contained in the Human Services Department Basic Agreement and the policies and procedures of both DSHS, Aging and Adult Services Administration (AASA) and Pierce County.

T. Cancellation

The County reserves the right, with or without cause, to cancel any contract resulting from this RFP with a 30-day written notice sent by certified mail, return receipt requested, to the provider's address of record.

SECTION IV: APPEAL PROCESS AND PROCEDURES

Unsuccessful applicants may appeal the decision of the County. This appeal is limited, however, to procedural errors in the selection process. In the event that no such procedural errors are found to have occurred, the decision of the County shall be final.

Unsuccessful applicants have five (5) working days following the receipt of written notification to respond if they wish to appeal the decision of the County. The appeal must be in writing and state all facts and arguments upon which the appeal is based. The County's decision may be appealed to the Director of Human Services, 3580 Pacific Ave., Tacoma, Washington, 98418. The written appeal must be received by the Human Services Director within five working days of the applicant's receipt of the County's decision.

A copy of the appeal shall be sent to the Aging and Long Term Care Program Coordinator at 3580 Pacific Ave, Tacoma, WA 98418.

All documents will be sent by certified mail with return receipt requested to the appellant's address of record.

The Pierce County Human Services Director will review written material submitted and may decide to schedule a meeting with the applicant. If a meeting is scheduled, it must be held within five (5) calendar days of receipt of the appeal by the Human Services Department Director. The Department Director, or designee, will render a decision within ten (10) working days of receipt of the appeal.

The applicant may appeal an adverse decision of the Human Services Director to the Pierce County Executive, 930 Tacoma Avenue South, Room 737, Tacoma, Washington 98402. The appeal must be received in writing by the County Executive within five (5) working days of the applicant's receipt of the Director's decision.

Upon receipt of a formal written appeal, the Pierce County Executive, or designee, may schedule a meeting with the applicant within fifteen (15) working days of receipt of the appeal. The Pierce County Executive, or designee, will issue a written decision within thirty working days (30) following receipt of the appeal.

Costs of attorney fees to the applicant resulting from the appeals process shall be paid by the applicant.

The County reserves the right to proceed in contracting with the applicant(s) selected by the Evaluation panel.

SECTION V: ASSURANCES

Applicants must indicate their intentions to comply with all terms and conditions of this RFP and the terms and conditions of any contract awarded by the County. These conditions include, but are not limited to:

- A.** Compliance with Civil Rights Act of 1964 as amended, as follows:
 - 1) no person shall, on the basis of race, color, religion, creed, sex, national origin, age, or disabilities, be denied services, benefits, or be discriminated against; and
 - 2) no person shall, on the basis of race, color, religion, creed, national origin, sex, age, disabilities, marital status, disabled veteran, or Vietnam Era Veteran status, be denied employment or discriminated against.
- B.** Compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (Public Law 101-336).
- C.** Compliance with federal and state laws and regulations relating to the prevention of discriminatory employment practices.
- D.** Compliance with federal and state laws and requirements for safeguarding information and the confidentiality of persons served.

- E.** Assurances that all current and prospective employees, interns, or volunteers, who will or may have unsupervised access to vulnerable adults, shall have criminal background checks conducted in accordance with RCW 43.43.830-842 and WAC 388-805-200 (2) as applicable.
- F.** Indication of proposals developed with the assistance of organizations or individuals outside the applicant's own organization. No contingent fees for such services can be paid under any resulting contract.
- G.** Guarantee that the applicant's proposal has been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition. This condition does not preclude or impede the formation of a consortium of agencies for the purpose of bidding on this RFP.
- H.** Assurances that rates quoted for service delivery in response to this RFP are not in excess of the costs for the same services performed by the same individuals under any other existing grants or contracts.
- I.** Assurance that a disaster plan is in place for use in the event of a disaster, which conforms to the requirements of WAC 440-22.
- J.** Provide authorized County officials, DSHS representatives, or officials of the federal government, access to financial and program records pertaining to contract performance, compliance, or quality assurance.
- K.** Maintenance of financial and program records for audit review.
- L.** Submission of service and fiscal reports required by the County.
- M.** The Contractor shall obtain an independent audit, at the Contractor's expense.

Note: 1) The Assurances and Certification forms located in Attachment I must be completed by the applicant and attached to the original proposal.

SECTION VI: RFP SERVICE DESCRIPTION & PROGRAM REQUIREMENTS

ALZHEIMER'S/DEMENTIA CAREGIVER CONSULTATION SERVICE DESCRIPTION

Caregiver Consultation services shall consist of an in-home assessment and follow-up services.

Authorization by an ALTC Case Manager must occur prior to services. .

1. Case Management Responsibilities

The primary responsibility of ALTC Case Managers, if the client currently is receiving ALTC Case Management services, is to:

- a. Conduct a TCARE assessment to determine eligibility and appropriateness of service referral.

- b. Explain services and secure agreement for intervention by client/caregiver. Obtain Release of Information. A referral should be made within **3** working days of client/caregiver agreement.
- c. Send a written authorization for consultation, a copy of the client's T-CARE Assessment, and any additional casework notes describing the presenting problem and desired outcomes to the Contractor.
- d. Review the additional assessment(s) prepared by the Contractor including identified problems, plans, and goals with time frames, and incorporate supplemental service plan into client's overall service plan, if appropriate.
- e. Monitor the Contractor's plan and services, and review follow-up contacts/visits provided.
- f. Provide direct assistance according to the service plan as indicated (examples are assisting with additional respite arrangements or reinforcing behavior management techniques).

2. Service Eligibility:

- a. Care Recipient with a diagnosis of, or symptoms of dementia who exhibits a behavioral difficulty which is creating an unsafe situation or significant stress for the caregiver;
- b. a primary caregiver is exhibiting significant stress or grief providing care to a client with dementia.
- c. person aged 60+;
- d. greatest economic need;
- e. lack of other supportive services; and
- f. lack of informal family support network, (outside the primary caregiver).

3. Alzheimer's/Dementia Caregiver Consultation Services include:

a. In-Home Assessment:

An assessment must be performed in the home, and must be tailored to address the unique needs of persons with Alzheimer's disease or a related dementia. The specialized assessment includes a statement regarding the presenting problem and a thorough assessment of the client's memory, behavior, safety, and caregiver coping skills and level of burden.

The in-home assessment is to be initiated within five (5) working days after being scheduled. The written assessment and Care Plan may be completed over two (2) home visits, but must be finalized within twenty (20) working days from the date of the initial assessment home visit.

b. Care Plan

The written assessment and Care Plan shall be completed within 20 working days from the date of the initial home visit. The Care Plan should identify goals, specify time frames and denote a plan of intervention, and may incorporate caregiver training and education needs. The Care Plan should be made available to the referring agency, when appropriate, or other services providers participating in the intervention(s) planned. (e.g. Case Management, Home Health, Home Care agencies, etc.)

c. Follow-up Service

Follow-up service may consist of telephone contact with the caregiver, home visit consultation to client/caregiver, telephone consultation with the referring and/or coordination agencies, and other one-to-one training and support.

d. Service Restrictions

The maximum hours for assessment and follow-up shall be limited to that authorized by the ALTC Case Manager.

4. Staffing/Personnel

The Contractor must assign a project manager who has primary responsibility for Pierce County program operations, including oversight of reporting, billing, hiring, and quality assurance activities. The project manager will serve as the primary contact person with ALTC.

The project manager must have a master's degree in social work, gerontology, or other human services field, or counseling and at least one year of professional work experience (full-time equivalent), or a bachelor's degree in social work, counseling, or a related field and two years of experience in a human services field.

5. Fiscal Requirements/Reimbursement

A fifteen percent (15%) match is required for recipients of federal Older Americans Act (OAA) III-B funds and a twenty-five percent (25%) match is required for recipients of OAA III-E funds. The Contractor's match will comply with Office of Management and Budget Circular A-110 "Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations" and Aging & Disability Services Administration (ADSA) Management Bulletin 02-11 "Use Of Voluntary Contributions to Match Older American's Act Funds Prohibited."

A unit of service for purposes of reporting and reimbursement is defined as one hour of assessment or follow-up services. Reimbursement is based on the current unit rate, which is \$80.00 per hour for an average of ten (10) hours per case. Monthly payment will be made for actual service hours provided, not to exceed forty-one thousand dollars (\$41,000) per year.

6. Reporting Requirements

- A. The Contractor shall track and maintain client demographic information as required by the National Aging Program Information System (NAPIS). The Contractor is required to submit Participant Information Form (PIF) data for all new SCSA funded participants and to update PIF data for all existing clients on an annual basis.
- B. The Contractor shall submit required PIF data electronically. PIF data transmitted must be extracted into either an Excel or ASCII transaction file containing the required client information. ALTC staff will import the data from the PIF transaction files into the ALTC Aging Information Management (AIM) database.
- C. Federal Poverty Guidelines, issued and adjusted annually by the U.S. Department of Health and Human Services, must be used to determine below poverty status for PIF reporting.
- D. The Contractor shall submit an ALTC Monthly Billing Support form which includes the following:
 - Client first name, last name, middle initial, and birth date;
 - ALTC identification number;
 - Number of units provided for each ALTC funded participant;
 - Total units provided for the reporting month; and
 - Total amount reimbursement requested by fund source.
- E. The contractor shall maintain a written policy and procedural manual for participation in ALTC's Aging Information Management (AIM) system, and other required service data. Procedures shall include sufficient detail to continue operation in the event of staff changes or absences.
- F. Client demographic and service data must be submitted to the County by the 7th day of each month for entry into the AIM information system.
- G. The Contractor shall provide to the County complete and accurate data and supporting documentation in the manner and time requested by the County. The County shall give the Contractor notice when incomplete or inaccurate data has been received and will give the Contractor a reasonable deadline to resubmit complete and accurate data.
- H. The Contractor's failure to submit complete and accurate client demographic and service billing data in the manner and time requested by the County shall be considered failure of performance on the part of the Contractor. In such case, the County may temporarily or permanently withhold partial payment commensurate with any losses anticipated to be incurred by the County by such delays including additional staff time and loss of revenue.

**Pierce County Aging and Long Term Care
Alzheimer's Dementia Caregiver Support Program RFP**

Part 1 - Applicant Agency Information

| | | |
|---|---|--------------------------|
| APPLICANT AGENCY: | | |
| STREET ADDRESS: | | |
| MAILING ADDRESS: | | |
| OTHER OFFICE LOCATIONS: | | |
| _____ | | |
| _____ | | |
| EXECUTIVE OFFICER: | TITLE: | |
| E-MAIL: | FAX: | PHONE: |
| CONTACT PERSON | | |
| E-Mail: | FAX: | PHONE: |
| TYPE OF ORGANIZATION: | | |
| <input type="checkbox"/> Private Propriety | <input type="checkbox"/> Private Not-for Profit | |
| <input type="checkbox"/> Other (Specify) | | |
| SERVICE APPLYING FOR: | | |
| AMOUNT OF FUNDING REQUESTED: | | |
| SERVICES CURRENTLY PROVIDING: (List) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| FEDERAL TAX ID NUMBER: | | |
| WASHINGTON BUSINESS LICENSE NUMBER: | | |
| EXPERIENCE: a) date incorporated, _____ | | |
| b) length of time providing services in Washington State: _____ | | |
| c) licenses/certifications/accreditation: _____ | | |
| _____ | | |
| CURRENT CONTRACTS: and effective dates: | | |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> |

Part One - Applicant Agency Information
Continued

FISCAL AND ACCOUNTING CAPABILITY: Include positions by type, fiscal year, date financial statement last prepared, and name of outside accounting firm.

DIRECT SERVICE STAFFING PATTERN:

Total Direct Service Staff : Number of FTE's _____ Number of Part time employees _____
Current Number of Clients _____ Ratio of Direct Service Staff to Clients _____

SUPERVISORY STAFFING PATTERN:

Total Supervisory Staff _____ Ratio of Supervisors to Direct Service Staff _____

COMPUTER SYSTEMS: Indicate your capability and experience in creating and implementing complex computer systems for tracking data and web site communication.

Agency Certification Statement:

I certify that I have legal authority to commit this agency to a contractual agreement. I also certify that the responses provided on the application attached are true and correct to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Name Typed: _____

Title: _____

SECTION VII RFP Application
Part 2 - Administrative Requirements

Applicants may add and/or revise this section as submitted through the Letter of Intent qualification process.

1. _____ Copy of current insurance liability coverage.
2. _____ Copy or verification of organization as a legal entity (WA Business License, Federal tax Identification number, IRS 501 (c) (3).
3. _____ A listing of all branches and offices, or affiliates, including full address, telephone number, contact person, number of staff assigned to each site, and date(s) established and where the Pierce County office will be located if not yet in place.
4. _____ Agency's listing of Board of Directors, and/or Advisory Board, including name, telephone number, address, occupation, and length of term.
5. _____ A copy Personnel and Human Resources policies and procedures to include the Table of Contents.
6. _____ Current agency Organizational Chart.
7. _____ Description of organizational experience in providing social/community-based services as well as experience in complying with federal, state, and/or local regulations.
8. _____ Listing of key personnel who are or would be assigned to the program, description of staff experience and qualifications, description of their role in provision of direct services and/or management/administration.
9. _____ References from two agencies, business, or regulatory organizations knowledgeable of your experience in providing health/social services, who are without interest or investment in the organization.

1) Agency Name & Address: _____

Contact Person: _____ Phone/E-Mail: _____

2) Agency Name & Address: _____

Contact Person: _____ Phone/E-Mail: _____

Section VII
RFP APPLICATION
Part 3 - Technical Requirements

Please submit all information listed following the number sequence below. Include this completed checklist as the cover sheet to Section III of this proposal.

1. Description of Services: Summarize your agency's ability to perform the services described in this proposal. Include examples of past agency or program accomplishments that enhance your organization's credibility and experience in providing Alzheimer's/Dementia Caregiver Consultation Services.
2. Staffing: Describe your agency's practices for retaining qualified staff. Attach copies of all relevant job descriptions, and resumes of key personnel. List the position, title, and description of the qualifications of the person(s) who will be responsible for the overall operation of the program and personnel who be involved in the performance of these services.
3. Responding to Service Requests/Scheduling: State procedurally how your agency responds to service requests, and methods for ensuring timely response. Attach copies of any screening and referral tools utilized.
4. Client Record and Reporting System: Attach copies of forms used, as well as policy and procedures which describe your agency's system for obtaining required client information, on-going documentation, and record maintenance.
5. Caregiver Intake/Assessment Procedures: Describe your system for evaluating a client's physical health, functional and cognitive abilities, emotional and social functioning, social resources, financial resources, environment and safety issues, and caregiver burden. Attach examples of two client/caregiver intake/assessments conducted by your agency, including all forms used in the process.
6. Client Grievance Procedures: Describe how clients and family members are informed of your agency's complaint procedures. Attach a copy of your agency's client grievance procedure.
7. Care Plan: Attach two (2) examples of Care Plans developed for clients and/or caregivers.
8. Quality Assurance Plan: Describe your agency's experience in developing outcomes, measuring performance through baselines, tracking progress indicators, and other evaluation methodologies. Attach a copy of your Quality Assurance Plan and summarize two activities implemented which resulted in changes that improved quality of care and service. (e.g. Client Satisfaction Survey).
9. Client Confidentiality/Disclosure of Information: Attach procedures and format(s) used to ensure client confidentiality is properly administered, and release of client information complies with the Health Insurance Portability and Accountability Act (HIPAA) standards.
10. Management Information System: Describe your agency's technology capability in relation to maintaining a client and service database. Attach copies of forms and/or formats used to collect and maintain required information.
11. Resource Materials: Outline the extent of current literature, audio-video, and other reference materials related to Alzheimer's disease and dementia disorders available to caregivers/family members.

12. Program Operations Policies and Procedures: Provide a copy of all program, operation Policies and Procedures to include table of content exclusive of personnel/human resources and fiscal polices and procedures. Polices and Procedures should include all processes related to client services delivery.

SECTION VIII: TECHNICAL REQUIREMENTS NARRATIVE DESCRIPTION

1. Service Description

Alzheimer's/Dementia Caregiver Support services include assessment, training, consultation, and follow-up by licensed or certified professionals with expertise in the of client and caregiver needs. Services shall be provided to family caregivers as authorized by ALTC Case Manager who have primary responsibility for the care of an adult diagnosed as having Alzheimer's disease and/or dementia who do not receive financial compensation for the care.

1. Staffing/Personnel Qualifications

The Contractor shall be responsible for ensuring sufficient qualified personnel are available to provide program services. Specialization in serving with individuals experiencing Alzheimer's disease is required.

2. Responding to Service Requests/Scheduling

The Contractor shall assume full responsibility for the timely delivery or availability of services to eligible clients/caregivers. Service must be provided within the dates stipulated in Section VI.2. Service Description "Services".

3. Client Record and Reporting System

The Contractor must have a system for maintaining client individual records, which includes standardized formats and written policies. At a minimum, the following documentation must be maintained by the Contractor in the individual client case record:

- Referral information and ALTC authorization;
- Client/Caregiver Intake/Assessment;
- Consent to service;
- Release of Information;
- ALTC Participant Information Form;
- Care Plan;
- Progress notes re significant observations and follow-up actions taken.

4. Caregiver Intake/Assessment Procedures

The Contractor shall have in place a system for evaluating new clients/caregivers including formats. Information must be obtained regarding client chronic illnesses and psycho-social cognitive impairment; caregiver physical and emotional health; client level of functioning based on activities of daily living; family and community supports; caregiver environment and safety issues; and other service needs.

5. Client Grievance Procedures

The Contractor shall establish written procedures and post them in a prominent public place as soon as practically possible but no later than sixty (60) calendar days after the effective date of the contract, through which applicants for and consumers of services may present grievances about

operation of the services. The process shall provide applicants and consumers with an informal hearing before the representatives of the Contractor. The Contractor shall also promptly forward a copy of the established Consumer Grievance Procedures to the County within 60 calendar days after the effective date of the contract.

The Contractor will inform Consumers served with State funds, by prominently posting notice in a public place, of their right to fair hearing regarding service eligibility specified in Chapter 388-02 WAC and under the provisions of the Administrative Procedures Act, Chapter 34.05 Revised Code of Washington (RCW).

6. Care Plan

The Contractor shall develop an adequate and detailed description of specific activities to be performed and objectives to be accomplished as a result of the service intervention.

7. Quality Assurance Plan/Outcomes

The Contractor shall ensure input by caregivers/clients concerning services delivered, and a process for internal monitoring of program outcomes and objectives incorporated in an approved agency Quality Assurance Plan.

8. Confidentiality/Disclosure of Information

DSHS State funded services are required to have a policy for protection of sensitive, personal client information as well as a policy for obtaining and releasing information on records related to the health, medical, financial, psycho-social, and other related background materials pertinent to the client's Care Plan.

In addition, the Contractor shall comply with the Department of Health and Human Services individually identifiable health information privacy standards required in the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

9. Management Information System

Agencies must have the technological capability (equipment and demonstrated ability) to receive, transmit and respond to faxed, word-processed documents, spreadsheets, electronic mail, invoices and supporting documentation, criminal background checks, electronic client referrals, client assessments, and other forms, documents, databases, Web-based systems, and online processes.

11. Resource Materials

The contractor shall have current literature, brochures, pamphlets and other reference materials related to Alzheimer's disease and related disorders which can be shared with caregiver/family members.

12. Program Operations Policy and Procedure

The program shall have written policies and procedures governing the operations of its program.

Section VII
ALZHEIMER’S/DEMENTIA CAREGIVER SUPPORT RFP
Part 4 - Fiscal Requirements

Please submit all items following the numbering sequence below. Please limit your narrative responses to 2 (two) pages.

1. _____ Fiscal Capability Narrative

Describe your organization’s accounting system, including accounting method (cash or accrual); fiscal year; distribution of duties; billing/purchasing approval procedures, and internal control safeguards.

Identify the personnel who will perform and/or be responsible for program expenditure and revenue reconciliation, submission of payment requests, and development of program budgets.

2. _____ Agency Accounting and Finance Manual

Provide a copy of your agency’s written policy and procedure manual for accounting and finance operations related to the submission of program billings as required under contract with Pierce County Human Services.

3. _____ Billing/Reimbursement Procedures

Attach a copy of an actual monthly billing for services which reflects the level of detail and formats/forms your agency uses.

Describe your procedures for assuring that ALTC would not billed for services that have not been provided.

4. _____ Audit Requirements:

1. Attach a copy of your agency’s most recent annual financial Statement.
2. Attach a copy of your agency’s most recent Audit and Management Letter.

ATTACHMENT I

Applicants are required to read and acknowledge by signature compliance with the following Assurances.

- a) Title VI of the Civil Rights Act**
- b) Section 504 of the Rehabilitation Act**
- c) Compliance with State, Federal Statutes, and Pierce County Contract**
- d) Certification Regarding Lobbying**
- e) Certification Regarding Suspension and Debarment**

**ASSURANCE OF COMPLIANCE WITH
THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

_____ (hereinafter called the "Applicant")
(Name of Contractor)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education, and Welfare (45CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Washington State Department of Social and Health Services and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Washington State Department of Social and Health Services , this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Washington State Department of Social and Health Services, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date

Applicant

By: _____
(President, Chairman of the Board ,
or Comparable Authorized Official)

Applicant Mailing Address:

**ASSURANCE OF COMPLIANCE WITH
SECTION 504 OF THE REHABILITATION
ACT OF 1973**

_____, hereinafter called the "Contractor" agrees that it will comply with Section 504 of the Rehabilitation Act of 1973 and all requirements imposed by or pursuant to that Section to the end that no person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, service, or activity provided by the Contractor to the Department of Social and Health Services. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient. The Contractor also assures that it will immediately take any necessary measures to effectuate this agreement.

_____ Date _____ Signature

(Address)

(Authorized Official)

For contractors with 8 or more employees, indicate the name(s) of person(s) designated as coordinator of Section 504 compliance effort for the contractor.

_____ (Phone)

_____ (Phone)



PIERCE COUNTY HUMAN SERVICES

CERTIFICATION

I certify that _____ will comply
(Agency Name)

with all applicable state federal statues and regulations and all terms and conditions of the
Pierce County Human Services contract.

(Signature)

(Printed Name)

(Title)

(Date)

PIERCE COUNTY HUMAN SERVICES
Certification Regarding Lobbying
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS
45 CFR 93 and RCW 42.17.190

The undersigned certifies, to the best of his or her knowledge and belief, that:

FOR RECIPIENTS OF FEDERAL FUNDS

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee or an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress to connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

For recipients of other public funds

1. No public funds received by the Contractor have been used directly or indirectly for lobbying, or as a direct or indirect gift or campaign contribution to any elected official or officer or employee or any agency. For the purposes of this section, the term "gift" means a voluntary transfer of any thing of value without consideration of equal or greater value, but does not include informational material transferred for the sole purpose of informing the recipient about matters pertaining to official agency business.
2. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

For recipients of federal or other public funds

The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreement) and that all subrecipients shall certify and disclose accordingly.

This Certification is executed by the persons signing below who warrant that they have the authority to execute this Certification.

Signature

Organization

Title

Pierce County Human Services

DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CERTIFICATION

| | | |
|--|---|--|
| NAME | Doing business as (DBA) | |
| ADDRESS | Washington Uniform Business Identifier (Ubi) | Federal Employer Identification Number |
| <i>For Bidders:</i> This certification is submitted as part of a request to contract. The applicable Procurement or Solicitation Number, if any, is _____. | <i>For Current Contractors:</i> Contract Number | |

Instructions For Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require contractors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant decides the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs (<http://epls.arnet.gov/>).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Bidder or Contractor Signature

Date

Print Name and Title

FREQUENTLY ASKED QUESTIONS ABOUT DEBARMENT

What is “Debarment, Suspension, Ineligibility, and Voluntary Exclusion”?

These terms refer to the status of a person or company that cannot contract with or receive grants from a federal agency.

In order to be debarred, suspended, ineligible, or voluntarily excluded, you must:

- Have had a contract or grant with a federal agency, and
- Have gone through some process where the federal agency notified or attempted to notify you that you could not contract with the federal agency.
- Generally, this process occurs where you, the contractor, are not qualified or are not adequately performing under a contract, or have violated a regulation or law pertaining to the contract.

Why am I required to sign this certification?

You have been awarded/are requesting a contract or grant with Pierce County. Federal law (Executive Order 12549) requires Pierce County to ensure that persons or companies that contract with Pierce County are not prohibited from having federal contracts.

What is Executive Order 12549?

Executive Order 12549 refers to Federal Executive Order Number 12549. The executive order was signed by the President and directed federal agencies to ensure that federal agencies, and any state or other agency receiving federal funds were not contracting or awarding grants to persons, organizations, or companies who have been excluded from participating in federal contracts or grants.

What is the purpose of this certification?

The purpose of the certification is for you to tell Pierce County in writing that you have not been prohibited by federal agencies from entering into a federal contract.

What does the word “proposal” mean when referred to in this certification?

Proposal means a solicited or unsolicited bid, application, request, invitation to consider or similar communication from you to Pierce County.

What or who is a “lower tier participant”?

Lower tier participants means a person or organization that submits a proposal, enters into contracts with, or receives a grant from Pierce County, OR any subcontractor of a contract with Pierce County. If you hire subcontractors, you should require them to sign a certification and keep it with your subcontract.

What is a covered transaction when referred to in this certification?

Covered Transaction means a contract, oral or written agreement, grant, or any other arrangement where you contract with or receive money from Pierce County. Covered Transaction does not include mandatory entitlements and individual benefits.