

# **PIERCE COUNTY**



## **Department of HUMAN SERVICES**

**AGING AND LONG TERM CARE PROGRAM**

### **REQUEST FOR PROPOSAL No. 09-003-ALTC to provide OLDER ADULT COUNSELING SERVICES**

**Issued: October 23, 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 23, 2009**

Older Adult Counseling Program Request for Proposal (RFP) issued.

### **Monday, October 30, 2009, 4:00 p.m.**

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

### **Friday, November 13, 2009**

On or about this date, written responses to questions raised by written inquiry will be posted on [www.PierceCountyWA.org/ALTC](http://www.PierceCountyWA.org/ALTC)

### **Friday, November 20, 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.

### **November 23- 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 SERVICES SOLICITED

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### 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, is the designated Area Agency on Aging for Pierce County and has responsibility for planning, contracting, monitoring, and ensuring a system of support services to address the unmet needs of older adults residing in Pierce County.

### B. 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 Older Adult Counseling Services in Pierce County.

The successful applicant, shall provide outreach and mental health counseling services to eligible persons aged sixty (60) or over throughout Pierce County. ALTC funded services, provided primarily in the client’s home, are solution focused and time-limited, characteristic of the Behavioral Health brief intervention services model.

Older Adult Counseling services are targeted towards serving Pierce County elderly who reside in their own homes or independent retirement communities. Services may be provided to elderly who are Medicaid eligible and not currently authorized to receive Medicaid funded mental health service. Residents of nursing homes, adult family homes, and assisted living Boarding Homes are not eligible for services under this contract.

Contracted Services shall provide **1,443 direct service hours** including intake assessment, individual counseling, advocacy/brokering and groups to **150 unduplicated clients annually**.

## SECTION III: ADMINISTRATIVE REQUIREMENTS

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### A. Eligible Applicants

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

1. Be licensed and certified by DSHS as a Community Support Service Provider per WAC 388-865-0400 through 0484 and Chapter 18.225 RCW regarding mental health community services licensing and certification;
2. Have adequate staff available that meet current Counselor Credentialing standards as specified in WAC 246-809 et seq; WAC 388-865-0405 and Chapter 18.225 RCW specific to Mental Health professional licensing and certification.
3. Have a certified financial audit by an independent Certified Public Accountant or an engagement letter showing intent to do so.

**B. Applicant's Inquiries**

All Applicants' Inquiries are due on October 30, 2009 by 4:00 p.m. Questions may be sent via e-mail to: [bguthri@co.pierce.wa.us](mailto:bguthri@co.pierce.wa.us). No inquiries will be accepted after Monday, October 30, 2009 at 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](http://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. Friday, November 20, 2009**.

Pierce County Human Services  
Aging and Long Term Care  
ATTN: Brian Guthrie, Program Specialist  
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., Friday, November 20, 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 eight 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 21, 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, 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 42.56.030 to .540 must be clearly designated.

**O. Proposal Evaluation Committee**

A Proposal Evaluation Committee (PEC) will be approved 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 (ADSA), Washington State Area Agencies on Aging (W4A), United Way, Pierce County Budget and Finance, and other professionals knowledgeable of subcontractor service requirements, and supportive services for low income seniors.

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):

1. Compliance with mandatory requirements of the RFP;
2. Accuracy and completeness of responses to proposal questions;
3. Management capability;
4. Experience in provision of counseling for older adults;
5. Past performance/Actual performance on prior contracts;
6. Qualifications, and experience of key personnel;
7. Countywide coverage capacity;
8. Financial capability;
9. 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:

1. do not address the essential requirements of the RFP (“materially deficient”);
2. clearly demonstrate that the applicant does not understand the requirements of the RFP;
3. demonstrates insufficient understanding of service delivery;
4. contain inappropriate or unreasonable costs; and/or
5. 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 17, 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 Disability Services Administration (ADSA) 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.

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**

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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. 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.
- I. Maintenance of financial and program records for audit review.
- J. Submission of service and fiscal reports required by the County.
- K. 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**

### **A. Older Adult Counseling Services Description**

Older adult counseling services provides support to older adults who are experiencing emotional health concerns common to older adults, including depression, anxiety, dementia, behavioral disturbances, and grief and loss. Services are designed to strengthen the individual's independence and functioning level.

### **B. Client Eligibility:** To qualify for Older Adult Services (OAS) Program, individuals must:

1. The targeted population consists of Pierce County elderly, who reside in their own homes or independent retirement communities and are not receiving publicly funded mental health services in Pierce County.
2. The Contractor, shall provide outreach and geriatric mental health counseling services to eligible persons aged sixty (60) or over throughout Pierce County. ALTC funded services, provided primarily in the client's home, are solution focused and time-limited, characteristic of the Behavioral Health brief intervention services model.
3. Older Adult Services are targeted towards serving Pierce County elderly who reside in their own homes or independent retirement communities. Services may be provided to elderly who are on Medicaid and not currently authorized to receive fee for service mental health service. Residents of nursing homes, adult family homes, and assisted living/boarding homes are not eligible for services under this contract.
4. Federal Older Americans' Act, as reauthorized, requires services funded under the Act to "give special consideration to race, color, or national origin to make the benefits of the program more widely available to such groups not being adequately served." Aging and Long Term Care (ALTC), as the designated Area Agency on Aging for Pierce County, must specify objectives for providing services to low-income minorities according to 42 U.S.C. Section 3026.

Targeting objectives are included within this contract as follows:

- Ethnic minorities = 16%
- Persons with income at or below the Federal poverty level = 50%
- Persons with limited English-speaking ability = 4%.

### **C. Service Delivery:**

Direct service hours may include: Assessment; Individual Counseling; Advocacy/Brokering, limited to the family and the primary care provider; or groups.

1. Assessment is the process of formally developing a treatment plan through identification of problems, needs and psychosocial evaluation/assessing the client's behavioral and social functioning. Interviews of family or extended family members and a home visit may be included as a part of the intake procedure.
2. Individual therapy is defined as a person-to-person interaction between a client and one or more clinical staff. The session provides psychotherapy or counseling aimed at helping the client's behavioral and social functioning.
3. Advocacy/Brokering is activity directly related to the client's treatment plan and may include: a) coordination with the client's primary care physician; and/or b) client and family education regarding treatment, symptom recognition, problem solving, or family support.
4. Groups may include:
  - a) Educational Self-Care Groups are planned, topic specific presentations by clinical staff to five or more unrelated individuals. The informational/educational groups are designed to enhance awareness and understanding of managing age-related issues, as well as issues to country of origin life circumstances, immigration, and culturalization issues, impacting individual activities of daily living. Group sessions should consist of a minimum 50 minutes. An outline or agenda of each group session provided must accompany requests for reimbursement; or
  - b) Substance Abuse Support Group that is a focused, educational, older adult support group that meets weekly for ninety minutes.

### **D. Fiscal Requirements/Reimbursement**

1. A unit is defined as one (1) hour of person-to-person interaction with the client, family members, or extended family members for the purpose of conducting the following:
  - Intake Evaluation/Assessment;
  - Individual Therapy;
  - Advocacy/Brokering directly related to the client's family, physician, and/or primary caregiver;
2. Payment for Intake, Individual Therapy and Advocacy/Brokering provided by the Contractor shall be on a unit rate of \$85 per direct service hour.

3. Payment for Educational Self-care groups shall be on a unit rate of \$140 per fifty (50) minute group session. An outline or agenda of each group session provided must accompany requests for reimbursement. A summary report shall be included specifying: date of session, topic, location, length of presentation, and number of unrelated persons in attendance.
4. A maximum of four (4) hours per client may be billed for the Intake Evaluation and development of a treatment plan.
5. Older Adult Substance Abuse Support Group payment shall be based on a unit rate of \$40 per person per group session. Group sessions shall be held weekly on average and each session lasts approximately ninety (90) minutes.
6. Requests for reimbursement by the Contractor shall be submitted using ALTC Mental Health Service Billing Summary and Billing Support formats to report required client, service, and billing information which specify:
  - Client name, middle initial, and birth date;
  - ALTC client identification number;
  - number and type of units provided during the reporting month by client;
  - total units provided during the reporting month and year to date;
  - amount requested for the reporting month and year-to-date.
7. Payment shall be denied for any Older Adult Counseling Services billings for which no written documentation exists to support that the service has been provided to a client/family member. Travel time and time spent preparing written material is not billable.
8. ALTC funds are to be expended, provided other payment sources are not available. The Contractor shall request payment from Medicare or other insurers for those clients who receive a covered, billable service.

## **E. Reporting Requirements**

1. The Contractor shall track and maintain client demographic and service information for all ALTC funded clients receiving Older Adult Counseling services. Reporting elements required by the U.S. Department of Health and Human Services Administration on Aging National Aging Program Information System or NAPIS, include the following elderly client characteristics:
  - Client first name, last name, and middle initial;
  - Date of birth;
  - Street/Mailing address and zip code;
  - Gender;
  - Marital status;
  - Ethnicity/Race;
  - Primary Language;
  - Limited English speaking;
  - Living arrangement and number in household;
  - Income below Federal Poverty Level (according to number of persons in household);
  - Functional Impairments (hearing, speech, memory loss, visually impaired, mentally disabled).

2. Federal Poverty Guidelines, issued annually and adjusted annually by the U.S. Department of Health and Human Services, must be used to determine below poverty status for submission of NAPIS reports.
3. The Contractor shall submit NAPIS client data electronically. NAPIS data transmitted must be extracted into either an Excel or ASCII transaction file containing the required client information. Pierce County ALTC staff will import the data from the NAPIS data transaction files into the Aging Information Management (AIM) database.

**F. Regulatory Authority**

Contract services specified in Appendix A shall be provided in accordance with all applicable Federal and State regulations, Washington Administrative Code (WAC) and Revised Code of Washington (RCW) including:

- WAC 388-865-0400 through 0484 and Chapter 18.225 RCW regarding mental health community services licensing and certification;
- WAC 246-809 et seq; WAC 388-865-0405 and Chapter 18.225 RCW regarding mental health professional licensing and certification;
- U.S. Code Title 42 Chapter 35 Older American’s Act as amended October 2006 (Public Law 109-365);
- U.S. Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) of 1996; Public Law No. 104-191; and “Standards for Privacy of Individually Identifiable Health Information,” (The Privacy Rule,) (45 CFR Parts 160 and 164); and
- DSHS/ADSA and/or ALTC policies, procedures or additional program requirements, which may be developed for ongoing program management.

**SECTION VII:  
Pierce County Aging and Long Term Care  
Part 1 - Applicant Agency Information**

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

Please respond to the following nine questions and use this page to check off each as they are completed.

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1. \_\_\_\_\_ **Description of Services:** Summarize your agency's ability to perform the services described in this proposal. Highlight examples of your organization's work that specifically address its capacity to effectively provide Older Adult Counseling services.
2. \_\_\_\_\_ **Staffing and Supervision:** Describe your agency's practices for hiring and retaining qualified staff. Attach the resume of the individual who will be responsible for supervising Older Adult Counseling services and outline your staffing model for providing services. In addition, specify how the supervisor will oversee the work of Older Adult Counselors'.
3. \_\_\_\_\_ **Training:** Outline how your agency will train Older Adult Counselors' for their duties. Note those training elements that are key to preparing Older Adult Counselors' for their jobs and how these will be provided.
4. \_\_\_\_\_ **Staff:** Provide a detailed list of paid program staff and their professional credentials and qualifications that will be performing the duties of the Older Adult Counseling Services program. Please note those who are qualified as a Geriatric Mental Health Professional.
5. \_\_\_\_\_ **Transition and Schedule Management:** Explain how your agency will help ensure Older Adult Counseling clients experience minimal disruption in the event of a transition to a new service provider.
6. \_\_\_\_\_ **Information Technology:** Explain your organizations capability to meet reporting requirements.
7. \_\_\_\_\_ **Outreach:** Explain how your agency will help ensure County-wide access to Older Adult Counseling services.
8. \_\_\_\_\_ **Quality Management:** Describe your agency's process/plan for Quality Management.
9. \_\_\_\_\_ **Clinical Record:** Provide a sample clinical record containing formats for intake, assessment, individual counseling, advocacy/brokering, discharge, fiscal information, service/ treatment plans.

## SECTION VIII

### FISCAL REQUIREMENTS Narrative Description

Information requested by ALTC from the RFQ agency applicant is preceded in this section by a black dot (bullet).

#### **FISCAL/BILLING MANAGEMENT**

##### **1. Service Provision**

The basis of service delivery are the tasks and level of care authorized by the AAA for each client as documented in the Assessment Details/Service Summary and authorization documents. Contractor will be liable for any overpayment resulting from unverifiable or inaccurate billings.

- Describe the agency's process for ensuring a clear audit trail is established and maintained from the point of service authorization through service delivery and final invoice for services.
- Provide sample documentation to support the agency's description of its process for ensuring a clear audit trail.

##### **2. Standards for Fiscal Accountability**

The contractor's fiscal management system shall

- **Budget:** \$115,450 per year is available for Older Adult Counseling Services. A 15% match is required for Older Americans Act Funding. Specify anticipated expenses and how the 15% match will be met.
- Describe the agency's financial management system, to include income tracking, expenditures, payroll/wages, compensation, and all other accounting processes related to the fiscal management of the agency.
- Describe the type of accounting system used (cash, accrual, or modified accrual), journals used, and a chart of accounts.
- Provide the name and a description of accounting software used to manage all fiscal activities related to the home care program.
- Describe the agency's service billing processes.
- Describe the agency's experience in managing state and federal funds.
- Describe the agency's policy and procedures for record retention, maintaining back-up documentation, and archiving data.

### **3. Reporting Requirements**

Annual independent financial review or audit is required that will encompass the financial operations of contractor and shall determine and report whether:

- a) The financial statements of contractor present fairly its financial position and the results of its financial operations in accordance with generally accepted accounting principles, and whether contractor has complied with laws and regulations that may have a material effect upon the financial statements.
- b) Contractor has internal control systems to provide reasonable assurance that it is managing Federal and State funded programs in compliance with applicable laws and regulations.
  - Provide an independent financial review or audit without findings covering the two-year period prior to contracting (2007-2008). The audit must be conducted by a licensed Certified Public Accountant (CPA) or a recognized financial or audit firm.
  - Provide a copy of all materials (i.e. management and engagement letters, etc.) for the same period as the requested financial review or audit.
  - Provide a copy of all agency financial statements and reports generated between January 2006 and June 2009 related to all agency operations and programs.
  - Describe the agency's internal control methods for ensuring that it is managing all funds received in compliance with applicable laws and regulations.
  - Has the agency incurred any adverse accounting/financial management situations in the past seven years? If yes, provide a copy of all records, details, and summary of resolution related to the issue(s).

### **4. Fiscal/Accounting Policies and Procedures**

- Provide in a loose leaf binder one hard copy of the table of contents of all accounting/billing followed by each accounting/billing and fiscal policies and procedures. Ensure that each policy and procedure is separated with a sectional divider. Provide on disk in a Microsoft WORD format the identical policies and procedures provided in the binder.

## **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.