



# Thurston/Mason County Developmental Disabilities Continuous Request for Qualifications (RFQ)



## Qualified Provider Application Packet

### Introduction

The purpose of this continuous Request for Qualifications (RFQ) is to solicit new providers (Contractors) for possible addition to the Thurston/Mason County Developmental Disabilities (County) program's qualified provider list.

This application is open to individuals or organizations interested in providing services for adults with developmental disabilities in Thurston and/or Mason Counties.

The county contracts with qualified service providers, utilizing funding from the State of Washington Department of Social and Health Services (DSHS) through the Developmental Disabilities Administration (DDA), Thurston County and Mason County to provide the following services:

- Individual Supported Employment (ISE)
- Community Inclusion (CI)
- Individualized Technical Assistance (ITA)

Applicants that meet the requirements and qualifications specified in this RFQ, may be added to the Thurston/Mason County Qualified Provider list.

Applicants may submit materials for consideration for any of the services listed above. If a Contractor provides Individual Supported Employment and/or Community Inclusion services, they may not provide Individualized Technical Assistance.

### Background

In compliance with DDA guidelines, the county has this ongoing RFQ for developmental disability services. The county seeks to expand its existing list of qualified providers to give individuals authorized by DDA to receive these services a variety of agencies to select from. Through its contract with DDA, the county is one of several public funding partners for developmental disability services in Thurston and Mason counties.

### Funding

Funding is determined by the number of individuals served by a Contractor and the type of service(s) provided.

## **Licenses and Certification**

Contractors providing Individual Supported Employment and Community Inclusion services must maintain the license and/or certification necessary to meet the requirements under DDA Policy 6.13 [Provider Qualifications for Employment and Day Program Services](#).

Contractors providing Individualized Technical Assistance must maintain the license and/or certification necessary to meet the requirements under DDA Policy 6.21 [Provider Qualifications for Individualized Technical Assistance](#).

## **Insurance**

County contractors are required to submit proof of the following insurance coverage with their application packet. Proof shall be on an ACORD Certificate(s) of Liability Insurance. The certificate(s) shall show the coverage, deductible, and policy period.

All insurers must be licensed to do business in the state of Washington and have A.M. Best Company ratings of no less than A-.

The certificate holder for all certificates shall read as follows:

Thurston/Mason County Developmental Disabilities  
412 Lilly Road NE  
Olympia, WA 98506

### **Commercial General Liability**

Limits shall be no less than \$1,000,000 per occurrence for all covered losses and no less than \$2,000,000 general aggregate. If a Contractor provides services to Community Protection clients, the general aggregate limit shall be no less than \$3,000,000. Coverage must include employer's liability limits of no less than \$1,000,000 per accident for all covered losses. The insurance policy must cover defense costs without affecting limits available for third party liability payments as required.

The Contractor shall provide Commercial General Liability coverage which does not exclude any activity to be performed in the fulfillment of the contract. Specialized forms specific to the industry of the Contractor will be deemed equivalent, provided coverage is no more restrictive than would be provided under a standard Commercial General Liability policy, including contractual liability coverage.

The Contractor's Commercial General Liability insurance shall include the County, its officers, officials, employees, and agents as additional insureds with respect to performance of services and shall contain no specific limitations on the scope of protection afforded to the County as additional insured.

### **Workers Compensation (Industrial Insurance)**

Contractor shall provide evidence of coverage or exemption. Alternatively, the Contractor shall provide certification of approval by the Washington State Department of Labor and Industries if self-insured for Workers Compensation.

### Business Auto Liability

Limits shall be no less than \$1,000,000 per accident, combined single limit. If Contractor owns no vehicles, this requirement may be satisfied by a non-owned auto endorsement to the general liability policy described above. If Contractor or Contractor's employees will use personal autos in any way on this project, Contractor shall obtain evidence of personal auto liability coverage for each such person.

### Excess or Umbrella Liability

If used to meet limit requirements, shall provide coverage at least as broad as specified for the underlying coverages. Such policy or policies shall include as insureds those covered by the underlying policies, including additional insureds. Coverage shall be "pay on behalf", with defense costs payable in addition to policy limits. There shall be no cross-liability exclusion precluding coverage for claims or suits by one insured against another. Coverage shall be applicable to the state of Washington and Thurston and Mason Counties for injury to employees of Contractor, subcontractors or others involved in the performance of services. The scope of coverage provided is subject to approval by the County following receipt of proof of insurance.

### Professional Legal Liability

Limits shall be no less than \$1,000,000 per claim. Coverage shall not exclude bodily injury or property damage. Coverage shall not exclude hazards related to the work rendered or within the scope of the Contractor's services as defined by this application including testing, monitoring, measuring operations, or laboratory analysis where such services are rendered as part of this application. The coverage shall apply to liability for a professional error, act or omission arising out of the scope of the Contractor's services defined in this application.

## **Services**

### Individual Supported Employment (ISE)

ISE services are a part of an individual's pathway to employment and are tailored to individual needs, interests, abilities, and promote career development. These are services necessary to help persons with developmental disabilities obtain and maintain integrated employment in the general workforce. These services may include intake, discovery, assessment, job preparation, job marketing, and other supports to maintain a job. These services may or may not include School-to-Work / High School Transition.

### Community Inclusion (CI)

CI is an individualized service that provides individuals with opportunities to engage in community-based activities that support socialization, education, recreation, and personal development for the purpose of:

- Building and strengthening relationships with others in the local community who are not paid to be with the person.
- Learning, practicing, and applying skills that promote greater independence and inclusion in their community.

### Individualized Technical Assistance (ITA)

ITA services are a part of an individual's pathway to individual employment. This service provides assessment and consultation to the service provider to identify and address existing barriers to services and employment.

## Application Instructions

Applications must be typed on 8 ½ by 11-inch paper using a standard type font. Responses must be presented in the same order as in the application packet. The identifying question number should be presented before the response. All pages must be single sided and numbered.

Applications may be submitted electronically in a single attachment or a hard copy can be mailed or hand delivered.

Email: [DDFunding@co.thurston.wa.us](mailto:DDFunding@co.thurston.wa.us)

Mail/Hand Delivered: Thurston County Public Health and Social Services  
Developmental Disabilities Program  
412 Lilly Road NE  
Olympia, WA 98506

Applications received with incomplete documents or missing information may be rejected. The following documents are required with all application packets:

- Attachment A – Coversheet
- Attachment B – Qualifications with responses typed on 8 ½ by 11-inch paper
- Attachment C – Assurances and Certification of Applicant
- Certificate of Liability Insurance
- Additional documents requested in the qualifications section with the identifying question number clearly stated at the top of the document

Applicants will receive a Notice of Application Receipt within ten (10) business days. The county reserves the right to request additional information, if needed, to aid in decision-making. A Notice of Application Status will be given, in writing within ninety (90) days of receipt.

Successful new applicants may request to contract with the County as a provider. As a new provider, an initial six (6) month provisional contract will be issued. Providers must demonstrate full compliance with the contract, including the [Criteria for Evaluation](#) at the end of the six months. All Contractors will be expected to maintain qualification requirements. Continuation of qualification will be based on performance and reviewed every two years at a minimum.

If you have any questions regarding the application process, please call (360) 867-2597.

### Right to Reject or Negotiate

All application packets submitted become the property of Thurston County.

The County reserves the right to reject any or all applications if such rejection is in the County's best interest. This application is not to be construed as an offer or guarantee of Contractor status or that a contract will be granted.

The County may withdraw this RFQ at any time, in part or in its entirety, and for any reason without liability to applicants for damages including, but not limited to, application preparation costs.

The County reserves the right to negotiate with all applicants.

## Cover Sheet

(Attachment A)

Select the service(s) you/your agency seeks to provide:

- ☐ Individual Supported Employment
- ☐ Community Inclusion
- ☐ Individualized Technical Assistance

### General Information

Agency or Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

State of Washington Business License Number \_\_\_\_\_

Type of Organization:

- ☐ Public
- ☐ Private Non-Profit
- ☐ Private for Profit
- ☐ Other \_\_\_\_\_

# Qualifications

(Attachment B)

Respond to each of the following and incorporate copies of relevant documents to demonstrate your agency's capacity to meet the standards outlined in DDA Policy 6.13 [Provider Qualifications for Employment and Day Program Services](#) and DDA Policy 6.21 [Provider Qualifications for Individualized Technical Assistance](#). All responses must be typed on 8 ½ by 11-inch paper using a standard type font. The identifying question number should be presented before the response. All pages must be single sided and numbered.

1. Provide a brief summary of your application, incorporating the following information:

- Service(s) you wish to provide
- Proposed area of service (Thurston county, Mason county or both)
- For ISE services, include providing services to individuals in the Community Protection program
- Specify the number of DDA eligible individuals you ideally hope to serve per county in each of the programs you are submitting this application for
- Specify the number of staff who will be working in these services. Provide a timeline for hiring and training new staff to reach the ideal capacity of clients
- Explain how your agency will approach and provide supports to Thurston and/or Mason county residents with developmental disabilities within each program you are submitting this application for

2. Provide a brief history of your agency's existence, incorporating the following:

- Service(s) currently offered. If available, provide outcome data/reports demonstrating your agency's success
- Explain why your agency has the appropriate qualifications based off staff accomplishments and program credibility by the Commission on Accreditation of Rehabilitation Facilities (CARF) or any other accreditation agency
- Address prevention of potential conflicts of interest if the agency or an agency employee is also the client's decision maker, guardian, legal representative, or residential provider
- Provide a copy of your current business license

3. Explain and/or attach policies and procedures you have in place to address the following topics:

- Marketing your service availability to potential clients and referrals
- Assessment of an individual's needs and goals
- Addressing cultural and language differences

- DDA Policy 6.08 [Incident Management and Reporting Requirements for County and County-Contracted Providers](#)
  - Promoting individual choice in goals
  - Developing new employment opportunities for individuals seeking employment
  - Developing new opportunities for individuals in Community Inclusion to contribute, participate, and to be included in the community
4. Describe your ability to successfully develop and implement a plan for providing services based on individual needs including:
- Method for gathering information
  - How needs are assessed
  - Plan implementation
  - Plan outcomes
5. Provide a brief summary on each of the below topics:
- a. Performance standards – including program objectives, expected outcomes, how/when objectives will be accomplished, and method to evaluate and revise plans as needed. Additionally, please include a copy of the plan.
  - b. In reference to the [DDA Policy Manual](#) – job descriptions, training, experience and expertise for all staff and board members relating to the needs of clients and your agency’s mission. Additionally, please include copies of all position descriptions and qualification requirements.
6. Demonstrate your agency’s ability to administer programs and to safeguard public funds:
- Submit a proposed program budget including anticipated costs and revenues for one year.
  - Assurance of establishment and maintenance of a system of internal control based on sound accounting practices and Generally Accepted Accounting Principles (GAAP) to ensure the proper processing and use of funds.
  - Assurances that client and financial data will be open to county review. Submit a copy of your organization’s latest Certified Public Accountant reviewed audit or financial statement if no audit has been performed.
  - Organizational chart and description of the agency’s structure that clearly defines roles and responsibilities of staff and lines of authority.
  - List of Board of Directors and officers including names, addresses, and occupations. Attach meeting minutes of Board of Directors for the last 12 months.

- Assurance of management system which provides for systematic filing and retention of timely records and reports related to clients and staff and the agency's structure, tax status, capabilities, and performance.
  - Description of computer systems, software, and internet connectivity to demonstrate the ability to fulfill County and State contract obligations.
  - Provide a list of individuals with signature authority
7. Provide a brief summary on each of the following topics:
- a. Eligibility to utilize services funded by Division of Vocational Rehabilitation (DVR). You must comply with the DDA and DVR [MOU](#)
  - b. Experience in the use of Social Security Work Incentives (SSWI) such as Plans for Achieving Self-Support (PASS) and Impairment-Related Work Expense (IRWE) for funding of employment support plans.
8. Demonstrate your agency's commitment to respecting the rights and abilities of individuals by submitting a copy of your Individual Rights policy, to include provisions for:
- Informing individuals regarding the rights, services, and benefits to be expected from your agency
  - Informing individuals that a family member, guardian or advocate may be included in planning
  - Informing individuals of their roles and responsibilities
  - Informing individuals of their right to choose/change agencies
  - An evaluation system that includes feedback on individual satisfaction
  - A grievance process policy and/or procedure
9. Provide evidence of compliance with DDA Policy 5.06 [Client Rights](#)
10. Please indicate your response after each question. Use a separate page to explain, if needed.
- a. Has any agency employee ever been fired, terminated, suspended, or asked to resign from a position involving work with persons with disabilities?  
☐ Yes      ☐ No      If yes, please explain
  - b. Has any agency employee been named in any civil or criminal suit related to providing services?  
☐ Yes      ☐ No      If yes, please explain
  - c. Has your agency ever operated under a different name and/or in another state and/or another country?  
☐ Yes      ☐ No      If yes, please explain



**Newly started agencies ONLY** (question 11):

11. Explain your initial plans and how you plan to meet your financial obligations. Demonstrate your agencies fiscal stability by showing cash reserves or a current line of credit to provide services for no less than 2 months of services. Additionally, submit a projected budget for 1 year of services.

**For Individualized Technical Assistance Applicants ONLY** (questions 12 through 16):

12. Provide detailed information on the type of training your agency seeks to provide.
  13. Describe the education and experience your agency has that qualifies it to develop and implement a plan for providing technical assistance in removing employment barriers.
  14. Submit professional certification or credentialing, as applicable
  15. Submit copies of all staff resumes demonstrating education and expertise
  16. Submit your agency's proposed hourly service rate
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17. Provide the names of at least 3 organizations or individuals who have knowledge of your prior experience with the services you are seeking to provide. Please include the name, address, name and title of the contact (if organization), phone number, and email address.

**Administrative Requirements**

Applicants selected as contractors shall comply with all management and administrative requirements established by Washington Administrative Code (WAC), the Revised Code of the State of Washington (RCW), and any subsequent amendments or modifications, as applicable to providers licensed in the State of Washington. Contractors shall also comply with all terms and conditions of the Thurston/Mason County Developmental Disabilities Program Agreement

**Service Referral**

If your application is approved, your agency may request to become a contracted provider. Agencies that hold a contract with the County will be added to the County's provider list. A County Service Authorization is required for services to be rendered and for reimbursement.

## Assurances and Certification of Applicant

(Attachment C)

The applicant attests and recognizes all the following:

1. The person signing this RFQ has the authority to submit an offer and to represent the Contractor in all phases of this process
2. The information provided herein is true and accurate
3. Any false statement may disqualify the Contractor from further consideration
4. The applicant will notify Thurston/Mason County Developmental Disabilities' Program Manager within 10 days of any change in the information provided in this packet
5. Services will be delivered in accordance with the [County Guide to Achieve DDA Guiding Values](#)
6. Final funding for any service is based upon funding levels and the approval of Thurston County officials.

The applicant certifies, that if offered an Agreement to provide Individual Supported Employment and/or Community Inclusion or Individualized Technical Assistance, services will be offered to individuals with developmental disabilities in a manner that promotes the achievement of the Thurston/Mason County Developmental Disabilities Mission Statement: *"To work with people with developmental disabilities, families, and the community to promote everyone's well-being, rights, choices and opportunities in living as valued, contributing and integrated members of our community"*. In addition, also embody the philosophies of the Thurston/Mason County Developmental Disabilities Department:

- **"Power and Choice"** – Making our own choices and directing our own lives
- **"Relationships"** – Having people in our lives whom we love and care about who love and care about us
- **"Status/Contribution"** – Feeling good about ourselves and having others recognize us for what we contribute to others and our community
- **"Integration"** – Being a part of our community through active involvement
- **"Competence"** – Learning to do things on our own or being supported to do things for ourselves
- **"Health and Safety"** – Feeling safe and secure, and being healthy in our daily lives

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Print Name

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Signature

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Title

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Date