

JEFFERSON COUNTY PUBLIC HEALTH
DEVELOPMENTAL DISABILITIES PROGRAM



Request for Qualifications

**Individual and Group Employment Services,
Community Inclusion Services,
Individualized Technical Assistance
for
Persons
With
Developmental Disabilities**

**Released: January 22, 2018
Due: Ongoing**

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Jefferson County Developmental Disabilities Request For Qualifications

Issuing Agency

This Request for qualification (RFQ) is issued by the Jefferson County Public Health, Developmental Disabilities (DD) Program, hereafter referred to as the COUNTY. The COUNTY has a current list of employment agencies in good standing with the COUNTY who qualify for this program and who provided information showing that they met the qualifications of this RFQ within the last two years. Further, once an employment agency is on the list as qualified, the COUNTY will perform on-site monitoring to ensure continued compliance with all the qualification requirements listed below. In addition, a qualified employment agency must continuously meet all the qualifications listed in this RFQ, as demonstrated by on-going site visits by the COUNTY. The purpose of this RFQ is to be able to add to the employment agencies who can participate in the program by making sure they can meet the qualifications listed below. Any employment agency that has met all the qualifications in the last two years and has demonstrated on-going compliance with the requirements in the qualifications in this RFQ need not reapply.

The mission of the Jefferson County Developmental Disabilities Advisory Board is to assure that citizens with developmental disabilities in Jefferson County have the choice, opportunity and support to achieve inclusive and productive participation in community life.

The foundation for the delivery of services for individuals with developmental disabilities in Jefferson County is developed from the COUNTY's Developmental Disabilities Service Information Forms:

<http://www.jeffersoncountypublichealth.org/1171/Service-Information-Forms>

and the Division of Developmental Disabilities (DDA), Guiding Values (DDA Guiding Values):

<https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%20Guiding%20Values%20Booklet.pdf>

Solicited Services

This RFQ is being issued to establish new providers qualified to provide Employment & Day Program Services. Service providers should recognize the need to offer their services to clients in ways that meet the needs and promote activities, routines and relationships common to most individuals and families. The following basic benefits are the core of the DDA Guiding Values and should be used in supporting individuals with developmental disabilities and their families. Applicants are encouraged to point out how their applications will further these basic benefits as well as the COUNTY's mission.

Power and Choice	Making our own choices and directing our own lives;
Relationships	Having people in our lives that we love and care about and 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;
Inclusion	Being present and participating in the community, using common resources and doing activities with other citizens.
Competence	Learning to do things on our own or be supported to do things for ourselves; and
Health and Safety	Feeling safe and secure, and being healthy.

Utilizing these values & the mission, qualified providers are being sought for the following services;

DESCRIPTION OF SERVICES

A. Employment Services:

Employment services are designed to support individuals with developmental disabilities to be employed in the community & obtain a living wage. These services are to be driven by an individual's choice and employment plan.

1. **Individual Employment** in the Community: evaluation, job development, job placement, replacement in community settings, worksite job training, support to employers and/or peer-workers, development of natural supports, modification of work site and/or tasks, on-going long-term support.
2. **Group Supported Employment:** Supervised integrated employment and training in the community in regular business and industry settings for groups of not more than eight (8) workers with disabilities. Typical program examples include enclaves, mobile crews. This work opportunity is for adults with developmental disabilities whom, due to their disability have presented a need for ongoing supervision & support to maintain employment and/or due to the lack of resources, are not presently able to access other employment models. In group supported employment, the participants are typically legal employees of your organization.

B. Individualized Technical Assistance Services:

This service is available only when the client's Individual Support Plan (ISP) has a primary employment service identified.

Individualized Technical Assistance is an additional specialized professional service and/or support that will help the client to move further on the client's pathway to individual employment. This service is:

- o Time limited (typically less than six months) &
- o Can be accessed when a client is not making progress on their pathway to employment.

Examples of services and supports may include, but not be limited to:

- o assistive technology support,
- o behavior specialist,
- o personal agent, review of social security work incentives,
- o initial Planning, including a system overview,
- o development of a person-centered employment plan, and/ or preparing an individualized budget.
- o discovery, including job preparation, exploration, and/or volunteering in the community to achieve integration and employment.

C. Community Inclusion Services:

Community Inclusion 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 and learning, practicing and applying skills that promote greater independence and inclusion in their community. It is provided by agencies contracted with the Counties.

Population Served

Services shall be provided to individuals that are residents of Jefferson County. Adult services are to be provided for eligible individuals who are 21 years or older and are no longer receiving services from the Public School system and are clients of the COUNTY.

Client Eligibility Requirements

Individuals served shall be deemed eligible and authorized to receive services through the Department of Health and Social Services, Division of Developmental Disabilities (DSHS/DDA). The criteria for eligibility are determined by State law. See Chapter 388-825 WAC, <http://apps.leg.wa.gov/wac/default.aspx?cite=388> and Developmental Disabilities Administration- Eligibility for Services. <https://www.dshs.wa.gov/dda/consumers-and-families/eligibility>

Eligible Applicants

Applicants must demonstrate the ability to comply with requirements of DDA Policy 6.13 (Employment and Day Program Provider Qualifications), and the DDA Criteria for Evaluation. The criteria for service delivery are determined by DSHS/DDA. Please refer to the "Criteria for All Services," "Group Supported Employment," "Individual Supported Employment," and "Person to Person" sections contained in "Criteria for an Evaluation System" at the Developmental Disabilities Administration website. <https://www.dshs.wa.gov/dda/county-best-practices>

In addition, applicants must demonstrate the ability to comply with:

388-06 WAC - Background Checks
388-825 WAC - Division of Developmental Disabilities Service Rules
296-24 WAC - General Safety & Health Standards
296-62 WAC - General Occupational Health Standards
Chapter 49.17 RCW - Washington Industrial Safety & Health Act
Chapter 71A.14.070 RCW - Confidentiality of Information - Oath
DDA Policy 3.01 - Service Plans
DDA Policy 4.11 - COUNTY Services for Working Age Adults
DDA Policy 5.01 - Background Authorizations
DDA Policy 5.03 - Client Complaints
DDA Policy 5.05 - Limited English Proficient (LEP) Clients
DDA Policy 5.06 - Client Rights
DDA Policy 5.13 - Protection from Abuse
DDA Policy 5.14 - Positive Behavior Support
DDA Policy 5.15 - Use of Restrictive Procedures
DDA Policy 5.17 - Physical Intervention Techniques
DDA Policy 6.08 - Mandatory Reporting Requirements for Employment/Day Program Providers
DDA Policy 6.21 - Provider Qualifications for Individualized Technical Assistance
DDA Policy 9.07 - Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS)
DDA Policy 12.01 - Incident Management
DDA Policy 13.04 - Disability Rights Washington (DRW) Access to Client Records Maintained by DDA

Assurances to be provided:

Contractors shall provide services in accordance with applicable RCW's: 26.44, 70, 71A, 74, 74.15.030, 74.34, 43.43.830-845, 49, 42, 34.05; WAC 388-850, WAC 388-828, WAC 388-845-0001, 0030, 0205, 0210, 0215, 0220, 0600-0610, 1200-1210, 1400-1410, 2100, 2110; Division of Developmental Disabilities Policies and any other requirements established by DSHS and the COUNTY.

Right to Reject or Negotiate

The COUNTY reserves the right to reject any or all applications if such a rejection is in the COUNTY's best interest. This request for qualifications is a solicitation for offers and is not to be construed as an offer, a guarantee or a promise that the solicited services will be purchased

by the COUNTY. The COUNTY may withdraw this request for qualifications at any time and for any reason without liability to applicants for damages, including, but not limited to, bid preparation costs.

Additionally, the COUNTY reserves the right to negotiate with the potentially selected applicants and may request additional information or modification from an applicant. When deemed advisable, and before any contract is let, the COUNTY reserves the right to arrange an onsite-pre award review to determine the applicant's ability to meet the terms and conditions of the RFQ.

In this Request for Qualifications, Programs Must Assure the Following:

1. Assure all contractual activities enhance rather than duplicate existing local services.
2. Experience and capability in planning, implementing and building the capacity of the proposed services.
3. Program/Agency goals are clearly described and include objectives.
4. Program goals include working cooperatively with potential referral sources, also other social service agencies/organizations providing the same or similar services.
5. Applicants agree to provide program data and information in a specific format within
6. the designed timeframes as specified by the COUNTY. This program data and information includes: IEP's, Billing Reports; COUNTY Service Authorizations, termination of services, self-monitoring forms and billing procedures, six month reports, narrative and case notes as requested. These reports and/or documents pertaining to the services rendered.
7. Participate, when appropriate, in the multidisciplinary team planning process or in the Plan of Care meeting.
8. Schedule a review meeting every six months for all program clients. The review meeting shall include an assessment/evaluation of the Individual Employment/Vocational Client Plan's goals and objectives in the form of a Six Month Report. Invite the client, family/guardians, Case Resource Manager, County Coordinator and other interested participants to the six month vocational meeting.
9. Provide a copy of the Individual Employment/Vocational Client Plan and Six Month Reports to the Client, their CRM's, Guardian, the COUNTY and others as appropriate.
10. Assure that all individuals and families/caregivers are informed of their rights and procedural safeguards including consent and confidentiality.
11. Services shall be provided to adults based on their Individual Employment Plan or Person Centered Plan.
12. Individual's goals and objectives are driven by the individual's choice.
13. Assure that service delivery is appropriate to the cultural context of the client and/or family.
14. Assure that Employment and Community based services are integrated according to the contract.
15. Maintain information that describes progress towards meeting the individual's goals and objectives.
16. Cultural competence and positive behavior supports are included in staff training requirements.

The Requirement for Choice of Providers

The Federal Center for Medicaid and Medicare Services (CMS) requires that individuals receiving employment services have a choice among qualified providers. Under Medicaid rules and regulations, CMS states that qualifying and accepting new providers is an ongoing process and that all providers meet stipulated qualifications.

Availability of Funds

This RFQ is a solicitation for qualifications and is not an offer, is not a guarantee, nor is it a promise that the solicited qualifications will result in services to be contracted by Jefferson County. In Jefferson County, funds for Employment and Community Inclusion services follow the client to the provider of their choice. Funding for these programs comes to Jefferson County from the Developmental Disability Administration, (DDA), authorizing statute [RCWs Chapter 71A.14](#).

Period of Performance

The period of performance for qualified services solicited under this request will begin at the beginning of the next fiscal year.

Anticipated Outcomes

Each individual will be supported to pursue his or her own unique path to work, a career, or making a contribution to/participating in community life. All individuals, regardless of the challenge of their disability, will be afforded an opportunity to pursue competitive employment and/or a contribution to the community.

Notice of Solicitation

Failure of the COUNTY to notify any party or parties directly regarding the availability of this RFQ shall not void the process.

Questions From Applicants

Interested applicants will be able to submit questions in writing regarding the RFQ packet by contacting Anna Mc Enery at amcenery@co.jefferson.wa.us. RFQ questions and answers will be available via e-mail upon request.

The Submittal of this RFQ is Ongoing: Please send one original and two copies (total of three documents) of your completed RFQ to the mailing address below and one electronic copy to the email below:

Jefferson County Public Health
Developmental Disabilities Program
615 Sheridan Street Port Townsend, WA 98368

Phone (360) 385-9410

Email: amcenery@co.jefferson.wa.us

Public Disclosure

Proposals and other materials submitted in response to this request become the property of Jefferson County, are **public record** 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.

Application Signature

The RFQ Cover Sheet shall be signed by an authorized representative of the agency.

Application Costs

The COUNTY is not liable for any costs incurred by an applicant. All costs incurred in response to this RFQ, including travel costs to attend the meeting of the Application Evaluation Committee, or contract negotiation sessions, are solely the responsibility of the applicant.

RFQ Review Panel

An RFQ Review Panel will work with the Jefferson County Developmental Disabilities Coordinator to review and evaluate eligible applications in order to make recommendations. The Review Panel will consist of members of the Developmental Disabilities Advisory Board who are knowledgeable of the developmental disabilities and/or specific professional service requirements.

Unacceptable Applications

The COUNTY will also determine which applications are not responsive to the RFQ and must be deemed unacceptable. Unacceptable applications are those, which meet at least one of the following criteria:

1. Does not address the essential requirements of the RFQ.
2. Clearly demonstrates that the applicant does not understand the requirements of the RFQ.
3. Are clearly deficient in approach.
4. Contain inappropriate or unreasonable costs.
5. Does not contain the prescribed number of copies.

Ownership of Application Materials

Applications and other materials submitted in response to this request become the property of the County, are public record, and will not be returned. It is understood and agreed that applicant claims no proprietary rights to the ideas or approaches contained in its application.

Addendum

In the event it becomes necessary to revise any part of this RFQ, an addendum shall be created and posted at the Public Health website under the DD Program, RFQ.

It is the applicant's responsibility to check the website periodically for any addendums.

Cancellation of RFQ or Postponement of RFQ

The COUNTY reserves the right to cancel this RFQ at any time.

RFQ APPLICATION EVALUATION AND SELECTION

A. RFQ Application Evaluation

The COUNTY will evaluate applications using the minimum criteria as set forth in this RFQ. The COUNTY may request additional business and administrative information to determine the agency's ability to meet the terms and condition of the RFQ.

B. On-site Visits

When deemed advisable, and before any new contract is awarded, the COUNTY reserves the right to arrange an on-site, pre-award review to determine the agency's ability to meet the terms and conditions of the RFQ.

C. Additional Contract Terms and Conditions

The COUNTY may introduce stipulations, additional terms and/or conditions as deemed necessary prior to the actual awarding of a contract.

D. Issuance of Contracts

Determination that an agency is successful in meeting the minimum requirements of this RFQ does not constitute a commitment by the COUNTY to contract with the successful agency.

E. Right to Appeal

Non-selected applicants have the right to appeal the decision of the COUNTY, limited to procedural or legal errors in the selection process. In the event that no such procedural or legal errors are found to have occurred, the decision of the COUNTY shall be final.

An aggrieved applicant may, within five (5) working days after the award of a contract, appeal in writing to the Director of the Jefferson County Public Health. The appeal must state all facts and arguments upon which the appeal is based. The Director will review the RFQ and the facts alleged as grounds for the appeal. The Director will render a written decision within thirty (30) working days of the receipt of the appeal.

CONTRACTED AGENCY REQUIREMENTS

A. Jefferson County Contract Requirements

The agency shall be able to meet all requirements in the Jefferson County Program Agreement Contract, including General Terms and Conditions and Special Terms and Conditions. Further, the agency shall be prepared to bill for services in accordance with the DDA Billing Instructions.

B. Insurance Requirements

The agency shall, prior to entering into a contract with the COUNTY, meet full insurance coverage requirements as outlined in the Qualification Requirements and the COUNTY Program Agreement. Requests for waivers for insurance requirements or reduction in limits will not be considered by the COUNTY and will disqualify the agency's application.

C. Site Review and Desk Audit for Newly Contracted Agencies

Newly contracted agencies shall submit to a desk audit and site review conducted by the COUNTY a minimum of one time during the first year of contracting.

D. Qualification Requirements

Assurances

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

1. The applicant is incorporated as a non-profit corporation in the State of Washington and has been granted 501(c)(3) tax-exempt status by the United States Internal Revenue Service or is a sole proprietorship, general partnership, corporation, limited partnership, limited liability company, or limited liability partnership or is a commission or authority established pursuant to applicable Washington State law or, if a successful applicant, will be incorporated as such in Washington State.
2. The applicant must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or be able to demonstrate that the CARF accreditation process is underway within six (6) months of being deemed qualified under this RFQ.
3. The applicant must hold a current contract with the Washington State Department of Social and Health Services, Division of Vocational Rehabilitation (DSHS/DVR) or be able to demonstrate progress towards entering into contract with DSHS/DVR within six (6) months of being deemed qualified under this RFQ.
4. The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this RFQ.
5. The applicant has a current Federal Tax ID number.
6. The applicant demonstrates the capability to meet program expenses in advance of reimbursement.
7. Compliance with the Civil Rights Act of 1964, as amended. No person shall, on grounds of race, color, religion, sex, creed, marital status, disabled or Vietnam Era status, or the presence of physical, mental or sensory disability, national origin, age citizenship, political affiliation or belief, or be denied employment or benefits, or be discriminated against as a participant, administrator or staff person. In addition, discrimination on the basis of disability against persons who are perceived as having AIDS or related conditions is prohibited.
8. Compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (Public Law 101-336). Compliance with all current requirements within DDA Policy 6.13 at:
<https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.13.pdf>
9. Compliance with Federal and State laws and requirements for safeguarding information. The use or disclosure by any party of any identifying information concerning a recipient or client for any purpose not directly connected with the administration of the Washington Department of Social and Health Services or the Contractor's responsibilities with respect to services provided under a contract with the COUNTY is prohibited except on informed consent of the recipient or client, his or her attorney, or responsible parent or guardian; provided that, the COUNTY or Contractors may disclose information to each other or to the Department of Social and Health Services for purposes directly connected with the administration of their programs.

10. Other entities to which information may be disclosed for the preceding purposes are those agents authorized by the Washington Department of Social and Health Services in writing including the COUNTY and organizations and/or individuals under contract to the Washington Department of Social and Health Services.
11. Assurance that all current or prospective employees, interns or volunteers who will or may have unsupervised access to children less than sixteen years of age, expectant mothers, developmentally disabled persons or vulnerable adults shall have criminal and child protective background checks conducted in accordance with RCW 43.43.830-840 and/or RCW 74.15.030, as applicable. All persons who have direct contact with people with disabilities undergo and clear a criminal history background check at least once every three years.
12. We require all subcontractors to carry comprehensive liability insurance. **Other requirements will be contained in the standard Contract; which is available upon request.**
 Prospective providers must show evidence of a certificate of commercial and professional liability for a minimum of:

\$ 500,000	each person, personal injury, including death
\$1,000,000	each occurrence, personal injury, including death
\$ 250,000	each occurrence, property damage liability
\$2,000,000	aggregate
\$1,000,000	Errors and Omissions per occurrence
\$1,000,000	Errors and Omissions aggregate
13. Contractors may be required to obtain an annual audit by an independent auditor.
14. Providing the COUNTY access to financial and program records pertaining to the project and to the contract.
15. Maintenance of financial and program records for audit review.
16. Submission of program and fiscal reports required by the COUNTY.

Application Content Requirements

Application Checklist

Please ensure that your completed application includes all of the following:

- A completed Application Coversheet (Attachment A)
- A completed Management Proposal, with answers to each of the bulleted items and/or providing all requested information
- A copy of the agency's most recent audit or external financial review. If the agency is less than 2 years old, please provide a credit rating and/or a financial reports and a program budget.
- Addendum Cover Sheet

REQUEST FOR QUALIFICATIONS

Jefferson County
Public Health
Developmental Disabilities Program

DATE RELEASED:

RFQ Title: **Employment & Day Program Services for Persons
with Developmental Disabilities**
Due Date: **Ongoing**

SUBMIT COMPLETED APPLICATIONS TO:

1. One original and two copies (total of three documents) of the application and attachments shall be submitted to:

Anna Mc Enery, Developmental Disabilities Coordinator
Jefferson County Public Health
Developmental Disabilities Program
615 Sheridan Street
Port Townsend WA. 98368

AND

2. Electronic copy to:

amcenery@co.jefferson.wa.us
Phone: (360) 385-9410

Applications and attachments which do not contain the prescribed number of copies will be deemed unacceptable and will not be considered.

B. SIGNATURE PAGE

**JEFFERSON COUNTY
PUBLIC HEALTH
DEVELOPMENTAL DISABILITIES PROGRAM**

**Request for Qualifications:
EMPLOYMENT & DAY PROGRAM Services
for PEOPLE
with
DEVELOPMENTAL DISABILITIES**

APPLICANTS MUST COMPLETE AND SIGN FORM BELOW

Agency/Organization Name: _____

Address: _____

City, State and Zip Code _____

Authorized Representative: _____

Title: _____

E-mail: _____

Phone: _____

Fax: _____

Legal Requirements

In pages 13 through 20 of this document, please check or highlight each of the appropriate boxes and provide the information requested:

- Incorporated as a private non-profit corporation in the State of Washington and has been granted 501(c)(3) tax exempt status by the U.S. Internal Revenue Service. IRS Employer Identification Number (EIN): _____
- A public corporation, commission, or authority established pursuant to applicable Washington State law
- A sole proprietorship, general partnership, corporation, limited partnership, limited liability company, or limited liability partnership. IRS Employer Identification Number (EIN): _____

State of Washington Business License Number(s): _____

Program Licensure or Certification Status, if applicable: _____

The applicant(s) certifies to the administrative and fiscal management capability and stability of the agency/organization to provide the services in accordance with the RFQ.

Applicant Signature: _____

Applicant Title: _____

Date: _____

C. BUSINESS QUALIFICATIONS FOR EMPLOYMENT SERVICES

The agency must be able to meet the qualifications listed below. The COUNTY reserves the right to review all documentation and verify information provided in this section.

A. Type of Agency

The agency is a legal entity eligible to conduct business in Washington State and has fulfilled all necessary requirements.

Yes No

II. Fiscal Accountability

A. The agency maintains accounting procedures and control operations in accordance with general accepted accounting procedures.

Yes No

B. The agency has a monitoring procedure in place to ensure expenditures do not exceed available authorized funding for clients served.

Yes No

III. Insurance

Proof of insurance compliance is required of all contractors. Minimum insurance liability coverage standards shall be at the applicant's expense.

Prospective providers must show evidence of a certificate of commercial and professional liability for a minimum of:

- A. Commercial and Professional Liability for a minimum of \$ 500,000 each person, personal injury, including death
- B. Commercial and Professional Liability for a minimum of \$1,000,000 each occurrence, personal injury, including death
- C. Commercial and Professional Liability for a minimum of \$250,000 each occurrence, property damage liability
- D. Commercial and Professional Liability for a minimum of \$2,000,000 aggregate
- E. Errors and Omissions for a minimum of \$1,000,000 per occurrence
- F. Errors and Omissions for a minimum of \$1,000,000 aggregate
- G. Workers' Compensation: Statutory requirements of the Washington State.

D. ACCREDITATION

COUNTY is requiring that all agencies with a Jefferson County employment contract have a nationally or regionally recognized accreditation to deliver employment support services. Please check all that apply:

- A. Commission on Accreditation of Rehabilitation Facilities (CARF Accreditation)
- B. Other nationally or regionally recognized certification or accreditation (please supply name of accreditation organization)
- C. Preliminary Accreditation with CARF
The agency shall be allowed up to twelve months to demonstrate compliance with this requirement by submitting a written statement to COUNTY certifying contact has been made with the CARF accreditation entity. The statement shall include the name, address, and phone number of the accreditation organization, the contact person, and the status of process including the proposed completion date. The grace period in no way replaces the requirements for demonstration of a history of delivering services listed in the Program Qualifications for Employment Services section.

i. **Division of Vocational Rehabilitation (DVR) Agreement**

The COUNTY desires that all agencies with a Jefferson County employment contract have a current DSHS/ DVR Community Rehabilitation Program contract or other DVR agreement.

- A. Yes
- B. No
- C. No, but agency commits to work toward attaining a DVR agreement in the next twelve months
- D. No, agency only provides Community Inclusion services

ii. **Service Delivery Area**

Please check all areas that the agency currently serves or plans on serving.

- East Jefferson County
- South Jefferson County
- West End of Jefferson County
- All of Jefferson County
- Other (please specify):

E. PROGRAM QUALIFICATIONS FOR EMPLOYMENT/DAY PROGRAM SERVICES

Management Proposal – Limit to five (5) pages

Please provide a description of the following:

- Agency's history and organizational structure.
- Agency's commitment to serving individuals with developmental disabilities in typical, age-appropriate, community-based employment activities and settings. This may include your agency's mission and/or values statement.
- Agency's quality control measures and mechanisms for ensuring sound financial and accounting practices.

1. Please list:

- The name and title of those individuals responsible for the oversight, supervision, and training of staff within your agency,
- Their qualifications for supporting individuals with developmental disabilities to achieve gainful community-based employment.
- The number of years of experience they have in working with individuals with significant developmental disabilities.

- If your agency provides services in more than one county, please identify the individual(s) responsible for the management and oversight of services specific to COUNTY.

2. Please also attach the following:

- **The applicant's most recent accreditation letter from the Commission on Accreditation of Rehabilitation Facilities (CARF).** An accreditation report may be requested at a later date.

If the agency has preliminary accreditation from CARF and otherwise deemed to be qualified under this RFQ, will be allowed up to twelve (12) months to demonstrate compliance with this requirement by submitting a written statement to Jefferson County certifying that contact has been made with CARF. The statement will include the name, address, and phone number of the CARF contact person and the status of the process, including the proposed completion date.

- **The cover page of the applicant's current contract with the Washington State Department of Social and Health Services, Division of Vocational Rehabilitation (DSHS/DVR).**

Applicants with a current DSHS/DVR Community Rehabilitation Program contract or other DVR agreement in place are preferred.

If applicant does not have a contractual relationship with the Division of Vocational Rehabilitation, please describe your agency's commitment to working toward attaining a DVR agreement within the next twelve (12) months.

3. Please also attach the following:

- Copy of most recent audit or external financial review.
- If the agency is less than 2 years old, please provide a credit rating and/or a financial reports and a program budget.

F. EMPLOYMENT/DAY PROGRAM SERVICES QUESTIONS:

A. Individual Supported Employment (ISE)

Employment services are designed to support individuals with developmental disabilities to be employed in the community & obtain a living wage. These services are to be driven by an individual's choice and employment plan.

Individual Employment in the Community: evaluation, job development, job placement, replacement in community settings, worksite job training, support to employers and/or peer-workers, development of natural supports, modification of work site and/or tasks, on-going long-term support.

To be considered for qualified provider status for IE, the agency must answer the questions below:

- A. The owner/manager of the agency has and can document, at least a two-year history of delivering successful community-based, supported, and/or customized employment for at least five individuals with developmental disabilities. **(If yes, please provide a concise & detailed description of your agency's ability to meet the requirement.)**

Yes

No

- B. The owner/manager agency has at least a two-year history that demonstrates their success with employers in developing and supporting employment for individuals with developmental disabilities. **(If yes, please provide a concise & detailed description of your agency's ability to meet the requirement.)**

Yes

No

- C. Please briefly describe your success as an employment specialist in meeting the following outcomes related to each service to which your agency is applying for qualification:
(No more than one page)

- **Individual Employment:** The development of paid employment for at least three (3) or more individuals with developmental disabilities at minimum wage or better for at least (list maximum hours a month), within community-based businesses.

B. Group Supported Employment (GSE)

Group Supported Employment: Supervised integrated employment and training in the community in regular business and industry settings for groups of not more than eight (8) workers with disabilities. Typical program examples include enclaves, mobile crews. This work opportunity is for adults with developmental disabilities whom, due to their disability have presented a need for ongoing supervision & support to maintain employment and/or due to the lack of resources, are not presently able to access other employment models. In group supported employment, the participants are typically legal employees of your organization.

To be considered for qualified provider status for GSE services, the agency must answer the questions below:

- A. The owner/manager of the agency has at least a two-year history of supporting eight or less individuals with developmental disabilities who work in small groups or crews in community-based businesses.

(If yes, please provide a concise & detailed description of your agency's ability to meet the requirement. No more than one page.)

Yes

No

- B. The owner/manager of the agency has sufficient contracts to provide an average of 20 hours per week or more of employment for each participant.

(If yes, please provide a concise & detailed description of your agency's ability to meet the requirement. No more than one page.)

Yes

No

- C. Please briefly describe your success as an employment specialist, in meeting the following outcome related to the service to which your agency is applying for qualification:

(No more than one page)

- **Group Supported Employment:** Supporting at least three (3) individuals with developmental disabilities to move from working within small groups or crews within community-based businesses to individual employment of at least 20 hours/month at minimum wage or better in community-based businesses.

C. Individualized Technical Assistance Services (Use to be under Person-to-Person):

This service is available only when the client's Plan of Care has a primary employment service identified.

Individualized Technical Assistance is an additional specialized professional service and/or support that will help the client to move further on the client's pathway to individual employment.

This service is:

- o Time limited (typically less than six months) &
- o Can be accessed when a client is not making progress on their pathway to employment.

Examples of services and supports may include, but not be limited to:

- o assistive technology support,
- o behavior specialist,
- o personal agent, review of social security work incentives,
- o initial Planning, including a system overview,
- o development of a person-centered employment plan, and/ or preparing an individualized budget.
- o discovery, including job preparation, exploration, and/or volunteering in the community to achieve integration and employment.

To be considered for qualified provider status for Individualized Technical Assistance the agency must answer the questions below:

- A. The owner/manager of the agency has a two-year history of developing appropriate employment plans for individuals with significant developmental disabilities.
(If yes, please provide a concise & detailed description of your agency's ability to meet the requirement. No more than one page.)

Yes

No

- B. List Staff training completed in types of Person-Centered Planning Training Tools (i.e. Callahan's Discovery, PATH, MAPS, Essential Life Planning, Deb Mclean PCP) for Plan Facilitators and documentation of on-going training to update Person-Centered Planning skills.

(No more than one page)

- C. Please briefly describe your success as a Plan Facilitator, in meeting the following outcomes related to the service to which your agency is applying for qualification:
(No more than one page)

- **Individualized Technical Assistance Services (Use to be under Person-to-Person):** Developing a Person Centered Plan for at least three (3) individuals with developmental disabilities in order to move forward on their pathway to employment.

iii. Community Inclusion

Definition: Community Inclusion services are for people with developmental disabilities ages 62 and older who have retired or for people with developmental disabilities ages 62 and older who choose not to work and need assistance to access service in the community. Community Inclusion service can be provided to people with developmental disabilities under the age of 62 only with an "Exception to Rule" (ETR) from the COUNTY Case Manager. A combination of services and supports may be provided including:

- Providing services in the community
- Enhance or maintain participant's competence, integration, physical and mental skills.
- Participation in integrated activities, events and organizations in the local community in ways similar to others of retirement age.

To be considered for qualified provider status for Community Inclusion services the agency must answer the questions below:

- A. The owner/manager of the agency has a two year history of providing Community Inclusion services for individuals with significant developmental disabilities.
(If yes, please provide a concise & detailed description of your agency's ability to meet the requirement. No more than one page.)

Yes

No

- B. The owner/manager of the agency has successfully supported at least two (2) individuals with significant developmental disabilities, separately in Community Inclusion services
(If yes, please provide a concise & detailed description of your agency's ability to meet the requirement. No more than one page.)

Yes

No

- C. Please briefly describe your success in meeting the following outcomes related to the service to which your agency is applying for qualification:
(No more than one page)

- **Community Inclusion:** Supporting at least two (2) individuals with developmental disabilities separately in participation in integrated activities, events and organizations in the local community in ways similar to others of retirement age.

PLEASE NOTE:

The COUNTY reserves the right to review all documentation and verification that demonstrates these qualifications. The COUNTY may require a site visit, interviews with administrators, staff, participants, family members of participants, employers, educators, and State DVR or DDA staff that have worked with the agency. The COUNTY may also view: documents; policies; procedures; participant satisfaction surveys; grievance and incident reports; staff training records; billing records; participant termination records; participant and staff orientation documents; individual participant plans and files; staff background checks; evidence of Washington Department of Labor (DOL) compliance; verification of participant employment; wages and hours; and placement records that substantiate timely outcomes in a paid employment setting. The COUNTY may also require lists or letters of references or support from individual participants, family members, employers or others in a relationship with the agency.