DEPARTMENT OF SOCIAL & HEALTH SERVICES
DEPARTMENT OF VOCATIONAL REHABILITATION

OPEN ENROLLMENT
CRP & IL Vendors

Solicitation #0416-0101
Consolidated CRP & IL Services
(Phase 2)

Phase 2 Enrollment Opens: April 8, 2016
Phase 2 Enrollment Closes: December 31, 2017

Solicitation documents and supporting exhibits for **ALL** eligible CRP & IL Vendors.

OPEN ENROLLMENT – CONSOLIDATED CRP & IL SERVICES
(PHASE 2)
SOLICITATION # 0416-0101

Project Title:	Consolidated CRP and IL Services
Estimated Contract Period:	Effective Date of contract through June 30, 2018.
Application Due Date:	This solicitation is an OPEN ENROLLMENT. Contracts will be prepared on a case-by-case basis and executed within 60 days of receipt of a responsive application packet. All Phase 2 Application Packets must be mailed or hand-delivered by no later than 4:00 p.m. Pacific Standard time, **December 31, 2017**. Postmarks will NOT be accepted. Applications packets received after this time will be returned as rejected.
Submit Application To:	**Application Packets Delivered by Mail:** Contracts Unit Department of Social and Health Services Division of Vocational Rehabilitation PO BOX 45340 Olympia, WA 98504-5340 **Application Packets delivered by Express / Hand Delivery, Or Courier:** Contracts Unit Department of Social and Health Services Division of Vocational Rehabilitation 4565 7th Avenue SE Lacey, WA 98503 **Faxed bids WILL NOT be accepted.** **E-mailed bids WILL NOT be accepted.**

OPEN ENROLLMENT – CONSOLIDATED CRP & IL SERVICES
SOLICITATION #0416-0101
(PHASE 2)
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1. **Exhibits** 43

Exhibits to this Solicitation are:

Exhibit A	Applicant's Checklist
Exhibit B	Applicant's Certification and Assurances Form
Exhibit C	Contractor Intake Form *(for NEW contractors only)*
Exhibit C-1	Contractor Information Update Form *(for existing/current contractors only)*
Exhibit D	CRP/IL Additional Contractor Information Form
Exhibit E	Statewide Payee Registration & W-9
Exhibit F	Code of Ethics and Standards of Practice
Exhibit G	Background Authorization Form & Instructions
Exhibit H	Background Check Contractor Designated Contact
Exhibit I	CRP Services and Qualifications Form
Exhibit J	IL Services & Qualifications Form (*includes fee schedule*)
Exhibit K	Employees Approved to Provide IL Services
Exhibit L	CRP Fee Schedule (20140701)

Section A. SUMMARY OF PROJECT

1. Purpose of Solicitation

The Washington State Department of Social and Health Services (DSHS), Division of Vocational Rehabilitation (DVR) wishes to contract with eligible applicants to provide specific employment-related services, under a consolidated contract.

The Community Rehabilitation Program (CRP) and Independent Living (IL) Services Consolidated Contract provides employment services to individuals with disabilities.

2. Background

DVR's mission seeks to empower people with disabilities to achieve a greater quality of life by obtaining and maintaining employment.

Pursuant to 34 Code of Federal Regulations (CFR), Chapter III, Part 361, DVR purchases employment services from Community Rehabilitation Programs (CRP) that provide employment services to individuals with disabilities.

3. Funding

Community Rehabilitation Program (CRP) and Independent Living (IL) services are purchased on a Fee for Service basis. Fees are standard statewide and set by DVR.

Any contract awarded does not guarantee DVR will purchase services from your organization.

4. Auxiliary Aids and Services

DVR will provide access to this Solicitation document to individuals with disabilities. Please contact the Contracts Unit at dvrcontractsunit2@dshs.wa.gov or 360-725-3652 to request auxiliary aids and services for this Solicitation.

If an individual believes that the department has discriminated on the basis of a disability, please contact the DSHS Investigations Unit (IU) for the Nondiscrimination Policy Brochure and complaint process. The brochure can be found at https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-171.pdf.

5. Minority & Women's Business Enterprises (MWBE)

In accordance with the legislative findings and policies set forth in RCW 39.19, the State of Washington encourages participation in all of its contracts by

Minority & Women's Business Enterprises (MWBE) firms either self-identified or certified by the Office of Minority & Women's Business Enterprises (OMWBE). While the State does not give preferential treatment, it does seek equitable representation from the minority and women's business community.

Participation by MWBE contractors may only be on a direct basis in response to this Solicitation. However, no preference will be given in the evaluation of Application Packets, no minimum level of MWBE participation shall be required, and submissions will not be evaluated, rejected, or considered non-responsive on that basis.

Applicants may contact the Office of Minority & Women's Business Enterprises (OMWBE) at http://www.omwbe.wa.gov/index.shtml to obtain information on how to become certified.

Nothing in this section is intended to prevent or discourage participation from non MWBE firms, as well as MWBE firms.

6. Notice of Contract Revision

a. CRP Consideration/Fee Schedule

DVR is currently conducting a study of the costs associated with providing services outlined in the CRP portion of this solicitation, and resulting contracts. DVR may, at its discretion, increase or decrease consideration payable for CRP related services under the terms of contracts resulting from this solicitation.

Any increase or decrease in consideration shall be identified in an updated CRP Fee Schedule (Exhibit L), and ***shall be incorporated into this contract by reference***. Any change to the CRP Fee Schedule shall take effect 90 (ninety) business days after contractor notification, and publically posting the revised Fee Schedule on DVR's internet page at: https://www.dshs.wa.gov/ra/division-vocational-rehabilitation/contractors.

b. Deaf-Blind Services, Fee Premium

It is the intention of DVR to offer a service premium for vendors who provide CRP and/or IL services to Deaf and Blind clients. Documentation and/or certification requirements are in the formatting stages. The associated minimum requirements, documentation, and fee premium will be announced via a public memo, and will be fully incorporated into this contract 90 (ninety) days after email notification to all current CRP and IL vendors, and posting to DVR's website at: https://www.dshs.wa.gov/ra/division-vocational-rehabilitation/contractors.

7. Definitions.

The following terms which appear in this Solicitation have the meaning that is defined below for the purposes of this Solicitation:

a. ADA – Americans with Disabilities Act.

b. Applicant - An individual, organization, public or private agency, or other entity submitting an Application Packet, in response to this Enrollment.

c. Application Packet - All materials prepared and assembled by an Applicant, and which the Applicant submits in response to this Solicitation.

d. Agency – The Department of Social and Health Services, Division of Vocational Rehabilitation (DSHS/DVR or DVR) is the agency of the State of Washington that is issuing this Solicitation.

e. CFR – Code of Federal Regulations (All references to CFR chapters or sections shall include any successor, amended, or replacement regulation).

f. Community Based Assessment Services – Locating, securing, and placing a DVR client into a paid employment setting(s), or other realistic work setting(s), in which the client performs work for a specified period with the direct provision of needed job supports training to:

   (1) Verify a client's unique work interests, abilities, and any competitive employment barriers related to communication, mobility, work skills, work tolerance, self-direction (cognition and learning), and interpersonal attitudes, skills or behavior; self-care, etc; and

   (2) Identify the nature and extent of support(s) and accommodations needed for the client to obtain and maintain competitive employment.

g. Contractor – Individual or Company, whose Application Packet has been accepted by the Agency and is awarded a fully executed, written contract.

h. Contracts Unit Supervisor – Management contact for the Contracts Unit; primary contact for applicant protest actions.

i. Community Rehabilitation Program (CRP) – A program that provides vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment.

j. Independent Living (IL) – A program that provides vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment.

k. Intensive Training Services – One-on-one job skills training and support provided at the supported employment job site that enables the client to: 1) attain job stabilization in on-the-job performance, with job supports; 2) meet their employer's expected levels of work productivity; and 3) transition to long-term Extended Services as provided by an entity other than DVR.

   Intensive Training Services are only for DVR Clients who: 1) have an employment goal that requires supported employment; 2) are working in a paid integrated employment setting or competitive employment job; and 3)

need to achieve job stabilization in their on-the-job performance in order to transition to long-term Extended Services as provided by an entity other than DVR.

l. Issue - To mail, post or otherwise release this Solicitation as a public document to interested parties.

m. Job Placement Services – Locating, securing, and placing a DVR client into a paid integrated job that is mutually agreed upon by the DVR Counselor, client, and the Contractor. Job Placement is accomplished when the DVR client completes their first day of paid employment as defined by the client's employer.

n. Job Retention Services – Job retention is achieved when the individual has been in the placement at least ninety (90) days and is able to perform at the employer's expected level of job performance without CRP support.

o. Key Personnel - Staff being proposed to do the work under this Solicitation.

p. Off-Site Psycho-Social Job Support Services – Regular therapeutic interaction with a DSHS/DVR Customer with a mental illness who has not disclosed his/her disability to their employer to enable the individual to maintain satisfactory job performance and successful interactions with others at the workplace. This interaction occurs away from the DSHS/DVR Customer's workplace to assist the individual in areas such as, but not limited to:

(1) Adjusting and adapting to the work environment and/or the stresses of working;

(2) Maintaining a punctual work schedule and/or adjusting to any changes in their schedule;

(3) Positively accepting supervision and direction;

(4) Maintaining positive interpersonal relationships and/or communicating effectively with their supervisor, co-workers, and other whom they must interact with at the workplace;

(5) Recognizing and changing psycho-social behaviors they exhibit at their workplace that impedes or compromises their work performance and/or ability to interact with others;

(6) Recognizing and addressing the escalation of any mental illness symptoms that impede or compromise their job performance and/or ability to interact with others; and,

(7) Adjusting to other significant changes in lifestyle or personal circumstances occurring due to their employment.

q. Off-Site Psycho-Social Job Support Services (Non-Supported Employment – the same definition as “o” above, when provided to a DSHS/DVR Customer with a mental illness who does not require DSHS/DVR Supported Employment.

r. Off-Site Psycho-Social Job Support Services (Supported Employment) – the same definition as “o” above, when provided to a DSHS/DVR Customer with a mental illness who requires DSHS/DVR Supported Employment.

s. Protest - An objection by the Applicant, in writing, protesting the results of this Solicitation, and which complies with all requirements of this Solicitation.

t. RCW - Revised Code of Washington. (All references to RCW chapters or sections shall include any successor, amended, or replacement statute.)

u. Statement of Work - A statement of the work or services (a.k.a. “scope of work” or “scope of services”) which the Contractor is to perform under any contract awarded, and which is generally in the form of an exhibit attached to the executed contract.

v. Submit - To deliver to the Contracts Unit, all required documents and materials, as described and in the manner specified in this Solicitation.

w. Trial Work Experience Services – An exploration of the individual’s abilities, capabilities, and capacity to perform work situations, including experiences in which the individual is provided appropriate supports and training in order to assist in determining if the individual could benefit from DVR Services.

x. Vocational Evaluation Services – Provision of one or more standardized vocational tests, i.e. psychometric, personality, vocational preference and interest inventories, etc.

y. WAC - Washington Administrative Code. (All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.)

z. WEBS – Washington’s Electronic Business Solution. DVR encourages all bidders to register with WEBS at https://fortress.wa.gov/ga/webs/home.html.

Section A-1. Community Rehabilitation Program—(CRP Services)

1. CRP Services Project Scope

a. The contract period begins as soon as July 1, 2016, and expires June 30, 2018. The actual contract start date (effective date) will be noted on the executed service agreement.

b. Employment services purchased from CRPs are outcome based and may include:

(1) Vocational Evaluation;

(2) Trial Work Experience;

(3) Community Based Assessment;

(4) Job Placement;

(5) Intensive Training;

(6) Job Retention;

(7) Psycho-Social (Non-Supported Employment); and,

(8) Psycho-Social (Supported Employment).

c. DVR will consider submitted Application Packets for any of the services identified in Exhibit I, *CRP Services and Qualifications Form*.

d. Applicants who will receive consideration must be able to:

(1) Provide Services; and

(2) Meet all required qualifications.

e. Applicants may submit their Application Packets to provide services in more than one county. With the exception of Vocational Evaluation services, the Applicant should have a presence in the county or have established relationships with local employers.

f. An organization may provide services to DVR Customers while also serving them under another State Contract. The organization must keep separate client files and billings for each contract and must not bill on more than one contract for the services provided to an individual.

g. Any contract awarded is contingent upon availability of funding and service needs.

h. Any contract awarded does not guarantee DVR will purchase CRP services from your organization.

2. CRP Minimum Qualifications

This solicitation is open to all eligible Applicants. To be eligible, an Applicant must:

a. Be able to serve all eligible individuals in a manner and setting that meet the requirements of the Americans with Disability Act (ADA).

b. Be able to provide services through alternative formats, methods, and languages as needed per the ADA and the Civil Rights Act of 1964.

c. Possess a current State of Washington Master Business License.

d. Be able to serve individuals providing the services selected in Exhibit I.

e. Have key personnel who are able to pass a DSHS Background Check.

f. Meet all uniform requirements. Pursuant to WAC 388-892-0300, Such qualifications shall include but not be limited to, qualifications regarding conformance to:

(1) Federal, state and local laws and DSHS regulations and policies;

(2) Accessibility;

(3) Safety and health;

(4) Liability insurance coverage;

(5) Having a system in place to report the effectiveness and efficiency of the provider's DVR services;

(6) Having a system in place to gather and report DVR customer satisfaction;

(7) DVR code of ethics and standards of practice;

(8) Having a complaint and dispute resolution process in place for DVR customers;

(9) Having current background checks in place for personnel serving DVR customers.

g. Successful applicants must meet the following qualifications:

Contractors being granted a subsequent contract must meet all qualifications listed below for services provided.

(1) Vocational Evaluation Services

Individuals providing Vocational Evaluation services on behalf of the Contractor must have current certification as:

(a) Certified Vocational Evaluator (CVE) maintained by the Commission of Rehabilitation Counselor Certification (CRCC); OR

(b) Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC) and have successfully completed three graduate level courses from an accredited college or university, in vocational evaluation; standardized assessment; psychological testing and measurement; or any combination of the above mentioned coursework; OR

(c) Accredited in Comprehensive Vocational Evaluation Services by the Commission on Accreditation of Rehabilitation Facilities (CARF).

(2) Trial Work AND Community Based Assessment Services

Contractors consisting of one person must have current certification as:

(a) Certified Vocational Evaluator (CVE) maintained by the Commission of Rehabilitation Counselor Certification (CRCC); OR

(b) Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC) and have successfully completed three graduate level courses from an accredited college or university, in vocational evaluation; standardized assessment; psychological testing and measurement; or any combination of the above mentioned coursework; OR

(c) Accredited in Employment Planning Services by the Commission on Accreditation of Rehabilitation Facilities (CARF); OR

(d) Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; OR

(e) Certification from the International Center for Clubhouse Development (ICCD).

Contractors consisting of more than one person must be:

(a) Accredited in Employment Planning Services by the Commission on Accreditation of Rehabilitation Facilities (CARF); OR

(b) Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; OR

(c) Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; OR

(d) Certification from the International Center for Clubhouse Development (ICCD).

NOTE: This is a dual-service category, and by marking the correlating box on Exhibit I, *CRP Services and Qualifications Form*, the vendor agrees to provide BOTH services. If it is NOT the intent of the contractor to provide both services, they must clearly indicate the exclusion as directed in the "Technical Requirements," in Section C of this Open Enrollment document.

(3) Job Placement Services

The Contractor must be:

(a) Accredited in Community Employment Services / Job Development by the Commission on Accreditation of Rehabilitation Facilities (CARF); OR

(b) Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; OR

(c) Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; OR

(d) Certification from the International Center for Clubhouse Development (ICCD).

(4) Intensive Training Services

The Contractor must be:

(a) Accredited in Community Employment Services / Job-Site Training and Job Supports by the Commission on Accreditation of Rehabilitation Facilities (CARF); OR

(b) Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; OR

(c) Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; OR

(d) Certification from the International Center for Clubhouse Development (ICCD).

(5) Job Retention Services

The Contractor must be:

(a) Accredited in Community Employment Services / Job-Site Training and Job Supports by the Commission on Accreditation of Rehabilitation Facilities (CARF); OR

(b) Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; OR

(c) Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; OR

(d) Certification from the International Center for Clubhouse Development (ICCD).

(6) Off-Site Psycho-Social Services (Non-Supported Employment)

Each staff person in your organization that will provide Off-Site Psycho-Social Services must meet one of the following qualifications, or be directly supervised by an employee with one of the following qualifications listed below:

(a) Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC); OR

(b) Mental Health Credentialing, by Washington State Department of Health. One of the following credentials is acceptable:

i. Mental Health Counselor Associates License;

ii. Mental Health Counselor Associate Temporary Practice Permit;

iii. Mental Health Counselor Certificate;

iv. Mental Health Counselor License; or

v. Mental Health Counselor Temporary Practice Permit

(7) Off-Site Psycho-Social Services (Supported Employment)

Each staff person in your organization that will provide Off-Site Psycho-Social Services must meet one of the following qualifications, or be directly supervised by an employee with one of the following qualifications listed below:

(a) Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC); OR

(b) Mental Health Credentialing, by Washington State Department of Health. One of the following credentials is acceptable:

i. Mental Health Counselor Associates License;

ii. Mental Health Counselor Associate Temporary Practice Permit;

iii. Mental Health Counselor Certificate;

iv. Mental Health Counselor License; or

v. Mental Health Counselor Temporary Practice Permit

An Applicant must meet minimum qualifications in order to be considered for an award under this Solicitation. Applicants not meeting minimum qualifications will be disqualified.

Section A-2. Independent Living Services—(IL Services)

1. IL Project Scope

a. The contract period begins as soon as July 1, 2016, and expires June 30, 2018. The actual contract start date (effective date) will be noted on the executed service agreement.

b. Independent Living Services purchased from ILs include:

(1) IL Evaluations;

(2) IL Work-Related Systems Access; and,

(3) IL Skills Training.

c. DVR will consider submitted Application Packets for any of the services in Exhibit J.

d. DVR will consider submitted Application Packets for any of the services identified in Exhibit J, IL Services and Qualifications Form, and must be able to:

(1) Provide Services, as defined in “Section A-2. Scope of IL Services,” of this Invitation; and

(2) Meet all required qualifications.

e. Applicants may submit their Application Packets to provide services in more than one county.

f. An organization may be providing services to DVR Customers while also serving them under another State Contract. The organization must keep separate client files and billings for each contract and must not bill on more than one contract for the services provided to an individual.

g. Any contract awarded is contingent upon availability of funding and service needs.

h. Any contract awarded does not guarantee DVR will purchase IL services from your organization.

2. IL Minimum Qualifications

This solicitation is open to all eligible Applicants. To be eligible, an Applicant must:

a. If a returning contractor (any state contract), the vendor must meet the following conditions:

   (1) Has not had a Washington State DSHS contract terminated for default;

   (2) Is not currently subject of a DSHS/DVR, or other State agency, investigation regarding performance of a criminal act, abridgement of human rights, or improper billing practices; and,

   (3) Has not been the subject of any finding(s) due to a DSHS/DVR, or other State agency, investigation regarding the performance of a criminal act, abridgement of human rights, or improper billing practices.

b. Be able to serve all eligible individuals in a manner and setting that meet the requirements of the Americans with Disability Act (ADA).

c. Be able to provide services through alternative formats, methods, and languages as needed per the ADA and the Civil Rights Act of 1964.

d. Possess a current State of Washington Master Business License.

e. Be able to serve individuals providing the services selected in Exhibit J.

f. Have key personnel who are able to pass a DSHS Background Check.

g. Meet all uniform requirements. Pursuant to WAC 388-892-0300, Such qualifications shall include but not be limited to, qualifications regarding conformance to:

   (1) Federal, state and local laws and DSHS regulations and policies;

   (2) Accessibility;

   (3) Safety and health;

   (4) Liability insurance coverage;

   (5) Having a system in place to report the effectiveness and efficiency of the provider's DVR services;

   (6) Having a system in place to gather and report DVR customer satisfaction;

   (7) DVR code of ethics and standards of practice;

   (8) Having a complaint and dispute resolution process in place for DVR customers;

(9) Having current background checks in place for personnel serving DVR customers.

3. Minimum Personnel (IL Provider) Qualifications:

IMPORTANT: An executed contract DOES NOT automatically qualify the contractor (or their staff) to perform IL Services on behalf of DVR. IL Services cannot be assigned to, or provided by the contractor until DVR has specifically approved individual providers (staff), based on the review of submitted documents and certification (as noted below).

Contractors being granted a subsequent contract must meet all qualifications listed below (as applicable):

a. Personnel Qualifications for IL Evaluation Services

Your response must include copies of educational degrees, diplomas, or official transcripts and resume of paid employment experience showing each staff member providing IL Evaluations has met the following qualifications:

(1) A Bachelor's Degree in human or social services (Counseling, Vocational Rehabilitation, Social Work, Education, Psychology, Occupational / Physical Therapy, etc.), from an accredited college or university, **and**

(a) Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

(b) One (1) of the two years must involve performing individual evaluations and writing reports regarding individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets DVR's qualifications for IL Evaluation, **OR**

(2) A Bachelor's Degree, in any field, from an accredited college or university, **and**

(a) Three (3) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

(b) One (1) of the three years must involve performing individual evaluations and writing reports of individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets DVR's qualifications for IL Evaluation, **OR**

(3) Ninety (90) quarter or sixty (60) semester hours of human or social services coursework (Counseling, Vocational Rehabilitation, Social Work, Education, Psychology, Occupational / Physical Therapy, etc.), from an accredited college or university, **and**

(a) Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

(b) One (1) of the four years must involve performing individual evaluations and writing reports of individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets DVR's qualifications for IL Evaluation, **OR**

(4) A High School Diploma or GED **and**

(a) Six (6) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

(b) One (1) of the six years must involve performing individual evaluations of and writing reports regarding individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets DVR's qualifications for IL Evaluation.

b. Personnel Qualifications for IL Work Related Systems Access and IL Skills Training Services

Your response must include copies of educational degrees, diplomas, official transcripts and resume of paid employment experience showing each staff member providing IL Work Related Systems Access Services and IL Skills Training Services has met the following qualifications:

(1) A Bachelor's Degree, in any field, from an accredited college or university, **and**

(a) One (1) year Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities, **OR**

(2) Ninety (90) quarter or sixty (60) semester hours of coursework, in any field, from an accredited college or university, **and**

(a) Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities, **OR**

(3) A High School Diploma or GED **and**

(a) Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

An Applicant must meet minimum qualifications in order to be considered for an award under this Invitation. Applicants not meeting minimum qualifications will be disqualified.

4. Scope of IL Services

a. IL Evaluations

(1) Definition:

Identification of an individual's IL strengths, limitations and needs for IL Skill Training or

IL Work-related Access services as a means to access community resources related to home and community life that could impact participation in the DVR VR process and attainment of competitive employment.

(2) Two types:

(a) **Partial** will consist of up to five of the IL Evaluation topics below.

(b) **Comprehensive** will consist of all ten of the IL Evaluation topics below.

(3) **IL Evaluation Topics**

(a) Disability:

i. How the individual understands their disability and related limitations.

ii. Individual's ability to manage their physical, emotional and mental health.

(b) Residential issues:

i. Accessibility;

ii. Mobility within the home;

iii. Environmental management;

iv. Home safety;

v. Level of independence; and

vi. Need for housing benefit program or residential support services, etc.

(c) Community mobility:

i. Mobility outside of the living environment;

ii. Transportation ability and needs; and

iii. Safety issues in the community.

(d) Financial issues:

i. Individual's ability to budget, pay bills and manage money;

ii. Need for public benefits;

iii. Problems with current benefit programs;

iv. Need for guardian or protective payee;

v. Significant debt;

vi. Use of payday lenders; and

vii. Other legal issues related to financial issues.

(e) Home management issues:

Basic skills of home management that could impact ability to work, i.e. cooking, cleaning, shopping, family issues, and need for adaptive equipment or caregiver services to assist in home management.

(f) Social skills:

i. How the individual relates to family and others socially;

ii. Ability to appropriately interact with others in an employment setting;

iii. Identification of any social and/or family support system;

iv. Use of free time;

v. Involvement with recreational activities; and

vi. Problems with abuse and/or neglect.

(g) Support Systems:

i. Ability to access all appropriate benefit programs, i.e. mental health, Division of Developmental Disabilities (DDD), food stamps, medical programs, housing assistance, etc.;

ii. Understanding of why the person is accessing benefit programs and who the contact is for the programs;

iii. Ability to manage benefit programs and community resources independently;

iv. Understanding of rights and responsibilities for benefits programs;

v. Identification of significant problems with any benefit programs;

vi. Identification of need and eligibility for long-term employment supports through a community resource or if natural supports are available.

(h) Communication:

i. Ability to read, write and take messages;

ii. Understanding and response to verbal and written communication;

iii. Ability to express oneself verbally and non-verbally; and

iv. Ability to access and use telephone, TTY, computer, etc.

(i) Self-care:

Management of personal health care, (i.e. bathing; dressing; grooming; toileting; medication management; doctor appointments; routine preventative health care measures; and need for personal care assistance.

(j) Education and employment:

i. Educational background / history with special education services;

ii. Learning difficulties and styles;

iii. Employment history;

iv. Understanding of DVR process, vocational goals, plans, etc. and

v. Criminal / legal issues that may impact employment.

(4) Expected Outcome:

Individualized written report identifying all of the following:

(a) Individual's abilities and limitations in each specified IL Evaluation topic;

(b) Individual's IL barriers to competitive employment;

(c) IL Evaluator's summary impressions;

(d) IL Evaluator's name; and

(e) Specific recommendations regarding what IL skill training, natural supports and/or community resources may mitigate or eliminate the individual's IL barriers to competitive employment.

(5) **Fees:**

(a) Partial IL Evaluation:

Uniform outcome-based all-inclusive flat-fee of $430

(b) Comprehensive IL Evaluation:

Uniform outcome-based all-inclusive flat-fee of $715

i. Travel Time - Reimbursement for travel time shall be provided for round-trip travel time paid at a fixed rate of $35 per hour in quarter-hour increments and shall be paid only if service delivery occurs at a location more than fifty (50) miles from the Contractor's nearest staffed office location.

ii. Mileage - If service delivery occurs more than fifty (50) miles from the Contractor's nearest staffed office location mileage shall be paid at the current rate according to the Office of Financial Management (OFM) State Administrative and Accounting Manual (SAAM), Section 10.90.20. http://www.ofm.wa.gov/policy/10.90.htm

iii. Other Transportation Expenses - A DVR Counselor may authorize other transportation expenses, such as State Ferry System fees or toll fares.

(6) **IL Evaluation Services – Minimum Personnel Qualifications Required:**

(a) A Bachelor's Degree in human or social services (Counseling, Vocational Rehabilitation, Social Work, Education, Psychology, Occupational / Physical Therapy, etc.), from an accredited college or university, and

(b) Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

i. One (1) of the two years must involve performing individual evaluations and writing reports regarding individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who

meets DVR's qualifications for IL Evaluation, OR

ii. A Bachelor's Degree, in any field, from an accredited college or university, and

iii. Three (3) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

(A) One (1) of the three years must involve performing individual evaluations and writing reports of individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets DVR's qualifications for IL Evaluation, OR

(B) Ninety (90) quarter or sixty (60) semester hours of human or social services coursework (Counseling, Vocational Rehabilitation, Social Work, Education, Psychology, Occupational / Physical Therapy, etc.), from an accredited college or university, and

(C) Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

1. One (1) of the four years must involve performing individual evaluations and writing reports of individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets DVR's qualifications for IL Evaluation, OR

2. A High School Diploma or GED and

3. Six (6) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

a. One (1) of the six years must involve performing individual evaluations of and writing reports regarding individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets DVR's qualifications for IL Evaluation.

b. **IL Work-Related Systems Access**

(1) Definition:

Direct services to assist a person in accessing and utilizing public support systems, including but not limited to:

(2) Income – Social Security, TANF, GAU, etc.

(a) Personal care – Medicaid Personal Care, COPES, etc.

(b) Housing – Section 8, Public Housing, Adult Family Homes, etc.

(c) Medical coverage – Medicaid, Medicare, Basic Health, Healthcare for Workers with Disabilities, etc.

(3) Expected Outcome:

Individualized written report(s) detailing:

(a) All service delivery activity, as identified in the IL Service Delivery Outcome Plan (SDOP), provided to reach the Customer's IL Work-related Systems Access goal(s);

(b) Dates and hours of all activities provided;

(c) Name of staff person providing services;

(d) Specific results achieved by the customer for each IL Work-Related Systems Access services topic as identified in the SDOP;

(e) Specific recommendations, if any, for further services.

(4) Fees:

(a) Hourly unit-of-service fee of $72 per hour.

(b) Billable hours directly pertain to the delivery of services for the Customer. No payment will be made for time involved in report writing.

(c) Travel Time - Reimbursement for travel time shall be provided for round-trip travel time paid at a fixed rate of $35 per hour in quarter-hour increments and shall be paid only if service delivery occurs at a location more than fifty (50) miles from the Contractor's nearest staffed office location.

(d) Mileage - If service delivery occurs more than fifty (50) miles from the Contractor's nearest staffed office location mileage shall be paid at the current rate according to the Office of Financial Management (OFM) State Administrative and Accounting Manual (SAAM), Section 10.90.20. http://www.ofm.wa.gov/policy/10.90.htm

(e) Other Transportation Expenses - A DVR Counselor may authorize other transportation expenses, such as State Ferry System fees or toll fares.

c. **IL Skills Training**

(1) Definition:

Direct training to develop an individual's skills and abilities to mitigate or eliminate their IL barriers to employment:

(a) Use of transportation services:

Development of an individual's ability to:

i. Explore, understand and utilize different transportation options;

ii. Utilize direct bus use training;

iii. Identify community resources for bus training;

iv. Get to work and to feel safe obtaining transportation services, etc.

(b) Decision making:

Development of an individual's ability to:

i. Identify a problem;

ii. Collect data on potential solutions;

iii. Weigh alternatives;

iv. Develop a wise plan of action;

v. Implement the plan of action;

vi. Assess the success of the plan; and

vii. Make adjustments as needed, etc.

(c) Money management:

Development of an individual's ability to:

i. Track income and expenses;

ii. Budget for upcoming expenses;

iii. Shop wisely;

iv. Pay bills on time;

v. Balance a checkbook;

vi. Avoid bad debt;

vii. Learn about deceptive financial practices;

viii. Know where to get assistance if financial difficulties arise, etc.

(d) Use of communication access services:

Development of an individual's ability to explore, identify, and access effective communication options, such as interpreters, Braille services, assistive technology, etc.

(e) Organizational abilities:

Development of an individual's ability to identify and develop specific strategies, systems and tools to increase their efficiency and independence at home, in daily living, and in employment.

Examples include use of day planner, Personal Digital Assistants (PDAs), charts, checklists, filing systems, other memory aids, and work station arrangement.

(f) Interpersonal and social relationships:

Development of an individual's ability to understand effective interpersonal and social relationships and how they may affect one's personal life, judgment, decision making, functional behavior, common ground, teamwork skills, etc. Examples include work relationships, family, friendships, intimate/romantic love, nonfamilial brother and sisterhoods, platonic love, internet relationships, spiritual groups, social groups, activism, etc.

(g) Time management:

Development of an individual's ability and techniques to:

i. Plan, schedule and manage time related to employment, personal life, and home activities;

ii. Acknowledge one's personal time needs; and

iii. Manage personal priorities, goals and life skill needs, etc.

(h) Self-advocacy:

Development of an individual's ability to:

i. Learn strategies and knowledge to resolve one's own problems;

ii. Speak for one's self;

iii. Exercise civil rights; and

(i) Self-advocacy:

Make decisions affecting one's life.

i. Learn strategies and knowledge to resolve one's own problems;

(j) Accessing community resources and benefit programs:

Development of an individual's ability to independently obtain services or financial assistance through available support systems. Examples include Social Security, TANF, Healthcare for Workers with Disabilities, Section 8 and Public Housing, etc.

(k) Attendant management:

Development of an individual's ability to self-manage:

i. Personal care providers including, but not limited to how to recruit, hire, train, schedule, supervise, dismiss (if necessary), manage payroll, problem solve and develop a plan for when a personal care attendant is ill or stops working; and/or

ii. Personal care need, i.e. time required for assistance, ability to explain how assistance is to be given, having all supplies on hand, being organized, using time effectively, etc.

(l) Self care:

Development of an individual's ability to manage basic independent life skills including, but not limited to:

i. Grooming and hygiene (toileting, bathing and dressing);

ii. Health management (setting up doctor appointments; getting routine physical and preventative care; accessing medical, psychological, and other professional services as needed);

iii. Medication management (setting up a system to take medications on-time, keeping doctors informed of changes in medication, getting prescriptions refilled, etc.).

(m) Self protection:

Development of an individual's ability around personal awareness and skills to be safe when:

i. In the home or community (how to respond to an emergency, contacting 911, escaping during a fire, etc.);

ii. Interacting with others (being taken advantage of financially,

sexually or in other ways); or

iii. Using public public transportation or technology (internet “scams”, identify theft, online sexual predators); etc.

(2) **Expected Outcome:**

Individualized written report(s) detailing the:

(a) Interacting with others (being taken advantage of financially, sexually or in other ways); or

(b) All service delivery activity provided, as identified in the IL Service Delivery Outcome Plan (SDOP), to reach the Customer’s IL Skills Training goal(s);

(c) Dates and hours of all activities provided;

(d) Specific results achieved for each IL Skill Training topic as identified in the SDOP;

(e) Name of staff person providing services; and

(f) Specific recommendations, if any, for further services.

(3) **Fee:**

(a) Interacting with others (being taken advantage of financially, sexually or in other ways); or

(b) Hourly unit-of-service fee of $72 per hour.

(c) Billable hours directly pertain to the delivery of services for the Customer. No payment will be made for time involved in report writing.

(d) Travel Time - Reimbursement for travel time shall be provided for round-trip travel time paid at a fixed rate of$ 35 per hour in quarter-hour increments and shall be paid only if service delivery occurs at a location more than fifty (50) miles from the Contractor’s nearest staffed office location.

(e) Mileage - If service delivery occurs more than fifty (50) miles from the Contractor’s nearest staffed office location mileage shall be paid at the current rate according to the Office of Financial Management (OFM) State Administrative and Accounting Manual (SAAM), Section 10.90.20. http://www.ofm.wa.gov/policy/10.90.htm

(f) Other Transportation Expenses - A DVR Counselor may authorize other transportation expenses, such as State Ferry System fees or toll fares.

Section B. OPEN ENROLLMENT PROCESS

1. Enrollment Contact Information

Upon release of this Solicitation, all communications concerning this enrollment and the subsequent contract must be directed **only** to the contact listed below.

Any communication directed to DVR staff or consultants, other than as identified below, may result in disqualification, rejection/return of materials, and an expired or ineligible status.

Contact:	Contracts Unit Department of Social & Health Services Division of Vocational Rehabilitation
Mailing Address:	P.O. Box 45340 Olympia, WA 98504-5811
Physical Address:	4565 7th Ave SE Lacey, WA 98503
Telephone:	(360) 725-3652
E-mail Address:	dvrcontractsunit2@dshs.wa.gov

2. Acceptance of Enrollment Terms

The Applicant acknowledges that the submission of an Application Packet, which includes a signed *Bidder's Certification and Assurances* Form, attached as Exhibit B, constitutes a binding offer.

3. Enrollment Schedule

The Enrollment Schedule is a clear outline of the timetable for this contract opportunity.

Figure 1. ***ENROLLMENT SCHEDULE***

Item	Action	Date
1.	DVR Issues ***Open Enrollment #0416-0101***	April 8, 2016
2.	The Applicant may submit their Open Enrollment Application Packet anytime, prior to 4:00 p.m. Pacific Time.	December 31, 2017
3.	DVR notifies Applicant of missing/incorrect documents. Incomplete and/or inaccurate Application Packets will be rejected* (in their entirety) as unacceptable. Application materials must be complete, accurate and received as one submission. DVR will not accept "piecemealed" submissions. Materials will be date and time stamped at receipt, and processed in the order received. **=rejected packets will NOT be returned, as submitted documents and materials are subject to public disclosure laws and requirements.*	*Usually* within 10 business days of receipt date/time stamp. *The identified Contract Contact will be notified, in cases of delay.*
4.	Contract Execution – contracts will be prepared for complete and responsive application packets only, in the order they are physically received and accepted as responsive. Unsigned contracts will be e-mailed to <u>only</u> the identified contact person (not necessarily the signing authority) for approval. Once received back, the contract will be executed by DVR and an electronic copy emailed back to the vendor, as a part of the solicitation close-out.	Contracts will be executed within 2 business days of receipt of the vendor-signed agreement (*not including the date of receipt*).
5.	Contract Close Out – executed contracts will be updated in the STARs system, files created, and electronic copies of the final agreement will be emailed to the identified contract contact. NOTE: Although the process will not be "complete" prior to this point – Vendors may accept assignments immediately following execution of the agreement and activation within STARs.	*Usually* within 10 business days of execution. *The identified Contract Contact will be notified, in cases of delay.*
6.	Contract Initiation or "Effective Date" —This contract will NOT become active, or "go live" until July 1, 2016.	***IMPORTANT***

4. Contract

DVR intends to award ***multiple contract(s***) to provide the services described in this enrollment.

The term of the Contract will be **up to** 24 months in length, commencing upon the effective start date, as noted on the executed agreement. Amendments extending the period of performance, if any, shall be at the sole discretion of DVR.

Additional services that are appropriate to the scope of this Solicitation, as determined by DVR, may be added to the resulting contract by a written amendment mutually agreed to and executed by both parties.

5. Ethics

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Applicants should familiarize themselves with the requirements prior to submitting an Application Packet.

Additionally, Exhibit F – "*Code of Ethics and Standards of Practice*" form is required as part of the Application packet; failure to include a completed and signed document will result in disqualification.

6. Insurance

Successful Applicants must comply with insurance requirements.

7. Proprietary information/public disclosure

Materials submitted in response to this enrollment shall become the property of DVR and the Application Packets shall be deemed public records as defined by RCW 42.56.

The Application Packet must include a statement on the Letter of Submittal identifying the pages of the Application Packet, if any, which contain information the Applicant considers proprietary. Each page claimed to be proprietary must be clearly marked by printing the word "Proprietary" on the lower right hand corner. Applicants may not mark their entire Application Packet proprietary.

If DVR receives a request to view or copy an Application Packet, DVR will respond according to applicable law and DSHS' policy governing public disclosure. DVR will not disclose any information marked "Proprietary" in an Application Packet without giving the Applicant ten (10) days' notice to seek a relief in superior court per RCW 42.56.540.

8. Communications

All communications concerning this Solicitation must be directed only to the Contracts Unit—as specified in Section B, item #1, Enrollment Contact

Information." Any communication directed to DVR staff or consultants, other than the Contracts Unit, may result in disqualification. Application Packets should be based on the material contained in this enrollment, any related addendum(s), and any questions and answers directed through the Contracts Unit.

9. Questions and Answers

Vendors are expected to read, fully understand, and agree to all conditions of the service contract.

All questions must be submitted, in writing, prior to the submission of the signed application packet and/or contract execution. Submit enrollment /contract inquiries to: dvrcontractsunit2@dshs.wa.gov for review and response.

10. Enrollment Addendums

DVR reserves the right, at any time before execution of a contract, to amend all, or a portion, of this enrollment. Addendums will be posted on the DVR Procurements website and/or WEBS. In the event of a conflict, the addendum language shall have precedence over the Open Enrollment document.

11. Retraction of this Enrollment

DVR reserves the right to retract this Solicitation in whole, or in part, at any time without penalty.

12. Submission and Contents of Application Packets

a. Submission of Application Packets.

Application Packets must be prepared and submitted no later than the submission date and time specified in the Enrollment Schedule. The Application Packet is to be sent to the Contracts Unit, either by mail or hand delivery, at the address specified in Section B.1, Enrollment Contact Information. DVR will not accept any application packets submitted by fax. DVR will not accept any application packets submitted by email.

Applicants should allow sufficient time to ensure timely receipt by the Contracts Unit; **postmarks will NOT be accepted**. Applicants assume the risk for the method of delivery and for any delay in the mailing or delivery of the Proposal. DVR will disqualify any Application Packet and withdraw it from consideration if it is received after the proposal submission due date and time.

All submitted Application Packets and any accompanying documentation and material become the property of DVR and will not be returned.

b. Format of Application Packet.

(1) The Applicant must submit Application Packets on standard eight and one-half by eleven inch (8 ½" x 11") white paper.

(2) The Applicant must use a font size of 12 or larger.

(3) The Applicant must submit Application Packets in a securely bound method of their choice; examples include a three-ring binder, pronged report folder, or binder clip, etc. as specified in Section C, *Application Packet Contents*. DVR assumes no liability for the rejection of incomplete Application Packets, due to inadequately secured presentations.

(a) The Applicant must provide labeled tabs separating the major sections of the Application Packet, and must note the name of their company/organization on the front cover.

c. Contents of Application Submission.

The Applicant must submit one, complete Application Packet presentation of the identified and required application materials. The Applicant must identify the application packet as ***Solicitation # 0416-0101*** and entitle the Application Packet, "***Open Enrollment—CRP & IL Services."***

Application Packets must address the sections of this Solicitation in the same order as presented here, and with the same headings. *Failure to meet this requirement may result in a "non-responsive" designation, and the rejection of the Application Packet.*

(1) Table of Contents

(2) Section 1: Administrative Requirements.

(3) Section 2: Technical Requirements

(4) Section 3: Management/Experience and Qualification Requirements

13. Non-responsive Application Packets

All Application Packets will be reviewed by Contracts Unit staff to determine compliance with administrative requirements and instructions specified in this document. DVR may reject or withdraw an Application Packet at any time, as nonresponsive for any of the following reasons:

a. Incomplete Application Packet;

b. Submission of an Application Packet that proposes services that deviate from the technical requirements set forth in this document;

c. Failure to comply with any part of this Solicitation or any exhibit to this Solicitation; or

d. Submission of incorrect, misleading, or false information.

14. Minor Irregularities

DVR retains the right to waive minor administrative irregularities related to any Application Packet.

15. Cost to Prepare Proposal

DVR will not be liable for any costs incurred by the Applicant in preparing, submitting, or presenting an Application Packet for this enrollment.

16. Withdrawal of Application Packets

After an Application Packet has been submitted, an Applicant may withdraw its Application Packet at any time up to the submission deadline specified in the Enrollment Schedule (and prior to execution of contract). A written request to withdraw the Application Packet, signed by an authorized representative of the Applicant, must be submitted to the Contracts Unit Supervisor*. After withdrawing an Application Packet, the Applicant may submit another Application Packet at any time up to the submission deadline.

*= *withdrawal will NOT be returned, as submitted documents and materials are subject to public disclosure laws and requirements.*

17. Protest

In order to submit a Protest under this Solicitation, an Applicant must have submitted an Application Packet for this Solicitation. **This protest process is the sole administrative remedy available within DVR.** The following is the process for filing a Protest:

a. Grounds for Protest. A Protest may be made based on these grounds only:

(1) DVR failed to follow the procedures established in this Open Enrollment document, or to follow applicable State or federal laws or regulations; or

(2) Bias, discrimination, or conflict of interest on the part of a DVR staff member.

b. Protest Form and Content.

A Protest must state all of the facts and arguments upon which the Protest is based, and the grounds for the Protest. It must be in writing and signed by a person authorized to bind the Applicant to a contractual relationship. At a minimum, the Protest must include:

(1) The name of the protesting Applicant, mailing address and phone number, and the name of the individual responsible for submission of the Protest—*including an active email account, in which to deliver the receipt acknowledgement and other communications*;

(2) The Solicitation number and title;

(3) A detailed and complete statement of the specific action(s) by DVR under protest;

(4) The grounds for the Protest;

(5) Description of the relief or corrective action requested.

Applicants may attach to their Protest any documentation they have to offer in support.

c. Submitting a Protest

Protests must be in writing and must be signed. Applicants must mail or hand-deliver their Protest to the Contracts Unit Supervisor. Protests may not be submitted by fax or email. DVR must **receive** (*date and time stamped*) the written Protest within ten (10) business days of the protested issue event. ***Under no circumstances, will a protest be given consideration after the specified timeframe.***

d. Protest Process

The Contracts Unit Supervisor will acknowledge receipt within two (2) business days, to the email address provided in the written Protest, and forward all Protest documentation to the DVR designated Protest Coordinator with copies of the following:

(1) This Solicitation and any addendums,

(2) The protesting Applicant's submitted Application Packet, and

(3) Any other documentation, noting the evaluation of the Application Packet in question.

DVR will follow these procedures in reviewing a Protest:

(1) DVR will conduct an objective review of the Protest, based on the contents of the written Protest and the above materials provided by the Contracts Unit Supervisor.

(2) DVR will send the Protestor a written decision within five (5) business days after DVR receives the Protest, unless more time is required to review the Protest and make a determination. The protesting Applicant will be notified by the Contracts Unit Supervisor, via email, if additional time is necessary.

DVR will make a final determination of the Protest and will either:

(1) Find that the Protest lacks merit and uphold DVR's actions;

(2) Find that any errors in the Solicitation process or in DVR 's conduct did not influence the outcome of the Invitation, and uphold DVR's actions; <u>or</u>

(3) Find merit in the Protest and provide options for corrective action by DVR which may include:

(a) That DVR correct any errors and re-evaluate all Application Packets affected by its determination of the Protest;

(b) That DVR reissue the Solicitation document; or

(c) That DVR make other findings and take such other action as may be appropriate.

18. Execution of the Contract

Successful Applicants are expected to sign a contract with DVR and any subsequent amendments that may be required to address specific work or services as needed.

DVR reserves the right to negotiate the specific wording of the Statement of Work, based on the requirements of this Solicitation and the terms of the awarded Application Packet(s).

IMPORTANT: If a successful Applicant fails or refuses to sign the contract or any subsequent amendment within ten (10) business days of electronic delivery to the designed contract contact, DVR may elect to cancel the individual Contractor award.

Section C. APPLICATION PACKET CONTENTS

The Applicant must answer all questions and must include all items, in the order requested for the Application Packet to be considered responsive. Failure to address every section of the Open Enrollment may result in a non-responsive determination and disqualification from continuing the contract process.

1. Administrative Requirements

(Section 1 of Application Packet Contents)

Responsive Application Packets: In order to be considered a "responsive" application packet, this section of your submission MUST address the following:

The Applicant must respond to each item in the same order in which they appear in this solicitation.

a. Letter of Submittal.

Applicants must include a signed *"Letter of Submittal"* on the Applicant's official business letterhead stationery as the first page of Section 1. Signing the Letter of Submittal indicates that the Applicant accepts the terms and conditions of *Solicitation #0416-0101.*

The Applicant's Letter of Submittal must include the following:

(1) Name, address, principal place of business, telephone number, fax number, and a single e-mail account address of the legal entity or individual with whom contract would be written;

(2) The name of the contact person for this Open Enrollment *(this is the SOLE person who will be contacted with enrollment or application questions and who will receive the contract documents for signature)*;

(a) **It is HIGHLY recommended that the email, and phone number provided as contact methods, be accessible by multiple representatives—to assure coverage in the case of vacation, illness, or staff changes. ONLY the person identified as the "Contact" will be notified of contract activities and status. It is the Contractor's responsibility to ensure that accurate and current contact information is ALWAYS on file with DSHS/DVR.**

(3) A detailed list of all materials and enclosures included in the Solicitation (*Exhibit A—Proposal Checklist*);

Please note: DVR has made every attempt to ensure a complete and accurate checklist. It is, however, the Applicant's responsibility to fully read, understand, and comply with ALL terms and requirements of this solicitation. DVR assumes no liability for

incomplete, non-responsive, and/or rejected Application Packets, resulting from an inadvertent omission of information from the supplied checklist.

(4) A statement substantiating that the person who signs the letter is authorized to contractually bind the Applicant's firm;

(5) Identification of the page numbers on the Application Packet that are marked "Proprietary or Confidential" Information; and

(6) Any statements describing variations between the Application Packet and the requirements of this Solicitation.

b. Exhibit B—Applicant's Certification and Assurances Form.

Applicants must submit a completed Exhibit B—*Applicant's Certification and Assurances* form. Please sign and include any attachments that are necessary.

c. Exhibit C—Contractor Intake Form.

New CRP and/or IL Contractors Use Form C:

Applicants who do not have a existing contract with DVR, must complete and remit Exhibit C. Please assure the list of "attached supporting documentation checklist" items are marked off on the this form, and included in your application packet.

OR

Current CRP and IL Contractors Use Form C-1:

Applicants who are current contractors must submit completed and signed Exhibit C-1—*Contractor Information Update/for existing DSHS Contractors*. All applicable documents listed under Contractor Intake form(s) in the Administrative Section of the Applicant's Checklist must be submitted with the Contractor Intake form to be considered complete.

IMPORTANT: Submit Exhibit C or Exhibit C-1 only – do not complete and submit both forms.

d. Exhibit D—CRP/IL Additional Contractor Information Form.

e. Copy of Washington State Master Business License.

f. 501(c)(3) IRS letter, designating non-profit status (if applicable).

g. Certificate of Insurance

The Applicant must provide proof of Commercial General and Business Auto insurance by submitting a Certificate of Insurance.

Insurance must include the minimum dollar amounts, additional insured language, and certificate.

The Certificate of Insurance shall identify the Washington State Department of Social and Health Services as the Certificate Holder.

h. Exhibit E—Statewide Payee Registration.

The Department of Social and Health Services is now processing all vendor payments through the Office of Financial Management (OFM) Statewide Vendor Registration system. In order for you to receive payment for your invoices, you must complete and submit the Statewide Vendor Registration/Direct Deposit Authorization form AND the IRS W-9 form to the Office of Financial Management.

The State of Washington strongly encourages vendors to register for Electronic Funds Transfer (EFT). This process, also known as Direct Deposit, is cost-effective for both the State and the vendor.

Direct Deposit:

(1) Saves your organization the time and cost of manually processing and depositing checks;

(2) Helps you manage your cash balances because notification payments can be sent two days before the date of deposit; and

(3) Eliminates the worry of checks getting delayed or lost in the mail. No special software is required for direct deposit – all you need is a bank account.

If you elect not to receive payments by Electronic Funds Transfer, you are still required to complete the top portion of the Statewide Vendor Registration form and the IRS form W-9. **Both forms must be completely filled out, signed, and returned to the address on the registration form or faxed to (360) 664-3363** before submitting this Solicitation. NOTE: DVR does NOT process this form—it must be mailed or faxed to the OFM for handling.

To assist DVR with setting up apparently successful bidder(s) in the DSHS Service Tracking and Reporting System (STARS), please complete, sign, and submit the Statewide Payee Registration Status Form.

NOTE: If you already have requested and received a Washington State Payee account number, you do not need to repeat the process. Providing a copy of the account number and/ certificate will be acceptable.

i. W-9 forms.

2. Technical Requirements

(Section 2 of Application Packet Contents)

General Requirements: In this section of the Application Packet, the Applicant is to provide a list of services they wish to provide; required certification, licensure, or accreditation for each service selected; and, correctly completed background authorization forms for all applicable personnel with other required documentation.

Application Packet Template(s): The Applicant is required to use all forms supplied to respond to this section of the enrollment. *A reference to another section will not suffice, each answer must stand alone.*

Numbering of Responses. Please number each response so that it corresponds to the question number. The response must begin with a restatement of the question followed by the Applicant's response to the question ***(a reference to another section will not suffice, each answer must stand alone)***.

Attachments. Attachments must be labeled and tabbed and the question number to which it responds must be indicated.

Responsive Application Packets: In order to be considered a "responsive" application packet, this section of your submission MUST address the following:

a. Reference Section.

   The Applicant must provide a list of at least three (3) references of entities for which the Applicant has performed similar services. The references should include the names, telephone numbers, dates of services, and a brief description of the similar services the Applicant provided them in the past.

   References may not include DVR employees.

b. Services & Qualifications

   (1) CRP Services - Using the *CRP Services and Qualifications* form (Exhibit I), indicate the CRP services your organization will provide and what certification, licensure, or accreditations currently held by your organization.

      (a) An amendment process is required to add eligible services, after execution of this contract (e.g. newly certified services through CARF, etc.).

      (b) An additional memo must follow this form in the application packet if any exclusions or exceptions to the services apply. Example: The vendor does NOT provide both Trial Service and Community Based Assessment Services. This memo must specifically identify the service type to be excluded from the contract, or will be expected to provide these services upon request.

   (2) IL Services - Using the IL Services and Qualifications Form (Exhibit J), indicate the IL services your organization will provide and what

certification, licensure, or accreditations currently held by your organization.

(a) *Employees Approved to Provide IL Services* (Exhibit K).

This form must be completed and included in the Application Packet to be considered responsive. The top portion is ONLY for employees who have already gone through the background check process and have been previously approved (by DVR) to provide specific IL services. The lower portion is for new/oncoming providers that need to be added, following the standard screening process.

c. Accreditations

(1) CRP Services - Provide copies of your applicable certificate, license, or **full** CARF accreditation report. Certifications must be provided for all services identified in Exhibit H-*CRP Services and* Qualifications form; *each certification need only be submitted once, even when applied to multiple services.*

**CRP qualifications are determined a contractor-wide level.

(2) IL Services – Provide copies of the specified certificates, licenses, resumes, etc. for each potential IL Provider; DVR will review the submitted materials to determine and approve eligibility individually-approved staff.

**IL providers are determined on individual employee basis.

NOTE: **It is the Contractor's responsibility to ensure all licensure updates are promptly submitted to the Contracts Unit for processing (*notice of impending expiration is NOT provided*).** Contractor accounts must be kept current to ensure service availability. Certifications allowed to expire will result in the de-activation of a service account, until such a time as the updated certification is received and manually updated into the STARs system.

d. Background Checks

(1) Your response must include a fully completed DSHS Background Check Authorization form (Exhibit G) for each of your organization's employees, volunteers, interns, or board members who may have unsupervised access to DVR clients.

DVR will conduct the background check through the DSHS Background Check Central Unit (BCCU) and forward the results to the authorized Background Check Designee(s).

(2) The Contractor shall designate an employee or employees authorized to process confidential background check authorization forms and accept results of the background checks of its personnel, interns, volunteers, or

board members (the “Background Check Designee”).

The Contractor shall provide DVR the following information (Exhibit H, “*Background Check Contractor Designated Contact*” form) on each employee authorized to receive confidential information available on background checks and their results:

(a) Employee(s) name;

(b) Employee(s) job title;

(c) Employee(s) area code(s) and telephone number(s); and

(d) Employees business location(s) including street address, city, state, and zip+4.

The Contractor is required to notify DVR in writing within fourteen (14) calendar days when an employee(s) is no longer authorized to process and receive confidential background checks and results.

3. Management, Experience, and Qualification Requirements

(Section 3 of Application Packet Contents)

General Requirements: In this section of the Application Packet, the Applicant is to discuss written policies and procedures of the organization.

Application Packet Template(s):

Questions beginning with section 3.a. must follow the numbering guidelines listed below with each separate response. A reference to another section will not suffice, each answer must stand alone.

Numbering of Responses. Please number each response so that it corresponds to the question number. The response **must** begin with a restatement of the question followed by the Applicant’s response to the question. A reference to another section will not suffice, each answer must stand alone. Any questions left unanswered will be considered unresponsive.

Attachments. Attachments must be labeled and tabbed and the question number to which it responds must be indicated.

Responsive Application Packets: In order to be considered a “responsive” application packet, this section of your submission MUST address the following:

a. Exhibit F—Code of Ethics and Standards of Practice.

   The applicant must complete and remit Exhibit F, “Code of Ethics and Standards of Practice.”

b. Fire/Safety Inspection.

Your response must include a copy of an approved Fire/Safety Inspection certificate for all premises owned, leased, or rented by your organization where you will provide services for DVR clients.

Such inspections must be conducted within the previous twenty-four (24) months of the date of your Open Enrollment response and performed by a recognized external authority, e.g. State Fire Marshall, OSHA, WISHA, liability insurance carrier, etc.

If you will provide services in a public setting such as a library, etc. you must submit a letter stating such and the types of locations you may provide services at.

c. Safety.

(1) Explain your procedures on how you have immediate access to each of the following:

(a) First aid expertise;

(b) First aid equipment and supplies; and

(c) Emergency information on personnel and DVR clients.

(2) Explain procedures for reporting critical incidents involving DVR clients. For example, abuse or neglect, injuries, communicable diseases, violence or aggression, transportation, weapons, or illicit substances, etc.

(3) Explain your Emergency plans for each of the following:

(a) Fires;

(b) Bomb threats;

(c) Natural disasters;

(d) Power failures;

(e) Medical emergencies; and

(f) Safety during violent or other threatening situations.

d. Management and Operations Requirements

(1) Confidentiality.

(a) What are your written policies and procedures for safeguarding the confidentiality of all information regarding DVR Clients?

(b) What are your written policies and procedures for release of any confidential information regarding DVR Clients?

(2) Information Management and Performance Improvement.

(a) Describe your Information Management system and specific measures you will use to track ***effectiveness*** (results) of your future DVR services.

(b) Describe your Information Management system's specific methods of measuring ***efficiency*** (the relationship between results and resources used to produce results) of your future DVR services.

(c) Describe your Information Management system's specific methods of measuring ***DVR Client Satisfaction***.

(3) DVR Client Rights.

(a) What are your written policies for promoting the rights of DVR Clients' freedom from abuse, exploitation, retaliation, humiliation, and neglect?

(b) What are your written policies for promoting the rights of DVR Clients' access to and the release of their personal records to others and for their own use?

(c) What are your written policies for promoting the rights of DVR Clients' informed consent and expression of choice regarding service delivery?

(d) What are your written policies for promoting the rights of DVR Clients' access to legal entities for appropriate representation if needed?

(e) What are your written policies for promoting the rights of DVR Clients' regarding investigation and resolution of alleged infringement of rights?

(4) DVR Client Grievance Procedures.

(a) Describe your written procedures to ensure a DVR Client may make a formal complaint, file a grievance, or appeal a decision made by your organization's personnel.

Section D. EVALUATION

1. Evaluation Procedure

DVR will initially screen each Application Packet to determine if the Applicant has complied with the stated Administrative Requirements and Submittal Instructions. If the Application Packet does not meet all requirements for this Solicitation, DVR may consider the submission non-responsive and may withdraw it from further contracting activities.

DVR program staff and/or management may conduct a final review of the submitted Application Packets to consider past or current performance and experience of any DVR contracts by Applicants.

Applications meeting the requirements of this Open Enrollment will be offered a contract for approval and execution. Applicants deemed non-responsive or ineligible to contract will be notified by email of this determination. Non-responsive applicants will be permitted to resubmit their application materials, if the revised presentation meets the established deadline and other specified requirements of this solicitation.

IMPORTANT NOTE: Contractors providing IL services can apply for and be issued a contract for all eligible, individual, independent living services – these services, however, cannot be assigned, performed, or compensated until such a time as an individual provider (employee) has been reviewed and approved to provide specific services.

Section E. REVISIONS

1. Revisions from Phase 1 Enrollment

- Solicitation Number changed from 0116-0101 to 0416-0101.
- Exhibit B was revised to remove “Under the penalties of perjury of the State of Washington, the Applicant makes the following certifications and assurances as a required element of this Proposal for RFQ 1013-0101” and now provides the correct contract information.
- Exhibit H, removed language related to Confidentiality Statement from signature statement. Form no longer applies.
- “The Applicant must provide proof of Commercial General and Business Auto insurance by submitting a Certificate of Insurance. Insurance must include the minimum dollar amounts, additional insured language, and certificate” was removed from the Administrative Requirements section 1.G (“Insurance) on page 34 of the Phase 1 document. It was duplication.
- Section “B3” removed from Technical Requirements (Page 36 of Phase 1 document) – it was an accidental addition, and did not contain information.

Section F. EXHIBITS

1. Exhibits

Exhibits to this Solicitation are:

Exhibit A	Applicant's Checklist
Exhibit B	Applicant's Certification and Assurances Form
Exhibit C	Contractor Intake Form *(for NEW contractors only)*
Exhibit C-1	Contractor Information Update Form *(for existing/current contractors only)*
Exhibit D	CRP/IL Additional Contractor Information Form
Exhibit E	Statewide Payee Registration & W-9
Exhibit F	Code of Ethics and Standards of Practice
Exhibit G	Background Authorization Form & Instructions
Exhibit H	Background Check Contractor Designated Contact
Exhibit I	CRP Services and Qualifications Form
Exhibit J	IL Services & Qualifications Form (*includes fee schedule*)
Exhibit K	Employees Approved to Provide IL Services
Exhibit L	CRP Fee Schedule (effective 20140701)

☐ Applicant Certification and Assurances Form (Exhibit B)

☐ Letter of Submittal

Business Requirements

☐ Contractor Intake Form (New Contractors – Exhibit C; Existing Contractor – C1)

☐ Additional Contractor Information (Exhibit D)

☐ Copy of WA State Master Business License

☐ Copy of 501©(3) IRS letter designating your status as a nonprofit (if applicable)

☐ List of partners, members, directors, officers, and board members, including title, phone number, and e-mail. (not applicable to sole proprietors).

☐ Copy of Certificate of Insurance

☐ Copy of OFM Statewide Payee Registration and W-9 forms (Exhibit E)

Qualifications and Experience Requirements

☐ Three Professional References

☐ CRP Services and Qualifications Form (Exhibit I)

☐ IL Services and Qualifications Form (Exhibit J)

☐ Background Authorization Form(s) (Exhibit G)

☐ Background Check Contractor Designated Contact Form (Exhibit H)

Management and Operations Requirements

☐ Code of Ethics and Standards of Practice (Exhibit F)

☐ Fire/Safety Inspection Certificate; ***OR***

- ☐ Statement verifying that you do not own, lease, or rent a premises where you provide services, but meet clients in public locations.

☐ Responses to Management and Operations Requirements.

Washington State Department of Social & Health Services	**Division of Vocational Rehabilitation** Applicant Certification and Assurances	**Exhibit B**

Under the penalties of perjury of the State of Washington, the Applicant makes the following certifications and assurances as a required element of this application for Solicitation 0416-0101.

1. The Applicant declares that all answers and statements made in the Proposal are true and correct.

2. Applicant's Proposal is a firm offer for a period of 180 days following receipt, and it may be accepted by DSHS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period. In the case of a protest, the Applicant's Proposal will remain valid for 210 days or until the protest is resolved, whichever is later.

3. The Applicant certifies that in preparing this Proposal, it was not assisted by any current or former Washington State (including, but not limited to, DSHS) employees whose duties relate (or did relate) to this Solicitation, and who was assisting us in a manner outside his or her official capacity. Likewise, the Applicant has not been assisted by any person whose immediate family has any financial interest in the outcome of this Solicitation.

4. The Applicant acknowledges that DSHS will not reimburse it for any costs incurred in the preparation and presentation of this Proposal. All Proposals become the property of DSHS and the Applicant claims no proprietary right to the ideas, writings, items, or samples.

5. The Applicant certifies that it is now, and shall remain, in compliance with the certifications and assurances contained above, and agrees that such compliance is a condition precedent to the award and continuation of any related Contract.

6. The Applicant certifies that it made no attempt, nor will make any attempt, to persuade any other person or firm to submit, or not submit, a proposal for the purpose of restricting competition.

7. The Applicant acknowledges its obligation to notify DSHS of any changes in the certifications and assurances above.

8. The Applicant affirms the truthfulness of these facts and acknowledges its current and continued compliance with these certifications and assurances as part of this Proposal and any resulting contract award with DSHS.

By submitting this proposal, I certify that I am authorized to submit a response on behalf of the Applicant and the information submitted is accurate and true to the best of my knowledge. The undersigned is authorized to bind the Applicant to a contract and will be signing any contracts between Applicant and DSHS/DVR.

CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

Washington State Department of Social & Health Services

Contractor Intake Instructions

All New DSHS Contractors must:

- Complete, sign and submit the **Intake Form** to the **Department of Social and Health Services (DSHS)**.
- Register in the **Statewide Payee Registration System.** This system is maintained by the Washington State Department of Enterprise Services (DES) to process payments for **all** Washington state agencies. To register, **follow the online instructions at http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx .** You must complete this step in order to be paid.

  Please **do not** return this DSHS Contractor Intake Form to DES; they will **not** process it.

All Existing DSHS Contractors who have changed their business name or business organization, or experienced other significant changes, **must**:

- Update their information in the **Statewide Payee Registration System** by following the instructions at http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx .
- Complete, sign and submit a new **Contractor Intake** form to the **Department of Social and Health Services (DSHS)**.

Section One: Contractor Name/Business Organization

1. **Contractor name.**
   - For an Individual or Sole Proprietor, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix.
   - Other entities. Enter your business name as shown on the legal document creating the entity.
2. **Business Organization.** Please mark only one.
   - If you are a nonresident alien foreign person or a business entity established in another state or country, the IRS may require you to complete Form W-8.
   - If you are a Non-profit Corporation or a Faith-Based Non-Profit Corporation **attach a copy of your 501(c) status**.
3. **Taxpayer Identification Number (TIN).**
   - Individual or Sole Proprietor - If you are a sole proprietor you may enter either your Social Security Number (SSN), or if you have one, your federal Employer Identification Number (EIN).
   - Other Business Entities - Enter the entity's Employer Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business.
   - Resident alien. - If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the SSN box.
4. **Default Reported, Fiscal Year, UBI Number, Business License, and DUNS Number.**
   - List any contracts that you have had with the state that have been terminated for default.
   - Provide your fiscal year end date.
   - Provide your Washington State Uniform Business Identifier (UBI) Number.
   - **Attach a copy of your State Master Business License**. You may be exempt from registering with the State of Washington under certain circumstances. For more information review: **http://bls.dor.wa.gov/faqlicense.aspx**
   - Provide your Dun and Bradstreet (DUNS) Number.

Section Two: Contractor Primary Address Enter the primary address information of your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific address in addition to your primary one, please do so in Section Five.

Section Three: Contractor Ownership Check those that, in your opinion, apply to your organization. If you have a certification number, please provide that also. For the definition of microbusiness, minibusiness and small business, *See* RCW 39.26.010 (19), (20) and (21)

Section Four: Contractor Contact Person(s) Enter the primary contact information, and job title, for your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific contact person other than your primary one, please do so in Section Five.

Section Five: Additional Information

1. **Contractor Additional Addresses.** If applicable, provide additional addresses used for DSHS Contracts.
2. **Contractor Additional Staff.** If applicable, provide additional staff information for DSHS Contracts. Additional staff may include those who have authority to sign a DSHS contract on behalf of the business, and are referred to as a signatory.

Section Six: Contractor Certification You must sign, date, and return this form before DSHS will issue a contract.

Washington State Department of Social & Health Services

Contractor Intake

Section One: Contractor Name/Business Organization **(DSHS staff enter on ACD Intake Detail screen)**

1. CONTRACTOR NAME

DBA OR FACILITY NAME

2. BUSINESS ORGANIZATION

- ☐ Individual or Sole Proprietor
- ☐ Non-Profit Corporation (**Attach a copy** of 501(c) status)
- ☐ For Profit Corporation
- ☐ Faith Based (FBO) Non-Profit Corporation
- ☐ Faith Based (FBO) Unincorporated
- ☐ Governmental Entity
- ☐ Foreign Person or Entity
- ☐ General Partnership
- ☐ Limited Liability Partnership (LLP)
- ☐ Limited Liability Limited Partnership (LLLP)
- ☐ Limited Liability Company, filing as a Corporation
- ☐ Limited Liability Company, filing as a Partnership
- ☐ Limited Liability Company, filing as a Sole Proprietor

If your business is **NOT** a sole proprietorship,
attach a list of the partners, members, directors, officers, and board members.

3. TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box.

- For individuals, this may be your Social Security Number (SSN).
- For other entities, it is your Employer Identification Number.

Social Security Number _____ (Enter all 9 numbers, NO DASHES)

OR

Employer Identification Number _____ (Enter all 9 numbers, NO DASHES)

4. DEFAULT REPORTED, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE, AND DUNS NUMBER

Have you had any contract with the state terminated for default? ☐ Yes ☐ No
If yes, **attach a list** of terminated contracts with an explanation why each contract was terminated.

Is your fiscal year end the same as the calendar year (January 1 through December 31)? ☐ Yes ☐ No
If the answer is no, what is your fiscal year end date? _____

What is your Washington State Uniform Business Identifier (UBI) Number? _____ (Enter all 9 numbers, NO DASHES)

Attach a copy of your current Washington State **Master Business License**.

If you do not have a Washington State Master Business License, explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.)

What is your Dun and Bradstreet (DUNS) number? (Enter all nine numbers, NO DASHES.

Section Two: Contractor Primary Address **(DSHS staff enter on ACD Intake Detail screen)**

CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)

CITY, STATE, AND ZIP CODE

EMAIL ADDRESS

COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)

PHONE NUMBER (INCLUDE AREA CODE)
( )

FAX NUMBER (INCLUDE AREA CODE)
( )

Section Three: Contractor Ownership Type (DSHS staff enter, as applicable, on ACD Intake Detail screen)

In your opinion, do you consider your business to be one or more of the following? If so, please check the boxes that apply.

	YES	NO
Disadvantaged Business Enterprise	☐	☐
Woman Owned Business Enterprise	☐	☐
Minority Owned Business Enterprise	☐	☐
Veteran Owned Business Enterprise	☐	☐
Community Based Organization	☐	☐
Microbusiness	☐	☐
Minibusiness	☐	☐
Small Business	☐	☐

If your business is Certified by Washington State's Office of Minority and Women Owned Business Enterprises (OMWBE) http://www.omwbe.wa.gov, or Department of Veterans Affairs (DVA), enter the certification number.

_____

_____

_____

_____

Section Four: Contractor Primary Contact Person (DSHS staff enter on ACD Intake Detail screen)

Primary contact person is a(n):

☐ Owner ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official

☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the primary contact person authorized to sign contracts? ☐ Yes ☐ No

PRIMARY CONTACT NAME AND JOB TITLE	PHONE NUMBER (INCLUDE AREA CODE) ( )
FAX NUMBER (INCLUDE AREA CODE) ( )	PRIMARY CONTACT EMAIL ADDRESS
PAGER NUMBER (INCLUDE AREA CODE) ( )	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ( )

Section Five: Additional Information (DSHS staff enter on Intake Detail – Sub Information Summary screens)

1. ADDITIONAL CONTRACTOR ADDRESSES: IF YOU HAVE MORE THAN TWO ADDITIONAL ADDRESSES, YOU MAY **ATTACH** A LISTING OF ADDITIONAL ADDRESSES.

ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)
☐ Billing address ☐ Facility address ☐ Mailing address	CITY, STATE, AND ZIP CODE
PHONE NUMBER (INCLUDE AREA CODE) ( )	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)
FAX NUMBER (INCLUDE AREA CODE) ( )	EMAIL ADDRESS

ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)
☐ Billing address ☐ Facility address ☐ Mailing address	CITY, STATE, AND ZIP CODE
PHONE NUMBER (INCLUDE AREA CODE) ( )	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)
FAX NUMBER (INCLUDE AREA CODE) ( )	EMAIL ADDRESS

2. ADDITIONAL STAFF: IF YOU HAVE MORE THAN TWO ADDITIONAL STAFF (LISTED BELOW), WHO ARE ALSO RELEVANT TO YOUR DSHS CONTRACTS, PLEASE PROVIDE INFORMATION ABOUT THOSE STAFF ON A SEPARATE PAGE.

Additional staff person is a(n):

☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official

☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff authorized to sign contracts? ☐ Yes ☐ No

Is the additional staff a contact for DSHS contracts? ☐ Yes ☐ No

ADDITIONAL STAFF NAME	PHONE NUMBER (INCLUDE AREA CODE) ( )
FAX NUMBER (INCLUDE AREA CODE) ( )	ADDITIONAL STAFF EMAIL ADDRESS
PAGER NUMBER (INCLUDE AREA CODE) ( )	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ( )

Additional staff person is a(n):

☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official

☐ Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff authorized to sign contracts? ☐ Yes ☐ No

Is the additional staff a contact for DSHS contracts? ☐ Yes ☐ No

ADDITIONAL STAFF NAME	PHONE NUMBER (INCLUDE AREA CODE) ( )
FAX NUMBER (INCLUDE AREA CODE) ( )	ADDITIONAL STAFF EMAIL ADDRESS
PAGER NUMBER (INCLUDE AREA CODE) ( )	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ( )

Section Six: Contractor Certification (DSHS staff enter on ACD Intake Detail as Intake Form Date)

You must sign, date, and return this form.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.

SIGNATURE DATE	PRINTED NAME
	TITLE

ATTACHED SUPPORTING DOCUMENTATION CHECKLIST

- ☐ Copy of your W-9 - Request or Taxpayer Identification Number and Certification
- ☐ Copy of statement showing non-profit 501(c) status (if applicable)
- ☐ List of partners, members, directors, officers, and board members (not applicable to sole proprietors)
- ☐ Copy of your Washington State Master Business License or proof of exemption
- ☐ List of any contracts you have had with the state that have been terminated for default, including a brief explanation (if applicable)
- ☐ List of Additional Addresses (if applicable)
- ☐ List of Additional Staff (if applicable)
- ☐ Copy of your Certificate of Insurance (if applicable)

Washington State Department of Social & Health Services
Transforming lives

Contractor Information Update (for existing DSHS contractors)

Section One: This section is for existing Contractors to provide current information as applicable.

Please complete the table below.

- Please complete your contact name, address, or name of person authorized to sign DSHS contracts, and enter those updates in the right column.
- If you need to update other information on record, you must complete a new Contractor Intake Form. Contact the person who sent you this form.
- If you need to update your self-reported or certified status as a Women Owned Business Enterprise (WBE), Minority Owned Business Enterprise (MBE), Disadvantaged Business Enterprise (DBE), Community-Based Organization (CBO), or Faith Based Organization (FBO), you must complete a new Contractor Intake Form. Contact the person who sent you this form.

Information Description	Contractor Information
Contractor Name:	
Business Organization:	Choose an item.
EIN or SSN:	Choose an item.
Contracts Terminated for Default:	
Fiscal Year End:	
UBI, and Dun and Bradstreet (DUNS):	UBI: DUNS:
Primary Contact Name:	
Primary Phone Number:	
Primary Email:	
Primary Fax:	
Primary Address:	
Name of Person who signs DSHS Contracts:	

Section Two: Address and/or Staff. This section allows you to add an address and/or staff person for this DSHS Contract.

- Is the primary address listed above the address DSHS should use for this contract? ☐ Yes ☐ No
  (If your answer is yes, proceed to next bullet. If your answer is no, provide the address for this contract on **Page 2**.)
- Is the primary contact name listed above the person DSHS should contact for this contract? ☐ Yes ☐ No
  (If your answer is yes, proceed to next bullet. If your answer is no, provide the contact person for this contract on **Page 2**.)
- Will the person who signs DSHS contracts listed above be signing this DSHS contract? ☐ Yes ☐ No
  (If your answer is yes, proceed to Section Three. If your answer is no, provide the name of the person who will sign this contract on **Page 2**.)

Section Three: Information Update Authorization

Please insert today's date ( ) as the date you updated your contractor information. Please insert your name and title (,) as the person authorized to update your contractor information.

E-mail or fax your completed form to the person who sent you this form.

Address DSHS should use for this Contract
(If you have additional addresses for this Contract, attach a listing of additional addresses.)

☐ Billing Address ☐ Facility Address ☐ Mailing Address	ADDRESS FOR THIS CONTRACT (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) CITY, STATE, AND ZIP CODE

PHONE NUMBER (INCLUDE AREA CODE) ( )	COUNTY WHERE ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)
FAX NUMBER (INCLUDE AREA CODE) ( )	EMAIL ADDRESS

(Contact Person DSHS should use for this Contract
If you have additional contact persons for this Contract, attach a listing of additional contact persons.)

Contact person for this Contract is a(n):

☐ Owner ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official
☐ Other (please identify (DSHS staff enter as applicable on ACD)

Is the contact person authorized to sign contracts? ☐ Yes ☐ No

Is the contact person a contact for this DSHS contract? ☐ Yes ☐ No

CONTACT PERSON'S NAME		CONTACT PERSON'S EMAIL ADDRESS	
PHONE NUMBER (INCLUDE AREA CODE) ( )	FAX NUMBER (INCLUDE AREA CODE) ( )	PAGER NUMBER (INCLUDE AREA CODE) ( )	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ( )

Person who will be signing this Contract
(If the contact person entered above will also sign this Contract, <u>you don't need to enter their information again</u>.)

Person authorized to sign this Contract is a(n):

☐ Owner ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official
☐ Other (please identify (DSHS staff enter as applicable on ACD)

Is the contact person authorized to sign contracts? ☐ Yes ☐ No

Is the contact person a contact for this DSHS contract? ☐ Yes ☐ No

CONTACT PERSON'S NAME		CONTACT PERSON'S EMAIL ADDRESS	
PHONE NUMBER (INCLUDE AREA CODE) ( )	FAX NUMBER (INCLUDE AREA CODE) ( )	PAGER NUMBER (INCLUDE AREA CODE) ( )	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ( )

Section Four: Contractor Certification

You must sign, date and return this form.

I certify under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct and that I will notify DSHS of any changes in any statement.

SIGNATURE	DATE	PRINTED NAME	TITLE

Washington State Department of Social & Health Services	**Division of Vocational Rehabilitation** CRP/IL Additional Contractor Information	**Exhibit D**

1. Contractor Information **Please PRINT clearly in all boxes, except for signature box.**

CONTRACTOR NAME AS REGISTERED WITH THE IRS	CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT

2. Contracting Information

A. Years of experience your organization has providing the type of services purchased through this contract? _____ years

B. Is this the first contract with DSHS or other state agencies for your organization? ☐ Yes (Skip to C.) ☐ No

B-1. Is your organization currently or has your organization been the subject of any investigation or *finding(s)* due to a DSHS or other state agency investigation regarding the performance of a criminal act, abridgement of human rights or improper billing practices?

☐ Yes ☐ No If **YES**, please provide details at the bottom of this page or on a separate sheet of paper.

B-2. Has your organization had a contract terminated by DSHS or other state agencies? ☐ Yes ☐ No

B-3. Have you received any audit findings related to state contracts in the past two (2) years? ☐ Yes ☐ No

C. Do you currently have other active DSHS, state agency, or other government contracts? ☐ Yes (How many? _____) ☐ No

C-1. Do you have contract(s) or receive funds for the provision of similar services as purchased through this contract? ☐ Yes ☐ No

D. Do you have any unresolved invoicing or service issues with any current contracts? ☐ Yes ☐ No

3. Contractor Financial Information

Please provide your company's Statewide Vendor Number (SWV) as assigned by the Department of Enterprise Services (DES): SWV#_____

If you have not yet received a SWV#, please provide the **date you submitted** the registration paperwork to DES: __/__/____

CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

PLEASE
DO NOT
STAPLE

PRINT FORM

Statewide Payee Registration

Washington State

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

☐ **NEW REGISTRATION**

☐ **CHANGE to EXISTING REGISTRATION** – complete the **ENTIRE** form and check below what is updated:

☐ Name/DBA ☐ Address ☐ Contact Information ☐ Email ☐ Payment Options ☐ Direct Deposit ☐ Additional Information

If you know your Statewide Vendor Number, enter it here: _____

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms (see W-9)

SSN **OR** **EIN**

Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name

Contact Person

( ) - Ext.

Mailing Address

Contact Telephone Number

( ) -

City, ST and Zip Code

Contact Fax Number

Email to receive Statewide Vendor Number and payment notifications

Agy#/Owner-Int./System/Identifier STATE USE ONLY

Type of Business

STEP 3: Select Payment Option:

☐ Direct Deposit to bank (recommended) or ☐ Check in US mail (terminates any previous banking information on file)

STEP 4: For Direct Deposit, complete all fields below and sign

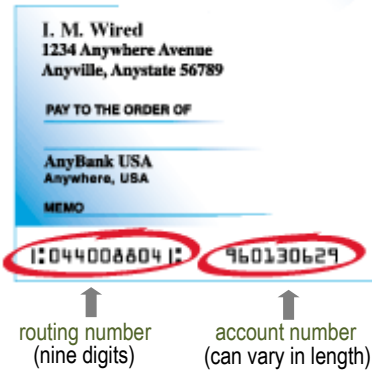
Financial Institution Name – must be a US institution

( ) -

Financial Institution Phone Number

Routing Number – see example at right

Account Number – see example at right



In addition to providing your banking information on this form, you may also attach a voided check.

Account Type: ☐ Checking or ☐ Savings (Checking will be used if neither box is marked.)

Authorization for Direct Deposit:

I hereby authorize and request Consolidated Technology Services (CTS) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, CTS and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, CTS will notify this office of the error and the reason for the reversal. This authority will continue until such time CTS and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorized Representative (Please Print)

Title

SIGNATURE of Authorized Representative

Date

STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form **W-9**	**Request for Taxpayer Identification Number and Certification**	

1. Legal Name (as shown on your income tax return)

2.Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name

3.Check ONLY ONE box below (see W-9 instructions for additional information)

☐ Individual or Sole Proprietor ☐ LLC filing as a sole proprietor ☐ Partnership	☐ Corporation ☐ S-Corp	☐ LLC filing as Corporation ☐ LLC filing as Partnership ☐ LLC filing as S-Corp	☐ Non Profit Organization ☐ Volunteer ☐ Board /Committee Member	☐ Local Government ☐ State Government ☐ Federal Government (including tribal)	☐ Tax-exempt organization ☐ Trust/Estate

4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable:
☐ Medical ☐ Attorney/Legal

5. If exempt from backup withholding, check here: ☐

6. Address (number, street, and apt. or suite no.)

7. City, state, and ZIP code

For office use

The Legal Name, Address and TIN must be filled in completely and the document signed for the forms to be accepted.

8.Taxpayer Identification Number (TIN)

Enter your EIN OR SSN in the appropriate box to the right (do not enter both)

For individuals, this is your social security number (SSN).

For other entities, it is your employer identification number (EIN).

NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.

Social security number

OR

Employer identification number

9. Certification

Under penalty of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

SIGNATURE of U.S. PERSON	Date
When completing on behalf of governmental entity, please print & sign your name below:	Date

STEP 6: Submit

For fastest service, PRINT, SIGN, FAX to: 360-664-3363

or mail to: Statewide Payee Desk, PO Box 41450, Olympia WA 98504-1450

http://www.des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx

Introduction

The following Code of Ethics outlines the guiding principles that should underlie the actions of all individuals and organizations delivering DVR Services to DVR Clients. The Standards of Practice describe how the Code of Ethics should be applied operationally. These standards will provide a foundation and basis of adjudication should DVR learn of possible ethical violations on the part of DVR Services Contractors who interact with DVR Clients.

CODE OF ETHICS

To promote the highest standards of ethical conduct, all personnel of DVR Services Contractors shall:

- Hold paramount the well being of people served professionally.
- Respect and uphold DVR Clients' rights.
- Uphold the principles of informed choice.
- Practice only in area(s) of competency.
- Respect the DVR Client's privacy and release no information about the DVR Client without his/her expressed, written permission.
- Engage in no conduct that constitutes a conflict of interest or that adversely reflects on his or her professional practice.
- Seek only deserved, honest and reasonable monetary reimbursement for services.
- Issue only objective and truthful statements regarding services.
- Comply with the laws and policies that guide professional practice.

STANDARDS OF PRACTICE

In the following areas, all personnel of DVR Services Contractors shall:

Respect for DVR Clients

- Hold the Client's well-being paramount and consider each Client individuality.
- Not discriminate in the provision of services or products on the basis of disability, race, national origin, religion, creed, gender, age, veteran status, marital status, or sexual orientation.
- Only recommend, support, or implement services that do not expose the DVR Client (or others) to unreasonable risk, exploitation, and/or personal injury. Inform the customer as fully as possible to all risks.

Informed Choice

- When recommending services, fully involve the DVR Client and inform him or her of all reasonable options available, including costs. These recommendations shall not be limited to anyone's perceptions about the availability of resources.
- Fully inform the DVR Client or his or her advocate about all aspects of any final recommendations and make only reasonable statements about expected outcomes.
- Consider the current and future needs of the DVR Client when developing recommendations and fully inform the Client of those perceived needs.
- Fully and accurately disclose to the DVR Client the qualifications of all staff members who will serve them directly.

Professionalism and Competency

- Comply with all licensing, credentialing and/or accreditation requirements recognized in their fields of service.
- Provide services only within the scope of their competency, taking into account their education, experience, and training and recognizing the limits of their own skills and knowledge in any professional area.
- Take on only those professional commitments and agreements that they can fulfill, and carry out those obligations in a timely way.
- Stay current in all aspects of their professional practice through ongoing education. Topics should include accessibility, funding, legal issues, recommended rehabilitation practices, clinical practice, and emerging services or technologies.
- Not provide professional services, nor allow any representative to provide services, while under the influence of drugs or alcohol or while substance abuse or a health condition influences their judgment.
- Not engage in conduct that reflects adversely on their profession or calls into question their fitness to serve DVR Clients.
- Avoid any action, intentional or accidental, professional or personal, that would exploit the dependency and trust of the DVR Client.

Service Delivery

- When the DVR Client's best interest requires it, collaborate or "team up" with providers from other professional disciplines to delivery services. DVR Services Contractors shall present only complete and factual information about other providers.
- Within the scope of their competency, use every resource reasonably available to meet the DVR Client's needs. This may require referring the Client to other service providers for services.
- Maintain procedures to measure the effectiveness and efficiency of their operations and to enhance service quality.

Conflict of Interest

- Maintain only those **professional** relationships that do not create a real or perceived conflict of interest. DVR Services Contractors shall inform the DVR Client or their advocates of any employment relationships, professional affiliations, or fiduciary interests that may be perceived as a conflict of interest. DVR Services Contractors must decline to provide services when any such affiliation or interest is likely to influence their professional judgment.

- Make every effort to avoid **personal** relationships that could influence their professional judgment or be perceived as a conflict of interest.

Sound Business Practices

- Not engage in fraud, waste, or abuse when charging for services.

- Be truthful and accurate in all public statements about the services and products they provide.

- Stay within the scope of services agreed upon by DVR Client's and DVR.

- Maintain sound business practices and financial records by using Generally Accepted Accounting Principals (GAAP).

- Maintain adequate records of evaluations, assessments, services, recommendations, reports, or products provided and preserve the confidentiality of those records, unless disclosure is required by law, or for the protection of the DVR Client or the public.

We acknowledge that we have read and understood the preceding statements.

CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

Washington State Department of Social & Health Services
Transforming lives

Background Check Authorization

PROCESSING CODE

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. ENTITY REQUESTING THE BACKGROUND CHECK	1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A	1C. NAME OF SECONDARY ENTITY

2. **REQUIRED:** NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK

PRINTED NAME: SIGNATURE:

3. **REQUIRED ONLY FOR DSHS STATE EMPLOYMENT**

DSHS POSITION NUMBER _____ **(WRITE NONE IF NONE)** DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____

☐ Permanent appointment ☐ Non-permanent appointment ☐ Work study / student internship ☐ Volunteer ☐ Acting

4. **REQUIRED:** BCCU ACCOUNT NUMBER	5. DSHS ID NUMBER OR NAME

SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

6. SOCIAL SECURITY NUMBER	7. **REQUIRED:** DATE OF BIRTH (MM/DD/YYYY)	8. PRINT YOUR E-MAIL ADDRESS

9. **REQUIRED:** PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST:	MIDDLE:	LAST:

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST:	MIDDLE:	LAST:

REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS.

You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

11A. Have you been convicted of any crime? If yes, fill in the blanks below. ..... ☐ Yes ☐ No

_____ Degree: _____ State: __ Conviction date: __/__/____

11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. ..... ☐ Yes ☐ No

_____ Degree: _____ State: __

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? ..... ☐ Yes ☐ No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? ..... ☐ Yes ☐ No

14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? ..... ☐ Yes ☐ No

- Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14.
  See instructions for description of "permanent."

15. **REQUIRED:** PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER **(WRITE NONE IF NONE)**	**REQUIRED:** PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID

16. **REQUIRED**

Have you lived in any state or country other than Washington State within the last three years (36 months)? ☐ Yes ☐ No

17. **A. REQUIRED:** PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION

APT. NO. CITY STATE ZIP CODE

B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)

APT. NO. CITY STATE ZIP CODE

C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED

18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature in box number 19 means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.
- The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.

19. **REQUIRED:** YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.	20. **REQUIRED:** TODAY'S DATE (MM/DD/YYYY)

PROGRAM USE – FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM

Instructions for Completing the Background Check Authorization
DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. **The DSHS oversight program requiring the background check may have additional instructions that you must follow.**

The Background Check Central Unit (BCCU) **cannot** complete the background check unless all required boxes are complete. Required boxes have the word **REQUIRED:** next to the box number as shown in the example below:

4. **REQUIRED:** BCCU ACCOUNT NUMBER

IMPORTANT: If you do not provide all required information, your background check will be delayed.

ATTENTION ENTITIES AND DSHS STAFF: Only submit this authorization form once. Multiple submissions of the same authorization form causes delays in processing background checks.

PROCESSING CODE: If you use a priority processing code or "fingerprint required", enter it in this box. Priority processing codes include new hire, initial contract, initial license, approved rush, Community Protection, and DSHS state employee.

SECTION 1: TO BE COMPLETED BY THE ENTITY REQUESTING THE BACKGROUND CHECK

This section must be completed by the **entity** requesting the background check. Entities are most often DSHS programs, hiring authorities, and external providers who submit background check requests to the Background Check Central Unit.

Box No.	Instructions
1A	Enter the name of the entity requesting the background check.
1B	Enter the full address of the entity listed in Box 1A.
1C	Enter the name of the secondary entity associated with the background check. A secondary entity may be a contractor, subcontractor, or other entity associated with this background check. Your oversight program will provide instructions on how to use this box.
2	Provide the printed name and signature of the person requesting the background check. This is the person who is submitting the background check on behalf of the entity listed in Box 1A.
3	Complete this box **ONLY** if the background check is for DSHS employment purposes. External providers should **not** complete this box.
4	Enter your BCCU account number in this box. You can find your BCCU account number at http://www.dshs.wa.gov/fsa/bccu/account-numbers. DSHS state employment account numbers are available on the BCCU intranet webpage.
5	Enter a DSHS ID number or name if required by your DSHS oversight program.

SECTION 2: TO BE COMPLETED BY THE APPLICANT

This section must be completed by the **applicant**. The applicant is the person whose background we are checking. Except as noted in these instructions, DSHS staff must not complete Section 2 for the applicant. Note: Adult Protective Services program staff may complete the applicant information for an APS investigation background check.

Box No.	Instructions
6	You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit match your name and date of birth to existing records in our database and may speed up completion of your background check.
7	Print your date of birth listing the month, day, and year.
8	Provide an e-mail address where we can reach you.
9	Current Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. (See example below.) Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write **N/A** in each field that you do not have a name to enter.

9. **REQUIRED:** PRINT YOUR NAME AS IT IS ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.		
FIRST: **Susan**	MIDDLE: **Jane**	LAST: **Smith**

10 Other Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter **N/A** in the appropriate box. Do not leave any of the boxes blank. (See examples below)

Example 1 – entering two nicknames and one maiden name. No other middle names have been used.

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.		
FIRST: **Sue, Susie**	MIDDLE: **N/A**	LAST: **Jones**

Example 2 – entering N/A because no other first, middle, or last names have been used.

10. **REQUIRED:** PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.		
FIRST: **N/A**	MIDDLE: **N/A**	LAST: **N/A**

See important information about answering self-disclosure questions following the description for Box 20.

Box No.	**Instructions**
11A	You must check **YES** or **NO.** If you check **YES**, you must enter the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). If you need to list additional convictions, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.
11B	You must check **YES** or **NO.** If you check **YES**, you must enter the pending charge name, degree (if any), and state. If you need to list additional pending charges, attach a separate piece of paper to the Background Check Authorization form. Include your name and all the required information listed above.
12-14	Read each question carefully before answering. You must check YES or NO. ***Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.**
15	Enter your Driver's License or state-issued ID and the state where it was issued.
16	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer **NO**. If you have lived in any state or country other than Washington State within the last three years (36 months), answer **YES**.
17	17a - Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results. 17b – Enter your street address if it is different than your mailing address. If your street address and mailing address are the same, enter **SAME**. 17c – Enter the daytime phone number where you can be reached.
18.	Read the statements in Box 18. Your signature in Box 19 means you have read, understand, and agree to the statements listed in Box 18.
19.	Sign your name as it is listed in Box 9. If you are not 18 years old, a parent or guardian must sign for you.
20.	Enter the month / day / year (MM/DD/YYYY) you signed Box 19.

IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates and other information exactly as they are listed in those documents.

If you have questions about the Background Check Central Unit background check process, contact BCCU at bccuinquiry@dshs.wa.gov or call 360-902-7555.

Washington State Department of Social & Health Services	**Division of Vocational Rehabilitation** Background Check Contractor Designated Contact(s)	**Exhibit H**

Please PRINT clearly in all boxes, except for signature box.
This form is for the staff person(s) who deals with confidential information in your organization.

CONTRACTOR NAME AS REGISTERED WITH THE IRS	CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT

NAME OF PRIMARY PERSON DESIGNATED TO SEND/RECEIVE CONFIDENTIAL BACKGROUND CHECK INFORMATION

TITLE:

PRIMARY PERSON'S PHONE NUMBER ( ) - EXT:	PRIMARY PERSON'S EMAIL ADDRESS

MAILING ADDRESS OF PRIMARY PERSON
STREET/PO BOX:
CITY:
STATE: ZIP: -

NAME OF BACKUP PERSON DESIGNATED TO SEND/RECEIVE CONFIDENTIAL BACKGROUND CHECK INFORMATION

TITLE:

BACKUP PERSON'S PHONE NUMBER ( ) - EXT:	BACKUP PERSON'S EMAIL ADDRESS

MAILING ADDRESS OF BACKUP PERSON ☐ CHECK IF SAME AS ABOVE
STREET/PO BOX:
CITY:
STATE: ZIP: -

I have designated the above staff to process confidential background information.

I will notify DVR within fourteen (14) calendar days of changing designated contacts.

CONTRACTOR/DESIGNEE SIGNATURE	DATE
PRINTED NAME	TITLE

Washington State Department of Social & Health Services	**Division of Vocational Rehabilitation** Community Rehabilitation Provider (CRP) Services and Qualifications	**Exhibit I**

CONTRACTOR NAME AS REGISTERED WITH THE IRS	CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT

Contractor Instructions: Check all boxes that apply.

Step One: *Select the counties in which your company intends to provide services.*

Step Two: *Check only those boxes for services your organization will provide.*

Step Three: *Check the applicable boxes showing which types of licenses, certifications or accreditations you have.*

Step Four: *Submit copies of the applicable licenses, certifications or accreditations as they relate to the services your company will provide as selected below.*

Step Five: *Sign and date the bottom of page three (3).*

☐ ***First Time Contractor:*** *(or in the initial two (2) year contract period)**:** Exempt from CARF certification requirements, except where noted.*

Counties Served by CRP Contractor

Please check only those counties your organization will serve.

☐ **STATEWIDE**	☐ Ferry	☐ Klickitat	☐ Skamania
☐ Adams	☐ Franklin	☐ Lewis	☐ Snohomish
☐ Asotin	☐ Garfield	☐ Lincoln	☐ Spokane
☐ Benton	☐ Grant	☐ Mason	☐ Stevens
☐ Chelan	☐ Grays Harbor	☐ Okanogan	☐ Thurston
☐ Clallam	☐ Island	☐ Pacific	☐ Wahkiakum
☐ Clark	☐ Jefferson	☐ Pend Oreille	☐ Walla Walla
☐ Columbia	☐ King	☐ Pierce	☐ Whatcom
☐ Cowlitz	☐ Kitsap	☐ San Juan	☐ Whitman
☐ Douglas	☐ Kittitas	☐ Skagit	☐ Yakima

☐ **Vocational Evaluations – Qualification requirement applies to ALL, <u>including first time contractors</u>**

Each staff person in your organization that will provide Vocational Evaluation Services must meet one of the qualifications below. Please provide one of the following for **<u>EACH staff member</u>** that will provide Vocational Evaluation Services or the Contractor's CARF accreditation report.

☐ Certified as a Vocational Evaluator (CVE) maintained by the Commission of Rehabilitation Counselor Certification (CRCC); **<u>OR</u>**

☐ Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC) <u>and</u> have successfully completed three graduate level courses from an accredited college or university in vocational evaluation, standardized assessment, psychological testing and measurement, or any combination of the above mentioned coursework; **<u>OR</u>**

****This option requires both a copy of your current CRCC certificate and original college or university transcript indicating your successful completion of all required graduate coursework.**

☐ Accredited in Comprehensive Vocational Evaluation by the Commission on Accreditation of Rehabilitation Facilities (CARF).

☐ **Trial Work Experience AND Community Based Assessment**

Contractors consisting of one (1) person must have current certification as:

- ☐ Certified as a Vocational Evaluator (CVE) maintained by the Commission of Rehabilitation Counselor Certification (CRCC); **OR**
- ☐ Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC) and have successfully completed three graduate level courses from an accredited college or university in vocational evaluation, standardized assessment, psychological testing and measurement, or any combination of the above mentioned coursework; **OR**

  ****This option requires both a copy of your current CRCC certificate and original college or university transcript indicating your successful completion of all required graduate coursework;**
- ☐ Accredited in Employment Planning Services by CARF; **OR**
- ☐ Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certification from the International Center for Clubhouse Development (ICCD).

Contractors consisting of more than one person must be:

- ☐ Accredited in Employment Planning Services by CARF; **OR**
- ☐ Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certification from the International Center for Clubhouse Development (ICCD).

☐ **Job Placement Services**

- ☐ Accredited in Community Employment Services / Job Development by CARF; **OR**
- ☐ Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certification from the International Center for Clubhouse Development (ICCD).

☐ **Intensive Training Services**

- ☐ Accredited in Community Employment Services / Job-Site Training and Job Supports by CARF; **OR**
- ☐ Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certification from the International Center for Clubhouse Development (ICCD).

☐ **Job Retention Services**

- ☐ Accredited in Community Employment Services / Job-Site Training and Job Supports by CARF; **OR**
- ☐ Licensed in Employment Services by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certified as a Mental Health Clubhouse by the DSHS Division of Behavioral Health and Recovery; **OR**
- ☐ Certification from the International Center for Clubhouse Development (ICCD).

☐ **Off-Site Psycho-Social Services – Non-Supported Employment**

Each staff person in your organization that will provide Off-Site Psycho-Social Services must meet one of the following qualifications below or be directly supervised by an employee with one of the qualification listed below.

- ☐ Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC).

  *****Submit a current copy of the individual's CRC certificate.***

- ☐ Mental Health Credentialing by Washington State Department of Health. One of the following credentials are acceptable:

  - ☐ Mental Health Counselor Associate License.
  - ☐ Mental Health Counselor Associate Temporary Practice Permit.
  - ☐ Mental Health Counselor Certificate.
  - ☐ Mental Health Counselor License.
  - ☐ Mental Health Counselor Temporary Practice Permit.

  *****Submit a current copy of the individual's Mental Health credentials obtained through the Washington State Department of Health.***

☐ **Off-Site Psycho-Social Services – Supported Employment**

Each staff person in your organization that will provide Off-Site Psycho-Social Services must meet one of the following qualifications below or be directly supervised by an employee with one of the qualification listed below.

- ☐ Certified Rehabilitation Counselor (CRC) by the Commission of Rehabilitation Counselor Certification (CRCC).

  *****Submit a current copy of the individual's CRC certificate.***

- ☐ Mental Health Credentialing by Washington State Department of Health. One of the following credentials are acceptable:

  - ☐ Mental Health Counselor Associate License.
  - ☐ Mental Health Counselor Associate Temporary Practice Permit.
  - ☐ Mental Health Counselor Certificate.
  - ☐ Mental Health Counselor License.
  - ☐ Mental Health Counselor Temporary Practice Permit.

  *****Submit a current copy of the individual's Mental Health credentials obtained through the Washington State Department of Health.***

CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

Washington State Department of Social & Health Services	**Division of Vocational Rehabilitation** Independent Living (IL) Services and Qualifications and Fee Schedule	**Exhibit J**

CONTRACTOR NAME AS REGISTERED WITH THE IRS	CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT

Contractor Instructions: Check all boxes that apply.

Step One: *Select the counties in which your company intends to provide services.*

Step Two: *Check only those boxes for services your organization will provide.*

Step Three: *Check the appropriate boxes that describe the level of education and experience you have for each service you will provide.*

Step Four: *Submit copies of transcripts and resumes of all staff that will provide services, showing they meet the educational and experience requirements.*

Step Five: *Sign and date the bottom of page three (3).*

Counties Served by IL Contractor

Please check only those counties your organization will serve.

☐ **STATEWIDE**	☐ Ferry	☐ Klickitat	☐ Skamania
☐ Adams	☐ Franklin	☐ Lewis	☐ Snohomish
☐ Asotin	☐ Garfield	☐ Lincoln	☐ Spokane
☐ Benton	☐ Grant	☐ Mason	☐ Stevens
☐ Chelan	☐ Grays Harbor	☐ Okanogan	☐ Thurston
☐ Clallam	☐ Island	☐ Pacific	☐ Wahkiakum
☐ Clark	☐ Jefferson	☐ Pend Oreille	☐ Walla Walla
☐ Columbia	☐ King	☐ Pierce	☐ Whatcom
☐ Cowlitz	☐ Kitsap	☐ San Juan	☐ Whitman
☐ Douglas	☐ Kittitas	☐ Skagit	☐ Yakima

☐ **IL Evaluations**:

☐ A Bachelor's degree in human or social services (Counseling, Vocational Rehabilitation, Social Work, Education, Psychology, Occupational/Physical Therapy, etc), from an accredited college or university, AND the following:

- Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.
- One (1) of the two years must involve performing individual evaluations and writing reports regarding individuals' cognitive , psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.

* **OR ***

☐ A Bachelor's degree, in any field, from an accredited college or university, AND the following:

- Three (3) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.
- Once (1) of the three years must involve performing individual evaluations and writing reports of individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.

* **OR ***

☐ Ninety (90) quarter or sixty (60) semester hours of human or social services coursework (Counseling, Vocational Rehabilitation, Social Work, Education, Psychology, Occupational/Physical Therapy, etc.) from an accredited college or university, AND the following:

- Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.
- One (1) year of the four years must involve performing individual evaluations and writing reports of individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.

* **OR ***

☐ A High School Diploma or GED, AND the following:

- Six (6) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.
- One (1) of the six years must involve performing individual evaluations of and writing reports regarding individuals' cognitive, psycho/social, life skills and interpersonal abilities, either directly or under the supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.

The maximum allowable fees for both Comprehensive and Partial IL Evaluations are listed below:

Fee for IL Evaluations	
Comprehensive IL Evaluation	Partial IL Evaluation
$715	$430

IL SERVICES

☐ **IL Work-related Systems Access related to barriers to employment**

☐ A Bachelor's degree, in any field, from an accredited college or university, AND the following:

- One (1) year Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

* **OR ***

☐ Ninety (90) quarter or sixty (60) semester hours of coursework, in any field, from an accredited college or university, AND the following:

- Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

* **OR ***

☐ A High School diploma or GED, AND the following:

- Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

☐ **IL Skills Training related to barriers to employment**

☐ A Bachelor's degree, in any field, from an accredited college or university, AND the following:

- One (1) year Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

* **OR ***

☐ Ninety (90) quarter or sixty (60) semester hours of coursework, in any field, from an accredited college or university, AND the following:

- Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

* **OR ***

☐ A High School diploma or GED, AND the following:

- Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.

IL Fee for Services

The maximum allowable fee for Work-related Systems Access and IL Skills Training is listed below:

Fee for IL SERVICES
$72 per hour

CONTRACTOR SIGNATURE	DATE
PRINTED NAME	TITLE

Washington State Department of Social & Health Services	**DIVISION OF VOCATIONAL REHABILITATION** INDEPENDENT LIVING SERVICES Contractor Employee(s) to Provide IL Services and Service(s) Approved	**Exhibit K**

ORGANIZATION'S LEGAL NAME:	DBA (if any):

USE ADDITIONAL COPIES OF THIS FORM, IF NEEDED, TO LIST CURRENT OR NEW EMPLOYEES AND THE SERVICES THEY ARE APPROVED OR REQUEST TO PROVIDE.

List existing Employees currently approved by DVR to provide IL Services and what services they are approved to provide. Employees approved through the current contract do **not** need to resubmit current resume and educational transcripts.

First Name	Last Name	Transcripts	Resume	IL Evaluations	IL Skills Training	IL Work-Related Systems Access
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

List *NEW* Employees to be reviewed and approved to provide IL Services and mark the services you request them to provide. Please include: 1) a current resume; and 2) official educational transcripts for each new employee to be reviewed.

		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

******Please note:*** *A signed contract does not automatically approve the Contractor or Contractor's staff to perform IL Services. The Contractor or Contractor's staff (IL Providers) cannot provide any of the above services until officially approved by authorized DVR staff.*

Signature:	
Printed Name and Title:	Date: / /

SERVICE	Payment Points for Services			MAXIMUM TOTAL FEE
	INTAKE FEE	Job Placement ACTIVITY FEE	OUTCOME FEE	
Vocational Evaluation				
Comprehensive	-----	-----	-----	**$1,175.00**
Individual	*Flat fee or Hourly fee as set by the Contractor*			
Trial Work Experience AND Community Based Assessment				
Level 1	$150.00	-----	$870.00	**$1,020.00**
Level 2	$300.00	-----	$1,740.00	**$2,040.00**
Level 3	$450.00	-----	$2,610.00	**$3,060.00**
Permanent Employment Bonus (NOT for TWEs)				**$615.00**
Healthcare Coverage Bonus (NOT for TWEs)				**$615.00**
Community Based Assessment Bonuses				
Permanent Employment Bonus – a bonus of $615 shall be paid if the DVR Customer obtains a permanent, competitive, and integrated job as a secondary outcome of their Community Based Assessment (CBA). **Healthcare Coverage Bonus** – A bonus of $615 shall be paid if the DVR Customer obtains a permanent, competitive, and integrated job of 30 hours or more per week and includes Employer-provided Healthcare Benefits as a secondary outcome of their CBA. Payment of bonus does not have to wait until healthcare benefits go into effect. **Note:** Both bonuses shall apply to CBAs. These bonuses do not apply to Trial Work Experience (TWE).				
Job Placement				
Level 1	$120.00	$300.00	$805.00	**$1,225.00**
Level 2	$240.00	$600.00	$1,610.00	**$2,450.00**
Level 3	$360.00	$900.00	$2,415.00	**$3,675.00**
Healthcare Coverage Bonus				**$615.00**
Healthcare Coverage Bonus				
Healthcare Coverage Bonus – A bonus of $615 shall be paid if the DVR Customer obtains a permanent, competitive, and integrated job of 30 hours or more per week and includes Employer-provided Healthcare Benefits. Payment of Healthcare Coverage bonus does not have to wait until healthcare benefits go into effect.				
Intensive Training Services				
Level 1	$375.00	-----	$1,155.00	**$1,530.00**
Level 2	$750.00	-----	$2,310.00	**$3,060.00**
Level 3	$1,125.00	-----	$3,465.00	**$4,590.00**
Job Retention				
Level 1	$225.00	-----	$1,305.00	**$1,530.00**
Level 2	$450.00	-----	$2,610.00	**$3,060.00**
Level 3	$675.00	-----	$3,915.00	**$4,590.00**
Off-Site Psycho-Social – Non-Supported Employment				
Level 1	$225.00	-----	$1,305.00	**$1,530.00**
Level 2	$450.00	-----	$2,610.00	**$3,060.00**
Level 3	$675.00	-----	$3,915.00	**$4,590.00**
Off-Site Psycho-Social – Supported Employment				
Level 1	$225.00	-----	$1,305.00	**$1,530.00**
Level 2	$450.00	-----	$2,610.00	**$3,060.00**
Level 3	$675.00	-----	$3,915.00	**$4,590.00**
Partial Payment Exceptions				
See Section 5, Consideration, for partial payment exceptions.				

Transportation Expenses *(pertains to all Services)*	
Travel Time	Reimbursement for travel time shall be provided for round-trip travel time paid at a fixed rate of $35 per hour in quarter-hour increments and shall be paid only if service delivery occurs at a location more than fifty (50) miles from the Contractor's nearest staffed office location.
Mileage	If service delivery occurs more than fifty (50) miles from the Contractor's nearest staffed office location mileage shall be paid at the current rate according to the Office of Financial Management
Other Expenses	A DVR Counselor may authorize other transportation expenses, such as Ferry System fees or toll fares.