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| **ATTACHMENT D: BIDDER RESPONSE FORM** Bidders must respond to all questions in the order and in the expandable space provided. If a question requires Bidder to submit additional documents, please attach them to this document and label them clearly as part of your response to this Attachment D.  |
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| 1 | **BIDDER INFORMATION (ADMINISTRATIVE RESPONSE)**Bidder’s response to the questions in this Section 1, combined with the information provided in Bidder’s Submittal Letter and Certifications and Assurances, comprise Bidder’s Administrative Response to this Solicitation. While the Administrative Response is not given a number score, information provided as part of Bidder’s Administrative Response may cause the Bid to be disqualified and may be considered in evaluating Bidder’s qualifications and experience.  | **MAXIMUM TOTAL POINTS****N/A** |
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| a | Please indicate whether you employ or contract with any current or former state employees. If the answer is yes, provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual’s employment history with the State of Washington; 3. a description of the Individual’s involvement with the response to this Solicitation; and 4. the Individual’s proposed role in providing the services under this any Contract that may be awarded.  | NOT SCORED |
|  | ANSWER:  |  |
| b | Please list the names and contact information for three individuals you agree may serve as Bidder references and may freely provide information to DSHS regarding the reference’s experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DSHS and the organizations and individuals providing a reference harmless from and against any and all liability for seeking and providing such reference. | NOT SCORED |
|  | ANSWER: |  |
| c | Please indicate whether your Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation. | NOT SCORED |
|  | ANSWER:  |  |
| d | Please indicate whether you are requesting that DSHS consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which text you request to change is found, and state the specific changes you are requesting. DSHS shall be under no obligation to agree to any requested changes, and will not consider changes to contract language or negotiate any new language that are not identified in response to this question.  | NOT SCORED |
|  | ANSWER: |  |
| e | If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder’s Response containing such information and place the word “Proprietary” in the lower right hand corner of each of these identified pages.  | NOT SCORED |
|  | ANSWER:  |  |
| f | Please indicate whether you have had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party’s name, address and telephone number and provide a summary describing the alleged deficiencies in Bidder’s performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder’s position on the matter. “Termination for Cause” refers to any notice to Bidder to stop performance due to Bidder’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation | NOT SCORED |
|  | ANSWER: |  |
| g | Please identify any prior contracts Bidder has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each.  | NOT SCORED |
|  | ANSWER: |  |
| h | Please indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding was filed. | NOT SCORED |
|  | ANSWER: |  |
| i | Please describe your proposed plans for the use of Subcontractors in performing this contract, listing each Subcontractor, its proposed role and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each subcontractor self-identifies or is certified as a small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by DSHS. | NOT SCORED |
|  | ANSWER:  |  |
| J | Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please so indicate. | NOT SCORED |
|  | ANSWER:  |  |
| **2** | **BIDDER EO 18-03 CERTIFICATION** | MAXIMUM TOTAL POINTS |
|  |  |  |
| EO |  Are your employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver?**Please Note:** Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that your employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful bidder, a term will be added to your contract certifying this response and requiring notification to DSHS if you later require your employees to agree to these clauses or waivers during the term of the contract. | **5** |
|  | ANSWER:  |  |

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| 3 | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
|  | **DESIRED EXPERIENCE AND QUALIFICATIONS** | **70** |
| A | Please describe in detail, the bidder’s knowledge of Medicaid long-term care services in Washington State.  | 10 |
|  | ANSWER:  |  |
| B  | Please describe in detail, your comprehension of the Health Insurance Privacy and Accountability Act (HIPAA) and its relation to Medicaid long long-term care in Washington State. How will your organization implement HIPAA to ensure compliance and protection of clients’ information.  | 30 |
|   | ANSWER:  |  |
| C | Please describe in detail, your experience working with Medicaid contracted Adult Family Homes and Assisted Living Facilities. Additionally, outline your strategy for engagement with providers to guarantee an adequate pool of providers to select from.  | 30 |
|  | ANSWER: |  |

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| **4** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)** | **MAXIMUM TOTAL POINTS -90** |
| A | Describe how you will provide a cloud-based online software that is fully compliant with the Health Insurance Portability and Accountability Act (HIPAA), specifically designed for ALTSA case managers to match Medicaid providers for clients ready for transition. Please note that the Contractor shall also be responsible for maintaining an up-to-date database of Medicaid vendors. | **10** |
|  | ANSWER:  |  |
| B  | Describe how you will coordinate with Medicaid vendors to ensure accuracy in their ability to meet client needs and vacancies and shall guarantee that client information is not shared without proper authorization. | **10** |
|   | ANSWER:  |  |
| C | The Contractor shall be responsible for providing comprehensive training, technical support, and other related services to ensure proper use of the software by ALTSA case managers, including timely notifications of any expected or unexpected outages or technical issues. Additionally, the Contractor shall coordinate initial and as-needed trainings with ALTSA and shall provide advance notice of any changes to the software that may require additional trainings. Please describe how you will accomplish this.  | **10** |
|  | ANSWER: |  |
| D | Describe how your software will include the same client demographic information as the existing CARE system used by ALTSA. Data elements will include: • Client’s DOB, • Language, and • Age | **10** |
|  | ANSWER: |  |
| E | Describe how you will differentiate user security access levels and permissions including Case Manager, Supervisor, and Administrator, to ensure proper permissions and data security. | **10** |
|  | ANSWER: |  |
| F | Describe how you will use the data points in the CARE system to match with appropriate vendors. Data elements to be considered will include:• Client’s treatment needs.• Client’s staffing needs.• Behavioral support. • Staffing requirements. • Activities of Daily Living needs. | **10** |
|  | ANSWER: |  |
| G | The Contractor shall be solely responsible for maintaining the security of its Account, including all passwords, and for all uses of its Account with or without ALTSA's consent. Describe how you will accomplish this.  | **10** |
|  | ANSWER: |  |
| H | The Contractor shall be responsible for accurately tracking and reporting data related to all new referrals entered by ALTSA case managers, transitions, withdrawals, length of time for transition, and referrals still open, as required by ALTSA. Describe how you will accomplish this. | **10** |
|  | ANSWER: |  |
| I | The Contractor shall maintain strict confidentiality of all client information and shall not disclose any client data to any third party without proper authorization in compliance with HIPAA regulations. Describe how you will accomplish this.  | **10** |
|  | ANSWER: |  |

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| **5** | **BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE)** | MAXIMUM TOTAL POINTS |
| A | Please identify all allocated costs, together with the total charges Bidder is willing to accept in consideration of the full performance of the Contract.  | **50** |
|  | ANSWER: TOTAL MAXIMUM BID AMOUNT: FOR ALLOCATED COST DETAIL, ATTACH A SEPARATE SPREADSHEET OR DESCRIBE DETAILS BELOW |  |