

DEPARTMENT OF SOCIAL & HEALTH SERVICES
DEPARTMENT OF VOCATIONAL REHABILITATION

OPEN ENROLLMENT CRP & IL Vendors

Solicitation #2020-0001, Amendment #2
Consolidated CRP & IL Services

Enrollment Opens: February 28, 2020
Enrollment Closes: June 1, 2020

Amended April 15, 2020. See Section E, page 49.

**OPEN ENROLLMENT – CONSOLIDATED CRP & IL SERVICES
SOLICITATION # 2020-0001, AMENDMENT #2**

Project Title: Consolidated CRP and IL Services

Estimated Contract Period: Effective Date of contract through June 30, 2022.

Application Due Date: This solicitation is a rolling procurement, and Application Packets will be reviewed in the order they are received. Contracts will be prepared on a case-by-case basis and executed within 60 days of receipt of a responsive Application Packet.

All Open Enrollment Application Packets must be submitted no later than **4:00 p.m. on June 1, 2020**. Application Packets submitted after this time on the closure date will be rejected.

Submit Application To:

Application Packets submitted by Mail:

Contracts Unit
Department of Social and Health Services
Division of Vocational Rehabilitation
PO BOX 45340
Olympia, WA 98504-5340

Application Packets submitted by in-person delivery:

Contracts Unit
Department of Social and Health Services
Division of Vocational Rehabilitation
4565 7th Avenue SE
Lacey, WA 98503
Fourth Floor

Application Packets submitted by electronic mail:

dvrcontractsunit2@dshs.wa.gov

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SOLICITATION #2020-0001, AMENDMENT #2
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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/publications/documents/Non-discrim%2022-171.pdf>.

5. Minority, Women, and Socially and Economically Disadvantaged-Owned and Controlled Business Enterprises

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, and socially and economically disadvantaged-owned and

controlled businesses who have encountered practices which prohibited or limited their access to contract opportunities, markets, financing, and other resources, based on their race, ethnic origin, or sex, or disability.

Participation by contractors may only be on a direct basis in response to this Solicitation. No preference will be given in the evaluation of Application Packets, no minimum level of certified applicant participation shall be required, and no submissions will be evaluated, rejected, or considered non-responsive on that basis.

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

Nothing in this section is intended to prevent or discourage participation from any business, regardless of their certification status with the OMWBE.

6. Notice of Contract Revision

CRP Consideration/Fee Schedule. DVR may, at its discretion, increase or decrease consideration payable for CRP related services under the terms of contracts resulting from this Notification. 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 ninety (90) business days after contractor notification, and publically posting the revised Fee Schedule on DVR's internet page at: <https://www.dshs.wa.gov/dvr/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. 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.
 - h. Contractor – Individual or Company whose Application Packet has been accepted by the Agency and is awarded a fully executed, written contract.
 - i. IL Evaluations – Identification of an individual's IL strengths, limitations and needs for IL Skill Training.
 - j. IL Skills Training – Direct training to develop an individual's skills and abilities to mitigate or eliminate their IL barriers to employment.
 - k. IL Work-Related Access Services – 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.
 - l. Independent Living (IL) – A program that provides vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment.
 - m. 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.
 - n. 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.

- o. 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.
- p. Key Personnel - Staff being proposed to do the work under this Solicitation.
- q. Off-Site Psycho-Social Job Support Services – Regular therapeutic interaction with a DSHS/DVR Customer who has not disclosed their disability to their employer, or the employer prohibits access to the worksite, 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.
- r. Off-Site Psycho-Social Job Support Services (Non-Supported Employment) – Off-Site Psycho-Social Job Support Services, when provided to a DSHS/DVR Customer who does not require DSHS/DVR Supported Employment.
- s. Off-Site Psycho-Social Job Support Services (Supported Employment) – Off-Site Psycho-Social Job Support Services, when provided to a DSHS/DVR Customer who requires DSHS/DVR Supported Employment.
- t. Pre-Employment Transition Services – means activities specified in the Rehabilitation Act of 1973 as amended in 2014. The Pre-Employment Transition Services DVR must make available for all students with disabilities include: 1) Job Exploration; 2) Work-Based learning; 3) Post-Secondary Exploration of opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education; 4)

Work Readiness training, 5) Self-Advocacy Instruction.

Pre-Employment Transition Services are provided in collaboration with local education agencies to students with disabilities who need those services to achieve competitive integrated employment.

Pre-Employment Transition Services are designed to be an early start at job exploration for students with disabilities and are not to be used as assessment services for the purpose of determining whether additional vocational rehabilitation services are needed, or if the individual will be successful in employment.

- u. Protest - An objection by the Applicant, in writing, protesting the results of this Solicitation, and which complies with all requirements of this Solicitation.
- v. RCW - Revised Code of Washington. (All references to RCW chapters or sections shall include any successor, amended, or replacement statute.)
- w. 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.
- x. Submit - To deliver to the Contracts Unit, all required documents and materials, as described and in the manner specified in this Solicitation.
- y. 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.
- z. Vocational Evaluation Services – Provision of one or more standardized vocational tests, i.e. psychometric, personality, vocational preference and interest inventories, etc.
- aa. WAC - Washington Administrative Code. (All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.)
- bb. WEBS – Washington’s Electronic Business Solution. DVR encourages all bidders to register with WEBS at <https://fortress.wa.gov/ga/webs/home.html>.
- cc. Work-Based Learning Experience – Means activities where a student is placed into a competitive, integrated work setting where they get paid the Washington State or local minimum wage, whichever is higher, to perform a non-permanent job at an employer’s work site in accordance with Washington State Teen Worker rules established by the Department of Labor and Industries. WBLE is not intended to be a permanent placement.
- dd. Workplace Readiness Training (WRT) – means training to acquire or enhance commonly expected skills that employers seek from most employees. Workplace readiness skills are a set of skills and behaviors that

are necessary for any job, sometimes called soft skills, employability skills, or job readiness skills.

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

1. CRP Services Project Scope

- a. The contract period begins as soon as July 1, 2020, and expires June 30, 2022. The actual contract start date (effective date) will be noted on the executed contract.
- b. Employment services purchased from CRPs are outcome based and may include:
 - (1) Vocational Evaluation;
 - (2) Trial Work Experience;
 - (3) Community Based Assessment
 - (a) If a CBA occurs in a private business the activities of the individual with disabilities who is participating in a skills assessment program (CBA) must not result in an economic advantage for the business.
 - (4) Job Placement;
 - (5) Intensive Training;
 - (6) Job Retention;
 - (7) Off-Site Psycho-Social (Non-Supported Employment); and,
 - (8) Off-Site Psycho-Social (Supported Employment).
 - (9) Pre-Employment Transition Services Work Based Learning Experience (WBLE).
 - (a) Definitions Specific to this Service – A student to gain real-world experiences and wages, as follows:
 - i. WBLE-A is for 11+ hours per week over a period of 4-6 weeks
 - ii. WBLE-B is for 11+ hours per week over a period of 7-9 weeks
 - iii. WBLE-C” is for 11+ hours per week over a period of 10-12 weeks
 - (10) Pre-Employment Transition Services Workplace Readiness Training (WRT).
 - (a) Definitions Specific to this Service – A student participating in a work-based learning experience when that student requires WRT, learning

appropriate worksite behaviors, as follows:

- i. "WRT– A" means on-site workplace readiness training for 4-6 weeks.
 - ii. "WRT– B" provides on-site workplace readiness training for 7-9 weeks.
 - iii. "WRT– C" provides on-site workplace readiness training for 10-12 weeks.
- 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. 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 if required by law.
- e. Be able to serve individuals providing the services selected in Exhibit I.
- 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.
- h. Successful applicants must meet the following qualifications:

Contractors being granted a 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 Department of Health; 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 Department of Health; OR
- (c) Certified as a Mental Health Clubhouse by the Department of Health; 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 requirements of the Application Packet.

(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 Department of Health; OR
- (c) Certified as a Mental Health Clubhouse by the Department of Health;
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 Department of Health; OR
- (c) Certified as a Mental Health Clubhouse by Department of Health; 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 Department of Health; OR
- (c) Certified as a Mental Health Clubhouse by the Department of Health;
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

(8) Pre-Employment Transition Services Work Based Learning Experience (WBLE)

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 Department of Health; OR
- (e) Certification from the International Center for Clubhouse Development (ICCD).

Contractors consisting of more than one person must be:

- (f) Accredited in Employment Planning Services by the Commission on Accreditation of Rehabilitation Facilities (CARF); OR
- (g) Licensed in Employment Services by the Department of Health; OR
- (h) Certified as a Mental Health Clubhouse by the Department of Health; OR
- (i) Certification from the International Center for Clubhouse Development (ICCD).

(9) Pre-Employment Transition Services Workplace Readiness Training (WRT)

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 Department of Health; OR
- (e) Certification from the International Center for Clubhouse Development (ICCD).

Contractors consisting of more than one person must be:

- (f) Accredited in Employment Planning Services by the Commission on Accreditation of Rehabilitation Facilities (CARF); OR
- (g) Licensed in Employment Services by the Department of Health; OR
- (h) Certified as a Mental Health Clubhouse by the Department of Health;
OR
- (i) Certification from the International Center for Clubhouse Development (ICCD).

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, 2020, and expires June 30, 2022. The actual contract start date (effective date) will be noted on the executed contract.
- 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 if required by law.
 - 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 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) 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.

(2) **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.

(3) 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.

(4) 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.

(5) 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

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

(1) 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.

(2) 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.

(3) 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**

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 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 must be directed **only** to the contact listed below.

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 Applicant 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 announces Open Enrollment #2020-0001 | February 28, 2020 |
| 2. | The Applicant may submit their Open Enrollment Application Packet anytime until the Enrollment closes. DVR will post public notice if enrollment closes before the scheduled end date. | June 1, 2020 |
| 3. | DVR notifies Applicant of missing/incorrect documents. | <i>Usually within 10 business days of receipt date/time stamp. The identified Contract Contact will be notified in cases of delay.</i> |
| 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 (<i>not including the date of receipt</i>). |
| 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. | <i>Usually within 10 business days of execution. The identified Contract Contact will be notified, in cases of delay.</i> |

4. Contract

DVR intends to award **multiple contracts** 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, 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 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. Any communication concerning this Solicitation 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 closure date and time announced by DVR. The Application Packet is to be sent to the Contracts Unit by mail, electronic mail, or hand delivery at the addresses specified in Section B.1, Enrollment Contact Information. **DVR will not accept any application packets submitted by fax.**

Applicants should allow sufficient time to ensure timely receipt by the Contracts Unit. 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 submitted after the 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 11 or larger.
- (3) Application Packets must address the sections of this Solicitation in the same order as presented below, and with the same headings.
 - (a) Table of Contents
 - (b) Section 1: Administrative Requirements
 - (c) Section 2: Technical Requirements

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

(4) For non-electronic delivery methods, the Applicant must submit Application Packets in a securely bound method of their choice; examples include a three-ring binder, pronged report folder, 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 clearly note the name of their company or organization on the front cover.

(b) The Applicant must clearly mark – by tabs, dividers, or equivalent option – where each section of the Application Packet begins.

(5) For Application Packets delivered by email, the Applicant must submit the Application Packet in a PDF format.

(a) The Applicant must note the name of their company or business on the front page **and** the file names of the submission.

(b) The Applicant must send each Section as a separate PDF file, with the file name clearly indicating which Section it contains. An example file name is “vendorname-section1.pdf.”

c. Contents of Application Submission.

The Applicant must submit one complete Application Packet containing the materials required under Section C of this Solicitation. The Applicant must identify the application packet as their response to **Solicitation # 2020-0001**.

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 prior to execution of the contract. A written request to withdraw the Application Packet, signed by an authorized representative of the Applicant, must be submitted to the Contracts Unit. After withdrawing an Application Packet, the Applicant may submit another Application Packet at any time up to the submission deadline.

Note: 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 deliver their Protests by mail, in-person delivery, or email to the Contracts Unit. Protests may not be submitted by fax. 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

- (1) The Contracts Unit 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:
 - (a) This Solicitation and any addendums,
 - (b) The protesting Applicant's submitted Application Packet, and
 - (c) Any other documentation, noting the evaluation of the Application Packet in question.
- (2) DVR will follow these procedures in reviewing a Protest:
 - (a) 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.
 - (b) 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, via email, if additional time is necessary.
- (3) DVR will make a final determination of the Protest and will either:
 - (a) Find that the Protest lacks merit and uphold DVR's actions;
 - (b) 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; or

- (c) Find merit in the Protest and provide options for corrective action by DVR which may include:
 - i. That DVR correct any errors and re-evaluate all Application Packets affected by its determination of the Protest;
 - ii. That DVR re-posts the Solicitation document; or
 - iii. 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. Exhibit A – Applicant 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.

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

Applicants must submit a completed Exhibit B, Applicant’s Certification and Assurances form.

c. Exhibit C—Contractor Intake Form.

(1) Applicants must include a fully completed Exhibit C. Please ensure the “attached supporting documentation checklist” items are marked off on this form and included in your application packet.

(2) 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.

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 liability 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, fax number, or email listed on the registration form 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 or 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 completed background check forms 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 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 I-*CRP Services and Qualifications* form; *each certification need only be submitted once, even when applied to multiple services.*

**CRP qualifications are determined on 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 an 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

Successful Applicants will be required to create a DSHS Background Check System (BCS) Account to conduct background checks as required under the contract. Applicants must ensure DVR has the following information:

- (1) The Application Packet must include a completed BCS Account Information form (Exhibit G). There must be a primary account administrator listed on the form.

- (2) The Application Packet must include a fully completed Contractor Designated Contact form (Exhibit H) with a primary and backup contact. If there will be no backup contact, that section of the form should be marked "N/A."
- (3) If the Applicant already has a BCS account with DVR, the forms are still required with the application to ensure DVR has the most current information. If the Applicant has a BCS account with another DSHS division, the forms are still required.

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 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 performance of any DVR contracts by Applicants or any other risk factors.

Applications meeting the requirements of this Open Enrollment will be offered, subject to the final review and approval of management, 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. March 25, 2020 Amendment (Amendment #1).
 - a. Extended final due date of Application Packets by one month to June 1, 2020.
 - b. Modified Exhibit G from DSHS BCS Access Request Form to BCS Account Information form.
 - c. Added Exhibit M, Bidder Questions & Answers.
2. April 15, 2020 Amendment (Amendment #2).
 - a. Updated Exhibit E to the new version of the form, updated February 2020 by OFM.
 - b. Corrected contradictory language in the Application Packet Contents section after changes to the exhibits.
 - c. Updated Exhibit M, Bidder Questions & Answers.

d. Section F. EXHIBITS

1. Exhibits

Exhibits to this Solicitation are:

| | |
|-----------|--|
| Exhibit A | Applicant Checklist |
| Exhibit B | Applicant Certification and Assurances Form |
| Exhibit C | Contractor Intake Form (DSHS 27-043) |
| Exhibit D | Additional Contractor Information Form (DSHS 27-145) |
| Exhibit E | Statewide Payee Registration & W-9 |
| Exhibit F | Code of Ethics and Standards of Practice (DSHS 05-252) |
| Exhibit G | BCS Account Information Form |
| Exhibit H | Contractor Designated Contacts Form (DSHS 17-266) |
| Exhibit I | CRP Services and Qualifications Form |
| Exhibit J | IL Services & Qualifications Form (<i>includes fee schedule</i>) |
| Exhibit K | Employees Approved to Provide IL Services |
| Exhibit L | CRP Fee Schedule (effective 20170922) |
| Exhibit M | Bidder Questions & Answers |

- Applicant's Checklist
- Applicant Certification and Assurances Form (Exhibit B)

Business Requirements

- Contractor Intake Form (Exhibit C)
- Additional Contractor Information (Exhibit D)
- Copy of WA State Master Business License
- Copy of 501(c)(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 – conforming to minimum insurance requirements.
- 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)
- BCS Access Request Form (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.



Division of Vocational Rehabilitation
Applicant Certification and Assurances

Exhibit B

The Applicant must sign and include the full text of this Exhibit B with the Application Packet. Altering or conditioning your certification of this Exhibit B may result in your Application Packet being deemed non-responsive.

Under the penalties of perjury of the State of Washington, the Applicant makes the following certifications and assurances as a required element of its Application Packet. The Applicant affirms the truthfulness of these facts and acknowledges its current and continued compliance with these certifications and assurances as part of its Application Packet and any resulting contract that may be awarded by DSHS.

1. The Applicant declares that all answers and statements made in the Application Packet are true and correct.
2. The Applicant certifies that its Application Packet 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 Application Packet will remain valid for 210 days or until the protest is resolved, whichever is later.
3. The Applicant certifies that in preparing this Application Packet, 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 Application Packet. All Application Packets become the property of DSHS and the Applicant claims no proprietary right to the ideas, writings, items, or samples.
5. The Applicant acknowledges that DSHS may elect to incorporate all or any part of the Solicitation, or Application Packet, into the 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.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the Applicant.

| | |
|----------------------|-------|
| CONTRACTOR SIGNATURE | DATE |
| PRINTED NAME | TITLE |

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, Waiver Certification, 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.
- Certify whether you require your employees to sign mandatory individual arbitration clauses or class or collective action waivers. For more information review <https://des.wa.gov/services/contracting-purchasing/policies-training/resources/EO18-03>.
- 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 this form is 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. Please provide a certification number, if available. For the definition of microbusiness, minibusiness and small business, see RCW 39.26.010 (16), (17) and (22).

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.

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 | | | |
| <input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status) <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation <input type="checkbox"/> Faith Based (FBO) Unincorporated <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Foreign Person or Entity | | <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Limited Liability Limited Partnership (LLLLP) <input type="checkbox"/> Limited Liability Company, filing as a Corporation <input type="checkbox"/> Limited Liability Company, filing as a Partnership <input type="checkbox"/> 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) | | Social Security Number | |
| Enter your TIN in the appropriate box. <ul style="list-style-type: none"> For individuals, this may be your Social Security Number (SSN). For other entities, it is your Employer Identification Number. | | OR Employer Identification Number | |
| | | _____ (Enter all 9 numbers, NO DASHES) | |
| | | _____ (Enter all 9 numbers, NO DASHES) | |
| 4. DEFAULT REPORTED, WAIVER CERTIFICATION, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE, AND DUNS NUMBER | | | |
| Have you had any contract with the state terminated for default? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of terminated contracts with an explanation why each contract was terminated. | | | |
| Does your business require its employees to sign or agree to, as a condition of employment, mandatory individual arbitration clauses or class or collective action waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 or 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)

Is your business owned by a person (or persons) who is (or are):

| | No | Yes; but we are NOT certified* | Yes and we ARE Certified* | Certification Number |
|-------------|--------------------------|--------------------------------|---------------------------|----------------------|
| A Woman? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A Minority? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A Veteran? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

*Certified means either the business entity (or, when the business is a sole proprietorship, the individual) has received a certification number from Washington State's Office of Minority and Women-Owned Business Enterprises (OMWBE) www.omwbe.wa.gov, or Department of Veterans' Affairs (DVA).

Is your business a certified Disadvantaged Business Entity? No Yes, Certification No.

Does your business qualify as a Microbusiness, Minibusiness, or Small Business under RCW 39.26.010? No Yes

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 | 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) | |
| <input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> 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) | |
| <input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> 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 AND TITLE | ADDITIONAL STAFF EMAIL ADDRESS |
|---------------------------------|--------------------------------|

| | | |
|--|--|---|
| PHONE NUMBER (INCLUDE AREA CODE) () | FAX 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 | ADDITIONAL STAFF EMAIL ADDRESS |
|-----------------------|--------------------------------|

| | | |
|--|--|---|
| PHONE NUMBER (INCLUDE AREA CODE) () | FAX 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)

DIVISION OF VOCATIONAL REHABILITATION
DVR Additional Contractor Information

| | |
|---|---|
| 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? <input type="checkbox"/> Yes (skip to C) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details below or on a separate sheet of paper. | |
| B.2. Has your organization had a contract terminated for default by DSHS or other state agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| B.3. Have you received any audit findings related to state contracts in the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| C. Do you currently have other active DSHS, state agency, or other government contracts? <input type="checkbox"/> Yes (How many:) <input type="checkbox"/> No | |
| C.1. Do you have contract(s) or receive funds for the provision of similar services as purchased through this contract? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| D. Do you have any unresolved invoicing or service issues with any current contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| 3. Contractor Financial Information | |
| Please provide your company's Statewide Vendor Number (SWV) as assigned by the Department of Enterprise Services (DES): SWV number If you have not yet received a SWV number, please provide the date you submitted the registration paperwork to DES: | |
| 4. Signature | |
| CONTRACTOR'S SIGNATURE | DATE |
| PRINTED NAME | TITLE |



Office of Financial Management

Better information. Better decisions. Better government. Better Washington.

INSTRUCTIONS FOR COMPLETING THE VENDOR/PAYEE REGISTRATION FORM

The Registration Form should be used to perform the following:

- Register for a new Washington Statewide Vendor Number
- New legal name (ex: change of last name, change of company name)
- New taxpayer identification number

NOTES BEFORE YOU BEGIN:

- If writing instead of typing, please PRINT clearly in blue or black ink only.
- Forms will not be accepted if they have whiteout, have been crossed off, or have been written over.
- If you are a foreign entity, please submit an IRS form W-8. You can find this form at www.irs.gov. You must have a US Taxpayer Identification Number (TIN) to register with Washington State.

PART A - Contact Information:

- Mailing Address – Please indicate the address you wish to receive remittance and/or correspondence.
- Name – The person named here will be contacted to approve any future changes regarding payments and your registration
- Telephone Number – The telephone number of the authorized contact person
- Email Address – The Email address provided will be used as the primary contact method (you will be contacted via email with your Statewide Vendor Number)

PART B - Registration (W-9):

- All numbered sections except section 4 are **required**.
 - If you are a medical or legal/attorney entity and file with the IRS as a corporation or partnership, please indicate your entity type in box 4
- You **MUST** provide your Social Security Number (SSN) OR Employer Identification Number (EIN). **Do NOT provide both.**
- **Please sign with a pen (a “wet signature”). Stamped, Inserted or Electronic Signatures will NOT be accepted.**

Direct Deposit Banking:

- To set up direct deposit, complete and submit a Direct Deposit Authorization Form.

Changes and Adding Additional Locations:

- To make changes to an existing registration or to add/delete locations to an existing registration, please complete and submit a Change Form.

For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5

OR

Any other questions, please contact the agency you are expecting payment from.

Submitting the Vendor/Payee Registration (W-9):

- Please PRINT and SIGN the completed form
- SCAN to PDF format and Email to: PayeeForms@ofm.wa.gov OR
- FAX to: (360) 664-3363
- OR
- MAIL to: Statewide Payee Registration, PO Box 41450, Olympia, WA 98504-1450

PLEASE
DO NOT
STAPLE



Office of Financial Management

Better information. Better decisions. Better government. Better Washington.

PART A – Contact Details

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____ Telephone: (____) _____ - _____

Email: _____

PART B – Vendor/Payee Registration

| | | |
|---------------------|---|-------------|
| Substitute Form W-9 | Request for Taxpayer Identification Number and Certification | Rev. 2-2020 |
|---------------------|---|-------------|

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

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Corporation (Including S-Corp, LLC S-Corp and LLC-Corp) | <input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor) | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Tax Exempt Organization | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Trust/Estate | <input type="checkbox"/> Federal Government (Including Tribal) | |

4. For Corporation or Partnership **ONLY**, check one box below if applicable

Medical Attorney/Legal

5. **Legal Address** (number, street, and apt. or suite no.) *This should be the address on file with the IRS.*

6. **City, State, and ZIP code**

7. **Tax Identification Number (TIN) PLEASE CHECK ONE**
 Enter your EIN OR SSN in the box to the right (do NOT enter both)

| | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> For individuals, this is your social security number (SSN) <input type="checkbox"/> For other entities, it is your employer identification number (EIN) | Taxpayer Identification Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |

8. **Certification**
 Under penalty of perjury, I certify that

- I. 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
- II. 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
- III. I am a U.S. person, including a U.S. resident alien (defined in the W-9 instructions to be found at www.irs.gov), and
- IV. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Please note this form does not include a FATCA exemption code field, and therefore item 4 does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

 SIGNATURE of U.S. PERSON (No electronic, stamped or inserted signatures) Date

Code of Ethics and Standards of Practice

The following Code of Ethics outlines the guiding principles that should underlie the actions of all individuals and organizations delivering DVR Services to Consumers. Consumers are current DVR Clients, students who are potentially eligible for VR services who are recipients of DVR Pre-employment Transition Services (PreETS), or other individuals who are neither a current DVR client nor a current recipient of PreETS but who are eligible for a service under a DVR contract. 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 Consumers as defined above.

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 Consumer rights.
- Uphold the principles of informed choice.
- Practice only in area(s) of competency.
- Respect Consumer privacy and release no information about the Consumer 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, Recipients of PreETS, and Title VII Part B Consumers

- Hold the Consumer's well-being paramount and consider each Consumer's 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 Consumer (or others) to unreasonable risk, exploitation, and/or personal injury. Inform the Consumer as fully as possible to all risks.

Informed Choice

- When recommending services, fully involve the Consumer 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 Consumer 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 Consumer when developing recommendations and fully inform the Consumer of those perceived needs.
- Fully and accurately disclose to the Consumer 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, and as required by the contract.
- 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 Consumers.
- Avoid any action, intentional or accidental, professional or personal, that would exploit the dependency and trust of the Consumer.

Service Delivery

- When the Consumer's best interest requires it, collaborate or "team up" with providers from other professional disciplines for service delivery, in accordance with the vendor's contract with DVR. 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 Consumer's needs. This may require referring the Consumer 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 Consumer 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 the Consumer and DVR.
- Maintain sound business practices and financial records by using Generally Accepted Accounting Principles (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 Consumer or the public.
- Disseminate contract terms and requirements to employees performing work under the contract.

I acknowledge that I have read and understood the preceding statements, and agree to its terms.

CONTRACTOR'S SIGNATURE

DATE

PRINTED NAME

TITLE

| Background Check Account Information for: | |
|---|-----------------------------------|
| Brief Description of the purpose of checks | External Client Services Provider |
| Account Name ¹ | |
| Administration | SO |
| Division | DVR |
| Inquiry Type | Provider |
| Program Contact ^{2a} | |
| Phone ^{2b} | |
| Secure Fax (if applicable) ^{2c} | |
| Mailing Address ^{2d} | |
| Address Line 2 ^{2e} | |
| Mail City ^{2f} | |
| Mail State ^{2g} | |
| Mail ZIP ^{2h} | |
| Mailstop (if applicable) ²ⁱ | |
| Site Address (if different from mailing) ^{3a} | |
| Site City ^{3b} | |
| Site ZIP ^{3c} | |
| Region ⁴ | |
| County ⁵ | |
| Primary Account Administrator Name ^{6a} | |
| Primary Account Administrator Email Address ^{6b} | |
| Primary Account Administrator Phone Number ^{6c} | |

Instructions

1: Enter the legal name of the entity or provider who will be providing services under contract with DVR.

2a-i: Enter the primary contact information for the entity or provider. Lines **2c**, **2e**, and **2i** are optional and only to be completed if applicable. For example, if you have a fax number but it is not secure, do not enter it.

3a-c: Physical address of the entity or provider, if different from the mailing address.

4: The DSHS Region in which the entity or provider is located. If you do not know your region, leave it blank. DVR will fill in the information based on the County you enter.

5: The County in which the entity or provider is located, even if you are providing services in another county.

6a-c: Information for the employee who will be primarily responsible for managing the provider or entity's BCS account. There must be a Primary Account Administrator, and the PAA must have a valid email address and phone number.



DIVISION OF VOCATIONAL REHABILITATION (DVR)

Contractor Designated Contact(s) Background Check

Please print clearly in all boxes, except for signature box.

This form is for the staff person(s) who deal with confidential information in your organization.

| | | | |
|---|--|---|-------------------|
| CONTRACTOR'S 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 | | | |
| PRIMARY PERSON'S PHONE NUMBER (INCLUDE AREA CODE) () - EXT. | | PRIMARY PERSON'S EMAIL ADDRESS | |
| PRIMARY PERSON'S MAILING ADDRESS STREET / PO BOX | | CITY | STATE ZIP CODE |
| NAME OF BACKUP PERSON DESIGNATED TO SEND / RECEIVE CONFIDENTIAL BACKGROUND CHECK INFORMATION | | | |
| BACKUP PERSON'S PHONE NUMBER (INCLUDE AREA CODE) () - EXT. | | BACKUP PERSON'S EMAIL ADDRESS | |
| BACKUP PERSON'S MAILING ADDRESS <input type="checkbox"/> CHECK IF SAME AS ABOVE STREET / PO BOX | | CITY | STATE ZIP CODE |
| I have designated the above staff to process confidential background information. I will notify DVR within 14 calendar days of changing designated contacts. | | | |
| CONTRACTOR'S / DESIGNEE'S SIGNATURE | | DATE | |
| PRINTED NAME | | TITLE | |



Division of Vocational Rehabilitation

Exhibit I

Community Rehabilitation Provider (CRP) Services and Qualifications

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.

- | | | | |
|------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> STATEWIDE | <input type="checkbox"/> Ferry | <input type="checkbox"/> Klickitat | <input type="checkbox"/> Skamania |
| <input type="checkbox"/> Adams | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lewis | <input type="checkbox"/> Snohomish |
| <input type="checkbox"/> Asotin | <input type="checkbox"/> Garfield | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Grant | <input type="checkbox"/> Mason | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Okanogan | <input type="checkbox"/> Thurston |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Island | <input type="checkbox"/> Pacific | <input type="checkbox"/> Wahkiakum |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pend Oreille | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> King | <input type="checkbox"/> Pierce | <input type="checkbox"/> Whatcom |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Kitsap | <input type="checkbox"/> San Juan | <input type="checkbox"/> Whitman |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Kittitas | <input type="checkbox"/> Skagit | <input type="checkbox"/> Yakima |

Vocational Evaluations – Qualification requirement applies to ALL, including first time contractors

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 **EACH staff member** 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); **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 Comprehensive Vocational Evaluation by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Trial Work Experience AND/OR

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 Department of Health; **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 Department of Health; **OR**
- Certified as a Mental Health Clubhouse by the Department of Health; **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 Department of Health; **OR**
- Certified as a Mental Health Clubhouse by the Department of Health; **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 Department of Health; **OR**
- Certified as a Mental Health Clubhouse by the Department of Health; **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 Department of Health; **OR**
- Certified as a Mental Health Clubhouse by the Department of Health; **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.***

Pre-Employment Transition Services Work Based Learning Experience (WBL)

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 Department of Health; **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 Department of Health; **OR**
- Certified as a Mental Health Clubhouse by the Department of Health; **OR**
- Certification from the International Center for Clubhouse Development (ICCD).

Pre-Employment Transition Services Workplace Readiness Training

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 Department of Health; **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 Department of Health; **OR**
- Certified as a Mental Health Clubhouse by the Department of Health; **OR**
- Certification from the International Center for Clubhouse Development (ICCD).

Community Rehabilitation Provider (CRP) Services & Qualifications Form:

This document has been prepared and submitted as a part of the required Open Enrollment Application Packet, by a duly authorized representative of the Contractor – and represents the services, territories and other contractual elements described above.

| | |
|----------------------|-------|
| CONTRACTOR SIGNATURE | DATE |
| PRINTED NAME | TITLE |



Division of Vocational Rehabilitation

Exhibit J

Independent Living (IL)
Services and Qualifications and Fee Schedule

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.

Counties Served by IL Contractor

Please check only those counties your organization will serve.

- | | | | |
|------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> STATEWIDE | <input type="checkbox"/> Ferry | <input type="checkbox"/> Klickitat | <input type="checkbox"/> Skamania |
| <input type="checkbox"/> Adams | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lewis | <input type="checkbox"/> Snohomish |
| <input type="checkbox"/> Asotin | <input type="checkbox"/> Garfield | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Grant | <input type="checkbox"/> Mason | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Okanogan | <input type="checkbox"/> Thurston |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Island | <input type="checkbox"/> Pacific | <input type="checkbox"/> Wahkiakum |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pend Oreille | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> King | <input type="checkbox"/> Pierce | <input type="checkbox"/> Whatcom |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Kitsap | <input type="checkbox"/> San Juan | <input type="checkbox"/> Whitman |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Kittitas | <input type="checkbox"/> Skagit | <input type="checkbox"/> 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 |
|------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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.

| | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*****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 | ----- | ----- | ----- | \$1310.00 |
| Individual | <i>Flat fee or Hourly fee as set by the Contractor</i> | | | |
| Trial Work Experience AND Community Based Assessment | | | | |
| Level 1 | \$430.00 | ----- | \$1,605.00 | \$2,035.00 |
| Level 2 | \$535.00 | ----- | \$1,710.00 | \$2,245.00 |
| Level 3 | \$640.00 | ----- | \$1,765.00 | \$2,405.00 |
| Level 4-DB (TWE) | \$760.00 | ----- | \$2,080.00 | \$2,840.00 |
| Level 4-DB (CBA) | \$935.00 | ----- | \$2,560.00 | \$3,495.00 |
| <i>Permanent Employment Bonus (NOT for TWEs)</i> | | | | \$675.00 |
| <i>Healthcare Coverage Bonus (NOT for TWEs)</i> | | | | \$675.00 |
| Community Based Assessment Bonuses | | | | |
| <p>Permanent Employment Bonus – a bonus of \$675 shall be paid if the DVR Customer obtains a permanent, competitive, and integrated job as a secondary outcome of their Community Based Assessment (CBA).</p> <p>Healthcare Coverage Bonus – A bonus of \$675 shall be paid if the DVR Customer obtains a permanent, competitive, and integrated job of <u>30 hours or more per week</u> and includes <u>Employer-provided Healthcare Benefits</u> as a secondary outcome of their CBA. Payment of bonus does not have to wait until healthcare benefits go into effect.</p> <p>Note: Both bonuses shall apply to CBAs. These bonuses <u>do not</u> apply to Trial Work Experience (TWE).</p> | | | | |
| Job Placement | | | | |
| Level 1 | \$570.00 | \$530.00 | \$1,660.00 | \$2,760.00 |
| Level 2 | \$640.00 | \$855.00 | \$1,900.00 | \$3,395.00 |
| Level 3 | \$640.00 | \$1,175.00 | \$1900.00 | \$3,715.00 |
| Level 4-DB | \$715.00 | \$1,315.00 | \$2,125.00 | \$4,155.00 |
| <i>Healthcare Coverage Bonus</i> | | | | \$675.00 |
| Healthcare Coverage Bonus | | | | |
| <p>Healthcare Coverage Bonus – A bonus of \$675* shall be paid if the DVR Customer obtains a permanent, competitive, and integrated job of <u>30 hours or more per week</u> and includes <u>Employer-provided Healthcare Benefits</u>. Payment of Healthcare Coverage bonus does not have to wait until healthcare benefits go into effect.</p> | | | | |
| Intensive Training Services | | | | |
| Level 1 | \$400.00 | ----- | \$1,235.00 | \$1,635.00 |
| Level 2 | \$800.00 | ----- | \$2,470.00 | \$3,270.00 |
| Level 3 | \$1,205.00 | ----- | \$3,705.00 | \$4,910.00 |
| Level 4-DB | \$1,205.00 | ----- | \$3,705.00 | \$4,910.00 |
| Job Retention | | | | |
| Level 1 | \$350.00 | ----- | \$1,070.00 | \$1,420.00 |
| Level 2 | \$480.00 | ----- | \$1,870.00 | \$2,350.00 |
| Level 3 | \$800.00 | ----- | \$2,245.00 | \$3,045.00 |
| Level 4-DB | \$1,050.00 | ----- | \$2,930.00 | \$3,980.00 |
| Off-Site Psycho-Social – Non-Supported Employment | | | | |
| Level 1 | \$270.00 | ----- | \$1,415.00 | \$1,685.00 |
| Level 2 | \$510.00 | ----- | \$2,805.00 | \$3,315.00 |
| Level 3 | \$750.00 | ----- | \$4,220.00 | \$4,970.00 |
| Level 4-DB | \$750.00 | ----- | \$4,220.00 | \$4,970.00 |

| Off-Site Psycho-Social – Supported Employment | | | | |
|--|---|-------------|------------|-------------------|
| Level 1 | \$270.00 | ----- | \$1,415.00 | \$1,685.00 |
| Level 2 | \$410.00 | ----- | \$2,805.00 | \$3,315.00 |
| Level 3 | \$750.00 | ----- | \$4,220.00 | \$4,970.00 |
| Level 4-DB | \$750.00 | ----- | \$4,220.00 | \$4,970.00 |
| Pre-ETS Work-Based Learning Experience | | | | |
| Experience A | 11+ hours/week | 4-6 weeks | | \$1,820.00 |
| Experience B | 11+ hours/week | 7-9 weeks | | \$2,140.00 |
| Experience C | 11+ hours/week | 10-12 weeks | | \$2,460.00 |
| Pre-ETS Workplace Readiness Training | | | | |
| Experience A | ----- | 4-6 weeks | | \$535.00 |
| Experience B | ----- | 7-9 weeks | | \$1,070.00 |
| Experience C | ----- | 10-12 weeks | | \$1,605.00 |
| Partial Payment Exceptions | | | | |
| See Section 5, Consideration, for partial payment exceptions. | | | | |
| Transportation Expenses <i>(pertains to all Services)</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. | | | |
| 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. | | | |

*** This Fee Schedule version (20170922) replaces the version which will activate on 20170912 – the only change is an administrative correction. Under “Healthcare Coverage Bonus,” the bonus of \$630 was corrected to \$675.**

For Questions or Concerns, please email: DVRContractsUnit2@dshs.wa.gov.

Exhibit M

**Department of Social and Health Services
Division of Vocational Rehabilitation
Solicitation #2020-0001
Bidder Questions & Answers**

1. **Question:** My CARF Accreditation is going to expire before the new contract starts and CARF won't be able to do a survey on time due to COVID-19 (coronavirus). How will this affect my Application?

Answer: It will not affect your Application. Submit your current CARF accreditation with your application packet – DVR will not reject any Applicants because of delays in CARF accreditation. DVR will update Applicants as we find out more information from CARF.

2. **Question:** DVR Amended the Solicitation and made modifications to one of the forms, but I've already completed and/or submitted my Application Packet. Do I need to change anything about my Application Packet?

Answer: No, you do not. If you've submitted your Application Packet, you do not need to change anything. If you've already completed the previous version of Exhibit G but have not yet submitted your Application Packet, you do not need to complete the new version – submitting the previous version will be fine.

3. **Question:** What if the COVID-19 situation continues to worsen, and I am still not able to submit my Application Packet by the new due date?

Answer: DVR will monitor the situation and will be taking the needs of our current and future contractors into account. Before June 1, DVR will re-evaluate the due date of this solicitation and will consider extending it a second time if the situation requires it. However, DVR cannot guarantee that any submissions after June 1 will have a contract start date of July 1.

4. **Question:** Do you have fillable forms for the Exhibits that are included with this Solicitation?

Answer: DVR is working on posting fillable versions to our public web pages for CRPs and IL providers, <https://www.dshs.wa.gov/dvr/community-rehabilitation-programs-contracts> and <https://www.dshs.wa.gov/dvr/independent-living-services>. Please keep checking the website for updates.

5. **Question:** DVR has already approved me and/or my staff to provide IL services under the current contract. Do I still have to submit resumes and transcripts with my Application Packet?

Answer: Yes, please include the requested resumes and transcripts for all staff applying to provide IL services. Additionally, please fill out Exhibit K just as you would if you were applying for the first time.