



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**  
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**RFP No. 4043**  
**Amendment #3**

**PROJECT TITLE:** Outpatient Competency Restoration Program (OCRP)  
**SUBJECT:** HCA's Responses to Bidder and Webinar Questions  
**DATE ISSUED:** January 2, 2020

**Below is HCA's responses to bidder questions and questions from the Pre-Proposal Webinar that was held via WebEx on December 18, 2019.**

	<b>Bidder Question</b>	<b>HCA Response</b>
1.	What will the DSHS prescreening "clinical appropriateness" for OCRP look like?	<p>DSHS will review potential OCRP referrals to determine Clinical Appropriateness. Criteria identified in the review will support OCRP recommendations for individuals who are anticipated to live in their community with little support, to include low behavior acuity and low medical needs. Factors to be reviewed in considering Clinical Appropriateness will include: medical stability, current severe psychiatric symptoms, risk of harming self or others, current or recent history of assaultive behaviors, history of elopement or attempts from secure facilities, history of compliance with community behavioral health.</p> <p>DSHS currently uses screening criteria for forensic units at state hospitals and Residential Treatment Facilities. HCA, in partnership with DSHS, are creating additional screening criteria for OCRP. Once the criteria is approved, it will be shared with the Apparent Successful Bidders.</p>

2.	The RFP requires the provider to complete drug screening on all individuals enrolled in the OCRP if they currently or have a history of substance use. Is it acceptable to use integrated drug test cups such as ICUP that staff can administer or since individuals would be on a condition release court order, would we need to use a service where attention is paid to chain of custody?	Process is negotiable and can be addressed in the contract language. Drug screening may also be provided by the Substance Use Disorder Provider the individual is enrolled with.
3.	Regarding the request for production pertaining to the question which states “approximate percentage of work to be accomplished by each group” which then goes on to list 4 groups, minority, women, veteran and small business. Is the request for the work to be done by the group working under this RFP, if awarded (which we would not know until we hire into the positions)? Or is this asked of the organization as a whole?	This is asked of the organization as a whole.
4.	Regarding the Barriers to Competency document, could this be completed by the Forensic evaluator who is the psychiatrist appointed by the court? I believe that is how it is done in inpatient competency restoration. Or, can that be completed by the Master Instructor and signed off by the psychiatrist/ARNP? In either scenario, the Master Instructor and psychiatrist/ARNP would then work together and ensure any updates/changes occurs. We believe it will be very difficult to recruit/hire a .25 FTE psychiatrist/ARNP for this program and feel if we can have the Forensic psychologist or Master Instructor involved in the completion of the Barriers to Competency document, so the psychiatrist/ARNP is then primarily responsible for medication/symptom management.	This document can be completed by the Master Instructor, but must be reviewed and approved by the psychiatrist/ARNP. This document cannot be completed by the Forensic Evaluator, but the Forensic Evaluator uses the document during their forensic evaluation to inform progress while in the program.

**Please Note:** In RFP 4043 section 2.2, “Estimated Schedule of Procurement Activities,” Proposals are due to be emailed to HCA on **January 17, 2020 – 2:00 PM** at [HCAProcurement@hca.wa.gov](mailto:HCAProcurement@hca.wa.gov) .

Thank you,  
Holly Jones, RFP Coordinator

