



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

REQUEST FOR PROPOSALS (RFP)

RFP NO. 4043

NOTE: *If you download this RFP from the Health Care Authority website, you are responsible for sending your name, address, e-mail address, and telephone number to the RFP Coordinator in order for your organization to receive any RFP amendments or bidder questions/agency answers. HCA is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization because of any such failure.*

PROJECT TITLE: Outpatient Competency Restoration Program (OCRP)

PROPOSAL DUE DATE: January 17, 2020 by 2:00 p.m. Pacific Standard Time, Olympia, Washington, USA.

E-mailed bids will be accepted. Faxed bids **will not.**

ESTIMATED TIME PERIOD FOR CONTRACT: On or before April 1, 2020 to June 30, 2021.

The Health Care Authority reserves the right to extend the contract(s) for up to two (2) additional two (2)-year periods at the sole discretion of the Health Care Authority.

BIDDER ELIGIBILITY: This procurement is open to those Bidders who provide services in in three (3) Regions: Pierce Region (Pierce County); Southwest Region (Clark, Skamania and Klickitat Counties); and Spokane Region (Spokane, Ferry, Stevens, Pend Oreille, Lincoln and Adams Counties), that satisfy the minimum qualifications stated herein and that are authorized and available to work within Washington State.

1. INTRODUCTION.....	4
1.1. PURPOSE AND BACKGROUND	4
1.2. OBJECTIVES AND SCOPE OF WORK	4
1.3. MINIMUM QUALIFICATIONS	7
1.4. FUNDING.....	7
1.5. PERIOD OF PERFORMANCE	7
1.6. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES	7
1.7. DEFINITIONS.....	8
1.8. ADA	8
2. GENERAL INFORMATION FOR BIDDERS	9
2.1. RFP COORDINATOR	9
2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES	9
2.3. PRE-PROPOSAL WEBINAR	10
2.4. SUBMISSION OF PROPOSALS.....	10
2.5. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE	11
2.6. REVISIONS TO THE RFP	11
2.7. DIVERSE BUSINESS INCLUSION PLAN	12
2.8. ACCEPTANCE PERIOD.....	12
2.9. COMPLAINT PROCESS	12
2.10. RESPONSIVENESS	13
2.11. MOST FAVORABLE TERMS	13
2.12. CONTRACT AND GENERAL TERMS & CONDITIONS	13
2.13. RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS	13
2.14. NO OBLIGATION TO CONTRACT	14
2.15. REJECTION OF PROPOSALS	14
2.16. COMMITMENT OF FUNDS.....	14
2.17. ELECTRONIC PAYMENT	14
2.18. INSURANCE COVERAGE (ADD OTHER INSURANCE AS REQUIRED).....	14
3. PROPOSAL CONTENTS.....	18
3.1. LETTER OF SUBMITTAL (MANDATORY)	18
3.2. TECHNICAL PROPOSAL (SCORED).....	19
3.3. MANAGEMENT PROPOSAL (SCORED)	20

3.4. EXECUTIVE ORDER 18-03 (SCORED)	22
3.5. BUDGET PROPOSAL (SCORED)	22
3.6. EVALUATION PROCEDURE.....	24
3.7. EVALUATION WEIGHTING AND SCORING.....	24
3.8. SUBSTANTIALLY EQUIVALENT SCORES.....	26
3.9. NOTIFICATION TO BIDDERS.....	26
3.10. DEBRIEFING OF UNSUCCESSFUL BIDDERS.....	26
3.11. PROTEST PROCEDURE.....	26

1. INTRODUCTION

1.1. PURPOSE AND BACKGROUND

1.1.1. PURPOSE

The Washington State Health Care Authority, hereafter called “HCA,” is initiating this Request for Proposals (RFP) to solicit proposals from organizations interested in providing an Outpatient Competency Restoration Program (OCRCP) in one or more of (3) three Regions: Pierce Region, Southwest Region (Clark, Skamania and Klickitat counties) and Spokane Region (Spokane, Ferry, Stevens, Pend Oreille, Lincoln and Adams counties).

The HCA intends to award at least one contract in each Region. A single organization may be considered for more than one contract. More than one contract per Region may be awarded at the discretion of the HCA.

For more information on Purpose and Background, refer to OCRCP Model Overview, Attachment 1.

1.2. OBJECTIVES AND SCOPE OF WORK

Please refer to Attachment 1, OCRCP Model Overview, for information about the objectives and implementation of the OCRCP Program.

Estimated caseloads, staffing and service volumes for OCRCP contractors are as follows:

	Pierce Region	SW Region	Spokane Region
1. OCRCP caseload service estimate, Year 1*	74	21	24
2. General Duties Contractor	2.1 Provide OCRCP services for clients who may reside at locations throughout the contracted Region; 2.2 Maintain treatment documentation including encounter data, incident reports, attendance records, treatment plans and barrier monitoring in an electronic health record; and 2.3 Collect and report data as required by HCA and DSHS;		

<p>3. Psychiatrist/PMHNP</p>	<p>3.1 If the barriers include psychiatric symptoms, assess the client for appropriateness for psychotropic medication(s) to treat the client’s symptoms and shall provide medication management;</p> <p>3.2 Once treatment is initiated, monitor the identified barriers to competency on an ongoing basis by completing a “Barriers Monitoring Form” periodically throughout the restoration process using program data and direct client contact. This monitoring will inform early evaluation;</p>
<p>4. OCRP Master Instructor for Breaking Barriers (Licensed Master’s Level Therapist or higher) – OCRP Master Instructor may provide all services listed in OCRP Subject Matter Expert for Breaking Barriers</p>	<p>4.1 Conduct an intake/admission assessment which shall include an assessment of the client’s barriers to competency;</p> <p>4.2 Ensure that the client’s treatment plan contains the client’s barriers to competency and the treatment interventions that are appropriate to address those barriers;</p> <p>4.3 Provide clinical oversight to OCRP Subject Matter Expert (SME) for Breaking Barriers;</p> <p>4.4 Travel/Transportation;</p> <p>4.5 Participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested;</p>
<p>5. OCRP SME in Breaking Barriers (Master’s Level Education or higher)</p>	<p>5.1 5.1 Develop and maintain an individualized treatment plan which must include the client’s barriers to competency and assigned interventions;</p> <p>5.2 5.2 Facilitate psychosocial treatment services consisting of group activities or individual treatment sessions to address specific Barriers to Competency and to assist the client with the following: Courtroom Knowledge and Understanding, Optimal Symptom Management, Relaxation and Coping Skills, and Effective Communication (with attorneys and others in the court system), through utilization of the CORE modules and other treatment modules embedded</p>

	<p>within the Breaking Barriers Competency Restoration Program;</p> <p>5.3 Collaboration with system partners to include FHARPS, FPATH and the Forensic Navigators;</p> <p>5.4 Refer client to SUD services, if needed;</p> <p>5.5 Ensure regular drug screening occurs for clients with a current substance use disorder diagnosis;</p> <p>5.6 Communicate, coordinate with, and provide reports to the assigned Forensic Navigator at least every-other-week and incidents within 24 hours;</p> <p>5.7 Collect and report monthly data to the HCA OCRP Administrator;</p> <p>5.8 Participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested; and</p>
<p>6. Enhanced Peer Support Specialist - must be certified through DBHR and hold an Agency Affiliated Counselor registration through the Washington State Department of Health (DOH).</p>	<p>6.1 Work with clients to identify strengths, set goals, and address barriers to engagement (ie: transportation barriers, time management, meeting basic needs) through motivational interviewing;</p> <p>6.2 Work with the client to encourage self-advocacy to communicate needs;</p> <p>6.3 Participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested;</p> <p>6.4 Assist OCRP Master Instructor or SME with facilitation of CORE activities (if trained as an SME in Breaking Barriers); and</p> <p>6.5 Participate regularly in supervision with the OCRP Master Instructor or SME.</p>

1.3. MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

- 1.3.1. Licensed to do business in the State of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
- 1.3.2. Five years' experience providing behavioral health services in the state Washington.
- 1.3.3. Agencies must be certified to provide peer services through community Behavioral Health Licensure.

1.4. FUNDING

HCA has budgeted an amount not to exceed approximately (\$1,896,000.00) for this project. The funding amount per contract will be determined by HCA after the ASB(s) have been selected. The HCA Contract Manager will negotiate with each of the ASB(s) for their contract funding amount.

Any contract awarded as a result of this procurement is contingent upon the availability of funding.

1.5. PERIOD OF PERFORMANCE

Contracts resulting from this RFP are tentatively scheduled to begin on or before April 1, 2020 in order to accommodate a start-up period, with the period of performance of OCRP services to clients beginning July 1, 2020 and ending on June 30, 2021.

Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA reserves the right to extend the contract for two (2)-year periods.

1.6. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.7. DEFINITIONS

Definitions for the purposes of this RFP include:

Apparent Successful Bidder (ASB) – A Bidder selected pursuant to this RFP to perform the anticipated services within one or more Regions, subject to completion of contract negotiations and execution of a written contract.

Bidder – An organization that submits a proposal in order to attain a contract with the Health Care Authority.

Health Care Authority or HCA –an executive agency of the state of Washington that is issuing this RFP.

Proposal – A formal offer submitted in response to this solicitation.

Request for Proposals (RFP) – Formal solicitation or procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the bidder community to suggest various approaches to meet the need at a given price.

1.8. ADA

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive this RFP in Braille or on tape.

2. GENERAL INFORMATION FOR BIDDERS

2.1. RFP COORDINATOR

The RFP Coordinator is the sole point of contact in HCA for this procurement. All communication between the Bidder and HCA upon release of this RFP must be with the RFP Coordinator, as follows:

Name	Holly Jones
E-Mail Address	HCAProcurement@hca.wa.gov

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Bidder.

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

ACTIVITIES	DUE DATES
HCA Release of Request for Proposals	November 27, 2019
Pre Proposal Webinar via WebEx	December 18, 2019
Questions Due from Bidders	December 20, 2019 – 2:00 PM PST
HCA Posts Answers To Bidder Questions	December 27, 2019
Bidder Proposals Due Date	January 17, 2020 – 2:00 PM PST
Evaluate Proposals	January 20 – February 3, 2020
Announce “Apparent Successful Bidder” and send notification via e-mail to unsuccessful Bidders	February 17, 2020
Bidder Request for Debrief Due Date	February 21, 2020 - 2:00 PM PST
Hold Debrief Conferences via conference call (<i>if needed</i>)	March 2 – 6, 2020
Begin Contract Negotiations/Begin Contract Work	March 12, 2020
Estimated Contract Start Date (<i>or before</i>)	April 1, 2020

HCA reserves the right in its sole discretion to revise the above schedule.

Bidders are strongly encouraged to register as a vendor on Washington’s Electronic Bid System (WEBS), at <https://fortress.wa.gov/ga/webs/> and to download a copy of this RFP from WEBS, in order to view any Amendments that are issued by HCA which may modify the terms of this RFP.

2.3. PRE-PROPOSAL WEBINAR

A pre-proposal Webinar is scheduled to be held on **December 18, 2019 at 1:00 p.m. – 2:30 p.m., Pacific Standard Time**. The pre-proposal Webinar will be held via WebEx, Bidders can access Webinar at the following:

OCRP Bidders Conference

Meeting number: 804 642 531

Password: RpunbM3J.

Join by phone

+1-415-655-0001 US Toll

+1-206-207-1700 United States Toll (Seattle)

Access code: 804 642 531

All prospective Bidders should attend; however, attendance is not mandatory.

HCA will be bound only to HCA written answers to questions. Questions arising at the pre-proposal webinar or in subsequent communication with the RFP Coordinator will be documented and answered in written form. A copy of the questions and answers will be sent to each prospective Bidder that has made the RFP Coordinator aware of its interest in this procurement, and will be posted on WEBS via an amendment at <https://fortress.wa.gov/ga/webs/> and on the HCA Bids and Contracts page at <https://www.hca.wa.gov/about-hca/bids-and-contracts>.

2.4. SUBMISSION OF PROPOSALS

ELECTRONIC PROPOSALS:

The proposal must be received by the RFP Coordinator no later than the Proposal Due deadline in Section 2.2, *Estimated Schedule of Procurement*.

Proposals must be submitted electronically as an attachment to an e-mail to the RFP Coordinator at the e-mail address listed in Section 2. Attachments to e-mail should be in Microsoft Word format or PDF. Zipped files cannot be received by HCA and cannot be used for submission of proposals. The cover submittal letter and the Certifications and Assurances form must have a scanned signature of the individual within the organization authorized to bind the Bidder to the offer. HCA does not assume responsibility for problems with Bidder's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

Proposals may not be transmitted using facsimile transmission.

Bidders should allow sufficient time to ensure timely receipt of the proposal by the RFP Coordinator. Late proposals will not be accepted and will be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault. All proposals and any accompanying documentation become the property of HCA and will not be returned.

2.5. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this RFP will become the property of HCA. All proposals received will remain confidential until the Apparent Successful Bidder is announced; thereafter, the proposals will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW).

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of a document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the Bidder is making the claim must be cited. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made for the information that the Bidder has marked as "Proprietary Information," HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFP Coordinator is required. All requests for information should be directed to the RFP Coordinator.

The submission of any public records request to HCA pertaining in any way to this RFP will not affect the procurement schedule, as outlined in Section 2.2, unless HCA, in its sole discretion, determines that altering the schedule would be in HCA's best interests.

2.6. REVISIONS TO THE RFP

If HCA determines in its sole discretion that it is necessary to revise any part of this RFP, then HCA will provide an amendment via e-mail to all individuals who have made the RFP Coordinator aware of their interest. Amendments will also be published on Washington's Electronic Bid System (WEBS), at <https://fortress.wa.gov/ga/webs/>. For this purpose, the published questions and answers and any other pertinent information will be provided as an amendment to the RFP and will be placed on the website.

HCA also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.7. DIVERSE BUSINESS INCLUSION PLAN

Bidders will be required to submit a Diverse Business Inclusion Plan with their proposal. In accordance with legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal governmental regulations included or referenced in the contract documents will apply.

2.8. ACCEPTANCE PERIOD

Proposals must provide one hundred twenty (120) calendar days for acceptance by HCA from the due date for receipt of proposals.

2.9. COMPLAINT PROCESS

2.9.1. Vendors may submit a complaint to HCA based on any of the following:

2.9.1.1. The RFP unnecessarily restricts competition;

2.9.1.2. The RFP evaluation or scoring process is unfair or unclear; or

2.9.1.3. The RFP requirements are inadequate or insufficient to prepare a response.

2.9.2. A complaint must be submitted to HCA prior to five business days before the bid response deadline. The complaint must:

2.9.2.1. Be in writing;

2.9.2.2. Be sent to the RFP Coordinator in a timely manner;

2.9.2.3. Clearly articulate the basis for the complaint; and

2.9.2.4. Include a proposed remedy.

The RFP Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the RFP will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. A Bidder or potential Bidder cannot raise during a bid protest any issue that the Bidder or potential Bidder raised in a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.

2.10. RESPONSIVENESS

The RFP Coordinator will review all proposals to determine compliance with administrative requirements and instructions specified in this RFP. A Bidder's failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.11. MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Bidder can propose. HCA reserve the right to contact a Bidder for clarification of its proposal.

HCA also reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

The ASB should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. The contract resulting from this RFP will incorporate some, or all, of the Bidder's proposal. The proposal will become a part of the official procurement file on this matter without obligation to HCA.

2.12. CONTRACT AND GENERAL TERMS & CONDITIONS

The ASB for each Region will be expected to enter into a contract which is substantially the same as the sample contract and its general terms and conditions attached as Exhibit D. HCA will not accept any draft contracts prepared by any Bidder. The Bidder may submit exceptions as allowed in the Certifications and Assurances form, Exhibit A to this RFP. All exceptions must be submitted as an attachment to Exhibit B. HCA will review requested exceptions and accept or reject the same at its sole discretion.

If, after the announcement of the ASB for each Region, and after a reasonable period of time, the ASB and HCA cannot reach agreement on acceptable terms for the Contract, the HCA may cancel the selection and Award the Contract to the next most qualified Bidder.

HCA will not be liable for any costs incurred by the Bidder in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related in any way to this RFP.

2.13. RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one responsive proposal as a result of this RFP, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. HCA may continue to have the bidder complete the entire RFP. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.14. NO OBLIGATION TO CONTRACT

This RFP does not obligate HCA to enter into any contract for services specified herein.

2.15. REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue any contract as a result of this RFP.

2.16. COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.17. ELECTRONIC PAYMENT

The state of Washington prefers to utilize electronic payment in its transactions. The ASB will be provided a form to complete with the contract to authorize such payment method.

2.18. INSURANCE COVERAGE (ADD OTHER INSURANCE AS REQUIRED)

As a requirement of the resultant contract, the ASB is to furnish HCA with a certificate(s) of insurance executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

The ASB must, at its own expense, obtain and keep in force insurance coverage which will be maintained in full force and effect during the term of the contract. The ASB must furnish evidence in the form of a Certificate of Insurance that insurance will be provided, and a copy must be forwarded to HCA within 15 days of the contract effective date.

2.18.1. Liability Insurance

- 2.18.1.1. Commercial General Liability Insurance: ASB will maintain commercial general liability (CGL) insurance and, if necessary, commercial umbrella insurance, with a limit of not less than \$1,000,000 per each occurrence. If CGL insurance contains aggregate limits, the General Aggregate limit must be at least twice the "each occurrence" limit. CGL insurance must have products-completed operations aggregate limit of at least two times the "each occurrence" limit. CGL insurance must be written on ISO occurrence from CG 00 01 (or a substitute form providing equivalent coverage). All insurance must cover liability assumed under an insured contract (including the tort liability of another assumed in a business contract), and contain separation of insureds (cross liability) condition.

Additionally, the ASB is responsible for ensuring that any subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

2.18.1.2. Business Auto Policy: As applicable, the ASB will maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit not less than \$1,000,000 per accident. Such insurance must cover liability arising out of "Any Auto." Business auto coverage must be written on ISO form CA 00 01, 1990 or later edition, or substitute liability form providing equivalent coverage.

2.18.2. Employers Liability ("Stop Gap") Insurance

In addition, the ASB will buy employers liability insurance and, if necessary, commercial umbrella liability insurance with limits not less than \$1,000,000 each accident for bodily injury by accident or \$1,000,000 each employee for bodily injury by disease.

2.18.3. Cyber-Liability Insurance / Privacy Breach Coverage. For the purposes of this section the following definitions apply:

Breach – means the unauthorized acquisition, access, use, or disclosure of Data shared under any resulting Contract that compromises the security, confidentiality, or integrity of the Data.

Confidential Information – is information that is exempt from disclosure to public or other unauthorized persons under 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, Personal Information and Protected Health Information.

Data – means information that is disclosed or exchanged between HCA and Apparent Successful Bidder. Data includes Confidential Information.

Personal Information – means information identifiable to any person, including but not limited to, information that relates to a person's name, health, finances, education, business, use, or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver's license numbers, credit card numbers, any other identifying numbers, and any financial identifiers.

Protected Health Information (PHI) – means information that relates to the provision of health care to an individual, the past, present, or future physical or mental health or condition of an individual, the past, present, or future payment for provision of health care to an individual. PHI includes demographic information that identifies the individual or about which there is reasonable basis to believe, can be used to identify the individual. PHI is information transmitted, maintained, or stored in any form or medium. PHI does not include education records covered by the Family Educational Right and Privacy Act, as amended.

For the term of any resulting Contract and three (3) years following its termination or expiration, ASB must maintain insurance to cover costs incurred in connection with a security incident, privacy Breach, or potential compromise of Data, including:

- 2.18.3.1. Computer forensics assistance to assess the impact of a Data Breach, determine root cause, and help determine whether and the extent to which notification must be provided to comply with Breach notification laws;
- 2.18.3.2. Notification and call center services for individuals affected by a security incident, or privacy Breach;
- 2.18.3.3. Breach resolution and mitigation services for individuals affected by a security incident or privacy Breach, including fraud prevention, credit monitoring, and identity theft assistance; and
- 2.18.3.4. Regulatory defense, fines, and penalties from any claim in the form of a regulatory proceeding resulting from a violation of any applicable privacy or security law(s) or regulation(s).

2.18.4. Additional Provisions

Above insurance policy must include the following provisions:

- 2.18.4.1. Additional Insured. The state of Washington, HCA, its elected and appointed officials, agents and employees must be named as an additional insured on all general liability, excess, umbrella and property insurance policies. All insurance provided in compliance with this contract must be primary as to any other insurance or self-insurance programs afforded to or maintained by the state.
- 2.18.4.2. Cancellation. State of Washington, HCA, must be provided written notice before cancellation or non-renewal of any insurance referred to therein, in accord with the following specifications. Insurers subject to 48.18 RCW (Admitted and Regulation by the Insurance Commissioner): The insurer must give the state 45 days advance notice of cancellation or non-renewal. If cancellation is due to non-payment of premium, the state must be given ten days advance notice of cancellation. Insurers subject to 48.15 RCW (Surplus lines): The state must be given 20 days advance notice of cancellation. If cancellation is due to non-payment of premium, the state must be given ten days advance notice of cancellation.
- 2.18.4.3. Identification. Policy must reference the state's contract number and the Health Care Authority.

2.18.4.4. Insurance Carrier Rating. All insurance and bonds should be issued by companies admitted to do business within the state of Washington and have a rating of A-, Class VII or better in the most recently published edition of Best's Reports. Any exception must be reviewed and approved by the Health Care Authority Risk Manager, or the Risk Manager for the state of Washington, before the contract is accepted or work may begin. If an insurer is not admitted, all insurance policies and procedures for issuing the insurance policies must comply with chapter 48.15 RCW and 284-15 WAC.

2.18.4.5. Excess Coverage. By requiring insurance herein, the state does not represent that coverage and limits will be adequate to protect ASB, and such coverage and limits will not limit ASB's liability under the indemnities and reimbursements granted to the state in this Contract.

2.18.5. Workers' Compensation Coverage

The ASB will at all times comply with all applicable workers' compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. The state will not be held responsive in any way for claims filed by the ASB or their employees for services performed under the terms of this contract.

3. PROPOSAL CONTENTS

Proposals must be written in English and submitted electronically to the RFP Coordinator in the order noted below:

- A. Letter of Submittal, including signed Certifications and Assurances (**Exhibit A to this RFP**)
- B. Technical Proposal (scored)
- C. Management Proposal (scored)
- D. Budget Proposal (scored)
- E. Diverse Business Inclusion Plan (**Exhibit B to this RFP**)
- F. Contractor Certification Executive Order 18-03 (**Exhibit C to this RFP**)

Proposals must provide information in the same order as presented in this document with the same headings.

Items marked “mandatory” **must be included as part of the proposal** for to be considered responsive; however, these items are not scored. Items marked “scored” are those that are awarded points as part of the evaluation conducted by the evaluation team.

3.1. LETTER OF SUBMITTAL (MANDATORY)

The Letter of Submittal and the attached Certifications and Assurances form (Exhibit A to this RFP) must be signed and dated by a person authorized to legally bind the Bidder to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Bidder and any proposed subcontractors:

- 3.1.1. Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written.
- 3.1.2. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.).
- 3.1.3. Legal status of the Bidder (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
- 3.1.4. Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Bidder does not have a UBI number, the Bidder must state that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.

- 3.1.5. Location of the facility from which the Bidder would operate.
- 3.1.6. Identify any state employees or former state employees employed or on the firm's governing board as of the date of the proposal. Include their position and responsibilities within the Bidder's organization. If following a review of this information, it is determined by HCA that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.
- 3.1.7. Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of RCW 42.56 must be clearly designated. The page must be identified and the particular exemption from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word "Proprietary" printed on the lower right hand corner of the page. In your Letter of Submittal, please list which pages and sections that have been marked "Proprietary" and the particular exemption from disclosure upon which the Bidder is making the claim.

3.2. TECHNICAL PROPOSAL (SCORED)

The Technical Proposal must contain a comprehensive description of services including the following elements:

- 3.2.1 **Project Approach/Methodology** – Include a complete description of the Bidder's proposed approach and methodology for the project. This section should convey Bidder's understanding of the proposed project and should include caseload and staffing ratios.
- 3.2.2 **Work Plan** – Include all project requirements and the proposed tasks, services, activities, etc. necessary to accomplish the scope of the project defined in this RFP. This section of the technical proposal must contain sufficient detail to convey to members of the evaluation team the Bidder's knowledge of the subjects and skills necessary to successfully complete the project. Include any required involvement of HCA staff. The Bidder may also present any creative approaches that might be appropriate and may provide any pertinent supporting documentation.
- 3.2.3 **Project Implementation Schedule** – Include a project schedule indicating when the elements of the work will be completed to accomplish the start of OCRP services by July 1, 2020 and to ensure that OCRP services are provided on an ongoing basis for the period between July 1, 2020 through June 30, 2021.
- 3.2.4 **Outcomes and Performance Measurement** – Describe how Bidder proposes to track performance measures set forth in this RFP and how it will achieve the identified outcomes as a result of the delivery of these services including how these outcomes would be monitored, measured, and reported to HCA.

- 3.2.5 **Risks** – The Bidder must identify potential risks that are considered significant to the success of the project in the Bidder’s Region. Include how the Bidder would propose to effectively monitor and manage these risks, including reporting of risks to the HCA contract manager.

3.3. MANAGEMENT PROPOSAL (SCORED)

Project Management (SCORED)

- 3.3.1 **Project Team Structure/Internal Controls** – Provide a description of the proposed project team structure and internal controls to be used during the course of the project, including any subcontractors. Provide an organizational chart of your firm indicating lines of authority for personnel involved in performance of this potential contract and relationships of these staff to other programs or functions of the organization.

- 3.3.2 **Staff Qualifications/Experience** – Identify staff or planned staff, including subcontractors, who will be assigned to the potential contract, indicating the responsibilities and qualifications of such personnel, and include the amount of time each will be assigned to the project. The Bidder must commit that staff identified in its proposal will actually perform the assigned work.

NOTE: HCA recognizes that staff may be hired in order to perform specific roles under this contract. If the Bidder does not have all required staff at this time, the Bidder must agree that any staff hired or substituted after a potential contract begins, the Bidder must have prior approval from HCA.

- 3.3.3 **Quality Assurance** - Describe the Bidders method for assuring that services and deliverables are provided in accordance with high quality standards and for immediately correcting any deficiencies? Provide what data would be proposed to report to HCA which would permit verification of the Bidders quality assurance activity, findings and actions?

Experience of the Bidder (SCORED)

- 3.3.4 Please describe the Bidder’s agency’s existing capability to provide or secure intensive, recovery-oriented, wraparound services for persons with severe mental illness who are either high service utilizers or not using traditional behavioral health services at all.
- 3.3.5 Please describe the Bidder’s agency’s existing capability to assist clients in accessing 24-hour crisis services.
- 3.3.6 Please describe the Bidder’s agency’s existing capability to navigate housing resources and to place clients in housing resources.

- 3.3.7 Please describe the Bidder's agency's project management practices and dedicated staffing resources to meet the needs of OCRP clients.
- 3.3.8 Please describe the Bidder's agency's existing capability to provide or secure Substance Use Disorder Services.
- 3.3.9 Please describe the Bidder's agency's capability to deliver services in community settings that are outside of the office or clinic.

Related Information (MANDATORY)

- 3.3.10 If the Bidder or any subcontractor contracted with the state of Washington during the past 24 months, indicate the name of the agency, the contract number at the applicable agency and project description and/or other information available to identify the contract.
- 3.3.11 If the Bidder's staff or subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held, and separation date.
- 3.3.12 If the Bidder has had a contract terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Bidder's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Bidder, or (b) litigated and such litigation determined that the Bidder was in default.
- 3.3.13 Submit full details of the terms for default including the other party's name, address, and phone number. Present the Bidder's position on the matter. HCA will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience. If no such termination for default has been experienced by the Bidder in the past five years, so indicate.

References (MANDATORY)

- 3.3.14 List names, addresses, telephone numbers, and e-mail addresses of three business references for the Bidder's organization. Do not include current HCA staff as references. By submitting a proposal in response to this RFP, the vendor and team members grant permission to HCA to contact these references and others, who from HCA's perspective, may have pertinent information. HCA may or may not, at HCA's discretion, contact references. HCA may evaluate references at HCA's discretion.

Bidders Organization Contract History (MANDATORY)

- 3.3.15 Include a list of contracts, including the Contractor name and the purpose of the contract the Bidder has had during the last five (5) years that relate to the Bidder's ability to perform the OCRP services required under this RFP

OMWBE Certification (OPTIONAL AND NOT SCORED)

- 3.3.16 Include proof of certification issued by the Washington State Office of Minority and Women's Business Enterprises (OMWBE) if certified minority-owned firm and/or women-owned firm(s) will be participating on this project. For information: <http://www.omwbe.wa.gov>.

3.4. EXECUTIVE ORDER 18-03 (SCORED)

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers' Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate bids for best value and provide a bid preference in the amount of 50 points to any Bidder who certifies, pursuant to the certification attached as Exhibit C, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Bidders that do require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver will not be disqualified evaluation of this RFP, however they will receive 0 out of 5 points for this section.

3.5. BUDGET PROPOSAL (SCORED)

The evaluation process is designed to award this procurement not necessarily to the Bidder of least cost, but rather to the Bidder whose proposal best meets the requirements of this RFP. However, Bidders are encouraged to submit proposals which are consistent with state government efforts to conserve state resources.

Identification of Costs (SCORED)

- 3.5.1 Estimated Budget based on the assumed census of 12 (Pierce Region), six (6) (Southwest Region) and six (6) (Spokane Region) concurrent clients – this must also include the Projected Budget Table figures in 3.5.5.
- 3.5.2 Identify all costs in U.S. dollars including expenses to be charged for performing the services necessary to accomplish the objectives of the contract.
- 3.5.3 The Bidder must provide a detailed projected budget identifying all estimated costs allocated for the start-up period commencing upon the effective date of the Contract, for April 1, 2010 or before to June 30, 2020, and from June 30, 2020 to June 30, 2021. The Bidder must include any assumptions the Bidder has made that affect its projected budgets.
- 3.5.4 Based upon and bearing a reasonable relation to its projected proposed costs, and taking into consideration a reasonable overhead charge not to exceed 10% and any

cost-sharing that the Bidder will accomplish by virtue of the use of the same resources in connection with other operations of the Bidder, Bidder must propose charges, by Region, in the following categories:

3.5.5 Projected Budget Table

1. Fixed Start-Up Charge to include policy/protocol and forms development and all staff training:	\$
2. Fixed Charge Per Month:	\$
3. Initial Assessment Charge:	\$
4. Charge for Development and update of Treatment Plan:	\$
5. Charge for Psychiatrist/PARNP Services Barrier Monitoring	\$
6. Charge per one-hour session of Group Treatment Services by OCRP Master Instructor	\$
7. Charge per one-hour session of Group Treatment Services by OCRP SME	\$
8. Charge per one-hour session of Individual Treatment Services by OCRP Master Instructor	\$
9. Charge per one-hour session of Individual Treatment Services by OCRP SME	\$
10. Charge per one-hour session of Group Services by Certified Peer Specialist	\$
11. Charge per one-hour session of Individual Services by Certified Peer Specialist	\$
12. Travel	\$
13. OCRP Master Instructor participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested;	\$
14. OCRP SME participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested;	\$
15. OCRP Certified Peer Specialist participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested;	\$

3.5.6 Costs for subcontractors are to be broken out separately. Please note if any subcontractors are certified by the Office of Minority and Women's Business Enterprises.

Computation

3.5.7 The score for the cost proposal will be computed by dividing the lowest cost bid received by the Bidder's total cost. Then the resultant number will be multiplied by the maximum possible points for the cost section.

3.6. EVALUATION PROCEDURE

Responsive Proposals will be evaluated strictly in accordance with the requirements stated in this RFP and any amendment issued. The evaluation of proposals will be accomplished by an evaluation team(s), to be designated by HCA, which will determine the ranking of the proposals. Evaluations will only be based upon information provided in the Bidder's Proposal.

All proposals received by the stated deadline, Section 2.2, *Estimated Schedule of Procurement Activities*, will be reviewed by the RFP Coordinator to ensure that the Proposals contain all of the required information requested in the RFP. Only responsive Proposals that meet the requirements will be evaluated by the evaluation team. Any Bidder who does not meet the stated qualifications or any Proposal that does not contain all of the required information will be rejected as non-responsive.

The RFP Coordinator may, at his or her sole discretion, contact the Bidder for clarification of any portion of the Bidder's Proposal. Bidders should take every precaution to ensure that all answers are clear, complete, and directly address the specific requirement.

Responsive Proposals will be reviewed and scored by an evaluation team using a weighted scoring system, Section 3.7, *Evaluation Weighting and Scoring*. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any amendments issued.

HCA, at its sole discretion, may elect to select the top-scoring firms as finalists for an oral presentation.

3.7. EVALUATION WEIGHTING AND SCORING

The maximum number of written evaluation points available is **100 points**. The Mandatory Requirements are evaluated on a pass/fail basis. The following weighting and points will be assigned to the proposal for evaluation purposes:

3.6.1 RFP Compliance/Mandatory Requirements (NOT-SCORED)

3.6.2 Technical Proposal – 50% 50 points

3.6.2.1	Project Approach/Methodology	10	points (maximum)
3.6.2.2	Work Plan	20	points (maximum)
3.6.2.3	Project Implementation Schedule	5	points (maximum)
3.6.2.4	Outcomes and Performance Measurement	10	points (maximum)
3.6.2.5	Risks	5	points (maximum)

3.6.3 Management Proposal – 30% 30 points

3.6.3.1	Project Team Structure/Internal Controls	10	points (maximum)
3.6.3.2	Staff Qualifications/Experience	10	points (maximum)
3.6.3.3	Quality Assurance	5	points (maximum)
3.6.3.4	Experience of the Bidder	5	points (maximum)

3.6.4 Budget Proposal – 15% 15 points

3.6.5 Executive Order 18-03 Certification – 5% 5 points

TOTAL 100 POINTS

HCA reserves the right to award the contract to the Bidder whose proposal is deemed to be in the best interest of HCA and the state of Washington.

Responses that pass all Mandatory requirements will be further evaluated and scored. Evaluators will evaluate and assign a score to each Scored requirement based on how well the Bidder’s response matches the requirement.

Evaluators will assign scores on a scale of zero (0) to ten (10) where the end and midpoints are defined as follows:

A score of zero (0) on any Scored requirement may cause the entire proposals to be eliminated from further consideration.

Score	Description	Discussion
0	No Value	Response is missing, totally inadequate or does not fully comply with the requirement.
1, 2	Poor	Response has not fully established the capability to perform the requirement or has marginally described its ability.
3, 4	Below Average	Response only minimally addresses the requirement and the Bidders ability to comply with the requirement or simply has restated the requirement.
5, 6	Average	Response shows an acceptable capability to meet the requirement and has shown sufficient detail to be considered as meeting the expectation stated in the requirement.
7, 8, 9	Good	Response is thorough and complete and demonstrates firm understanding of concepts and requirements.
10	Excellent	Response demonstrates far superior capability and clearly exceeds expectations.

3.8. SUBSTANTIALLY EQUIVALENT SCORES

Substantially equivalent scores are scores separated by two percent or less in total points. If multiple Proposals receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the ASB the one Proposal that is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Sections 1.1 and 1.2 of this RFP.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with equivalent scores.

3.9. NOTIFICATION TO BIDDERS

HCA will notify the ASB of their selection in writing upon completion of the evaluation process. Bidders whose proposals were not selected for further negotiation or award will be notified separately by e-mail.

3.10. DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Bidder who has submitted a Proposal and been notified it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFP Coordinator no later than 5:00 p.m., local time, in Olympia, Washington, within three business days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three business days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

- 3.10.1. Evaluation and scoring of the Bidder's Proposal;
- 3.10.2. Critique of the Proposal based on the evaluation; and
- 3.10.3. Review of the Bidder's final score in comparison with other final scores without identifying the other Bidders.

Topics a Bidder could have raised as part of the complaint process (Section 2.10) cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

Comparisons between proposals, or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

3.11. PROTEST PROCEDURE

A bid protest may be made only by Bidders who submitted a response to this RFP and who have participated in a debriefing conference. Upon completing the debriefing conference,

the Bidder is allowed five business days to file a protest with the RFP Coordinator. Protests must be received by the RFP Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth business day following the debriefing. Protests may be submitted by e-mail or by mail.

Bidders protesting this RFP must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this RFP.

All protests must be in writing, addressed to the RFP Coordinator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFP number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested.

3.11.1. Only protests alleging an issue of fact concerning the following subjects will be considered:

3.11.1.1. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

3.11.1.2. Errors in computing the score; or

3.11.1.3. Non-compliance with procedures described in the RFP or HCA requirements.

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit to the extent they address issues such as: 1) an evaluator's professional judgment on the quality of a Proposal; or 2) HCA's assessment of its own needs or requirements.

Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the RFP, will consider the record and all available facts. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The HCA Director or his or her designee will have the right to seek additional information from sources he or she deems appropriate in order to fully consider the protest.

If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA may invite such Bidder to submit its views and any relevant information on the protest to the RFP Coordinator. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.

3.11.2. The final determination of the protest will:

3.11.2.1. Find the protest lacking in merit and uphold HCA's action; or

- 3.11.2.2. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
- 3.11.2.3. Find merit in the protest and provide options to the HCA Director, which may include:
 - 3.11.2.3.1. Correct the errors and re-evaluate all Proposals; or
 - 3.11.2.3.2. Issue a new solicitation document and begin a new process; or
 - 3.11.2.3.3. Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASB(s), assuming the parties reach agreement on the contract's terms.

RFP EXHIBITS AND ATTACHMENTS

F

Exhibit A	Certifications and Assurances
Exhibit B	Diverse Business Inclusion Plan
Exhibit C	Executive Order 18-03
Exhibit D	Sample Contract including General Terms and Conditions (GT&Cs)
Attachment 1	OCRIP Model Overview

CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant HCA the right to contact references and other, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFP.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

We (circle one) **are / are not** submitting proposed Contract exceptions. (See Section 2.12, Contract and General Terms and Conditions.) If Contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the Bidder submitting this proposal, my name below attests to the accuracy of the above statement. *If electronic, also include:* We are submitting a scanned signature of this form with our proposal.

Signature of Bidder

Title

Date

DIVERSE BUSINESS INCLUSION PLAN

- | | |
|--|-----|
| Do you anticipate using, or is your firm, a State Certified Minority Business? | Y/N |
| Do you anticipate using, or is your firm, a State Certified Women's Business? | Y/N |
| Do you anticipate using, or is your firm, a State Certified Veteran Business? | Y/N |
| Do you anticipate using, or is your firm, a Washington State Small Business? | Y/N |

If you answered No to all of the questions above, please explain:

Please list the approximate percentage of work to be accomplished by each group:

- Minority ___%
- Women ___%
- Veteran ___%
- Small Business ___%

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: _____

Phone: _____

E-Mail: _____

**CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Health Care Authority is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

RFP# 4043

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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 firm listed herein.

FIRM NAME: _____
Name of Contractor/Bidder – Print full legal entity name of firm

By: _____
Signature of authorized person

Print Name of person making certifications for firm

Title: _____
Title of person signing certificate

Place: _____
Print city and state where signed

Date: _____

	SAMPLE CONTRACT	HCA Contract Number: RFP Number: 4043
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THIS CONTRACT is made by and between Washington State Health Care Authority, (HCA) and the party whose name appears below.

CONTRACTOR NAME		CONTRACTOR DOING BUSINESS AS (DBA)		
CONTRACTOR ADDRESS	Street	City	State	Zip Code
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR E-MAIL ADDRESS		
Is Contractor a Subrecipient under this Contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DUNS NUMBER:	FFATA Form Required <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

HCA PROGRAM	HCA DIVISION/SECTION Division of Behavioral Health and Resources (DBHR)
HCA CONTACT NAME AND TITLE	HCA CONTACT ADDRESS Health Care Authority 626 8th Avenue SE Olympia, WA 98504
HCA CONTACT TELEPHONE	HCA CONTACT E-MAIL ADDRESS

CONTRACT START DATE	CONTRACT END DATE	TOTAL MAXIMUM CONTRACT AMOUNT
----------------------------	--------------------------	--------------------------------------

PURPOSE OF CONTRACT:

The parties signing below warrant that they have read and understand this Contract, and have authority to execute this Contract. This Contract will be binding on HCA only upon signature by HCA.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

TABLE OF CONTENTS

1. <u>RECITALS</u>	36
2. <u>STATEMENT OF WORK (SOW)</u>	36
3. <u>DEFINITIONS</u>	36
4. <u>SPECIAL TERMS AND CONDITIONS</u>	38
3.1. <u>TERM</u>	38
3.2. <u>COMPENSATION</u>	39
3.3. <u>INVOICE AND PAYMENT</u>	39
3.4. <u>CONTRACTOR AND HCA CONTRACT MANAGERS</u>	40
3.5. <u>LEGAL NOTICES</u>	40
3.6. <u>INCORPORATION OF DOCUMENTS AND ORDER OF PRECEDENCE</u>	41
3.7. <u>INSURANCE</u>	41
5. <u>GENERAL TERMS AND CONDITIONS</u>	42
4.1. <u>ACCESS TO DATA</u>	42
4.2. <u>ADVANCE PAYMENT PROHIBITED</u>	43
4.3. <u>AMENDMENTS</u>	43
4.4. <u>ASSIGNMENT</u>	43
4.5. <u>ATTORNEYS' FEES</u>	43
4.6. <u>CHANGE IN STATUS</u>	43
4.7. <u>CONFIDENTIAL INFORMATION PROTECTION</u>	44
4.8. <u>CONFIDENTIAL INFORMATION SECURITY</u>	44
4.9. <u>CONFIDENTIAL INFORMATION BREACH – REQUIRED NOTIFICATION</u>	44
4.10. <u>CONTRACTOR'S PROPRIETARY INFORMATION</u>	45
4.11. <u>COVENANT AGAINST CONTINGENT FEES</u>	46
4.12. <u>DEBARMENT</u>	46
4.13. <u>DISPUTES</u>	46
4.14. <u>ENTIRE AGREEMENT</u>	47
4.15. <u>FORCE MAJEURE</u>	47
4.16. <u>FUNDING WITHDRAWN, REDUCED OR LIMITED</u>	47
4.17. <u>GOVERNING LAW</u>	48
4.18. <u>HCA NETWORK SECURITY</u>	48
4.19. <u>INDEMNIFICATION</u>	48

4.20. INDEPENDENT CAPACITY OF THE CONTRACTOR	49
4.21. INDUSTRIAL INSURANCE COVERAGE	49
4.22. LEGAL AND REGULATORY COMPLIANCE	49
4.23. LIMITATION OF AUTHORITY	49
4.24. NO THIRD-PARTY BENEFICIARIES	50
4.25. NONDISCRIMINATION	50
4.26. OVERPAYMENTS TO CONTRACTOR	50
4.27. PAY EQUITY	50
4.28. PUBLICITY	51
4.29. RECORDS AND DOCUMENTS REVIEW	51
4.30. REMEDIES NON-EXCLUSIVE	52
4.31. RIGHT OF INSPECTION	52
4.32. RIGHTS IN DATA/OWNERSHIP	52
4.33. RIGHTS OF STATE AND FEDERAL GOVERNMENTS	53
4.34. SEVERABILITY	53
4.35. SITE SECURITY	53
4.36. SUBCONTRACTING	54
4.37. SURVIVAL	54
4.38. TAXES	54
4.39. TERMINATION	55
4.40. TERMINATION PROCEDURES	56
4.41. WAIVER	57
4.42. WARRANTIES	57

ATTACHMENTS

Attachment 1: Confidential Information Security Requirements

Attachment 2: Data Share Agreement *(if applicable)*

EXHIBITS

Exhibit A: Statement of Work

1. Recitals

The state of Washington, acting by and through the Health Care Authority (HCA), issued a Request for Proposals/Qualifications and Quotation (RFP or RFQQ) dated [date], (Exhibit A) for the purpose of purchasing [describe services being purchased] Services in accordance with its authority under chapters 39.26 and 41.05 RCW.

[Contractor Name] submitted a timely Response to HCA's RFx # (Exhibit B).

HCA evaluated all properly submitted Responses to the above-referenced RFx and has identified [Contractor Name] as the Apparent Successful Bidder.

HCA has determined that entering into a Contract with [Contractor Name] will meet HCA's needs and will be in the State's best interest.

NOW THEREFORE, HCA awards to [Contractor Name] this Contract, the terms and conditions of which will govern Contractor's providing to HCA the [describe services being purchased - purpose of the contract] Services.

IN CONSIDERATION of the mutual promises as set forth in this Contract, the parties agree as follows:

2. STATEMENT OF WORK (SOW)

The Contractor will provide the services and staff as described in Exhibit A: *Statement of Work*.

3. DEFINITIONS

- 2.1 **"Authorized Representative"** means a person to whom signature authority has been delegated in writing acting within the limits of his/her authority.
- 2.2 **"Breach"** means the unauthorized acquisition, access, use, or disclosure of Confidential Information that compromises the security, confidentiality, or integrity of the Confidential Information.
- 2.3 **"Business Days and Hours"** means Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the state of Washington.
- 2.4 **"CFR"** means the Code of Federal Regulations. All references in this Contract to CFR chapters or sections include any successor, amended, or replacement regulation. The CFR may be accessed at <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>.
- 2.5 **"Confidential Information"** means information that may be exempt from disclosure to the public or other unauthorized persons under chapter 42.56 RCW or chapter 70.02 RCW or other state or federal statutes or regulations. Confidential Information includes, but is not limited to, any information identifiable to an individual that relates

to a natural person's health, (see also Protected Health Information); finances, education, business, use or receipt of governmental services, names, addresses, telephone numbers, social security numbers, driver license numbers, financial profiles, credit card numbers, financial identifiers and any other identifying numbers, law enforcement records, HCA source code or object code, or HCA or State security information.

- 2.6 "Contract"** means this Contract document and all, exhibits, attachments, incorporated documents and amendments.
- 2.7 "Contractor"** means its employees and agents. Contractor includes any firm, provider, organization, individual or other entity performing services under this Contract. It also includes any Subcontractor retained by Contractor as permitted under the terms of this Contract.
- 2.8 "Covered entity"** means a health plan, a health care clearinghouse or a health care provider who transmits any health information in electronic form to carry out financial or administrative activities related to health care, as defined in 45 CFR 160.103.
- 2.9 "Data"** means information produced, furnished, acquired, or used by Contractor in meeting requirements under this Contract.
- 2.10 "Effective Date"** means the first date this Contract is in full force and effect. It may be a specific date agreed to by the parties; or, if not so specified, the date of the last signature of a party to this Contract.
- 2.11 "HCA Contract Manager"** means the individual identified on the cover page of this Contract who will provide oversight of the Contractor's activities conducted under this Contract.
- 2.12 "Health Care Authority" or "HCA"** means the Washington State Health Care Authority, any division, section, office, unit or other entity of HCA, or any of the officers or other officials lawfully representing HCA.
- 2.13 "Overpayment"** means any payment or benefit to the Contractor in excess of that to which the Contractor is entitled by law, rule, or this Contract, including amounts in dispute.
- 2.14 "Proprietary Information"** means information owned by Contractor to which Contractor claims a protectable interest under law. Proprietary Information includes, but is not limited to, information protected by copyright, patent, trademark, or trade secret laws.
- 2.15 "Protected Health Information" or "PHI"** means individually identifiable information that relates to the provision of health care to an individual; the past,

present, or future physical or mental health or condition of an individual; or past, present, or future payment for provision of health care to an individual, as defined in 45 CFR 160.103. Individually identifiable information is information that identifies the individual or about which there is a reasonable basis to believe it can be used to identify the individual, and includes demographic information. PHI is information transmitted, maintained, or stored in any form or medium. 45 CFR 164.501. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USC 1232g(a)(4)(b)(iv).

2.16 “RCW” means the Revised Code of Washington. All references in this Contract to RCW chapters or sections include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at: <http://apps.leg.wa.gov/rcw/>.

2.17 “Statement of Work” or “SOW” means a detailed description of the work activities the Contractor is required to perform under the terms and conditions of this Contract, including the deliverables and timeline, and is Exhibit A hereto.

2.18 “Subcontractor” means a person or entity that is not in the employment of the Contractor, who is performing all or part of the business activities under this Contract under a separate contract with Contractor. The term “Subcontractor” means subcontractor(s) of any tier.

2.19 “USC” means the United States Code. All references in this Contract to USC chapters or sections will include any successor, amended, or replacement statute. The USC may be accessed at <http://uscode.house.gov/>

2.20 “WAC” means the Washington Administrative Code. All references to WAC chapters or sections will include any successor, amended, or replacement regulation. Pertinent WACs may be accessed at: <http://app.leg.wa.gov/wac/>.

4. SPECIAL TERMS AND CONDITIONS

3.1. TERM

3.1.1. The initial term of the Contract will commence on **XXXX**, or date of last signature, whichever is later, and continue through **XXXX** unless terminated sooner as provided herein.

3.1.2. Work performed without a contract or amendment signed by the authorized representatives of both parties will be at the sole risk of the Contractor. HCA will not pay any costs incurred before a contract or any subsequent amendment(s) is fully executed.

3.2. COMPENSATION

- 3.2.1. The Maximum Compensation payable to Contractor for the performance of all things necessary for or incidental to the performance of work as set forth in Exhibit A: Statement of Work is \$ XXXX, and includes any allowable expenses.
- 3.2.2. Contractor's compensation for services rendered will be based on the following rates or in accordance with the following terms.

3.3. INVOICE AND PAYMENT

- 4.3.1. Contractor must submit accurate invoices to the following address for all amounts to be paid by HCA via e-mail to the Contract Manager listed on the first page (cover page) of this Contract, or their designee. Include the HCA Contract number in the subject line of the email.
- 4.3.2. HCA will reimburse the Contractor for actual expenditures incurred while performing services under this Contract. Claims for reimbursement will be submitted on the Washington State form A-19 Invoice Voucher to the HCA Contract Manager listed on the first page (cover page) of this Contract.
- 4.3.3. Contractor must submit properly itemized invoices to include the following information, as applicable:
 - 4.3.3.1. HCA Contract number listed on the cover page of contract (first page);
 - 4.3.3.2. Contractor name, address, phone number;
 - 4.3.3.3. Description of Services;
- 4.3.4. HCA will return incorrect or incomplete invoices to the Contractor for correction and reissue. The Contract number must appear on all invoices, bills of lading, packages, and correspondence relating to this Contract.
- 4.3.5. In order to receive payment for services or products provided to a state agency, Contractor must register with the Statewide Payee Desk at <https://ofm.wa.gov/it-systems/statewide-vendorpayee-services/receiving-payment-state>. Payment will be considered timely if made by HCA within thirty (30) calendar days of receipt of properly completed invoices. Payment will be directly deposited in the bank account or sent to the address Contractor designated in its registration.
- 4.3.6. Upon expiration of the Contract, any claims for payment for costs due and payable under this Contract that are incurred prior to the expiration date must be submitted by the Contractor to HCA within sixty (60) calendar days after the Contract expiration date. HCA is under no obligation to pay any claims that are submitted sixty-one (61) or more calendar days after the Contract expiration date ("Belated

Claims”). HCA will pay Belated Claims at its sole discretion, and any such potential payment is contingent upon the availability of funds.

3.4. CONTRACTOR and HCA CONTRACT MANAGERS

- 3.4.1. Contractor’s Contract Manager will have prime responsibility and final authority for the services provided under this Contract and be the principal point of contact for the HCA Contract Manager for all business matters, performance matters, and administrative activities.
- 3.4.2. HCA’s Contract Manager is responsible for monitoring the Contractor’s performance and will be the contact person for all communications regarding contract performance and deliverables. The HCA Contract Manager has the authority to accept or reject the services provided and must approve Contractor’s invoices prior to payment.
- 3.4.3. The contact information provided below may be changed by written notice of the change (email acceptable) to the other party. See first page (cover page) of the Contract for Contractor Contact Manager Information.

3.5. LEGAL NOTICES

Any notice or demand or other communication required or permitted to be given under this Contract or applicable law is effective only if it is in writing and signed by the applicable party, properly addressed, and delivered in person, via email, or by a recognized courier service, or deposited with the United States Postal Service as first-class mail, postage prepaid certified mail, return receipt requested, to the parties at the addresses provided in this section.

- 3.5.1. In the case of notice to the Contractor, see first page (cover page) of the Contract for Contractor information.
- 3.5.2. In the case of notice to HCA:
 - Attention:** Contracts Administrator
Health Care Authority
Division of Legal Services
Post Office Box 42702
Olympia, WA 98504-2702
- 3.5.3. Notices are effective upon receipt or four (4) Business Days after mailing, whichever is earlier.
- 3.5.4. The notice address and information provided above may be changed by written

notice of the change given as provided above.

3.6. INCORPORATION OF DOCUMENTS AND ORDER OF PRECEDENCE

Each of the documents listed below is by this reference incorporated into this Contract. In the event of an inconsistency, the inconsistency will be resolved in the following order of precedence:

- 3.6.1. Applicable Federal and State of Washington statutes and regulations;
- 3.6.2. Special Terms and Conditions;
- 3.6.3. General Terms and Conditions;
- 3.6.4. Attachment 1: Confidential Information Security Requirements;
- 3.6.5. Attachment 2: Data Share Agreement *(if applicable)*
- 3.6.6. Exhibit A: Statement of Work
- 3.6.7. Any other provision, term or material incorporated herein by reference or otherwise incorporated.

3.7. INSURANCE

Contractor must provide insurance coverage as set out in this section. The intent of the required insurance is to protect the State should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of Contractor or Subcontractor, or agents of either, while performing under the terms of this Contract. Contractor must provide insurance coverage that is maintained in full force and effect during the term of this Contract, as follows:

- 3.7.1. Commercial General Liability Insurance Policy - Provide a Commercial General Liability Insurance Policy, including contractual liability, in adequate quantity to protect against legal liability arising out of contract activity but no less than \$1 million per occurrence/\$2 million general aggregate. Additionally, Contractor is responsible for ensuring that any Subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.
- 3.7.2. Business Automobile Liability. In the event that services delivered pursuant to this Contract involve the use of vehicles, either owned, hired, or non-owned by

the Contractor, automobile liability insurance is required covering the risks of bodily injury (including death) and property damage, including coverage for contractual liability. The minimum limit for automobile liability is \$1,000,000 per occurrence, using a Combined Single Limit for bodily injury and property damage.

- 3.7.3. Professional Liability Errors and Omissions – Provide a policy with coverage of not less than \$1 million per claim/\$2 million general aggregate.
- 3.7.4. The insurance required must be issued by an insurance company/ies authorized to do business within the state of Washington, and must name HCA and the state of Washington, its agents and employees as additional insured's under any Commercial General and/or Business Automobile Liability policy/ies. All policies must be primary to any other valid and collectable insurance. In the event of cancellation, non-renewal, revocation or other termination of any insurance coverage required by this Contract, Contractor must provide written notice of such to HCA within one (1) Business Day of Contractor's receipt of such notice. Failure to buy and maintain the required insurance may, at HCA's sole option, result in this Contract's termination.
- 3.7.5. Upon request, Contractor must submit to HCA a certificate of insurance that outlines the coverage and limits defined in the Insurance section. If a certificate of insurance is requested, Contractor must submit renewal certificates as appropriate during the term of the contract.
- 3.7.6. The Receiving Party certifies that it is self-insured, is a member of a risk pool, or maintains the types and amounts of insurance identified above and will provide certificates of insurance to that effect to HCA upon request.

5. GENERAL TERMS AND CONDITIONS

4.1. ACCESS TO DATA

In compliance with RCW 39.26.180 (2) and federal rules, the Contractor must provide access to any data generated under this Contract to HCA, the Joint Legislative Audit and Review Committee, the State Auditor, and any other state or federal officials so authorized by law, rule, regulation, or agreement at no additional cost. This includes access to all information that supports the findings, conclusions, and recommendations of the Contractor's reports, including computer models and methodology for those models.

4.2. ADVANCE PAYMENT PROHIBITED

No advance payment will be made for services furnished by the Contractor pursuant to this Contract.

4.3. AMENDMENTS

This Contract may be amended by mutual agreement of the parties. Such amendments will not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

4.4. ASSIGNMENT

4.4.1. Contractor may not assign or transfer all or any portion of this Contract or any of its rights hereunder, or delegate any of its duties hereunder, except delegations as set forth in Section 4.36, *Subcontracting*, without the prior written consent of HCA. Any permitted assignment will not operate to relieve Contractor of any of its duties and obligations hereunder, nor will such assignment affect any remedies available to HCA that may arise from any breach of the provisions of this Contract or warranties made herein, including but not limited to, rights of setoff. Any attempted assignment, transfer or delegation in contravention of this Subsection 4.4.1. of the Contract will be null and void.

4.4.2. HCA may assign this Contract to any public agency, commission, board, or the like, within the political boundaries of the State of Washington, with written notice of thirty (30) calendar days to Contractor.

4.4.3. This Contract will inure to the benefit of and be binding on the parties hereto and their permitted successors and assigns.

4.5. ATTORNEYS' FEES

In the event of litigation or other action brought to enforce the terms of this Contract, each party agrees to bear its own attorneys' fees and costs.

4.6. CHANGE IN STATUS

In the event of any substantive change in its legal status, organizational structure, or fiscal reporting responsibility, Contractor will notify HCA of the change. Contractor must provide notice as soon as practicable, but no later than thirty (30) calendar days after such a change takes effect.

4.7. CONFIDENTIAL INFORMATION PROTECTION

- 4.7.1. Contractor acknowledges that some of the material and information that may come into its possession or knowledge in connection with this Contract or its performance may consist of Confidential Information. Contractor agrees to hold Confidential Information in strictest confidence and not to make use of Confidential Information for any purpose other than the performance of this Contract, to release it only to authorized employees or Subcontractors requiring such information for the purposes of carrying out this Contract, and not to release, divulge, publish, transfer, sell, disclose, or otherwise make the information known to any other party without HCA's express written consent or as provided by law. Contractor agrees to implement physical, electronic, and managerial safeguards to prevent unauthorized access to Confidential Information (See Attachment 1: *Confidential Information Security Requirements*).
- 4.7.2. Contractors that come into contact with Protected Health Information may be required to enter into a Business Associate Agreement with HCA in compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, as modified by the American Recovery and Reinvestment Act of 2009 ("ARRA"), Sec. 13400 – 13424, H.R. 1 (2009) (HITECH Act) (HIPAA).
- 4.7.3. HCA reserves the right to monitor, audit, or investigate the use of Confidential Information collected, used, or acquired by Contractor through this Contract. Violation of this section by Contractor or its Subcontractors may result in termination of this Contract and demand for return of all Confidential Information, monetary damages, or penalties.
- 4.7.4. The obligations set forth in this Section will survive completion, cancellation, expiration, or termination of this Contract.

4.8. CONFIDENTIAL INFORMATION SECURITY

The federal government, and the State of Washington all maintain security requirements regarding privacy, data access, and other areas. Contractor is required to comply with the Confidential Information Security Requirements set out in Attachment 1 to this Contract and appropriate portions of the Washington OCIO Security Standard, 141.10 (<https://ocio.wa.gov/policies/141-securing-information-technology-assets/14110-securing-information-technology-assets>).

4.9. CONFIDENTIAL INFORMATION BREACH – REQUIRED NOTIFICATION

- 4.9.1. Contractor must notify the HCA Privacy Officer (HCAPrivacyOfficer@hca.wa.gov) within five Business Days of discovery of any Breach or suspected Breach of Confidential Information.

- 4.9.2. Contractor will take steps necessary to mitigate any known harmful effects of such unauthorized access including, but not limited to, sanctioning employees and taking steps necessary to stop further unauthorized access. Contractor agrees to indemnify and hold HCA harmless for any damages related to unauthorized use or disclosure of Confidential Information by Contractor, its officers, directors, employees, Subcontractors or agents.
- 4.9.3. If notification of the Breach or possible Breach must (in the judgment of HCA) be made under the HIPAA Breach Notification Rule, or RCW 42.56.590 or RCW 19.255.010, or other law or rule, then:
- 4.9.3.1. HCA may choose to make any required notifications to the individuals, to the U.S. Department of Health and Human Services Secretary (DHHS) Secretary, and to the media, or direct Contractor to make them or any of them.
 - 4.9.3.2. In any case, Contractor will pay the reasonable costs of notification to individuals, media, and governmental agencies and of other actions HCA reasonably considers appropriate to protect HCA clients (such as paying for regular credit watches in some cases).
 - 4.9.3.3. Contractor will compensate HCA clients for harms caused to them by any Breach or possible Breach.
- 4.9.4. Any breach of this clause may result in termination of the Contract and the demand for return or disposition (Attachment 1,) of all Confidential Information.
- 4.9.5. Contractor's obligations regarding Breach notification survive the termination of this Contract and continue for as long as Contractor maintains the Confidential Information and for any breach or possible breach at any time.

4.10. CONTRACTOR'S PROPRIETARY INFORMATION

Contractor acknowledges that HCA is subject to chapter 42.56 RCW, the Public Records Act, and that this Contract will be a public record as defined in chapter 42.56 RCW. Any specific information that is claimed by Contractor to be Proprietary Information must be clearly identified as such by Contractor. To the extent consistent with chapter 42.56 RCW, HCA will maintain the confidentiality of Contractor's information in its possession that is marked Proprietary. If a public disclosure request is made to view Contractor's Proprietary Information, HCA will notify Contractor of the request and of the date that such records will be released to the requester unless Contractor obtains a court order from a court of competent jurisdiction enjoining that disclosure. If Contractor fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified.

4.11. COVENANT AGAINST CONTINGENT FEES

Contractor warrants that no person or selling agent has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established agents maintained by the Contractor for the purpose of securing business. HCA will have the right, in the event of breach of this clause by the Contractor, to annul this Contract without liability or, in its discretion, to deduct from the contract price or consideration or recover by other means the full amount of such commission, percentage, brokerage or contingent fee.

4.12. DEBARMENT

By signing this Contract, Contractor certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Washington State or Federal department or agency from participating in transactions (debarred). Contractor agrees to include the above requirement in any and all subcontracts into which it enters, and also agrees that it will not employ debarred individuals. Contractor must immediately notify HCA if, during the term of this Contract, Contractor becomes debarred. HCA may immediately terminate this Contract by providing Contractor written notice, if Contractor becomes debarred during the term hereof.

4.13. DISPUTES

The parties will use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Contract. Both parties will continue without delay to carry out their respective responsibilities under this Contract while attempting to resolve any dispute. When a genuine dispute arises between HCA and the Contractor regarding the terms of this Contract or the responsibilities imposed herein and it cannot be resolved between the parties' Contract Managers, either party may initiate the following dispute resolution process.

- 4.13.1. The initiating party will reduce its description of the dispute to writing and deliver it to the responding party (email acceptable). The responding party will respond in writing within five (5) Business Days (email acceptable). If the initiating party is not satisfied with the response of the responding party, then the initiating party may request that the HCA Director review the dispute. Any such request from the initiating party must be submitted in writing to the HCA Director within five (5) Business Days after receiving the response of the responding party. The HCA Director will have sole discretion in determining the procedural manner in which he or she will review the dispute. The HCA Director will inform the parties in writing within five (5) Business Days of the

procedural manner in which he or she will review the dispute, including a timeframe in which he or she will issue a written decision.

4.13.2. A party's request for a dispute resolution must:

4.13.2.1. Be in writing;

4.13.2.2. Include a written description of the dispute;

4.13.2.3. State the relative positions of the parties and the remedy sought;

4.13.2.4. State the Contract Number and the names and contact information for the parties;

4.13.3. This dispute resolution process constitutes the sole administrative remedy available under this Contract. The parties agree that this resolution process will precede any action in a judicial or quasi-judicial tribunal.

4.14. ENTIRE AGREEMENT

HCA and Contractor agree that the Contract is the complete and exclusive statement of the agreement between the parties relating to the subject matter of the Contract and supersedes all letters of intent or prior contracts, oral or written, between the parties relating to the subject matter of the Contract, except as provided in Section 4.42 *Warranties*.

4.15. FORCE MAJEURE

A party will not be liable for any failure of or delay in the performance of this Contract for the period that such failure or delay is due to causes beyond its reasonable control, including but not limited to acts of God, war, strikes or labor disputes, embargoes, government orders or any other force majeure event.

4.16. FUNDING WITHDRAWN, REDUCED OR LIMITED

If HCA determines in its sole discretion that the funds it relied upon to establish this Contract have been withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding after the effective date of this contract but prior to the normal completion of this Contract, then HCA, at its sole discretion, may:

4.16.1. Terminate this Contract pursuant to Section 4.39.3, *Termination for Non-Allocation of Funds*;

4.16.2. Renegotiate the Contract under the revised funding conditions; or

4.16.3. Suspend Contractor's performance under the Contract upon five (5) Business Days' advance written notice to Contractor. HCA will use this option only when HCA determines that there is reasonable likelihood that the

funding insufficiency may be resolved in a timeframe that would allow Contractor's performance to be resumed prior to the normal completion date of this Contract.

- 4.16.3.1. During the period of suspension of performance, each party will inform the other of any conditions that may reasonably affect the potential for resumption of performance.
- 4.16.3.2. When HCA determines in its sole discretion that the funding insufficiency is resolved, it will give Contractor written notice to resume performance. Upon the receipt of this notice, Contractor will provide written notice to HCA informing HCA whether it can resume performance and, if so, the date of resumption. For purposes of this subsection, "written notice" may include email.
- 4.16.3.3. If the Contractor's proposed resumption date is not acceptable to HCA and an acceptable date cannot be negotiated, HCA may terminate the contract by giving written notice to Contractor. The parties agree that the Contract will be terminated retroactive to the date of the notice of suspension. HCA will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the retroactive date of termination.

4.17. GOVERNING LAW

This Contract is governed in all respects by the laws of the state of Washington, without reference to conflict of law principles. The jurisdiction for any action hereunder is exclusively in the Superior Court for the state of Washington, and the venue of any action hereunder is in the Superior Court for Thurston County, Washington. Nothing in this Contract will be construed as a waiver by HCA of the State's immunity under the 11th Amendment to the United States Constitution.

4.18. HCA NETWORK SECURITY

Contractor agrees not to attach any Contractor-supplied computers, peripherals or software to the HCA Network without prior written authorization from HCA's Chief Information Officer. Unauthorized access to HCA networks and systems is a violation of HCA Policy and constitutes computer trespass in the first degree pursuant to RCW 9A.52.110. Violation of any of these laws or policies could result in termination of the contract and other penalties.

Contractor will have access to the HCA visitor Wi-Fi Internet connection while on site.

4.19. INDEMNIFICATION

Contractor must defend, indemnify, and save HCA harmless from and against all claims, including reasonable attorneys' fees resulting from such claims, for any or all injuries to

persons or damage to property, or Breach of its confidentiality and notification obligations under Section 4.7 *Confidential Information Protection* and Section 4.8 *Confidentiality Breach-Required Notification*, arising from intentional or negligent acts or omissions of Contractor, its officers, employees, or agents, or Subcontractors, their officers, employees, or agents, in the performance of this Contract.

4.20. INDEPENDENT CAPACITY OF THE CONTRACTOR

The parties intend that an independent contractor relationship will be created by this Contract. Contractor and its employees or agents performing under this Contract are not employees or agents of HCA. Contractor will not hold itself out as or claim to be an officer or employee of HCA or of the State of Washington by reason hereof, nor will Contractor make any claim of right, privilege or benefit that would accrue to such employee under law. Conduct and control of the work will be solely with Contractor.

4.21. INDUSTRIAL INSURANCE COVERAGE

Prior to performing work under this Contract, Contractor must provide or purchase industrial insurance coverage for the Contractor's employees, as may be required of an "employer" as defined in Title 51 RCW, and must maintain full compliance with Title 51 RCW during the course of this Contract.

4.22. LEGAL AND REGULATORY COMPLIANCE

4.22.1. During the term of this Contract, Contractor must comply with all local, state, and federal licensing, accreditation and registration requirements/standards, necessary for the performance of this Contract and all other applicable federal, state and local laws, rules, and regulations.

4.22.2. While on the HCA premises, Contractor must comply with HCA operations and process standards and policies (e.g., ethics, Internet / email usage, data, network and building security, harassment, as applicable). HCA will make an electronic copy of all such policies available to Contractor.

4.22.3. Failure to comply with any provisions of this section may result in Contract termination.

4.23. LIMITATION OF AUTHORITY

Only the HCA Authorized Representative has the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this Contract. Furthermore, any alteration, amendment, modification, or waiver or any clause or condition of this Contract is not effective or binding unless made in writing and signed by the HCA Authorized Representative.

4.24. NO THIRD-PARTY BENEFICIARIES

HCA and Contractor are the only parties to this contract. Nothing in this Contract gives or is intended to give any benefit of this Contract to any third parties.

4.25. NONDISCRIMINATION

During the performance of this Contract, the Contractor must comply with all federal and state nondiscrimination laws, regulations and policies, including but not limited to: Title VII of the Civil Rights Act, 42 U.S.C. §12101 et seq.; the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §12101 et seq., 28 CFR Part 35; and Title 49.60 RCW, Washington Law Against Discrimination. In the event of Contractor's noncompliance or refusal to comply with any nondiscrimination law, regulation or policy, this Contract may be rescinded, canceled, or terminated in whole or in part under the Termination for Default sections, and Contractor may be declared ineligible for further contracts with HCA.

4.26. OVERPAYMENTS TO CONTRACTOR

In the event that overpayments or erroneous payments have been made to the Contractor under this Contract, HCA will provide written notice to Contractor and Contractor will refund the full amount to HCA within thirty (30) calendar days of the notice. If Contractor fails to make timely refund, HCA may charge Contractor one percent (1%) per month on the amount due, until paid in full. If the Contractor disagrees with HCA's actions under this section, then it may invoke the dispute resolution provisions of Section 4.13 *Disputes*.

4.27. PAY EQUITY

4.27.1. Contractor represents and warrants that, as required by Washington state law (Engrossed House Bill 1109, Sec. 211), during the term of this Contract, it agrees to equality among its workers by ensuring similarly employed individuals are compensated as equals. For purposes of this provision, employees are similarly employed if (i) the individuals work for Contractor, (ii) the performance of the job requires comparable skill, effort, and responsibility, and (iii) the jobs are performed under similar working conditions. Job titles alone are not determinative of whether employees are similarly employed.

4.27.2. Contractor may allow differentials in compensation for its workers based in good faith on any of the following: (i) a seniority system; (ii) a merit system; (iii) a system that measures earnings by quantity or quality of production; (iv) bona fide job-related factor(s); or (v) a bona fide regional difference in compensation levels.

- 4.27.3. Bona fide job-related factor(s) may include, but not be limited to, education, training, or experience, that is: (i) consistent with business necessity; (ii) not based on or derived from a gender-based differential; and (iii) accounts for the entire differential.
- 4.27.4. A “bona fide regional difference in compensation level” must be (i) consistent with business necessity; (ii) not based on or derived from a gender-based differential; and (iii) account for the entire differential.
- 4.27.5. Notwithstanding any provision to the contrary, upon breach of warranty and Contractor’s failure to provide satisfactory evidence of compliance within thirty (30) days of HCA’s request for such evidence, HCA may suspend or terminate this Contract.

4.28. PUBLICITY

- 4.28.1. The award of this Contract to Contractor is not in any way an endorsement of Contractor or Contractor’s Services by HCA and must not be so construed by Contractor in any advertising or other publicity materials.
- 4.28.2. Contractor agrees to submit to HCA, all advertising, sales promotion, and other publicity materials relating to this Contract or any Service furnished by Contractor in which HCA’s name is mentioned, language is used, or Internet links are provided from which the connection of HCA’s name with Contractor’s Services may, in HCA’s judgment, be inferred or implied. Contractor further agrees not to publish or use such advertising, marketing, sales promotion materials, publicity or the like through print, voice, the Web, and other communication media in existence or hereinafter developed without the express written consent of HCA prior to such use.

4.29. RECORDS AND DOCUMENTS REVIEW

- 4.29.1. The Contractor must maintain books, records, documents, magnetic media, receipts, invoices or other evidence relating to this Contract and the performance of the services rendered, along with accounting procedures and practices, all of which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this Contract. At no additional cost, these records, including materials generated under this Contract, are subject at all reasonable times to inspection, review, or audit by HCA, the Office of the State Auditor, and state and federal officials so authorized by law, rule, regulation, or agreement [See 42 USC 1396a(a)(27)(B); 42 USC 1396a(a)(37)(B); 42 USC 1396a(a)(42)(A); 42 CFR 431, Subpart Q; and 42 CFR 447.202].
- 4.29.2. The Contractor must retain such records for a period of six (6) years after the date of final payment under this Contract.

4.29.3. If any litigation, claim or audit is started before the expiration of the six (6) year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved.

4.30. REMEDIES NON-EXCLUSIVE

The remedies provided in this Contract are not exclusive, but are in addition to all other remedies available under law.

4.31. RIGHT OF INSPECTION

The Contractor must provide right of access to its facilities to HCA, or any of its officers, or to any other authorized agent or official of the state of Washington or the federal government, at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this Contract.

4.32. RIGHTS IN DATA/OWNERSHIP

4.32.1. HCA and Contractor agree that all data and work products (collectively "Work Product") produced pursuant to this Contract will be considered a *work for hire* under the U.S. Copyright Act, 17 U.S.C. §101 *et seq*, and will be owned by HCA. Contractor is hereby commissioned to create the Work Product. Work Product includes, but is not limited to, discoveries, formulae, ideas, improvements, inventions, methods, models, processes, techniques, findings, conclusions, recommendations, reports, designs, plans, diagrams, drawings, Software, databases, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions, to the extent provided by law. Ownership includes the right to copyright, patent, register and the ability to transfer these rights and all information used to formulate such Work Product.

4.32.2. If for any reason the Work Product would not be considered a *work for hire* under applicable law, Contractor assigns and transfers to HCA, the entire right, title and interest in and to all rights in the Work Product and any registrations and copyright applications relating thereto and any renewals and extensions thereof.

4.32.3. Contractor will execute all documents and perform such other proper acts as HCA may deem necessary to secure for HCA the rights pursuant to this section.

4.32.4. Contractor will not use or in any manner disseminate any Work Product to any third party, or represent in any way Contractor ownership of any Work Product, without the prior written permission of HCA. Contractor will take all reasonable steps necessary to ensure that its agents, employees, or

Subcontractors will not copy or disclose, transmit or perform any Work Product or any portion thereof, in any form, to any third party.

4.32.5. Material that is delivered under this Contract, but that does not originate therefrom (“Preexisting Material”), must be transferred to HCA with a nonexclusive, royalty-free, irrevocable license to publish, translate, reproduce, deliver, perform, display, and dispose of such Preexisting Material, and to authorize others to do so. Contractor agrees to obtain, at its own expense, express written consent of the copyright holder for the inclusion of Preexisting Material. HCA will have the right to modify or remove any restrictive markings placed upon the Preexisting Material by Contractor.

4.32.6. Contractor must identify all Preexisting Material when it is delivered under this Contract and must advise HCA of any and all known or potential infringements of publicity, privacy or of intellectual property affecting any Preexisting Material at the time of delivery of such Preexisting Material. Contractor must provide HCA with prompt written notice of each notice or claim of copyright infringement or infringement of other intellectual property right worldwide received by Contractor with respect to any Preexisting Material delivered under this Contract.

4.33. RIGHTS OF STATE AND FEDERAL GOVERNMENTS

In accordance with 45 C.F.R. 95.617, all appropriate state and federal agencies, will have a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, translate, or otherwise use, and to authorize others to use for Federal Government purposes: (i) software, modifications, and documentation designed, developed or installed with Federal Financial Participation (FFP) under 45 CFR Part 95, subpart F; (ii) the Custom Software and modifications of the Custom Software, and associated Documentation designed, developed, or installed with FFP under this Contract; (iii) the copyright in any work developed under this Contract; and (iv) any rights of copyright to which Contractor purchases ownership under this Contract.

4.34. SEVERABILITY

If any provision of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity will not affect the other provisions or applications of this Contract that can be given effect without the invalid provision, and to this end the provisions or application of this Contract are declared severable.

4.35. SITE SECURITY

While on HCA premises, Contractor, its agents, employees, or Subcontractors must conform in all respects with physical, fire or other security policies or regulations. Failure to comply with these regulations may be grounds for revoking or suspending security

access to these facilities. HCA reserves the right and authority to immediately revoke security access to Contractor staff for any real or threatened breach of this provision. Upon reassignment or termination of any Contractor staff, Contractor agrees to promptly notify HCA.

4.36. SUBCONTRACTING

- 4.36.1. Neither Contractor, nor any Subcontractors, may enter into subcontracts for any of the work contemplated under this Contract without prior written approval of HCA. HCA has sole discretion to determine whether or not to approve any such subcontract. In no event will the existence of the subcontract operate to release or reduce the liability of Contractor to HCA for any breach in the performance of Contractor's duties.
- 4.36.2. Contractor is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this Contract are included in any subcontracts.
- 4.36.3. If at any time during the progress of the work HCA determines in its sole judgment that any Subcontractor is incompetent or undesirable, HCA will notify Contractor, and Contractor must take immediate steps to terminate the Subcontractor's involvement in the work.
- 4.36.4. The rejection or approval by the HCA of any Subcontractor or the termination of a Subcontractor will not relieve Contractor of any of its responsibilities under the Contract, nor be the basis for additional charges to HCA.
- 4.36.5. HCA has no contractual obligations to any Subcontractor or vendor under contract to the Contractor. Contractor is fully responsible for all contractual obligations, financial or otherwise, to its Subcontractors.

4.37. SURVIVAL

The terms and conditions contained in this Contract that, by their sense and context, are intended to survive the completion, cancellation, termination, or expiration of the Contract will survive. In addition, the terms of the sections titled *Confidential Information Protection, Confidential Information Breach – Required Notification, Contractor's Proprietary Information, Disputes, Overpayments to Contractor, Publicity, Records and Documents Review, Rights in Data/Ownership, and Rights of State and Federal Governments* will survive the termination of this Contract. The right of HCA to recover any overpayments will also survive the termination of this Contract.

4.38. TAXES

HCA will pay sales or use taxes, if any, imposed on the services acquired hereunder. Contractor must pay all other taxes including, but not limited to, Washington

Business and Occupation Tax, other taxes based on Contractor's income or gross receipts, or personal property taxes levied or assessed on Contractor's personal property. HCA, as an agency of Washington State government, is exempt from property tax.

Contractor must complete registration with the Washington State Department of Revenue and be responsible for payment of all taxes due on payments made under this Contract.

4.39. TERMINATION

4.39.1. TERMINATION FOR DEFAULT

In the event HCA determines that Contractor has failed to comply with the terms and conditions of this Contract, HCA has the right to suspend or terminate this Contract. HCA will notify Contractor in writing of the need to take corrective action. If corrective action is not taken within five (5) Business Days, or other time period agreed to in writing by both parties, the Contract may be terminated. HCA reserves the right to suspend all or part of the Contract, withhold further payments, or prohibit Contractor from incurring additional obligations of funds during investigation of the alleged compliance breach and pending corrective action by Contractor or a decision by HCA to terminate the Contract.

In the event of termination for default, Contractor will be liable for damages as authorized by law including, but not limited to, any cost difference between the original Contract and the replacement or cover Contract and all administrative costs directly related to the replacement Contract, e.g., cost of the competitive bidding, mailing, advertising, and staff time.

If it is determined that Contractor: (i) was not in default, or (ii) its failure to perform was outside of its control, fault or negligence, the termination will be deemed a "Termination for Convenience."

4.39.2. TERMINATION FOR CONVENIENCE

When, at HCA's sole discretion, it is in the best interest of the State, HCA may terminate this Contract in whole or in part by providing ten (10) calendar days' written notice. If this Contract is so terminated, HCA will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. No penalty will accrue to HCA in the event the termination option in this section is exercised.

4.39.3. TERMINATION FOR NONALLOCATION OF FUNDS

If funds are not allocated to continue this Contract in any future period, HCA may immediately terminate this Contract by providing written notice to the Contractor. The termination will be effective on the date specified in the termination notice. HCA will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. HCA agrees to notify Contractor of such nonallocation at the earliest possible time. No penalty will accrue to HCA in the event the termination option in this section is exercised.

4.39.4. TERMINATION FOR WITHDRAWAL OF AUTHORITY

In the event that the authority of HCA to perform any of its duties is withdrawn, reduced, or limited in any way after the commencement of this Contract and prior to normal completion, HCA may immediately terminate this Contract by providing written notice to the Contractor. The termination will be effective on the date specified in the termination notice. HCA will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination. HCA agrees to notify Contractor of such withdrawal of authority at the earliest possible time. No penalty will accrue to HCA in the event the termination option in this section is exercised.

4.39.5. TERMINATION FOR CONFLICT OF INTEREST

HCA may terminate this Contract by written notice to the Contractor if HCA determines, after due notice and examination, that there is a violation of the Ethics in Public Service Act, Chapter 42.52 RCW, or any other laws regarding ethics in public acquisitions and procurement and performance of contracts. In the event this Contract is so terminated, HCA will be entitled to pursue the same remedies against the Contractor as it could pursue in the event Contractor breaches the contract.

4.40. TERMINATION PROCEDURES

4.40.1. Upon termination of this Contract, HCA, in addition to any other rights provided in this Contract, may require Contractor to deliver to HCA any property specifically produced or acquired for the performance of such part of this Contract as has been terminated.

4.40.2. HCA will pay Contractor the agreed-upon price, if separately stated, for completed work and services accepted by HCA and the amount agreed upon by the Contractor and HCA for (i) completed work and services for which no separate price is stated; (ii) partially completed work and services; (iii) other property or services that are accepted by HCA; and (iv) the protection and preservation of property, unless the termination is for default, in which case HCA will determine the extent of the liability. Failure to agree with such determination will be a dispute within the meaning of Section 4.13 *Disputes*. HCA may

withhold from any amounts due the Contractor such sum as HCA determines to be necessary to protect HCA against potential loss or liability.

- 4.40.3. After receipt of notice of termination, and except as otherwise directed by HCA, Contractor must:
- 4.40.3.1. Stop work under the Contract on the date of, and to the extent specified in, the notice;
 - 4.40.3.2. Place no further orders or subcontracts for materials, services, or facilities except as may be necessary for completion of such portion of the work under the Contract that is not terminated;
 - 4.40.3.3. Assign to HCA, in the manner, at the times, and to the extent directed by HCA, all the rights, title, and interest of the Contractor under the orders and subcontracts so terminated; in which case HCA has the right, at its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts;
 - 4.40.3.4. Settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of HCA to the extent HCA may require, which approval or ratification will be final for all the purposes of this clause;
 - 4.40.3.5. Transfer title to and deliver as directed by HCA any property required to be furnished to HCA;
 - 4.40.3.6. Complete performance of any part of the work that was not terminated by HCA; and
 - 4.40.3.7. Take such action as may be necessary, or as HCA may direct, for the protection and preservation of the records related to this Contract that are in the possession of the Contractor and in which HCA has or may acquire an interest.

4.41. WAIVER

Waiver of any breach of any term or condition of this Contract will not be deemed a waiver of any prior or subsequent breach or default. No term or condition of this Contract will be held to be waived, modified, or deleted except by a written instrument signed by the parties. Only the HCA Authorized Representative has the authority to waive any term or condition of this Contract on behalf of HCA.

4.42. WARRANTIES

- 4.42.1. Contractor represents and warrants that it will perform all services pursuant to this Contract in a professional manner and with high quality and will immediately

re-perform any services that are not in compliance with this representation and warranty at no cost to HCA.

- 4.42.2. Contractor represents and warrants that it will comply with all applicable local, State, and federal licensing, accreditation and registration requirements and standards necessary in the performance of the Services.
- 4.42.3. EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS (MANDATORY INDIVIDUAL ARBITRATION). Contractor represents and warrants, as previously certified in Contractor’s bid submission, that Contractor does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. Contractor further represents and warrants that, during the term of this Contract, Contractor shall not, as a condition of employment, require its employees to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.
- 4.42.4. Any written commitment by Contractor within the scope of this Contract will be binding upon Contractor. Failure of Contractor to fulfill such a commitment may constitute breach and will render Contractor liable for damages under the terms of this Contract. For purposes of this section, a commitment by Contractor includes: (i) Prices, discounts, and options committed to remain in force over a specified period of time; and (ii) any warranty or representation made by Contractor to HCA or contained in any Contractor publications, or descriptions of services in written or other communication medium, used to influence HCA to enter into this Contract.

Attachment 1

Confidential Information Security Requirements

1. Definitions

In addition to the definitions set out in Section 3 of this Contract the definitions below apply to this Attachment.

- a. "Hardened Password" means a string of characters containing at least three of the following character classes: upper case letters; lower case letters; numerals; and special characters, such as an asterisk, ampersand or exclamation point.
 - i. Passwords for external authentication must be a minimum of 10 characters long.
 - ii. Passwords for internal authentication must be a minimum of 8 characters long.
 - iii. Passwords used for system service or service accounts must be a minimum of 20 characters long.
- b. "Portable/Removable Media" means any Data storage device that can be detached or removed from a computer and transported, including but not limited to: optical media (e.g. CDs, DVDs); USB drives; or flash media (e.g. CompactFlash, SD, MMC).
- c. "Portable/Removable Devices" means any small computing device that can be transported, including but not limited to: handhelds/PDAs/Smartphones; Ultramobile PC's, flash memory devices (e.g. USB flash drives, personal media players); and laptops/notebook/tablet computers. If used to store Confidential Information, devices should be Federal Information Processing Standards (FIPS) Level 2 compliant.
- d. "Secured Area" means an area to which only Authorized Users have access. Secured Areas may include buildings, rooms, or locked storage containers (such as a filing cabinet) within a room, as long as access to the Confidential Information is not available to unauthorized personnel.
- e. "Transmitting" means the transferring of data electronically, such as via email, SFTP, webservices, AWS Snowball, etc.
- f. "Trusted System(s)" means the following methods of physical delivery: (1) hand-delivery by a person authorized to have access to the Confidential Information with written acknowledgement of receipt; (2) United States Postal Service ("USPS") first class mail, or USPS delivery services that include Tracking, such as Certified Mail, Express Mail or Registered Mail; (3) commercial delivery services (e.g. FedEx, UPS, DHL) which offer tracking and receipt confirmation; and (4) the Washington State Campus mail system. For electronic transmission, the Washington State Governmental Network (SGN) is a Trusted System for communications within that Network.

- g. "Unique User ID" means a string of characters that identifies a specific user and which, in conjunction with a password, passphrase, or other mechanism, authenticates a user to an information system.

2. Confidential Information Transmitting

- a. When transmitting HCA's Confidential Information electronically, including via email, the Data must be encrypted using NIST 800-series approved algorithms (<http://csrc.nist.gov/publications/PubsSPs.html>). This includes transmission over the public internet.
- b. When transmitting HCA's Confidential Information via paper documents, the Receiving Party must use a Trusted System.

3. Protection of Confidential Information

The Contractor agrees to store Confidential Information as described:

- a. Data at Rest:
 - i. Data will be encrypted with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the data. Access to the Data will be restricted to Authorized Users through the use of access control lists, a Unique User ID, and a Hardened Password, or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Systems which contain or provide access to Confidential Information must be located in an area that is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
 - ii. Data stored on Portable/Removable Media or Devices:
 - Confidential Information provided by HCA on Removable Media will be encrypted with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the Data.
 - HCA's data must not be stored by the Receiving Party on Portable Devices or Media unless specifically authorized within the Data Share Agreement. If so authorized, the Receiving Party must protect the Data by:
 1. Encrypting with NIST 800-series approved algorithms. Encryption keys will be stored and protected independently of the data;
 2. Control access to the devices with a Unique User ID and Hardened Password or stronger authentication method such as a physical token or biometrics;
 3. Keeping devices in locked storage when not in use;
 4. Using check-in/check-out procedures when devices are shared;

5. Maintain an inventory of devices; and
 6. Ensure that when being transported outside of a Secured Area, all devices with Data are under the physical control of an Authorized User.
- b. Paper documents. Any paper records containing Confidential Information must be protected by storing the records in a Secured Area that is accessible only to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

4. Confidential Information Segregation

HCA Confidential Information received under this Contract must be segregated or otherwise distinguishable from non-HCA data. This is to ensure that when no longer needed by the Contractor, all HCA Confidential Information can be identified for return or destruction. It also aids in determining whether HCA Confidential Information has or may have been compromised in the event of a security Breach.

- a. The HCA Confidential Information must be kept in one of the following ways:
 - i. on media (e.g. hard disk, optical disc, tape, etc.) which will contain only HCA Data; or
 - ii. in a logical container on electronic media, such as a partition or folder dedicated to HCA's Data; or
 - iii. in a database that will contain only HCA Data; or
 - iv. within a database and will be distinguishable from non-HCA Data by the value of a specific field or fields within database records; or
 - v. when stored as physical paper documents, physically segregated from non-HCA Data in a drawer, folder, or other container.
- b. When it is not feasible or practical to segregate HCA Confidential Information from non-HCA data, then both the HCA Confidential Information and the non-HCA data with which it is commingled must be protected as described in this Attachment.

5. Confidential Information Shared with Subcontractors

If HCA Confidential Information provided under this Contract is to be shared with a Subcontractor, the contract with the Subcontractor must include all of the Confidential Information Security Requirements.

6. Confidential Information Disposition

When the Confidential Information is no longer needed, except as noted below, the Confidential Information must be returned to HCA or destroyed. Media are to be destroyed using a method documented within NIST 800-88 (<http://csrc.nist.gov/publications/PubsSPs.html>).

- a. For HCA's Confidential Information stored on network disks, deleting unneeded Confidential Information is sufficient as long as the disks remain in a Secured Area and otherwise meet the requirements listed in Section 3, above. Destruction of the Confidential Information as outlined in this section of this Attachment may be deferred until the disks are retired, replaced, or otherwise taken out of the Secured Area.

EXHIBIT A
STATEMENT OF WORK

ATTACHMENT 1

OCRP Model Overview

Washington State Outpatient Competency Restoration Program Overview

PROGRAM OBJECTIVE: *To provide timely and effective outpatient competency restoration services to individuals determined by the court as a) not competent to stand trial and b) appropriate for community treatment.*

The Outpatient Competency Restoration Program (OCRP) is one of multiple elements of the Trueblood Settlement (see Background, below) that will be managed by the Health Care Authority (HCA) in collaboration with the Department of Social and Health Services (DSHS) Office of Forensic Mental Health Services (OFMHS). DSHS will continue providing court-ordered inpatient competency restoration services. The OCRP will provide an additional option for courts to order restoration services in the community for appropriate defendants. The intent of the OCRP is to reduce the number of people waiting to receive competency restoration, to provide the services in a safe and cost effective environment, and to provide the most appropriate level of care to the individual.

The OCRP model is based on stakeholder feedback to the [Trueblood Taskforce](#), recommendations from an [assessment](#) by Groundswell Services, Inc., forensic subject matter expert input, and adherence to Washington State statutes, including RCW 10.77^{1,2,3}. This document provides an overview of the *Background, Pathway to the OCRP, OCRP Components, Reporting Requirements, and Regional OCRP Caseload Estimates and OCRP Services* as envisioned at this early stage. Since competency restoration in the community is a new initiative in Washington, program details will evolve over time to optimize program effectiveness.

The OCRP and complementary programs and services specified in the Settlement Agreement relate directly to the respective missions of the DSHS and HCA to transform lives and provide high quality health care through innovative policies and purchasing strategies. By working together with community stakeholders and partners, we can ensure that Washingtonians are healthy, safe, and supported.

I. BACKGROUND

All criminal defendants have the constitutional right to assist in their own defense and understand their charges. If a court believes a mental disease or defect may prevent a defendant from assisting in their own defense or understanding their charges, the court puts the criminal case on hold while an evaluation is completed to assess the defendant's competency. If the evaluator opines the defendant competent and the court finds them competent, they stand trial. However, if, based on the evaluation, the court finds the person is not competent, the court may then order the defendant to receive competency restoration treatment.

A.B., by and through Trueblood, et al., vs. DSHS, et al., No. 15-35462 ("Trueblood") established that the length of time used by DSHS to provide competency services was a violation of constitutional rights. Because of this case, the court ordered the state to provide competency services within specific timeframes. As the noted time frames were not met (seven days to be admitted for inpatient services), DSHS was found in contempt of court and fined for any person in jail past seven days. In December 2018, the U.S. District Court for the Western District of Washington approved a settlement agreement ("Settlement Agreement" or "Trueblood

¹ <https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood/2018Trueblood/2018-05-Tac-Report.pdf>

² <https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood/2018Trueblood/OCRP-Implementation-Plan-Groundswell-Services-5-25-17.pdf> (Estimates in report subject to change based on updated information.)

³ <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5444-S2.SL.pdf>

Settlement”) that specified program and service enhancements to support individuals with behavioral health needs.

A plan has been developed to implement the Settlement Agreement. The [implementation plan](#) details the requirements of the Settlement Agreement, and the initiatives to be undertaken, and is a collaborative effort among DSHS, HCA, and community partners and stakeholders.⁴

The initiatives aim to provide enhanced programs and services to divert those in crisis from the criminal court system, expediently serve defendants for whom competency is an issue, and provide intensive case management services to individuals at risk of subsequent criminal court system involvement or institutionalization. Per the Settlement Agreement, there are three implementation phases:

Phase	Timeline	Region
Phase 1	July 1, 2019 – June 30, 2021	Pierce Region Southwest Region (Skamania, Clark, Klickitat) Spokane Region (Spokane, Stevens, Ferry, Pend Oreille, Grant, and Adams)
Phase 2	July 1, 2021 – June 30, 2023	King Region
Phase 3	July 1, 2023 – June 30, 2025	To be determined based on Phases 1 and 2

II. PATHWAY TO THE OCRP

Amendments to RCW 10.77.086, codified in 2019 as a result of E2SSB 5444, outline specific timelines and conditions of competency evaluation and restoration. While individual cases may vary, below is a high-level summary of the typical pathway to the OCRP:

1. Criminal charges are filed with the court.
2. The defendant’s competency to stand trial is in question.
3. Court orders a competency evaluation and assigns a Forensic Navigator (FN).
4. Forensic Evaluator conducts a competency evaluation and submits the report to the court.
5. The FN gathers information on and meets with the defendant prior to the competency evaluation hearing.
6. Defendant is found by the court to not be competent to stand trial.
7. FN, in collaboration with the prosecuting attorney, defense attorney, and with supporting documents, makes a recommendation to the court regarding suitability for the OCRP.
8. DSHS certifies that OCRP services are available.
9. If the defendant is suitable for the OCRP, the court issues an order for conditional release to include OCRP. Restoration period varies by charge type:
 - a. Up to 90 days for misdemeanor charges
 - b. Up to 1 year for felony charges
10. The FN provides a referral to the OCRP contractor contracted by HCA, assists with related needs (e.g., housing, transition to the community, coordination of appointments, classes, medication compliance), meets regularly with the client, and provides progress and compliance updates to the court.

⁴https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood/2019Trueblood/679_1_ExhibitA_FinalPlan.pdf

11. The OCRP contractor delivers outpatient competency restoration services and provides client updates to the FN every-other-week and notification of incidents within 24 hours.
12. The court may hold status hearings based on FN updates, and may order revocation based on the information provided.
13. If the client is found competent by the court during or by the end of the court-ordered restoration period, the competency restoration period ends and court proceedings continue.

III. OCRP COMPONENTS

The OCRP will be an integral piece of court-ordered competency restoration services. The court issues the evaluation order, determines competency, orders a defendant into inpatient or outpatient competency restoration, and is responsible for subsequent decisions involving revocations. Information provided to the court through close coordination between OCRP contractors, FNs, evaluators, and other service providers will guide the court decisions.

Key components to support successful OCRP outcomes are clear procedures around eligibility, program delivery, and program completion. Each are summarized below; community partners should anticipate updates as more is learned through the implementation process.

A. Eligibility

Defendants found by the court to be not competent to stand trial may be ordered to the OCRP based on a number of factors. They may be in a state hospital, jail, or in the community and meet the following criteria:

- demonstrate clinical appropriateness for the OCRP,
- be willing to adhere to medications or receive prescribed intramuscular medication,
- be willing to abstain from alcohol and un-prescribed drugs,
- not be a risk to public safety,
- not require restoration treatment in a secure facility,
- not be appropriate for civil commitment,
- be likely to adhere to community based services,
- have a low risk of absconding based on history,
- have a low risk of re-offense or violence based on history,
- agree to substance abuse treatment as needed, to include substance use screens.

Based on the eligibility criteria above and additional information gathered by the FN, the FN makes a non-clinical recommendation to the court regarding suitability of the defendant for the OCRP. If the court approves the individual for OCRP, it will order a conditional release. The FN will then make a formal referral to the OCRP, assist in the transition to services, meet with individual on a regular basis, and provide status information to the court.

B. OCRP Program Delivery

The OCRP will provide the same services across each region included in the Settlement Agreement. This may require multiple contractors. The OCRP contractors will utilize the Breaking Barriers Competency Restoration Program (“Breaking Barriers”) that incorporates the following program components (DSHS will be providing training on facilitation of the Breaking Barriers Program):

- individualized assessment of barriers to competency
- individualized treatment plans to address barriers to competency

- monitoring of barriers to competency and adjust interventions as appropriate
- standardized psychosocial treatment via group or individual therapy
- early referral to forensic evaluator if barriers are negligible or non-existent prior to the end of the restoration period or if the client exhibits factors associated with not being restorable to competency
- a minimum of 10 hours of cumulative OCRP services within each week in accordance with the client's individual treatment plan.

Standardized psychosocial treatment shall include the CORE modules embedded within Breaking Barriers:

- Courtroom Knowledge and Understanding
- Optimal Symptom Management
- Relaxation and Coping Skills
- Effective Communication (with attorneys and others in the court system)

OCRP approaches may vary between individual defendants and within and across regions. OCRP contractors may utilize individual and group in-person treatment, telehealth, and mobile treatment approaches depending on the needs of the individual, range of service area coverage, and the competency restoration period.

At the onset of the OCRP, the FN establishes partnerships with community supports. If client is unstably housed, FN will connect the client with Forensic Housing and Recovery through Peer Services (HARPS), and if the client is on the Forensic Projects for Assistance in Transition from Homelessness (PATH) referral list, the FN shall connect the client to Forensic PATH services. Prior to the conclusion of the OCRP order, the FN facilitates a coordinated transition of the client's case to a community behavioral health case manager.

C. Program Completion

The OCRP is responsible for tracking and reporting individual progress and compliance to the FN. Reporting methodology and frequency is still being determined, but will require the OCRP to provide regular documentation regarding the activity of the clients at least once every other week and incidents within 24 hours.

The OCRP contractor is responsible for communicating any non-compliance or concerns regarding suitability in the OCRP to the FN. The FN will report to the court any non-compliance which will result in a hearing and may result in a revocation of the conditional release. The court may revoke the conditional release based on the severity of the violation which would result in an order to inpatient competency restoration. Examples of violations that could result in a revocation include, but are not limited to:

- Serious threats of or acts of harm to self or others
- Psychotropic medication non-compliance
- Positive substance use screens or test refusal
- A new arrest
- Failure to attend

If a client fails to comply with the restrictions of the OCRP such that restoration is no longer appropriate in the community setting or the client is no longer clinically appropriate for OCRP based on the recommendation of the client's treatment team, the client may be transferred by DSHS to an inpatient restoration facility.

Competency evaluation will be scheduled by the forensic evaluator near the end of the ordered restoration period or when the forensic evaluator supervisor is notified by the OCRP contractor or FN that the defendant may have achieved competency. The evaluation will be coordinated between the forensic evaluator, the FN, defense attorney (if presence is required), and the OCRP contractor.

If the forensic evaluator determines that an individual remains non-competent at the end of a restoration period, the court may order an additional period of restoration consistent with legal requirements. If the client is at the end of legal authority and is not-likely-restorable, the court may dismiss the charges and refer for evaluation of civil commitment.

IV. QUALITY ASSURANCE

Each OCRP contractor will receive a quality assurance site visit at least twice per year. The purpose of these visits will be to ensure consistent adherence to the program model across sites, and to help each program deliver the highest possible quality of services.

V. REPORTING REQUIREMENTS

The OCRP contractors will be required to track and report individual level data to monitor program implementation and to support court reporting and program evaluation. DSHS and HCA will work with contractors to establish data elements and reporting mechanisms to ensure systematic and reliable data collection. Examples of data elements may include program enrollment and exit dates, program compliance, service encounters, and program costs. The OCRP contractors will regularly submit required data elements, expenditure reports and incidents to HCA and DSHS as required in their contracts.

VI. REGIONAL CASELOAD ESTIMATES, STAFFING AND OCRP SERVICES VOLUMES

The legislature allocated funds for the Trueblood implementation plan in the regions specified in Phase 1 and 2, including the OCRP. Resource estimates are based on limited data, particularly for the OCRP, which is a new initiative. Estimates may change as information evolves throughout implementation.

The contractor will employ Master’s level staff, a psychiatrist or Advanced Registered Nurse Practitioner who has a Psychiatric and Mental Health Nurse Practitioner (PMHNP) Board Certification, and Enhanced Peer Support Specialist who must be certified through DBHR and hold an Agency Affiliated Counselor registration through the Washington State Department of Health (DOH), to provide Breaking Barriers. OCRP Services to be delivered are described below.

Table 1. Regional Caseload Estimates, Staffing and OCRP Services Volume

	Pierce Region	SW Region	Spokane Region
1. ORCP caseload service estimate, Year 1*	74	21	24
2. General Duties of Contractor	2.1	Provide OCRP services for clients who may reside at locations throughout the contracted Region;	
	2.2	Maintain treatment documentation including encounter data, incident reports, attendance records, treatment plans and barrier monitoring in an electronic health record; and	
	2.3	Collect and report data as required by HCA and DSHS;	
3. Psychiatrist/PMHNP	3.1	If the barriers include psychiatric symptoms, assess the client for appropriateness for psychotropic medication(s) to treat the client’s symptoms and shall provide medication management;	
	3.2	Once treatment is initiated, monitor the identified barriers to competency on an ongoing basis by completing a “Barriers Monitoring Form” periodically throughout the restoration process using program data and direct client contact. This monitoring will inform early evaluation;	

<p>4. OCRP Master Instructor for Breaking Barriers (Licensed Master’s Level Therapist or higher) – OCRP Master Instructor may provide all services listed in OCRP Subject Matter Expert (SME) for Breaking Barriers</p>	<p>4.1 Conduct an intake/admission assessment which shall include an assessment of the client’s barriers to competency;</p> <p>4.2 Ensure that the client’s treatment plan contains the client’s barriers to competency and the treatment interventions that are appropriate to address those barriers;</p> <p>4.3 Provide clinical oversight to OCRP Subject Matter Expert (SME) for Breaking Barriers;</p> <p>4.4 Travel/Transportation;</p> <p>4.5 Participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested;</p>
<p>5. OCRP SME in Breaking Barriers (Master’s Level Education or higher)</p>	<p>5.1 Develop and maintain an individualized treatment plan which must include the client’s barriers to competency and assigned interventions;</p> <p>5.2 Facilitate psychosocial treatment services consisting of group activities or individual treatment sessions to address specific Barriers to Competency and to assist the client with the following: Courtroom Knowledge and Understanding, Optimal Symptom Management, Relaxation and Coping Skills, and Effective Communication (with attorneys and others in the court system), through utilization of the CORE modules and other treatment modules embedded within the Breaking Barriers Competency Restoration Program;</p> <p>5.3 Collaboration with system partners to include FHARPS, FPATH and the Forensic Navigators;</p> <p>5.4 Refer client to SUD services, if needed;</p> <p>5.5 Ensure regular drug screening occurs for clients with a current substance use disorder diagnosis;</p> <p>5.6 Communicate, coordinate with, and provide reports to the assigned Forensic Navigator at least every-other-week and incidents within 24 hours;</p> <p>5.7 Collect and report monthly data to the HCA OCRP Administrator;</p> <p>5.8 Participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested;</p>
<p>6. Enhanced Peer Support Specialist - must be certified through DBHR and hold an Agency Affiliated Counselor registration through the Washington State Department of Health (DOH).</p>	<p>6.1 Work with clients to identify strengths, set goals, and address barriers to engagement (ie: transportation barriers, time management, meeting basic needs) through motivational interviewing;</p> <p>6.2 Work with the client to encourage self-advocacy to communicate needs;</p> <p>6.3 Participation in monthly OCRP staffing meetings with system partners and Forensic Navigators and in other meetings with HCA and DSHS program leads, as requested;</p> <p>6.4 Assist OCRP Master Instructor or SME with facilitation of CORE activities (if trained as an SME in Breaking Barriers); and</p> <p>6.5 Participate regularly in supervision with the OCRP Master Instructor or SME.</p>

*OCRP Caseload Service Estimate is based on 30% of all individuals referred for competency restoration from 7/1/17 to 6/31/18 provided by DSHS's Research and Data Analysis Division. Assuming that some misdemeanors cases are dismissed and not all misdemeanor and felony cases are eligible for OCRP. These numbers may be higher or lower than actual service numbers.