

2024 Respite Services

Request for Qualification

Guidelines

and

Application

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Funding Process Coordinator: Jessica Clark Jessica.Clark@seattle.gov 206-276-4467

GUIDELINES

INTRODUCTION

The <u>Aging and Disability Services (ADS)</u> Division of the <u>City of Seattle Human Services Department (HSD)</u> is seeking applications from entities interested in providing Family Caregiver Support Program (FCSP) Respite Services for older adults (60+) and adults (18+) with a functioning disability. This Respite Services Request for Qualification (RFQ) is open to any legally constituted entities meeting <u>HSD Agency Minimum Eligibility</u> <u>Requirements</u> and any additional requirements outlined in these guidelines.

This RFQ will qualify organizations to provide non-Medicaid in-home respite services to older adults (60+) and adults (18+) with a functioning disability throughout King County, Washington. ADS is King County's Area Agency on Aging (AAA).

Reimbursement rates will align with Medicaid Home Care Agency Vendor Rates and based on funding availability. Funding is made possible through the State of Washington – State Family Caregiver and federal Older Americans Act (OAA) Title 3E (CFDA #93.052).

All materials and updates to the RFQ are available on <u>HSD's Funding Opportunities webpage</u>. HSD will not provide individual notice of changes and applicants are responsible for regularly checking this webpage for any changes. HSD will not pay for any expense applicants may incur while they are preparing their application, providing information requested by HSD, or participating in the selection process.

FUNDING INFORMATION

Initial awards will be made for the contract period of January 1, 2025– December 31, 2025. When the initial contract ends on December 31, 2025, ADS reserves the right to offer contract renewals on a 2-year contract cycle indefinitely. While it is the City's intention to renew agreements resulting from this funding opportunity on an annual basis through the 2025 program year, future funding will be contingent upon performance and funding availability.

After the applications are reviewed by the rating panel, all qualified organizations may be offered a contract. Applicants who are not qualified will be notified via email and will have four business days after notification to appeal the decision. HSD's appeals process can be found on the <u>HSD Funding Opportunities webpage.</u>

IN-HOME RESPITE SERVICES RATES

Respite rates will align with Medicaid home Care Agency Vendor Rates and based on funding availability. The current rate is \$39.88/hour and is billed in quarter hour increments at \$9.97/quarter hour.

Incentive rate

To encourage referrals to this program, a monthly incentive payment will be available. To receive the incentive payment, an agency will need to serve a minimum number of clients per month. Details will be available during contracting.

NUMBER OF AWARDS

All qualified entities may be offered a contract.

If you have any questions about the RFQ or would like to request an accommodation, please contact Funding Process Coordinator: Jessica Clark – <u>Jessica.Clark@seattle.gov</u>.

Date	Time	Activity		
March 15, 2024		Funding Opportunity Released		
March 19, 2024	1:00 p.m. – 2:00p.m. PST	 Information Session #1 – Virtual Join meeting <u>here</u> via Teams, meeting ID: 216 713 455 063 Passcode: 3VL5qH Or call: 1-206-686-8357, phone conference ID: 385 529 900# Contact Jessica Clark at <u>Jessica.Clark@seattle.gov</u> if you encounter technical issues. 		
March 26, 2024	4:00 p.m. PST	Last Day to Submit Questions (via email only) Jessica.Clark@seattle.gov		
April 16, 2024	12:00 p.m. PST	 Applications Deadline (electronic submissions only) 1. HSD Online Submission System: <u>http://web6.seattle.gov/hsd/rfi/index.aspx</u> 2. Email: <u>HSD_RFP_RFQ_Email_Submissions@seattle.gov</u> 		
May 17, 2024		Planned Award Notification		
January 1, 2025		New Contracts Start		

TIMELINE*

*HSD reserves the right to change any dates in the RFQ timeline.

Information Sessions

HSD will offer one virtual information session, which will be recorded and made available on <u>HSD's Funding</u> <u>Opportunities webpage</u>. Any agency interested in learning more about this RFQ is encouraged to attend the session and ask questions. Attendance is not required.

INVESTMENT AREA BACKGROUND AND PROGRAM REQUIREMENTS

A. Overview of Investment Area

Governments at all levels rely on the skills and expertise of community-based organizations to support wellbeing in communities so that individuals can reach their potential at every stage of life. Recruiting and retaining effective, experienced home care providers and workers is essential for serving the needs of older adults and adults with disabilities throughout King County.

The Respite Services RFQ will qualify organizations to provide homecare respite services and/or housekeeping and errands to Older Adults and adults (18+) with functioning disabilities throughout King County under the Family Caregiver Support Program. Our respite program data analysis indicates that there are respite service gaps in East King County. Applicants serving East King County, and other geographically isolated areas of King County are especially encouraged to apply. This is a rate-based contract and there is no minimum number of referrals guaranteed.

The goal of the Family Caregiver Support Program is to meet the needs of the primary unpaid caregiver by providing short-term relief to prevent burnout and role fatigue and by lending support during periods of crisis. This temporary service improves and extends the care provided by the primary, unpaid caregiver and prevents premature institutionalization of the care receiver.¹

B. Service/Program Model

The Tailored Caregiver Assessment and Referral (TCARE[®]) tool identifies measures of caregiver burden and stress and produces recommended services and supports to address those stressors. After completion of an assessment, a caregiver is eligible to receive services associated with the selected strategies identified in TCARE[®]. The caregiver works with the TCARE[®] assessor to develop a plan of care based on targeting the most appropriate and timely services to address unmet needs.

All services authorized will be communicated to the Agency via Respite Service authorization documents. Services will be provided in the client's home unless authorized and written into the client's TCARE[®] Information for Respite Care Service Providers. The Agency may not modify in any way the type and amount of authorized service without prior approval from ADS or an ADS subcontracted Care Coordination Program.

Requests for respite care which are of an emergent nature shall have priority. The amount of service will be based on the caregiver's need and the available resources as determined and authorized by a TCARE[®] assessor. In the provision of emergency service, the Agency will make reasonable effort to respond. This applies only if requests are made during regular weekday business hours.

The specific services to be purchased through the Agency are Respite Care or Housekeeping and Errands. See service descriptions below:

<u>Respite Care</u>: Help with activities of daily living (ADLs), e.g., lifting, turning, transferring, dressing, eating, walking, medication reminders, personal hygiene, bathing, meal preparation, etc.

Housekeeping and Errands (H&E): The unpaid caregiver must be present at the time services are delivered. The Agency may provide tasks in addition to those listed below as requested by the caregiver <u>only with the written</u> <u>authorization of the Caregiver Services Coordinator/Case Manager</u>.

Eligible housekeeping tasks authorized for H&E Services may include:

- cleaning kitchens and bathrooms
- sweeping
- vacuuming
- mopping
- dusting
- laundry of the caregiver and/or care receiver
- cleaning ovens
- once a year washing of interior windows and walls in areas of the home used by the family caregiver and/or care receiver
- defrosting freezers

¹ Chapter 17 Family Caregiver Support Program. <u>Chapter 17a.docx (live.com)</u> Accessed November 27, 2023.

Eligible errands authorized for H&E Services may include:

- Trips to the bank with the caregiver
- Trips to the post office with or without the caregiver
- Brief occasional trips to local stores with or without the caregiver:
 - to pick up prescriptions
 - o to purchase medical or personal care necessities
 - to purchase groceries

Household tasks **NOT** included in H&E Services:

- Personal care tasks (e.g., assistance with ADLs such as bathing, dressing, or other personal hygiene/ grooming needs)
- Meal preparation
- Pet care
- Yard Work
- Minor home repairs
- External house cleaning or maintenance
- Splitting/carrying wood
- Any task that requires skills not usual to a homemaker or requires use of large equipment

The Agency will implement and enforce appropriate policies and procedures for transportation while completing errands services including required automobile insurance, valid driver's license, and mileage reimbursement for the home care aide. The Agency will implement and enforce appropriate policies and procedures for cash handling when completing errands services.

The Agency shall take appropriate action to monitor the number of hours provided in relation to the number of hours authorized for each client and assure through documentation that services are in fact being delivered. Primary documents will be time sheets and task sheets on which clients and home care workers certify and supervisors verify the hours of service delivered and tasks performed.

The Agency will provide planned and emergency respite services. The amount of service will be based on the caregiver's need and the available resources as determined and authorized by a TCARE[®] assessor from ADS or an ADS subcontracted case management provider.

To ensure appropriate provision and coordination of services, the Agency will inform ADS of any changes in a client's condition or need so that follow-up may be provided. The Agency will inform the ADS Program Specialist of any changes in program service capability.

C. Participant Eligibility Criteria

Clients served in this program are older adults (60+) and adults (18+) with a functioning disability residing in King County.

D. Program Requirements

The following components and standards are required:

1. Copy of current Washington Department of Health (DOH) In-Home Services License in the Home Care Agency Category²

An applicant must possess a current license issued by the department before advertising, operating, managing, conducting, opening or maintaining an in-home services agency. Before applying for a DOH Home Care license, individuals must first secure a Washington State business license through the Secretary of State and establish their legal name, business structure, and Tax ID #s.

2. Sample Client File

Applicant will provide a sample client file. This file should be a current client file redacted for privacy.

3. Sample Caregiver File

Applicant will provide a sample caregiver file. This file should be a current caregiver file redacted for privacy.

4. Demonstrated Experience

The applicant must demonstrate a minimum of 18 months experience and ability to provide client services per specifications above.

5. Most recent monitoring on-site inspection

Record of past performance, including copies of all site visits or program review reports received from any monitoring entities (i.e., federal, local or state government) that occurred within the last 24 months, if applicable. If the monitoring report has not yet been provided to your organization, indicate the date of the site visit or program review and the name of the monitoring agency which completed the review.

6. Audit Report/Financial Review

Audit Report or Financial Review without findings covering the two-year period prior to contracting. The audit or review must be conducted by a licensed Certified Public Accountant or a recognized financial firm.

If a fiscal review or audit report cannot be provided, the following documents are required:

The last two years of tax returns along with the current year operating budget showing revenue and expenses. Please see the list below based on agency structure:

- Financial documentation which may include statements or reports that outline revenue, earnings, and expenses, as determined by the AAA may also be accepted. This may include:
 - Previous two years
 - o (Form 990) if a Nonprofit
 - o 1120 if the Agency is a Corporation
 - o 1065 if the Agency is an LLC or Partnership
 - o 1040 (Schedule C) if the Agency is a Sole Proprietor
 - o Current Year Operating Budget or Projected Operating Budget (requested for all agencies no matter the structure).
 - o Optional: Unaudited Balance Sheet/Profit & Loss Statement/Statement of Cash Flows (if available)
- 7. Insurance Documentation

 ² License required. <u>WAC 246-335-315:</u> Penalties <u>default.aspx (wa.gov)</u> Home Care Agencies License Requirements <u>Home Care Agencies | Washington State Department of Health</u>

Proof of current commercial general liability insurance according to WAC 246-335-320(2)(b).

- 8. Copy of your Policy and Procedures
 - Personnel policies and job description for each paid staff and volunteer position.
 - Policies and Procedures meeting the requirements of mandatory reporting procedures as described in Chapter 74.34 RCW, relating to the protection of vulnerable adults.
 - Copies of all policies and procedures pertaining to home care services and personnel.
- 9. Copy of current organizational chart A copy of the entities' Organizational Chart or Staffing Plan.
- 10. List of staff and qualifications Names and applicable credentials of employees and a list of any subcontractors and what services they provide.

E. RFQ Specific Eligibility, Data, and Contracting Requirements:

In addition to the <u>HSD Agency Minimum Eligibility Requirements</u>, agencies must also adhere the following criteria:

• Eligible applicants must be home care agencies not currently contracted as an HSD, ADS Medicaid provider.

OTHER REGULATIONS APPLICABLE TO THE INVESTMENT AREA

Long-Term Services and Supports: Laws, Rules, and Policies

Below is a list of some of the laws, rules, and policies that may be helpful to review prior to completing an application. This may not be a comprehensive list of all laws, rules, and policies that apply.

- Chapter 70.127 RCW: In-Home Services Agencies
- <u>Chapter 74.39A RCW: Long-Term Care Services Options</u>
- <u>Chapter 246-335 WAC: Requirements for In-Home Services Agencies Licensed to Provide Home Health,</u> Home Care, Hospice, and Hospice Care Center Services
- <u>Chapter 388-106 WAC: Long-Term Care Services</u>

For any questions, contact:

Funding Process Coordinator: Jessica Clark Jessica.Clark@seattle.gov

2024 Respite Services RFQ APPLICATION

HOW TO COMPLETE THE APPLICATION

Applications will be rated only on the information requested in this RFQ and may include any clarifying information requested by HSD. Do not include any materials not requested with your application. Submit applications via HSD Online Submissions System at http://web6.seattle.gov/hsd/rfi/index.aspx OR Email to HSD Online Submissions System at http://web6.seattle.gov/hsd/rfi/index.aspx OR Email to HSD RFP RFQ Email Submissions@seattle.gov. Applications that do not submit all requested documentation will not qualify for this RFQ. Completed application packets are due by 12:00 p.m. PT, April 16, 2024.

When submitting documents, name them as following:

Document Type	Document Name
Attachment 2: Cover Sheet	Cover Sheet
Copy of current Washington Department of	Home Care License
Health (DOH) Home Care License	
Sample client file	Sample Client File
Sample Caregiver file	Sample Caregiver File
Demonstrated Experience	Experience
Most recent monitoring on-site inspection	On-site Inspection
Audit Report/Financial Review or other	Audit Report
supporting documents listed in section D of the	
Guidelines	
Current commercial general liability insurance	Liability Insurance
Copy of Policy and Procedures	Policy and Procedures
Copy of organizational chart	Organizational Chart
List of staff and qualifications	Staff and Qualifications

The Respite Services RFQ Guidelines is a separate document that provides background on HSD's guiding principles and Results-Based Accountability framework, and an overview of the Respite Services RFQ program requirements. <u>HSD's Funding Opportunities webpage</u> provides additional information on proprietary and confidential information, agency eligibility, data collection and reporting, contracting, appeals, expectations for culturally responsive services, <u>Theory of Change</u>, and the process for selecting successful applications.

RATING CRITERIA Applications will undergo assessment according to the checklist outlined below. Entities meeting <u>all</u> criteria will be eligible for consideration under this Request for Qualification.

Program requirements:

- 1. Applicant has a current Washington Department of Health (DOH) Home Care License.
- Yes
- 🛛 No
- 2. Applicant demonstrates a sample client file. This file should be a current client file redacted for privacy.
- Yes
- 🛛 No
- 3. Applicant demonstrates a sample caregiver file. This file should be a current caregiver file redacted for privacy.
- Yes
- 🛛 No
- 4. Applicant demonstrates a minimum of 18 months experience and ability to provide client services per specifications above.
- Yes
- No
- 5. Applicant demonstrates most recent monitoring on-site inspection to ensure good standing and incompliance. Record of past performance, including copies of all site visits or program review reports received from any monitoring entities (i.e., federal, local or state government) that occurred within the last 24 months, if applicable.
- Yes
- 🛛 No
- 6. Applicant demonstrates their Audit Report/Financial Review.
- Yes
- 🛛 No

If no, applicant must submit the following:

- The last two years of tax returns along with the current year operating budget showing revenue and expenses. Please see the list below based on agency structure:
 - Financial documentation which may include statements or reports that outline revenue, earnings, and expenses, as determined by the AAA may also be accepted. This may include:
 - Previous two years
 - o (Form 990) if a Nonprofit
 - o 1120 if the Agency is a Corporation
 - o 1065 if the Agency is an LLC or Partnership
 - o 1040 (Schedule C) if the Agency is a Sole Proprietor

- o Current Year Operating Budget or Projected Operating Budget (requested for all agencies no matter the structure).
- o Optional: Unaudited Balance Sheet/Profit & Loss Statement/Statement of Cash Flows (if available)

Applicant submitted other supporting financial documentation, if needed.

- □ Yes
- 🛛 No
- 7. Applicant has a current commercial general liability insurance according to WAC 246-335-320(2)(b).
- Yes
- 🛛 No
- 8. Applicant provided a copy of their Policy and Procedures.
- Yes
- 🛛 No
- 9. Applicant provided a copy of their current organizational chart.
- Yes
- 🛛 No
- 10. Applicant provided a list of staff and qualifications.
- Yes
- 🛛 No

COMPLETED APPLICATION REQUIREMENTS

Application Submittal

The application **must** include:

- □ A completed and signed Application Cover Sheet (Attachment 2).
- □ A current Washington Department of Health (DOH) Home Care License.
- □ A sample client file.
- □ A sample caregiver file.
- Documentation demonstrating a minimum of 18 months of client service experience per specifications above.
- □ The most recent monitoring on-site inspection.
- □ Audit Report/Financial Review documentation or other financial supporting documents outlined in section D of the guidelines.
- □ A current commercial general liability insurance according to WAC 246-335-320(2)(b).
- □ A copy of the entities' policy and procedures.
- □ A copy of their organizational chart.
- □ List of staff and qualifications.
- □ Completed applications are due by April 16, 2024 at 12:00 p.m. Pacific Standard Time.
- □ Applications must be submitted through the HSD Online Submission System <u>OR</u> via email. No faxed or mailed applications will be accepted. Allow ample time for uploading and confirmation receipt.

You may apply through <u>one</u> of the following methods only. Please note HSD will consider your latest submission as the final submission if there are multiple attempts in applying. Once your application has been submitted, you will receive a written confirmation:

<u>1.</u> <u>Via HSD Online Submission System</u> (<u>http://web6.seattle.gov/hsd/rfi/index.aspx</u>). HSD advises uploading application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity. HSD is not responsible for ensuring that applications are received by the deadline. If you encounter issues with the online submission system, please email Sola Plumacher at <u>sola.plumacher@seattle.gov</u>.

OR

<u>Via Email HSD RFP RFQ Email Submissions@seattle.gov.</u> Email attachments are limited to 30 MB.
 <u>The subject heading must be titled: Respite Services RFQ.</u> Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

HSD Proprietary and Confidential Information

The State of Washington's Public Records Act (Release/Disclosure of Public Records) Under Washington State Law (reference RCW Chapter 42.56, the Public Records Act) states that all materials received or created by the City of Seattle are considered public records. These records include but are not limited to: RFP/Q narrative responses, budget worksheets, board rosters, other RFP/Q materials, including written/or electronic correspondence. In addition, HSD RFP/Q application materials are released to rating committee members and all rating committee members must sign and adhere to the Confidentiality and Conflict of Interest Statement. Personal identifiable information entered on these materials is subject to the Washington Public Records Act and may be subject to disclosure to a third-party requestor.

List of Attachments & Related Materials

- Attachment 1: Application Checklist
- Attachment 2: Application Cover Sheet

Attachment 1 - Application Checklist

This checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

HAVE YOU....

Read and understood the following additional documents found on the
Funding Opportunities Webpage?
HSD Agency Minimum Eligibility Requirements
HSD Client Data and Program Reporting Requirements
HSD Contracting Requirements
HSD Fiscal Sponsor Requirements
HSD Funding Opportunity Selection Process
HSD Appeal Process
HSD Commitment to Funding Culturally Responsive Services
HSD Guiding Principles
HSD General Terms and Conditions Sample
Completed and signed the <u>Application Cover Sheet</u> (Attachment 2)? *
If your application names specific partner agencies, representatives from these agencies must also
sign the application cover sheet.

Submitted all documents requested to meet program requirements?

All applications are due to the City of Seattle Human Services Department by <u>12:00 p.m. PT and April 16,</u> <u>2024</u>. See Section I for submission instructions.

1.	Applicant Agency:			
2.	Agency Executive Director:			
3.	Agency Primary Contact:			
	Name:		Title:	
	Address:			
	Email:			
	Phone #:			
4.	Agency Type			
	Non-Profit For Pr	ofit 🗌 Public	Agency 🗌 Oth	er (Specify):
5.	Federal Tax ID or EIN:		6. DUNS Number:	
7.	WA Business License Number:			
8.	Proposed Program Name:			
9.	. Provide a high- level (200 words or less) program description:			
10.	Partner Agency (if applicable):			
	Contact Name:		Title:	
	Address: Email:		Phone Number:	
	Description of partner agency pro	nosed activities:	Phone Number.	
	Description of partner agency pro	posed detivities.		
11.	Fiscal Sponsor (if applicable):			
	Contact Name:		Title:	
	Address:			
	Email:		Phone Number:	
	I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.			ill comply with all
	Signature of Fiscal Sponsor Repre	sentative:	Date	::
	Authorized physical signature of	applicant/lead age	ncy	
	To the best of my knowledge	and belief, all the in	formation in this applicat	tion is true and correct. The
	document has been duly authorized by the governing body of the applicant who will comply with all the contractual obligations if the applicant is awarded funding. If awarded funding, I will submit			
	financial documents within 4 business days of request or may forfeit awarded funds.			

Attachment 2 - Application Cover Sheet

Name and Title of Authorized Representative: _	
Signature of Authorized Representative:	Date: