City of Seattle
Human Services Department

2015
Community Living Connection – Aging and Disability Resource Network
Request for Proposal

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GUIDELINES

I. Introduction

The Aging and Disability Services (ADS) division of the City of Seattle Human Services Department (HSD) is seeking applications from agencies interested in providing services through the Community Living Connection – Aging & Disability Resource Network (CLC-ADRN) in King County. The CLC-ADRN connects older adults and people with disabilities to needed services and supports, and includes the following culturally and linguistically appropriate service components: outreach; information and assistance/referral; person-centered options counseling; and care coordination. Services will be delivered through a "no wrong door" model which includes network agencies, three regional hubs and one county wide call center. This Request for Proposal (RFP) is open to nonprofit agencies.

The Aging and Disability Services division of HSD promotes quality of life, independence and choice for older people and adults with disabilities. As the state-designated local Area Agency on Aging for Seattle-King County the division is co-sponsored by the City of Seattle Human Services Department, United Way of King County and King County.

Approximately $2,344,929 is available through this RFP from the following sources:

Fund Sources	RFP Amount
Senior Citizens Service Act (SCSA) and Older American's Act Title III-B (OAA III-B)	$1,248,960
HSD General Fund	$843,469
Title XIX	$252,500

HSD intends to fund a maximum of fifteen proposals. Initial awards will be made for the period of July 1, 2015 – June 30, 2016. While it is the City's intention to renew agreements resulting from this RFP on an annual basis through the 2019 program year, future funding will be contingent upon performance and funding availability.

The City of Seattle Human Services Department seeks to contract with a diverse group of providers to help ensure that HSD's CLC-ADRN investments result in vulnerable adults remaining independent as indicated by Medicaid long-term care recipients receiving home and community-based services instead of institutional care.

All materials and updates to the RFP are available on HSD's Funding Opportunities web page at www.seattle.gov/humanservices/funding/. If you have any questions about the CLC-ADRN RFP, please contact:

Angela Miyamoto via email at Angela.Miyamoto@Seattle.Gov

II.   Timeline

Funding Opportunity Released	Monday, January 26, 2015
*Information Session 1	Tuesday, February 3, 2015 9:00-12:00 Tukwila Community Center 12424 – 42nd Ave S Tukwila, WA 98168
*Information Session 2	Wednesday, February 11, 2015 1:00-4:00 Bellevue Library 1111 110th Ave NE Bellevue, WA 98004
Last Day to Submit Questions	Tuesday, March 3, 2015 by 12:00 p.m.
Application Deadline	Wednesday, March 18, 2015 by 12:00 p.m.
Planned Award Notification	Thursday, April 30, 2015
Contract Start Date	Wednesday, July 1, 2015

*Please contact RFP coordinator for accommodation requests (Angela Miyamoto: Angela.Miyamoto@Seattle.Gov)

HSD reserves the right to change any dates in the RFP timeline.

III.   HSD Guiding Principles

In addition to the investment outcomes stated in this RFP, investments will reflect the Seattle Human Services Department's vision, mission and values and support the department's theory of change.

Vision
The vision of the Seattle Human Services Department is that all basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity.

Mission
The mission of the Seattle Human Services Department is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities.

Values
We accomplish our mission by adhering to core values and funding programs whose work supports them:

- *Vision* – we are future-focused, funding outcomes that create a stronger community.

- *Innovation* – we foster an environment where creativity and new approaches are valued, tested, refined and implemented.

- *Results* – we fund and administer programs that are accountable, cost-effective, and research-based, ensuring people receive high-quality services.

- *Equity* – our resources are devoted to addressing and eliminating racial, social, economic, and health disparities in our community.

- *Creative collaboration* – we share the collective wisdom of our colleagues and community to develop and implement programs.

- *Service* – we ensure the programs we support are accessible to all community members and deliver high-quality, welcoming customer service.

IV. Investment Area Background & Theory of Change

HSD has developed a strategy for results-based accountability and addressing disparities to ensure that the most critical human service needs are met by:

➢ **DEFINING** the desired results for the department's investments;
➢ **ALIGNING** the department's resources to the desired results; and
➢ **MONITORING** the result progress to ensure return on investment.

The results-based accountability "Outcomes Framework" helps HSD move from ideas to action to ensure that our work and investments are making a real difference in the lives of vulnerable people. HSD's **Theory of Change** ensures that data informs our investments – particularly around addressing disparities – and shows the logical link between the desired results, indicators of success, racial equity targets based on disparity data, strategies for achieving the desired results, and performance.

Whole Population Data → Desired Results → Indicators → Racial Disparity Data → Racial Equity Target → Strategy → Performance Measure

All investments resulting from this funding opportunity will demonstrate alignment with HSD's theory of change towards achieving the Aging and Disability division's goal and the desired results:

Goal: Our community promotes healthy aging and lifestyle

Results:
- Vulnerable adults have **affordable, quality healthcare**
- Vulnerable adults have their **basic needs met**
- Vulnerable adults **improve or maintain their health** (physical, social, emotional)
- Vulnerable adults **remain independent**

Community Living Connection – Aging and Disability Resource Network Theory of Change

The theory of change describes the assumptions for how the desired results will be achieved through a set of specific activities which are measured by quantity, quality and impact performance measures.

Desired Result	Indicator	Racial Disparity Data	Racial Equity Target	Strategy	Performance Measure
Condition of wellbeing for entire population	Achievement benchmark – how we know the "result" was achieved	Data depicting socioeconomic disparities and disproportionality between ethnic/racial populations	Stretch goal for reducing and/or impacting the racial equity disparity	Activities or interventions that align to the results and indicators, and are informed by best or promising practices, cultural competency and community engagement – what HSD is purchasing	What gets counted, demonstration of how well a program, agency or service is doing (quantity, quality, impact)
Vulnerable adults remain independent	Percent of Medicaid long term care recipients receiving home and community-based services instead of institutional care.	American Indian, Alaskan Native, and Hispanic/Latino adults are 2 times more likely and African, African American, and Black adults are 1.5 times more likely to be in fair to poor health than are Asian and white non-Hispanic adults.	American Indian, Alaskan Native, African, African American, Black, and Hispanic/Latino adults will have multiple ways to access culturally relevant community based support options.	A continuum model of "no wrong door" for adults with needs related to their ability to continue to live in the community including culturally and linguistically appropriate: • Information, referral and awareness • Options Counseling and Assistance • Care Coordination • Streamlined access to public benefits	• Number of individuals linked to needed services • Number of individuals who receive person centered counseling • Number of Options Counseling participants with completed action/goal oriented plan • Number of care coordination participants with at least one completed goal • Participant satisfaction surveys • Percentage of Medicaid eligible individuals who enrolled in Medicaid services • Development of a coordinated referral system • Referrals to other providers in network

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Guidelines and Application Document

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A. Overview of Investment Area

Aging and Disability Resource Centers (ADRC) are a collaborative effort between the Administration for Community Living (ACL), Centers for Medicare and Medicaid Services (CMS), and the Veterans Health Administration (VHA)[1]. ADRCs address the needs of older adults and people with disabilities by connecting them with supports and services that enable them to live in community based settings. According to federal criteria, core services of a comprehensive ADRC include information, referral and awareness; options counseling and assistance; streamlined eligibility determination for public programs; person-centered transition support; consumer populations, partnerships and stakeholder involvement; quality assurance and continuous improvement.

Initial grants to establish resource centers in 12 states were made in 2003 and federal legislation to establish resource centers across the nation passed in 2006[2]. Washington State piloted the program in Pierce County and expanded to Northwest, Southeast, and Eastern Washington. To better reflect the inclusive goal of providing community based services and supports to people of all ages and abilities, Washington recently adopted the term "Community Living Connection" or "CLC" as the state's ADRC program name.[3]

CLC is an expansion of the Information and Assistance (I&A) program which connects older adults to supports and services to meet their long term care needs. CLC is not a physical center or location, but is a philosophy of serving aging and disabled participants through a No Wrong Door (NWD) approach. NWD is a best practice model which enables participants to access needed services from any entry point in the system.[4] In King County, CLC will comprise a network of community providers who connect older adults, people with disabilities, their families and caregivers to a range of services and supports in the long term care system. King County's program will be called CLC-ADRN (Aging and Disability Resource Network).

This RFP will invest in services to create the CLC-ADRN model in King County. The CLC-ADRN is a person-centered, community-based system promoting independence and dignity for individuals. This collaborative network of providers will provide easy access to culturally and linguistically appropriate information and one-on-one counseling to assist participants in exploring a full range of support options. Providers will collaborate and partner with other agencies that support the needs of family caregivers.

B. Overview of Service Delivery System

The CLC-ADRN is a seamless service delivery system for older adults, people with disabilities, and their families and caregivers. In developing the CLC-ADRN model in King County, ADS conducted community engagement (CE) activities, and an analysis of population data and program trends.

Community Engagement

ADS Community Engagement (CE) activities included: community conversations with participants at senior centers throughout King County; discussions with aging and disability services providers; key informant interviews; and presentations to community stakeholders. CE activities were also targeted to ethnic and cultural groups, including immigrant and refugee communities: Afghan, African-American, Bhutanese, Burmese, Cambodian, Chinese, Congolese, East Indian, Eritrean, Ethiopian, Filipino, Hmong, Iranian, Iraqi, Jewish, Japanese, Korean, Laotian, Latino, Native American, Oromo, Russian, Samoan, Somali, Tongan, Ukrainian, and Vietnamese, organizations and advocates for people with disabilities, and north, south and

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[1] "Center for Disability and Aging Policy (CDAP)." *CDAP: Aging & Disability Resource Centers Program.*
http://www.acl.gov/Programs/CDAP/OIP/ADRC/Index.aspx
[2] O'Shaughnessy, C. V. (2011). Aging and Disability Resource Centers Can Help Consumers Navigate the Maze of Long-Term Services and Supports. Generations, 35(1), 64-68.
[3] "Aging and Long-Term Support Administration Information for Professionals - ADRC - Logo." *Aging and Long-Term Support Administration Information for Professionals - ADRC - Logo.* http://www.altsa.dshs.wa.gov/stakeholders/ADRC/logo.htm
[4] O'Shaughnessy, C., & George Washington University. (2010). *Aging and Disability Resource Centers (ADRCS): Federal and state efforts to guide consumers through the long-term services and supports maze.* Washington, D.C: National Health Policy Forum.

east King County. Agencies and organizations were informed of the process and consulted for their knowledge of needs and gaps in services and expertise in serving the focus populations. Additionally, input was gathered through an online survey.

Themes that emerged during the CE process include:

- Participants identify with trusted information sources such as faith-based organizations, formal and informal community leaders, and ethnic/cultural and disease-specific organizations and agencies.
- Health care providers are also considered a trusted source for information.
- Information should be accessible through a wide array of sources and methods– not a "one-size fits all" approach. Preferred formats include: brochures, pamphlets, and flyers; internet based resources such as websites, social media, and email; and broadcast media (TV and radio).
- There is a large unmet need for accurate information and resources, and participants often need help accessing supports. A person who can assist participants, and is located in the community where participants reside, is essential.

Place-based services delivered by trusted sources at the right time, in the right format resonated throughout community engagement activities.

Population and Program Data
According to population level data, slightly less than one third of King County's older adult population lives in Seattle. A review of data for the 2013 program year[5] indicated that Seattle residents were served in greater proportion to those living in South or East King County.

Region	King County 65+ population data[6]	2013 program data[7]
Seattle	31%	51%
East Region	27%	13%
North Region	8%	7%
South Region	35%	24%
Other or Unknown	-	5%

To respond to this disparity, and to ensure that all King County residents have access to needed services, the CLC-ADRN will include three geographic hubs that will be located in North King County/Seattle, East King County, and South King County. These hubs will provide place-based access to services across the network. An agency lead will be selected for each of these geographic hubs. The lead organization will facilitate partnerships within and across their geographic region to provide a coordinated network of services that meet the needs of their community. Participants may access the network through any one of the hubs and will receive a personal and coordinated transition to needed services within the network.

C. **Priority Populations**

Priority communities for this funding are based on HSDs outcomes framework, which is a results-based accountability system that ensures the services are directed to address disparities in the population. Priority populations are also identified based on relevant research and focus populations as stipulated in the federal Older American's Act legislation.

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[5] Program data includes Information and Assistance, Discretionary Case Management, and Disability Access programs
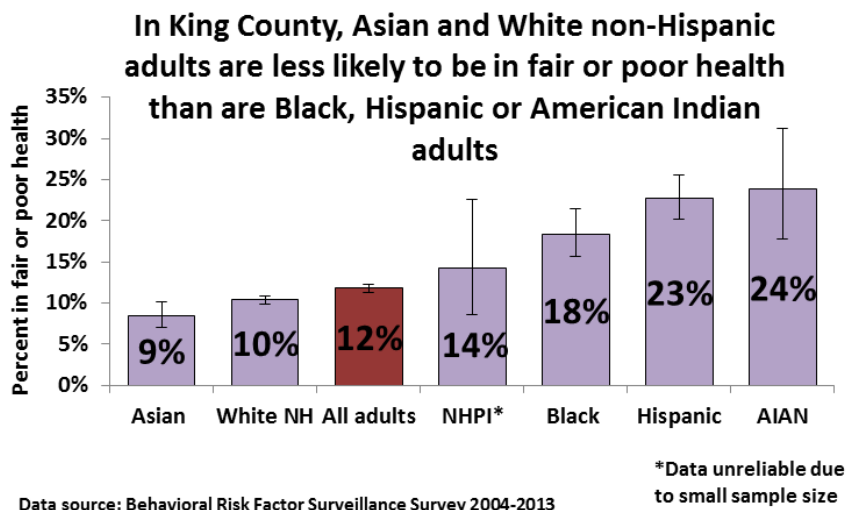[6] WA State Office of Financial Management official population estimates, Population by Age 65+, 2012
[7] Program data includes Information and Assistance, Discretionary Case Management, and Disability Access programs

Priority communities for this funding include:

- Black/African/African-American older adults and people with disabilities
- Latino/Hispanic older adults and people with disabilities
- American Indian and Alaskan Native older adults and people with disabilities
- Deaf and hard of hearing
- Vision impaired
- Older adults age 60+[8]:
    - Residing in rural areas
    - Greatest economic need (income at or below federal poverty guidelines)
    - Greatest social need:
        - Cultural, social, or geographic isolation, including isolation caused by racial, ethnic, and/or sexual orientation status
        - Limited English Proficiency
        - Severe disabilities
        - Dementia and related disorders
        - Risk for institutional placement
        - Providing care to individuals with severe disabilities

Optimal health and wellbeing is important for older adults and people with disabilities to remain independent. Black, Hispanic, and American Indian/Alaskan Native (AIAN) adults are significantly more likely to be in fair to poor health than are Asian and white non-Hispanic adults. These racial and ethnic health disparities persist across the lifespan for King County residents.

In King County, Asian and White non-Hispanic adults are less likely to be in fair or poor health than are Black, Hispanic or American Indian adults

Asian	White NH	All adults	NHPI*	Black	Hispanic	AIAN
9%	10%	12%	14%	18%	23%	24%

*Data unreliable due to small sample size

Data source: Behavioral Risk Factor Surveillance Survey 2004-2013

*Native Hawaiian and Pacific Islander

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[8] Aging and Long Term Service Administration. Policies and Procedures Manual, Ch. 1 pg. 15.

Race/ethnic disparities in fair/poor health persist across the age span in King County

*Native Hawaiian and Pacific Islander
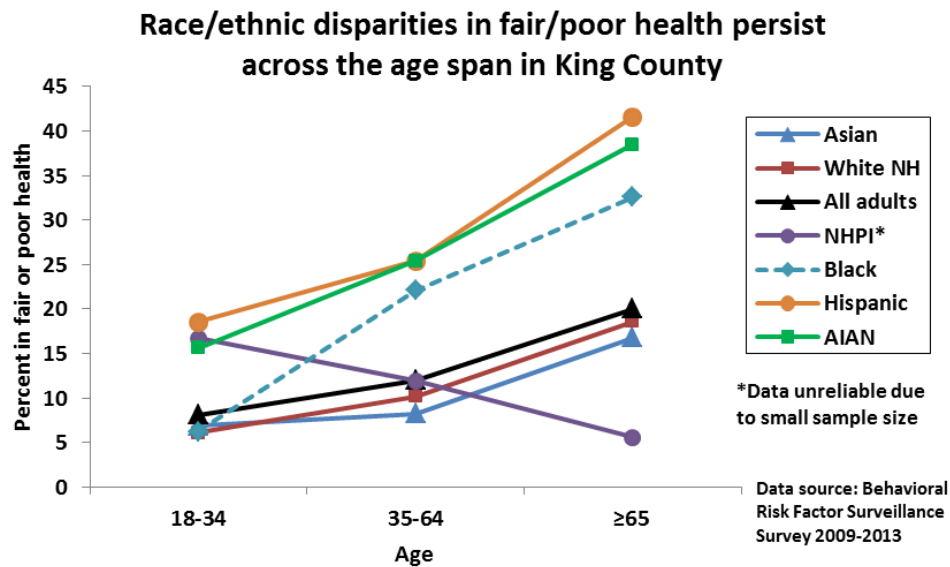
Persons with sensory disabilities have greater barriers to accessing information, supports, and services, including; awareness, physical access, communication, and inaccessible information formats, and may be intensified for individuals with hearing loss, deafness, blindness and low vision. The attitudes and actions of sighted persons may limit the ability of a person with a sensory disability to engage in community activities. While assistive devices and technologies (including interpreters for signing) can improve communication with providers, the availability of these services is limited and not uniformly adopted. Older adults with late life onset of vision loss, blindness, or deafness may have limited experience with adaptive methodologies, such as signing[9].

D. **Expected Investment Outcomes & Indicators**

Performance measures may include the number of participants connected to needed services, number of participants who received person-centered counseling, number of participants with a completed action plan, number of care coordination participants with at least one completed goal, and percent of Medicaid-eligible participants enrolled in Medicaid services. Agencies must also participate in the development of a coordinated referral system with the CLC-ADRN and conduct continuous quality improvement through participant satisfaction surveys and feedback. Through the CLC-ADRN vulnerable adults will receive culturally and linguistically appropriate information, assistance with accessing programs and services, and an interview or assessment and plan so they are able to remain independent.

V.   HSD's Commitment to Funding Culturally Responsive Services

In conjunction with the Seattle Race and Social Justice Initiative (RSJI), which is a citywide effort to end institutionalized racism and race-based inequities in Seattle, HSD has developed investment principles that reflect our commitment to funding culturally responsive services to create positive outcomes for service recipients. For more information on RSJI please see http://www.seattle.gov/rsji/. Agencies applying for investment will demonstrate the capacity to institute these principles through routine delivery of participant-centered and strength-based services that are culturally:

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[9] US Department of Health and Human Services. Surgeon General's call to action to improve the health and wellness of persons with disabilities. Washington (DC): US Department of Health and Human Services, Office of the Surgeon General; 2005.

1. **COMPETENT**, as demonstrated by "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or profession that enables that system, agency, or profession to work effectively in cross-cultural situations".[10] It is "the ability to honor, understand, and respect beliefs, lifestyles, attitudes, and behaviors demonstrated by diverse groups of people, and to diligently act on that understanding".[11] It is "the ability to function effectively in the midst of cultural differences. It includes knowledge of cultural differences, awareness of one's own cultural values, and ability to consistently function with members of other cultural groups".[12]

2. **RESPONSIVE** to the cultural and linguistic needs of diverse populations. Agencies have the capacity to effectively serve and engage persons of diverse backgrounds. Agencies commit to practicing cultural responsiveness throughout all levels of the program, including policy, governance, staffing, and service model and delivery. Agencies make every effort to recruit and retain a work force (paid and voluntary) and policy-setting and decision-making bodies that are reflective of the target populations identified in the funding opportunity. For example, for those for whom English is not a primary language, agency staff will work to ensure that service recipients have access to culturally relevant interpreter services and/or written materials available in multiple languages.

3. **RELEVANT** in addressing the cultural needs of diverse populations whose models of engagement or cultural standards differ from mainstream practices. Agencies are staffed with people who have the cultural capacity to create authentic and effective relationships and provide culturally congruent services for members of specific cultural groups and/or communities of color. Commitment and experience of the agency reflects effective, mutually beneficial relationships with other organizations (such as grassroots or community-based organizations, churches, community networks, etc.) that are reflective of the populations being served via the investment.

4. **ACCESSIBLE** through language, location, and delivery style. Agencies have the capacity to overcome mainstream barriers and/or provide effective alternative strategies that enable service recipients to easily access mainstream and nontraditional programs and services.

VI.   Program Requirements

A. Service/Program Model

The CLC-ADRN: 1) provides information on a broad range of programs and services; 2) helps participants apply for programs and benefits including publicly funded services; 3) helps participants understand what options are available to them; and 4) provides short-term support in coordinating services and resources that best fit their needs. Through a coordinated network approach, the CLC-ADRN will build upon existing resources, avoid duplication of services, and facilitate a seamless experience for the participant.

The network will provide a continuum of supports to participants, from information giving to person-centered options counseling and care coordination. Agencies providing these services are part of the network and are considered a "network agency." The continuum includes the following:

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[10] Cross, T., Bazron, B.J., Dennis, K. and Isaacs, M.R. (1989) Towards a Culturally Competent System of Care (Vol. 1). Washington, DC: National Technical Assistance Center for Children's Mental Health, pg. 121.
[11] Coyne, C. (2001) "Cultural Competency: Reaching Out to All Populations". PT Magazine, pgs. 44-50.
[12] York, S. (2003) Roots and Wings: Affirming Culture in Early Childhood Programs. St. Paul, MN: Redleaf Press, pg. 161.
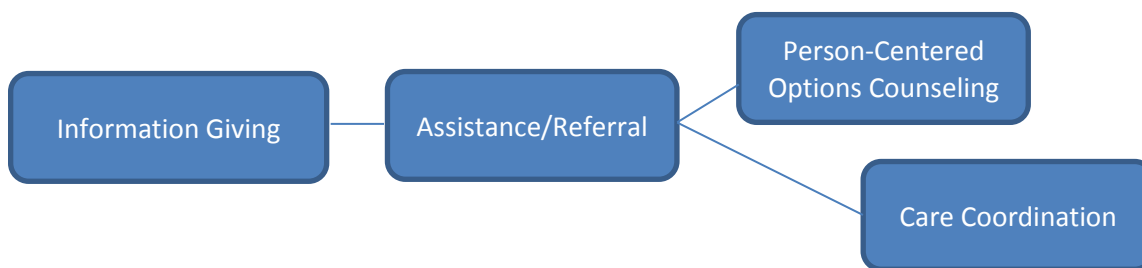
A network agency may serve a particular priority population listed in Guidelines Section IV delivering; Information & Assistance/Referral; Person-Centered Options Counseling; Care Coordination and performing outreach activities. Network agencies will work collaboratively with other agencies, both within and outside the network to serve participants in the following settings:

- Place based hubs in North King County/Seattle, East King County, and South King County.
- Naturally occurring places where older adults and people with disabilities congregate such as community centers, libraries, senior centers, housing, etc.
- In person, over the phone, and through internet based communications (e.g., email, web and social media).

Agencies will establish working relationships with other entities within their geographic region, such as senior centers and family caregiver support programs, to facilitate a coordinated network of services to ensure that at any point in the network, participants have access to culturally appropriate services and personally coordinated transitions or referrals to other agencies as needed.

A lead agency will coordinate the network activities within the CLC-ADRN geographic hub ensuring participants are served in each region. ADS will provide support to the lead agencies by conducting marketing and outreach, providing on-going technical assistance, and maintaining the resource directory database. See Attachment 3 for a visual representation of the geographic hub model.

One agency will be the central access point for people to receive information and brief assistance in King County. The central access point agency will help participants with their information needs for supports and services to live independently in the community. The agency will also help participants access supports and services if they are unable to do so themselves. Participants will be referred to region leads or other network agencies, if they need more assistance and service planning.

Region leads may be the lead agency for more than one region and network agencies may provide services in all regions of King County. The Central Access Point agency may also be a Region Lead agency.

B. **Criteria for Eligible Participants**
Eligible participants are adults age 60+ and people with disabilities living in King County. Funding is designated for adults age 60+. Other agency funding will be used to serve people with disabilities under 60.

C. **Expected Service Components**
CLC-ADRN service components include culturally and linguistically appropriate information and assistance/referral, person-centered options counseling, and care coordination. Agencies may apply to be a region lead. Lead agencies will coordinate network activities in each of the following geographic regions: North King County/Seattle, East King County, and South King County. Agencies may also apply to be the central access point, explained in detail below. All agencies must perform at least one of the service components listed above along with outreach activities, which is a mandatory service component. Agencies should have at least 2 years of experience in providing the proposed service or comparable services to the focus population.

i. **Information and Assistance/Referral (I&A/R)**
This service entails providing information to older adults and people with disabilities, or their representative, to enable them to access services. It also includes helping them obtain a needed service or complete a necessary task, if they are unable to do so themselves. Agencies will screen participants to determine which services they may be eligible for, directly refer them to the appropriate services, and then follow-up with the participant and/or service providers to see if the services were obtained. Assistance may include, but is not limited to, contacting agencies on behalf of the participant, translating documents, filling out forms, writing letters, making phone calls to set up or confirm appointments, and escorting the participant to service providers. I&A/R may be provided over the phone, in person, or via electronic communication.

ii. **Person-Centered Options Counseling (PCOC)**
This service is an interactive process where individuals receive guidance regarding their deliberations on which supports and services to access so that they can make informed choices and live independently in the community. PCOC is an extension of information and assistance and includes conducting a personal interview, identifying available options, facilitating decision support, developing an action plan, and conducting ongoing follow-up. The person-centered interview must be conducted in person. Follow-up and other aspects of this service may be provided over the phone, in person, or via electronic communication.

Washington is one of eight states piloting the Person-Centered Options Counseling federal initiative. Aging and Long Term Service Administration (ALTSA) provides the curriculum and training for Washington. It is neither required nor expected that applicants would receive the training prior to application submission. ADS will coordinate training opportunities with ALTSA to ensure successful new applicants receive the necessary training.

iii. **Care Coordination**
This service component provides short term services to participants who need assistance with at least one activity of daily living (ADL) or two instrumental activities of daily living (IADL), are unable to access services on their own and do not have assistance from someone else to help them access and obtain community-based resources. Care coordination may also include working with participants from hospitals or other care settings to transition back into living in the community. Care coordination includes conducting a comprehensive assessment, creating a service plan, and conducting follow-up with participants to monitor participant status and adjust the service plan as needed. The comprehensive assessment must be conducted in person in the participants' home or place of their choice. Follow-up services may be provided over the phone, in person, or via electronic communication.

Care coordination services will continue to be provided by ADS in North King County/Seattle and South King County and are not part of this RFP. This funding opportunity will fund East King County and priority populations (see Guidelines Section IV for priority populations) for this service component.

iv. **Outreach**
Outreach is identifying potential participants (or their caregivers) and encouraging their use of services and benefits. Outreach examples may include, but are not limited to, distributing flyers and newsletters, conducting presentations and informational sessions, and participating in health fairs and other community events. The outreach service component is mandatory for all agencies.

v. **Region Leads**
There will be one lead agency coordinating activities in each of the following regions: North King County/Seattle, East King County, and South King County. Agencies may apply to be the region lead in more than one region. In addition to providing I&A/R services, the lead agency will be the primary CLC-

ADRN contact for the geographic hub region and their responsibilities will include, but are not limited to, convening key partners at regularly scheduled meetings and marketing the CLC-ADRN to agencies and organizations in the area. The region lead will also be responsible for ensuring a full scope of services are available for older adults and people with disabilities in the region. Region leads will develop Memorandums of Understanding (MOUs) with other agencies in the region, have an MOU with the central access point agency, and work with other region leads in King County. ADS will provide county-wide support, coordination and technical assistance for region leads.

Region lead agencies must have an office physically located in the geographic region that they serve that is accessible to the public. Not all activities need to be conducted at the agency's office and may be delivered at naturally occurring places where older adults and people with disabilities congregate such as community centers, libraries, senior centers, housing, etc. See Attachment 4 for cities located in each geographic region.

vi. **Central Access Point**
One agency will be designated as the central access point and will be responsible for the main CLC-ADRN phone number. The central agency will perform information and assistance/referral services over the phone or through an electronic medium. The central agency will also refer to the appropriate lead hub agency if participants need more assistance and service planning. This agency will also respond to inquiries from the King County Caregiver Support Network (KCCSN). See: http://www.kccaregiver.org/ for information about KCCSN.

D. **Description of Key Staff and Staffing Level**
- There should be a sufficient number of qualified staff to effectively conduct the services proposed. See Participant Service Guidelines in the next section.
- Staff must meet the educational and experience criteria outlined in the Washington State Standards for I&A Programs, June 2005 (see http://www.agingkingcounty.org/service-providers/docs/I&AProgramStandards.pdf).

E. **Deliverable Outcomes/Milestones**

Service	Performance Measure/Deliverable
Information & Assistance/Referral	Number of participants, number of information contacts, number of assists/referrals
Person-Centered Options Counseling	Number of participants, number of action plans
Care Coordination	Number of participants, number of completed goals
Outreach	Number of activities, audience size
Region Leads	Number of network meetings, number of agencies participating in network meetings, participant satisfaction surveys
Central Access Point	Number of participants, number of information contacts, number of assists/referrals

Agencies must have the ability to collect and report participant level data, including demographic information, with each service type and service unit. Reporting fields and attributes are subject to change per funding requirements.

Participant Service Guidelines
Information & Assistance/Referral
- 1 full time equivalent staff position (FTE) will serve a range of 300-800 participants per year, depending on the population served. Programs serving priority populations may serve participants at the lower end and programs serving main stream participants may serve participants at the higher end of the range.

Person-Centered Options Counseling
- Guidelines have not been established for this service component as this is a new service without prior program data.
- For more information on PCOC: http://www.adrc-tae.acl.gov/tiki-index.php?page=OptionsBenefits

Care Coordination
- 1 full time equivalent (FTE) has a caseload between 40-50 participants, serving 60-100 participants annually. Caseload and annual participants served with high barriers to accessing services (vision impairment or hearing loss) may serve participants at the lower end of the ranges and programs serving the general population may serve participants at the higher end of the ranges.

F. **Other Regulations Applicable to the Investment Area**
- To maximize available funding sources, agencies may be required to participate in Title XIX Medicaid Administrative Claiming (see http://www.agingkingcounty.org/service-providers/docs/I&AProgramStandardsAdminClaiming.pdf). This process requires that all direct service program staff participate in periodic time studies in order to generate matching revenue from Medicaid.
- The primary purpose of this funding is to support the CLC-ADRN network and provide direct service staff. Non-direct service staff expenses may not exceed 30% of the total grant funds requested.
- Agencies must identify other resources to be used in addition to the requested funds. Other resources must total 25% or more of the total program budget. The other funds will support the program so it can serve participants of all ages.
- Agencies may be required to use the state data system CLC-GetCare.

VII.   Agency Eligibility

Applications meeting the requirements of this RFP will be accepted from any legally constituted entities that meet the following conditions:

- Applicant must meet all licensing requirements that apply to its organization. Companies must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions.

- The applicant must be incorporated as a private non-profit corporation in the State of Washington and must have been granted 501(C) (3) tax exempt status by the United States Internal Revenue Service; the applicant's 501(C) (3) status must be in good standing and must not have been revoked in the previous calendar year.

- The applicant must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider.

VIII.   Participant Data and Program Reporting Requirements

Agencies must be able to collect and report participant-level demographic and service data as stated in any resulting contract. Agencies must implement policies and procedures to ensure privacy and confidentiality of participant records for both paper files and electronic databases. Agencies must adhere to state-mandated data security requirements, see Attachment 5.

Agencies must have the ability to submit reports electronically to ADS. Current data specifications are available on the ADS website (www.agingkingcounty.org; click "Service Providers," then "Reporting Requirements"). Data specifications may change per funding requirements.

IX. Contracting Requirements

- Any contract resulting from this RFP will be between the City of Seattle, through its Human Services Department, and the applicant agency (referred to as "Contractor" in this section).

- Contracts may be amended to ensure that services and outcomes align with the community needs or due to availability of funding.

- Contractors will be required to comply with the Terms and Conditions of the Human Services Department Master Agency Services Agreement (MASA). These requirements shall be included in any contract awarded as a result of the RFP and are not negotiable. A copy of the MASA is available at http://www.seattle.gov/humanservices/funding/.

- HSD will attach Exhibits and Attachments to all resulting contracts which will further specify program terms, rules, requirements, guidelines and procedures.

- Contractors will be required to maintain books, records, documents, and other evidence directly related to performance of the work in accordance with Generally Acceptable Accounting Procedures. The City of Seattle, or any of its duly authorized representatives, shall have access to such books, records and documents for inspection, audit, and copying for a period of seven (7) years after completion of work.

- Contractors must complete all required reports and billing documentation as stated herein and in any resulting contract. Reimbursement will be contingent upon receipt and approval of required reports. Additional data may be required for audit or evaluation purposes.

- All programs funded through this RFP must publicly recognize HSD's contribution to the program.

- Contractors will maintain a commercial general liability insurance policy with a minimum limit of $1,000,000, naming the City of Seattle as insured.

- Contractors must have the capacity to protect and maintain all confidential information gained by reason of any resulting contract against unauthorized use, access, disclosure, modification or loss.

- Contractors must be able to collect and report data as described in Section VIII.

- HSD accepts no responsibility or obligation to pay any costs incurred by any applicant agency in the preparation or submission of a proposal or application or in complying with any subsequent request by HSD for information or participation throughout the evaluation and selection process.

X. Selection Process

This RFP is competitive. All interested parties must submit a complete application packet by the deadline to be considered for funding. All completed applications turned in before the deadline that meet the minimum eligibility qualifications will be reviewed and individually scored by members of the review committee. The review committee will forward their funding recommendations to the HSD Director for final decision regarding the award(s). Notification of investment awards will be sent to the Executive Director of the applicant agency (or similar level agency management staff indicated on the Application Cover Sheet).

Applications not meeting submittal requirements or minimum eligibility qualifications will be deemed non-responsive and will be eliminated from further consideration. HSD reserves the right to identify, seek clarification and accept or waive any nonmaterial irregularities or informalities in determining whether or not an application is responsive.

Applications will be rated based on the criteria for providing the required services outlined in the Guidelines and Application materials. HSD reserves the right to contact the primary contact person listed on the agency's completed Application Cover Sheet (Attachment 2) to clarify application contents. HSD also reserves the right to schedule and conduct interviews and/or site visits with applicants prior to forwarding funding recommendations to the HSD Director.

Due to the competitive nature of this RFP, beyond any scheduled information sessions offered by HSD, no individual technical assistance will be provided until the appeals process has closed. Applicants may not rely on oral communication from HSD staff at any information session, interview, site visit or otherwise and must review all written materials and addendums related to this RFP.

HSD reserves the right to make an award(s) without further discussion of the proposal submitted. Therefore, the application should be submitted on the most favorable terms. If the application is selected for funding, applicants should be prepared to accept the proposed terms for incorporation into a contract resulting from this RFP.

HSD also reserves all rights not expressly stated in the RFP, including making no awards or awarding partial funding and negotiating with any proposer regarding the funding amount and other terms of any contract resulting from this RFP.

XI. Appeal Process

An applicant is any legal entity that has responded to a formal funding process conducted by the City of Seattle Human Services Department in soliciting applications for the provision of defined services. Applicants have the right to protest or appeal certain decisions in the award process made by HSD.

The following outlines the opportunities for applicants to appeal a decision made by HSD at two distinct points in the funding process:

1. **Minimum Eligibility Screening Appeal Process:** This process is applicable to applicants notified by HSD that their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity, and therefore will not be reviewed for funding consideration.

2. **Post-Notice of Award Appeal Process:** This process is applicable to applicants notified by HSD of the final status of their application, as determined by the HSD Director, upon the conclusion of the review and rating process.

While the grounds for appeals and deadlines differ, both processes will follow the same appeal format and content requirements and decision process, except as otherwise stated herein.

Minimum Eligibility Screening Appeal Process

Grounds for Appeals:
This process applies only to applicants wishing to appeal a decision regarding failure to submit a complete application or failure to meet the minimum eligibility requirements outlined in the funding opportunity. An appeal will only be determined to have merit if the applicant proves that the application submitted did meet the minimum requirements, qualifications, formatting standards, and was complete, and that the initial determination of ineligibility was in error. No additional information or details not included in the original application will be considered.

Appeals Deadlines:

1. The Human Services Department will notify applicants in writing if their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity.

2. Within five (5) business days from the date of the written notification by HSD, the applicant may submit a written appeal to the HSD Director.

3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.

4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, an appeal may not prevent HSD from moving forward with the application review and rating process. HSD reserves the right to issue an interim contract for services to meet important participant needs.

Post-Notice of Award Appeal Process

Grounds for Appeals:
Only an appeal alleging an issue concerning the following subjects shall be considered:

- A matter of bias, discrimination or conflict of interest.

- Violation of policies or failure to adhere to guidelines or published criteria and/or procedures established in a funding opportunity.

Appeals Deadlines:

1. The Human Services Department will notify all applicants in writing of the final status of their application. For awarded applications, if appropriate, the level of funding to be allocated will be stated.

2. Within <u>ten (10) business days</u> from the date of the written notification by HSD, the applicant may submit a written appeal to the HSD Director.

3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.

4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, HSD reserves the right to issue an interim contract for services to meet important participant needs.

Appeal Format and Content:
A notice to HSD staff that an applicant intends to appeal does not reserve the right to an appeal. The applicant must file an appeal within the required deadline and follow the proper format. A casual inquiry, complaint or an appeal that does not provide the facts and issues, and/or does not comply with the form, content or deadline herein, will not be considered by the Department or acted upon as an appeal.

All appeals shall be in writing and state that the applicant is submitting a formal appeal. Deliveries by hand, mail or email are acceptable methods. HSD is not responsible for ensuring that an appeal is received within the appeal deadlines. If HSD does not receive the appeal by the deadline, the protest will be rejected.

Appeals must be addressed to:

> John Okamoto, HSD Interim Director
> Seattle Human Services Department
> 700 5th Avenue, Suite 5800
> P.O. Box 34215
> Seattle, WA 98124-4125
>
> Email: John.Okamoto@seattle.gov

Include the following information and any additional information you would like considered in the appeal. Failure to provide the following information can result in rejection of the appeal if the materials are not sufficient for HSD to adequately consider the nature of the appeal:

1. Agency name, mailing address, phone number and name of individual responsible for submission of the appeal;
2. Specify the funding opportunity title;
3. State the specific action or decision you are appealing;
4. Indicate the basis for the appeal including specific facts;
5. Indicate what relief or corrective action you believe HSD should make;
6. Demonstrate that you made every reasonable effort within the funding process schedule to resolve the issue, including asking questions, attending information sessions, seeking clarification and otherwise alerting HSD to any perceived problems; and
7. Signed by the Agency's Executive Director or similar level agency management staff.

Appeals Process:
Within two (2) business days of receiving an appeal according to the appeals submission process outlined herein, the applicant will receive a receipt from the HSD Director's Office notifying the applicant of the date, time and method by which the appeal was received. If the applicant does not receive a receipt within two business days, it should be assumed that HSD did <u>not</u> receive the appeal and it will therefore not be considered.

The HSD Director will review the appeal. All available facts will be considered and the HSD Director shall issue a final decision. This decision shall be delivered in writing by email or mailed letter to the individual making the appeal and the Agency's Executive Director or similar level agency management staff who signed the appeal.

Each written determination of the appeal shall specify whether the HSD Director:

1. Finds the appeal lacking in merit and upholds the City action; or

2. Finds only immaterial or harmless errors in HSD's funding process and therefore rejects the appeal; or

3. Finds merit in the appeal and:

   a. **For the Minimum Eligibility Screening Appeal Process:** proceeds with inclusion of the original application, as submitted, in the application review and rating process. (<u>This does not guarantee an award from the funding process, but rather allows the originally rejected application to re-enter the evaluation process for funding consideration.</u>)

   b. **For the Post-Notice of Award Appeal Process:** states the appropriate action, which may include but is not limited to rejecting all intended awardees or re-tabulating scores.

If HSD finds an appeal without merit, HSD may continue with the funding process (contract execution). Even if the appeal is determined to have merit, HSD may issue an interim contract for services to meet important participant needs. Nothing herein shall diminish the authority of HSD to enter into a contract, whether an appeal action or intention to appeal has been issued or otherwise.

City of Seattle
Human Services Department

2015
Community Living Connection – Aging and Disability Resource Network
Request for Proposal

APPLICATION
Instructions and Materials

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2015 Community Living Connection – Aging and Disability Resource Network (CLC-ADRN) Request for Proposal (RFP). The RFP Guidelines is a separate document that outlines the RFP award process and provides more details on the service and funding requirements.

I.   Submission Instructions & Deadline

Completed application packets are due by <u>12:00 p.m. on Wednesday, March 18, 2015.</u>

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. deadline. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this RFP will not be accepted or reviewed for funding consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD's Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

- Electronic Submittal: Application packets may be submitted electronically via HSD's Online Submission System at http://web1.seattle.gov/hsd/rfi/index.aspx.

- Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

   Seattle Human Services Department
   RFP Response – Community Living Connection – Aging and Disability Resource Network
   Attn: Angela Miyamoto

   Delivery Address   *Mailing Address*
   700 5th Ave., 58th Floor   P.O. Box 34215
   Seattle, WA 98104-5017   Seattle, WA 98124-4215

II.   Format Instructions

A.   Applications will be rated only on the information requested and outlined for this RFP. Do not include a cover letter or brochures. Applications that do not follow the required format will be deemed unresponsive and will **not** be rated.

B.   The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 12-point font.

C.   If only one service component is being applied for, the narrative section may not exceed a total of 12 pages. An additional page of narrative is permitted for each additional service component proposed (this does not include outreach).   For example, if proposing to provide two components, the application may not exceed a total of 13 pages; if an agency is proposing to provide three service components, the application may not exceed a total of 14 pages. Application may not exceed a total of 14 pages. None of the required attachments and supporting documentation count towards this page limit.

D.   Organize your application according to the section headings that follow. For the narrative sections, please include section titles and subheadings for each question. You do not need to rewrite the questions for specific elements of each question.

III.   Proposal Narrative & Rating Criteria

Write a narrative to sections A – E. Answer each section completely according to the questions. Do not exceed a total of 12 pages for section A – E combined. An additional page of narrative is permitted for each additional service component proposed, up to a maximum of 14 pages.

NARRATIVE QUESTIONS

A. PROGRAM DESIGN DESCRIPTION *(30 points - Each service component proposed will receive a separate score for Section A.)*
1.   Describe your program model and outline all service components you are proposing to provide. Complete the Summary of Proposed Deliverables and Populations Served (Attachment 7; this does not count toward the 12-page narrative limit).
   - Include the following for each service component you are proposing:
      a)   Describe the activities provided under each service component you are applying for. Include the number of participants you will serve.
      b)   Include when and where (locations, times, days of week, etc.) services will be delivered and by whom.
      c)   Identify which of these services will be new or expanded from what your agency currently provides.
   - *If applying for region lead*, describe how you will coordinate the service network for that geographic hub, describe your experience leading collaborations and building relationships, and how you plan to maintain a physical presence in the region.
   - *If applying for central access point*, describe your ability to respond to a high volume of inquiries and ability to make appropriate referrals throughout the county.
   - *If applying for Options Counseling and/or Care Coordination*, submit a sample of your agency's current participant intake/assessment form and a service plan as attachments with participant names and identifying information redacted. Provide samples that are representative of the typical participant served. If this is a new service to your agency provide a sample intake/assessment form and service or action plan. These will not count toward the page limit.
2.   Describe your current outreach activities and how your agency has been successful in engaging new

populations and is a trusted and respected source for these populations.

3. Describe the participant populations you intend to serve.
   - Describe your focus population and any priority populations listed in Guideline Section IV.
   - Describe the characteristics of these populations such as geographic region, age, income, race, ethnicity, language, and other defining attributes.
   - Provide data on the number of participants your program served in 2014 (calendar year) including geographic region, age, income, race, ethnicity, language, and other defining attributes.
   - Identify the number of unduplicated individuals you propose to serve on an annual basis. Describe any significant changes in the demographic characteristics of participants projected to be served in 2015 including those listed in the priority population criteria (see Guideline Section IV).
   - Describe the geographic location of your program site and which cities, regions, etc. will be your focus.

4. Describe how you will solicit and incorporate input from the community into your program and ongoing services. Describe past experiences in program improvement strategies, for example, surveys, focus groups, lessons learned, etc.

Rating Criteria – A strong application meets all of the criteria listed below.
- Applicant presents a thorough description of the program that includes an understanding of the service component and evidence of likely success in providing quality services.
- Applicant demonstrates an ability to build upon existing service delivery systems.
- Applicant demonstrates an ability to comply with program requirements.
- Applicant has qualified staff to deliver the program as described.
- Region lead applicant demonstrates a strong presence in geographic region with an office located in region and ability to coordinate a local agency network.
- Central access applicant demonstrates ability to provide consistent, timely response to request for information county-wide.
- Options Counseling and/or Care Coordination applicant provides a thorough sample intake/assessment form and service or action plan for a typical participant, or sample forms if this is a new service.
- Applicant presents a thorough description of outreach activities and success in engaging new populations.
- The program description demonstrates the agency has a strong and trusted connection with the focus population and an understanding of their strengths, unique needs, and concerns.
- Applicant clearly defines the focus populations, and includes the appropriate priority populations.
- Applicant demonstrates ability to improve program and services based on participant feedback.

B. **CAPACITY AND EXPERIENCE** *(25 points)*

1. Describe your agency's success providing information and assistance/referral, person-centered counseling, care coordination, coordinating a network of agencies (if applying to be a region lead), and/or being a central access point (if applying to be the central access point). If your agency has no experience delivering the service, describe any related experience, provide a plan for rapid development of service capacity, and attach a start-up timeline to your application (does not count toward the 12-page narrative limit).

2. Describe your agency's ability to address changes in funding and staffing, changing needs in the community, and developing and/or maintaining board or leadership support.

3. Provide a list of and a brief job description for all key personnel who will have a significant role in program coordination and service delivery. Complete the Proposed Personnel Detail Budget (Attachment 9; this does not count toward the 12-page narrative limit).

4. Describe your plan for staff recruitment, training, supervision and retention for the proposed program.

5. Describe your agency's experience with data management – collecting, storing, and analyzing participant information and program activities. Describe your technical capacity for tracking participant information, program data and producing reports such as those required by Title XIX admin claiming

(see http://www.agingkingcounty.org/service-providers/docs/I&AProgramStandardsAdminClaiming.pdf)

6. Describe your agency's financial management system. How do you establish and maintain general accounting principles, sound accounting systems, and internal controls? Entities without such capabilities may wish to have an established agency act as fiscal agent.

7. Describe your agency's financial position, outlook for sustainability, and capability to meet program expenses in advance of reimbursement.

Rating Criteria – A strong application meets all of the criteria listed below.

- The program description demonstrates the applicant's experience in delivering the service for at least two years, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service.
- Applicant demonstrates successful experience adapting to changes in funds and community needs.
- Applicant's leadership is likely to provide strong ongoing support for the service proposed.
- Applicant's staff matches the levels needed to run the program as described.
- Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described.
- Applicant demonstrates an understanding of and capacity for data management.
- Applicant demonstrates capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds.
- Applicant demonstrates a financially viable agency and capability to meet program expenses in advance of reimbursement.

C. PARTNERSHIPS AND COLLABORATION *(20 points)*

1. Describe how the proposed project has and/or will collaborate with other agencies/programs to deliver services. What are the benefits of this effort for program participants? Please identify any areas that will consolidate the provision of services across agencies.

2. Describe your agency's experience connecting to or working with the King County Caregiver Support Network (KCCSN) which may include cross training with program staff, working together to facilitate participant referrals, etc. (For information about KCCSN http://www.kccaregiver.org/). If your experience is limited, describe how you will work with providers in the KCCSN.

3. Name the partnering agencies and explain the roles and responsibilities. Please provide signed letters of collaboration that describe the partnership from key agencies. Letters of collaboration will not be counted toward the narrative page limit.

4. Describe how your agency will refer participants to other CLC-ADRN programs and agencies in a proactive, seamless, and participant-friendly manner.

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants.
- Applicant describes an established relationship or a comprehensive action plan to work with the King County Caregiver Support Network.
- Applicant submits signed letters of collaboration from partners that describe partnership.
- Region Lead applicants submit signed letters of collaboration from partner agencies that serve participants in that region, including agencies that serve priority populations (see Guidelines Section IV).
- Applicant describes how participants will be referred to other programs and agencies in a proactive, seamless, participant-friendly manner.

D. EQUITY, CULTURAL RESPONSIVENESS, AND SOCIAL JUSTICE *(15 points)*

1. Describe your agency's experience providing services to people who have been historically oppressed by systemic discrimination, including racial and ethnic minorities, immigrants and refugees, low-income populations, English language learners, LGBTQ, disabled and other priority populations (see Guidelines

Section IV). If experience is limited, what steps will you take to provide culturally competent and responsive services?

2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from the populations listed above?

3. Describe how the agency's board of directors, staff and volunteers represent the cultural, ethnic, linguistic and socio-economic background of program participants.

4. Describe your program's strategy for ensuring that under-served, cultural, ethnic and linguistic groups receive culturally competent and responsive services as evidenced by your policies, procedures and practices.

5. What trainings does your agency require to support staff in providing culturally competent and responsive services to populations listed in question 1?

Rating Criteria – A strong application meets all of the criteria listed below.
- Applicant demonstrates the ability to provide culturally competent and responsive services to priority communities and shows understanding of the challenges by providing concrete examples OR the applicant presents clear steps for providing culturally competent and responsive services.
- Applicant's board of director's composition reflects the cultural, linguistic and socio-economic background of program participants.
- Applicant's staff composition reflects the cultural, linguistic and socio-economic background of program participants.
- Applicant's policies and procedures demonstrate an understanding and appreciation for cultural, ethnic and linguistic groups who represent the communities listed in question 1.
- Applicant has demonstrated a commitment to ongoing training and development within the agency to support staff to provide appropriate services to priority communities. For example, addressing the needs of an immigrant group and committing time to learning strategies to better serve these populations.

E. BUDGET AND LEVERAGING *(10 points)*

1. Complete the Proposed Program Budget and Personnel Detail (Attachments 8-9; this does not count toward the 12-page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency operating budget. Be sure to include 25% of other resources in your budget.

2. Describe how these funds will be used and identify other resources and amounts that will be used to support the participants served by this program.

3. Describe your agency's indirect costs (personnel and other expenses) that will be charged to this program. Does your agency have a federally approved rate? HSD policy places a 15% cap on reimbursement for agency indirect costs based on the total contract budget.

Rating Criteria – A strong application meets all of the criteria listed below.
- Costs are reasonable and appropriate given the nature of the service, the focus population, the proposed level of service, and the proposed outcomes.
- The applicant identifies other fund sources to be used with any funds awarded from this RFP to provide the services described in the proposal, and provides evidence that these funds are sustainable. At least 25% of the total budget must come from other resources, non-HSD funds. Non-direct service staff expenses may not exceed 30% of the total grant funds requested. See Guidelines Section VI, letter F, "Other Regulations Applicable to the Investment Area".
- The proposed program is cost effective given the type, quantity, and quality of services.
- Personnel and other expenses included in the indirect cost rate are clearly described and are reasonable.

Total = 100 points
Applicants applying for multiple service components will receive a separate score for each service component proposed.

IV.   Application Checklist

A completed application packet must include all of the following items:

1. A completed and signed one-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Application Sections II & III for instructions).
3. A completed Summary of Proposed Deliverables and Populations Served Worksheet (Attachment 7).
4. Sample participant intake forms and service plans for agencies proposing to provide options counseling and/or care coordination.
5. A completed Proposed Program Budget (Attachment 8).
6. A completed Proposed Personnel Detail Budget (Attachment 9).
7. A copy of your agency's most recent financial audit.
   a. If your agency does not have a recent financial audit, provide a copy of your most recent IRS Form 990.
8. A copy of your agency's financial statement from the last fiscal year, certified by your agency's Chief Financial Officer (CFO) or financial manager.
9. A current certificate of nonprofit status. Your agency must have a federal tax identification number/employer identification number.
10. A current certificate of commercial general liability insurance.
11. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
12. Roster of your agency's current Board of Directors.
13. Minutes from your agency's last four Board of Directors meetings.
14. If you are proposing to provide any new services (for your agency), attach a start-up timeline for each service.
15. If you are proposing a significant collaboration with another agency, attach a signed letter of intent from that agency's Director or other authorized representative.

An incomplete application packet will be deemed unresponsive and will **not** be rated.

V.   List of Attachments & Related Materials

Attachment 1:   Application Checklist
Attachment 2:   Application Cover Sheet*
Attachment 3:   Geographic Hub Program Model
Attachment 4:   Cities by Region
Attachment 5:   Data Security Requirements
Attachment 6:   Instructions and Sample Summary of Proposed Deliverables and Demographic Profile
Attachment 7:   Summary of Proposed Deliverables and Populations Served Worksheet*
Attachment 8:   Proposed Program Budget*
Attachment 9:   Proposed Personnel Detail Budget*

*completed versions of these forms must be submitted with the application

Related Materials:
- Washington State Standards for I&A Programs, June 2005
  http://www.agingkingcounty.org/service-providers/docs/I&AProgramStandards.pdf
- Title XIX admin claiming
  http://www.agingkingcounty.org/service-providers/docs/I&AProgramStandardsAdminClaiming.pdf
- Information about the King County Caregiver Support Network
  http://www.kccaregiver.org/
- Information about Person-Centered Options Counseling:
  http://www.adrc-tae.acl.gov/tiki-index.php?page=OptionsBenefits

2015 Community Living Connection – Aging and Disability Resource Network Request for Proposal Application Checklist

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

HAVE YOU….

☐ **Completed and signed the 1-page Application Cover Sheet (Attachment 2)?***

☐ **Completed Narrative response?**
- Must not exceed 12 pages (8 ½ x 11) when applying for one service component, single spaced, double-sided, size 12 font, with 1 inch margins. An additional page is allowable per additional service component, not to exceed a maximum of 14 pages.
- Page count does not include the required forms (Attachments 2, 7, 8 and 9) and supporting documents.
- A completed narrative response addresses all of the following:

  ☐ Program Design Description (30 points)
    o *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g. "same as previous component").*
    o *If you are proposing options counseling or care coordination, provide no more than 1 sample intake/assessment and service plan per service area*
  ☐ Capacity and Experience (25 points)
  ☐ Partnership and Collaboration (20 points)
  ☐ Equity, Cultural Responsiveness, and Social Justice (15 points)
  ☐ Budget and Leveraging (10 points)

☐ **Completed Summary of Proposed Deliverables and Populations Served Worksheet (Attachment 7)***

☐ **Completed the Proposed Program Budget (Attachment 8)***

☐ **Completed the Proposed Personnel Detail Budget (Attachment 9)***

☐ **Attached the following supporting documents?***
  ☐ A copy of your agency's most recent financial audit (or Form 990, per Application Section IV)
  ☐ A copy of your agency's financial statement from the last fiscal year, certified by your agency's CFO or financial manager
  ☐ A current certificate of nonprofit status
  ☐ A current certificate of commercial general liability insurance
  ☐ If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?
  ☐ Roster of your current Board of Directors
  ☐ Minutes from your agency's last four Board of Directors meetings

☐ **If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning July 1, 2015?***

☐ **If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency's Director or other authorized representative?***

**These documents do not count against the 12 page limit for the proposal narrative section.*
All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on March 18, 2015**. Application packets received after this deadline will not be considered. See Application Section I for submission instructions.

City of Seattle
Human Services Department

2015 Community Living Connection – Aging and Disability Resource Network RFP
Application Cover Sheet

1. Applicant Agency:	
2. Agency Executive Director:	
3. Agency Primary Contact Name: Title: Address: Email: Phone:	

4. Organization Type

☐ Non-Profit   ☐ For Profit   ☐ Public Agency   ☐ Other (Specify):

5. Federal Tax ID or EIN:		6. DUNS Number:

7. WA Business License Number:	
8. Proposed Program Name:	
9. Funding Amount Requested:	
10. # of participants to be served:	

11. Which service components is your agency applying for? Check all that apply.

Central Access Point		Information & Assistance/Referral	
Region Lead - North King County and Seattle		Options Counseling	
Region Lead - South King County		Care Coordination	
Region Lead - East King County		*Outreach	X

*Required service component for all applicants

Authorized Signature of Applicant

To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.

Name and Title of Authorized Representative:

Signature of Authorized Representative: Date:

**Community Living Connection – Aging and Disability Resource Network
Geographic Hub Program Model**

- Participants may enter the network through all service points.
- Network agencies may provide services in all regions of King County.
- Lead agencies may apply to be the lead in multiple regions.
- Central access point agency may also be a region lead agency.

Central Access Point
Information & Assistance/ Referral

Region Lead North King/Seattle

Region Lead East King County

Region Lead South King County

All Network Agencies
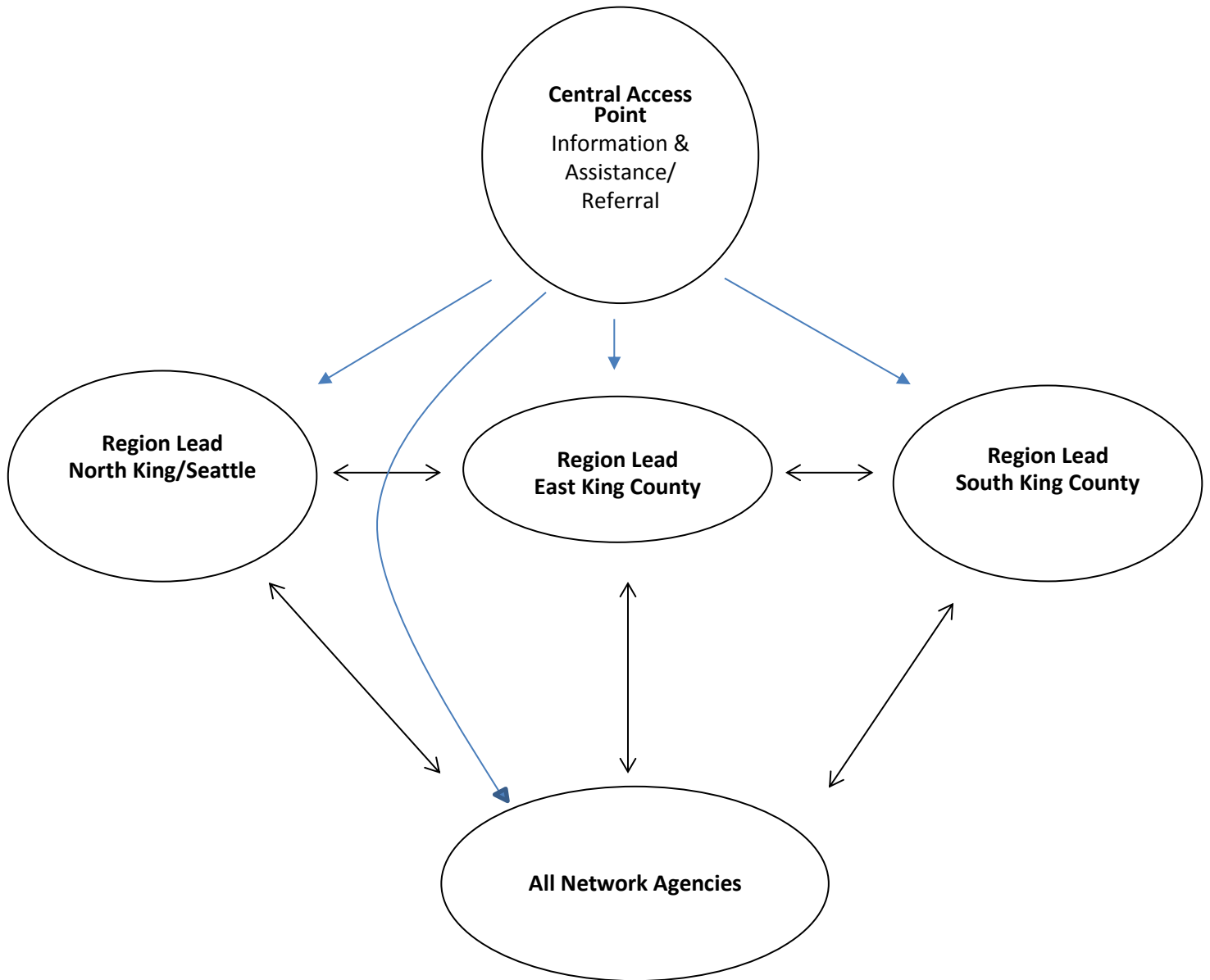
2015 Community Living Connection – Aging and Disability Resource Network RFP
Cities by Region

Region	Cities
North Region/Seattle	- Bothell - Kenmore - Lake Forest Park - Seattle - Shoreline - Woodinville
East Region	- Bellevue - Carnation - Duvall - Issaquah - Kirkland - Mercer Island - Newcastle - North Bend - Beaux Arts - Redmond - Sammamish - Skykomish - Snoqualmie
South Region	- Auburn - Black Diamond - Burien - Covington - Des Moines - Enumclaw - Federal Way - Kent - Maple Valley - Normandy Park - Renton - Sea Tac - Tukwila - Vashon

2015 Community Living Connection – Aging and Disability Resource Network RFP
Data Security Requirements

1.   **Data Transport.** When transporting DSHS/ADS Confidential Information electronically, including via email, the data will be protected by:

    a.   Transporting the data within the (State Governmental Network) SGN or contractor's internal network, or;

    b.   Encrypting any data that will be in transit outside the SGN or contractor's internal network. This includes transit over the public Internet.

2.   **Protection of Data.** The contractor agrees to store data on one or more of the following media and protect the data as described:

    a.   **Hard disk drives.** Data stored on local workstation hard disks. Access to the data will be restricted to authorized users by requiring logon to the local workstation using a unique user ID and complex password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards.

    b.   **Network server disks.** Data stored on hard disks mounted on network servers and made available through shared folders. Access to the data will be restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network using a unique user ID and complex password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism. For DSHS/ADS confidential data stored on these disks, deleting unneeded data is sufficient as long as the disks remain in a secured area and otherwise meets the requirements listed in the above paragraph. Destruction of the data as outlined in Section 4. Data Disposition may be deferred until the disks are retired, replaced, or otherwise taken out of the secure environment.

    c.   **Optical discs (CDs or DVDs) in local workstation optical disc drives.** Data provided by DSHS/ADS on optical discs which will be used in local workstation optical disc drives and which will not be transported out of a secure area. When not in use for the contracted purpose, such discs must be locked in a drawer, cabinet or other container to which only authorized users have the key, combination or mechanism required to access the contents of the container. Workstations which access DSHS/ADS data on optical discs must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

    d.   **Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers.** Data provided by DSHS/ADS on optical discs which will be attached to network servers and which will not be transported out of a secure area. Access to data on these discs will be restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network using a unique user ID and complex password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on discs attached to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

    e.   **Paper documents.** Any paper records must be protected by storing the records in a secure area which is only accessible 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.

    f.   **Access via remote terminal/workstation over the State Governmental Network (SGN).** Data accessed and used interactively over the SGN. Access to the data will be controlled by

DSHS/ADS staff who will issue authentication credentials (e.g. a unique user ID and complex password) to authorized contractor staff. Contractor will notify DSHS/ADS staff immediately whenever an authorized person in possession of such credentials is terminated or otherwise leaves the employ of the contractor, and whenever a user's duties change such that the user no longer requires access to perform work for this contract.

g. **Access via remote terminal/workstation over the Internet through Secure Access Washington.** Data accessed and used interactively over the SGN. Access to the data will be controlled by DSHS/ADS staff who will issue authentication credentials (e.g. a unique user ID and complex password) to authorized contractor staff. Contractor will notify DSHS/ADS staff immediately whenever an authorized person in possession of such credentials is terminated or otherwise leaves the employ of the contractor and whenever a user's duties change such that the user no longer requires access to perform work for this contract.

h. **Data storage on portable devices or media.**
   (1) DSHS/ADS data shall not be stored by the Contractor on portable devices or media unless specifically authorized within the Special Terms and Conditions of the contract. If so authorized, the data shall be given the following protections:
      (a) Encrypt the data with a key length of at least 128 bits
      (b) Control access to devices with a unique user ID and password or stronger authentication method such as a physical token or biometrics.
      (c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.

      Physically protect the portable device(s) and/or media by:
      (d) Keeping them in locked storage when not in use
      (e) Using check-in/check-out procedures when they are shared, and
      (f) Taking frequent inventories
   (2) When being transported outside of a secure area, portable devices and media with confidential DSHS/ADS data must be under the physical control of contractor staff with authorization to access the data.
   (3) Portable devices include, but are not limited to; handhelds/PDAs, Ultramobile PCs, flash memory devices (e.g. USB flash drives, personal media players), portable hard disks, and laptop/notebook computers if those computers may be transported outside of a secure area.
   (4) Portable media includes, but is not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. floppy disks, tape, Zip or Jaz disks), or flash media (e.g. CompactFlash, SD, MMC).

3. **Data Segregation.**
   a. DSHS/ADS data must be segregated or otherwise distinguishable from non-DSHS/ADS data. This is to ensure that when no longer needed by the contractor, all DSHS/ADS data can be identified for return or destruction. It also aids in determining whether DSHS/ADS data has or may have been compromised in the event of a security breach.
   b. DSHS/ADS data will be kept on media (e.g. hard disk, optical disc, tape, etc.) which will contain no non-DSHS/ADS data. Or,
   c. DSHS/ADS data will be stored in a logical container on electronic media, such as a partition or folder dedicated to DSHS/ADS data. Or,
   d. DSHS/ADS data will be stored in a database which will contain no non-DSHS/ADS data. Or,
   e. DSHS/ADS data will be stored within a database and will be distinguishable from non-DSHS/ADS data by the value of a specific field or fields within database records. Or,
   f. When stored as physical paper documents, DSHS/ADS data will be physically segregated from non-DSHS/ADS data in a drawer, folder, or other container.

g.   When it is not feasible or practical to segregate DSHS/ADS data from non-DSHS/ADS data, then both the DSHS/ADS data and the non-DSHS/ADS data with which it is commingled must be protected as described in this exhibit.

4.   **Data Disposition.** When the contracted work has been completed or when no longer needed, except as noted in 2.b, data shall be returned to DSHS/ADS or destroyed in accordance with DSHS/ADS IT Security Policy. Media on which data may be stored and associated acceptable methods of destruction are as follows:

Data stored on:	Will be destroyed by:
Server or workstation hard disks	Using a "wipe" utility which will overwrite the data at least three (3) times using either random or single character data Degaussing sufficiently to ensure that the data cannot be reconstructed, or Physically destroying the disk
Paper documents with sensitive or confidential data	Recycling through a contracted firm provided the contract with the recycler assures that the confidentiality of data will be protected.
Paper documents containing confidential information requiring special handling (e.g. protected health information)	On-site shredding, pulping, or incineration.
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a course abrasive
Magnetic tape	Degaussing, incinerating or crosscut shredding
Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip or similar disks)	Using a "wipe" utility which will overwrite the data at least three (3) times using either random or single character data Physically destroying the disk Degaussing magnetic media sufficiently to ensure that the data cannot be reconstructed

5.   **Notification of Compromise or Potential Compromise.** The compromise or potential compromise of DSHS/ADS shared data must be reported to the DSHS/ADS Contact designated on the contract within one (1) business day of discovery.

6.   **Data shared with Sub-contractors.** If DSHS/ADS data provided under this contract is to be shared with a sub-contractor, the contract with the sub-contractor must include all of the data security provisions within this contract and within any amendments, attachments, or exhibits within this contract. If the contractor cannot protect the data as articulated within this contract, then the contract with the sub-contractor must be submitted to the DSHS/ADS Contact specified for this contract for review and approval.

2015 Community Living Connection – Aging and Disability Resource Network RFP
Instructions and Sample Summary of Proposed Deliverables and Participant Profile

Please complete the worksheet summarizing proposed deliverables and populations served.

Proposed Deliverables**:** For each service component your agency is applying for, please list the number of participants to be served and performance measures that will be achieved from 7/1/15 - 6/30/16 (see Guidelines Section VI, letter C, "Expected Service Components" for service component descriptions).

Service Component	Performance Measure/Deliverable
Information & Assistance/Referral	Number of information contacts, number of assists/referrals
Person-Centered Options Counseling	Number of action plans
Care Coordination	Number of completed goals
Region Lead (indicate region)	Number of network meetings, number of agencies participating in network meetings, participant satisfaction surveys
Central Access Point	Number of information contacts, number of assists/referrals

Proposed Service Component	# of Unduplicated Participants/Contacts	# of Performance Measures/Deliverables
Examples:		
Information and Assistance	*500 Participants*	*1000 contacts/year* *750 assists/referrals/year*
Person-Centered Options Counseling	*100 Participants*	*100 action plans*
Region Lead – South King County	*20 Agencies*	*10 network meetings/year*

Populations Served: Please provide information regarding the demographics of the participants your program will serve.

Example

Population Demographics	% of Participants Served			
	Central Access Point	Information and Assistance	Person-Centered Options Counseling	Care Coordination
Total Number of Unduplicated Participants		**500**	**100**	
Age:				
18-59		*5%*	*5%*	
60 and Over		*95%*	*95%*	
Geographic Region:				
North/Seattle		*80%*	*50%*	
East		*-*	*-*	
South		*20%*	*50%*	

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Priority Populations:				
Black/African/African-American older adults and people with disabilities		*80%*	*100%*	
Latino/Hispanic older adults and people with disabilities		*-*	*-*	
American Indian and Alaskan Native older adults and people with disabilities		*-*	*-*	
Deaf and Hard of Hearing		*30%*	*2%*	
Vision Impaired		*25%*	*2%*	
Older adults who are:				
Residing in rural areas		*30%*	*100%*	
Greatest economic need (income at or below federal poverty guidelines)		*75%*	*100%*	
Greatest social need:				
Cultural, social, or geographic isolation, including isolation caused by racial, ethnic, and/or sexual orientation status (**please specify**): All participants served for Options Counseling are African/African American elders.		*100%*	*100%*	
Limited English Proficient (**please specify**): We serve some East African elders.		*5%*	*10%*	
Severe disabilities (**please specify**): Participants are homebound, wheelchair bound or unable to leave home unassisted.		*30%*	*10%*	
Dementia and related disorders		*-*	*-*	
Risk for institutional placement		*-*	*-*	
Providing care to individuals with severe disabilities		*-*	*-*	
Non Priority Population		*-*	*-*	
Other (please specify):		*-*	*-*	

*Demographics not necessary for region lead applicants

2015 Community Living Connection – Aging and Disability Resource Network RFP
Summary of Proposed Deliverables and Populations Served Worksheet

Proposed Deliverables**:** For each service component your agency is applying for, please list the number of participants to be served and performance measures that will be achieved from 7/1/15 - 6/30/16 (see Guidelines Section VI, letter C, "Expected Service Components" for service component descriptions).

Service Component	Performance Measure/Deliverable
Information & Assistance/Referral	Number of information contacts, number of assists/referrals
Person-Centered Options Counseling	Number of action plans
Care Coordination	Number of completed goals
Region Lead (indicate region)	Number of network meetings, number of agencies participating in network meetings, participant satisfaction surveys
Central Access Point	Number of information contacts, number of assists/referrals

Proposed Service Component	# of Unduplicated Participants/ Contacts/Agencies served	# of Performance Measures/Deliverables

Populations Served: Please provide information regarding the demographics of the participants your program will serve.

Population Demographics	% of Participants Served			
	Central Access Point	Information and Assistance	Person-Centered Options Counseling	Care Coordination
Total Number of Unduplicated Participants				
Age:				
18-59				
60 and Over				
Geographic Region:				
North/Seattle				
East				
South				

Priority Populations:				
Black/African/African-American older adults and people with disabilities				
Latino/Hispanic older adults and people with disabilities				
American Indian and Alaskan Native older adults and people with disabilities				
Deaf and Hard of Hearing				
Vision Impaired				
Older adults who are:				
Residing in rural areas				
Greatest economic need (income at or below federal poverty guidelines)				
Greatest social need:				
Cultural, social, or geographic isolation, including isolation caused by racial, ethnic, and/or sexual orientation status **(please specify):**				
Limited English Proficient **(please specify):**				
Severe disabilities **(please specify):**				
Dementia and related disorders				
Risk for institutional placement				
Providing care to individuals with severe disabilities				
Non Priority Population				
Other (please specify):				

*Demographics not necessary for region lead applicants

2015 Community Living Connection – Aging and Disability Resource Network RFP
Proposed Program Budget
July 1, 2015 - June 30 2016

Applicant Agency Name:	
Proposed Program Name:	

Item	Amount by Fund Source				Total Project
	Requested HSD Funding	Other[1]	Other[1]	Other[1]	
1000 – PERSONNEL SERVICES					
1110 Salaries (Full- & Part-Time)					
1300 Fringe Benefits					
SUBTOTAL – PERSONNEL SERVICES					
2000 – SUPPLIES					
2100 Office Supplies					
2200 Operating Supplies[2]					
2300 Repairs & Maintenance Supplies					
SUBTOTAL - SUPPLIES					
3000-4000 – OTHER SERVICES & CHARGES					
3100 Expert & Consultant Services					
3140 Contractual Employment					
3150 Data Processing					
3190 Other Professional Services[3]					
3210 Telephone					
3220 Postage					
3300 Automobile Expenses					
3310 Convention & Travel					
3400 Advertising					
3500 Printing & Duplicating					
3600 Insurance					
3700 Public Utility Services					
3800 Repairs & Maintenance					
3900 Rentals – Buildings					
Rentals – Equipment					
4210 Education Expense					
4290 Other Miscellaneous Expenses[4]					
4999 Administrative Costs/Indirect Costs[5]					
SUBTOTAL – OTHER SERVICES & CHARGES					
TOTAL EXPENDITURES					

[1] Identify specific funding sources included under the "Other" column(s) above:

	$
	$
	$
	$
Total	$

[2] Operating Supplies – Itemize below (Do Not Include Office Supplies):

	$
	$
	$
	$
Total	$

[3] Other Professional Services – Itemize below:	
	$
	$
	$
	$
Total	**$**

[4] Other Miscellaneous Expenses – Itemize below:	
	$
	$
	$
	$
Total	**$**

[5] Administrative Costs/Indirect Costs – Itemize below:	
	$
	$
	$
	$
Total	**$**

[5] Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

Does the agency have a federally approved rate?	☐	Yes	☐	No
If yes, provide the rate.				

2015 Community Living Connection – Aging and Disability Resource Network RFP
Proposed Personnel Detail Budget
July 1, 2015 – June 30, 2016

Applicant Agency Name:	
Proposed Program Name:	

Agency's Full-Time Equivalent (FTE) =		hours/week			Amount by Fund Source(s)				
Position Title	Staff Name	FTE	# of Hours Employed	Hourly Rate	Requested HSD Funding	Other Fund Source	Other Fund Source	Other Fund Source	Total Program
Subtotal – Salaries & Wages									
Personnel Benefits:									
FICA									
Pensions/Retirement									
Industrial Insurance									
Health/Dental									
Unemployment Compensation									
Subtotal – Personnel Benefits:									
TOTAL PERSONNEL COSTS (SALARIES & BENEFITS):									

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