



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

REQUEST FOR APPLICATIONS (RFA)

RFA NO. 3300

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

PROJECT TITLE: Opioid Treatment Networks

PROPOSAL DUE DATE: November 20, 2018 5:00pm

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

ESTIMATED TIME PERIOD FOR CONTRACT: December 2018 through September 28, 2020

BIDDER ELIGIBILITY: This procurement is open to those Applicants that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

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

Name	Phil Thompson
E-Mail Address	Phillip.Thompson@HCA.WA.Gov
Mailing Address	Post Office Box 45330 Olympia, Washington 98504-5330
Physical Address for Delivery	Blake East Building 4500 10 th Avenue SE Lacey, Washington 98503
Phone Number	(360) 725-1823

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1. INTRODUCTION

1.1. PURPOSE AND BACKGROUND

Purpose:

The Washington State Health Care Authority (HCA), Division of Behavioral Health and Recovery (DBHR) was recently awarded funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), entitled State Opioid Response (SOR). With SAMHSA's 2018 State Opioid Response (SOR) Grant, DBHR will address key goals, strategies and activities in Washington's Statewide Opioid Response Plan (Plan)¹, which was developed in 2015 with the goal of reducing the morbidity and mortality associated with Opioid Use Disorder (OUD) through an interagency, collaborative statewide effort. To address Goal 2 of the Plan (*Identify and treat opioid use disorder*), HCA DBHR will contract with Selected Applicants to create Opioid Treatment Networks (OTNs).

The purpose of this competitive solicitation is to seek qualified contractors to develop Medication Assisted Treatment (MAT) OTNs. Successful proposals will clearly address the guiding principles of the Plan and will enhance, but not duplicate, work currently funded with federal or state resources and improve service delivery in areas either not currently being served, or that do not yet have the dedicated resources to adequately address the OUD needs of their community.

Background:

The rate of opioid-related overdose deaths has increased dramatically both across the United States and in Washington State. In 2016, there were 694 deaths from opioids in Washington State, 1,451 opioid overdose hospitalizations, 14,389 opioid substance abuse treatment admissions, and 259,000 persons 12 years of age and older who used prescription opioids non-medically.² It has also been found that persons with SUDs are more than twice as likely to smoke cigarettes as persons without SUD and are more likely to die from smoking-related illnesses.³ Individuals who quit tobacco have a 25% increased likelihood of long-term abstinence from all substances.⁴ To improve substance use recovery outcomes, DBHR, in partnership with the Department of Health (DOH) will pilot a program to train providers to integrate tobacco cessation into clients' treatment and refer them for tailored, augmented tobacco cessation services through the Washington State Tobacco Quitline⁵ (WAQL).

Through the Opioid State Targeted Response (STR) grant, as well as with subsequent state funding, DBHR created 11 Hub and Spoke (H&S) networks in Washington, expanding access to MAT and providing wrap-around services to individuals experiencing OUD. The H&S model created a coordinated, systemic response to the complex issues of opioid addiction among Medicaid and low-income populations, focusing specifically on MAT for individuals with OUD. To expand MAT access, OTNs are envisioned to be a second-generation model of H&S, adding more flexibility to communities by placing Initiation Sites within non-traditional settings such as jails, correctional facilities, emergency departments, syringe exchange programs (SEPs), withdrawal management facilities, and veteran and Indian Health Care Providers (IHCPs). Tribal governments have been included in the planning by using the formal WA Tribal Consultation process. Tribal governments will be encouraged to participate in the OTN process, which will be prioritized by overdose death rates by county, and specifically address the overdose rates for American Indian/Alaskan Natives.⁶

An OTN will consist of an **Initiation Site** and a single or multiple **Local MAT Treatment Sites**. The Initiation Site will be the funding recipient of the contract with DBHR and responsible for overall project development and management. The Initiation Site will identify, collaborate, and subcontract

¹ <https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf>

² <https://www.hca.wa.gov/assets/senate-hltc-opioids-011518.pdf>

³ https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a3.htm?s_cid=mm6718a3_w

⁴ <https://www.mentalhealth.va.gov/quit-tobacco/>

⁵ <https://www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit>

⁶ <https://www.doh.wa.gov/Portals/1/Documents/Pubs/346-083-SummaryOpioidOverdoseData.pdf>

with Local MAT Treatment Sites to provide integrated MAT care. The Initiation Site is the initial point of contact where medication inductions will occur. The Initiation Site will coordinate with Local MAT Treatment Sites to ensure continuity of care with MAT and other behavioral health services. Local MAT Treatment Sites must demonstrate the ability to maintain the MAT prescription capacity of individuals being referred from Initiation Sites and provide and/or refer individuals to behavioral health and recovery support services, as needed.

Any contract awarded as a result of this procurement is contingent upon receipt of the grant Notice of Award (NOA) from SAMHSA at the time of contracting. HCA DBHR reserves the right to negotiate with applicants regarding proposed project scope and funding amounts.

1.2. ELIGIBLE APPLICANTS AND SCOPE OF WORK

1.2.1 Eligible Applicants

Qualified applicants (Initiation Sites) include public, private, and government agencies who currently have or demonstrate the ability to develop medication assisted treatment (MAT) prescribing capacity to serve individuals with OUD. Qualified Initiation Sites may include, but are not limited to: jails, emergency departments, Syringe Exchange Programs (SEPs), organizations serving high utilizers of emergency services, and homeless and outreach services.

Applicants/Initiation Sites must demonstrate the ability to partner with Local MAT Treatment Sites through subcontracts to develop Opioid Treatment Networks (OTNs) capable of providing at least two FDA-approved MAT medications (at least one agonist and one antagonist); and must demonstrate ability to meet GPR Data collection requirements as described on page 6 of this RFA. Initiation Sites must identify, collaborate, and subcontract with Office-based Opioid Agonist Treatment (OBOT) Local MAT Treatment Sites to provide integrated MAT care once the individual leaves the care of the Initiation Site.

Each Local MAT Treatment Site must demonstrate the ability to: a) hire staff such as a nurse care manager, care navigator, or substance abuse professional to increase the site's ability to manage MAT census; b) provide tobacco cessation services on-site; and c) support the Initiation Site's GPR Data collection as necessary. **Applicants who describe how their potential OTN will meet the needs of American Indians/Alaska Natives, veterans, incarcerated individuals, pregnant and parenting individuals, underinsured/uninsured individuals, and other marginalized populations will be prioritized.**

1.2.2 Scope of Work

OTNs are designed to increase the capacity of organizations to initiate and maintain MAT and facilitate referrals to community providers, regardless of provider location or size of the community. The OTN model can vary from a single Initiation and Local MAT Treatment Site, to multiple Local MAT Treatment Sites to create a larger model, depending on community size and OUD treatment needs. All OTNs (Initiation and Local MAT Treatment Sites) are required to use at least one agonist (Buprenorphine, Methadone) and one antagonist (Naltrexone, oral and injectable) MAT.

The Initiation Site will be provided up to \$300,000 per year to: a) hire additional medical staff (MD, DO, NP, PA) to induce onto or stabilize clients with MAT; b) purchase MAT medication(s)⁷; c) hire care coordination staff (RN, MA, CDP, LMHC, LICSW, or other credentialed professionals within their scope of practice); and d) complete the GPR Client Outcomes Measures survey at intake, 3- and 6-month follow-ups, and discharge, for all individuals receiving MAT services. The Initiation Site will identify, collaborate, and subcontract with Office-Based Opioid Treatment (OBOT) and/or Opiate Treatment Program (OTP) Local MAT Treatment Sites to provide integrated MAT services once the individual leaves the care of the Initiation Site.

We recognize that individuals inducted may not release to the Initiation Site's Local MAT Treatment Sites and may necessitate statewide coordination of care. Initiation Sites will be responsible for

⁷ If the Initiation Site is not otherwise able to bill for medications through Medicaid, insurance coverage, etc.

utilizing already-established MAT networks such as other OTNs, Hub & Spokes, nurse care managers placed in OBOT settings, and FQHCs.

Each Local MAT Treatment Site will receive up to \$150,000 per year to: a) hire staff such as a nurse care manager, care navigator, or substance use professional to increase the site's ability to manage MAT census; and b) provide tobacco cessation services on-site. Each Local MAT Treatment Site will provide direct OBOT/OTP treatment services and provide additional referrals to behavioral health services as needed.

The scope of work by Selected Applicants includes, but is not limited to the following:

- Use a coordinated team approach to provide intensive services by developing an OTN capable of providing at least two FDA-approved MAT medications (at least one agonist and one antagonist).
- Initiate/induct or maintain persons with OUD on MAT.
- Provide warm hand-offs to network/community providers, including OTPs, OBOTs, Federally Qualified Health Centers (FQHCs), behavioral health providers, and primary care providers utilizing MAT.
- Satisfactory completion of all GPRA data collection requirements.
- Maintain participant log of all persons receiving MAT.
- Ensure OTN services begin by December 31, 2018.
- Ensure prescribing capacity to maintain MAT services.
- Respond to all data requests from state and federal partners.
- Demonstrate an adequate staffing model to meet OTN needs.
- Participate in all Technical Assistance (TA) and training opportunities provided by DBHR, HCA, RDA, and the University of Washington Alcohol and Drug Abuse Institute (UW-ADAI).
- Possess the ability to refer individuals with OUD for any ancillary services necessary to address their holistic recovery needs.

Core Components of an OTN

The OTN model builds on the four important components of the MAT model of care: 1) FDA-approved medications for OUD; 2) provider and community educational interventions; 3) coordination/integration of SUD treatment and other medical/psychological needs; and 4) psychosocial services/interventions.⁸

The focus of the OTN is to foster the development of a network of service providers that incorporates and supports the use of MAT as a core component of OUD recovery. OTNs consist of at least one Local MAT Treatment Site provider who accepts Initiation Site transfers. In addition, OTNs will:

- Build, strengthen, and maintain referral relationships between Initiation Site and Local MAT Treatment Site(s).
- Facilitate warm hand-offs to Local MAT Treatment Site(s) to maintain MAT continuity.
- Provide for more MAT services among individuals at highest risk of overdose and death (jails, correction facilities, detoxification facilities, emergency departments).
- Work collaboratively with Tribes to address their OUD needs.
- Reduce the risk of morbidity and mortality for incarcerated individuals through OUD and tobacco cessation services.
- Develop networks with community resources to address behavioral health treatment and recovery support needs.
- Bring MAT initiation, referral, and retention to the individual prior to his or her transfer to Local MAT Treatment Site, ensuring MAT capacity is maintained at both the Initiation and Local MAT Treatment Site(s).

⁸ https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioid-use-disorder_technical-brief.pdf

- Embrace low-barrier buprenorphine service model.⁹
- Develop a medication diversion prevention plan for the OTN.
- Must assign staff to perform the following functions (individual staff may perform multiple functions):
 - OTN Nurse Care Manager (NCM): The NCM's primary responsibilities is to provide medical support to the prescribing physicians or other waived practitioners. Duties of the NCM will include, but are not limited to: individual screening, MAT education, assisting with MAT inductions, taking vital signs, drug testing, lab work, medical assessments, charting, care planning, stabilization, observation and maintenance, ongoing coordination of follow-up care, relapse prevention, and support for an individual's self-management.
 - OTN Care Navigator: The Care Navigator expedites enrollment into Medicaid as necessary, conducts screenings, assessments and evaluations, provides education, and coordinates referrals for MAT. Care Navigators participate in data collection requirements and facilitate referrals for infectious disease screenings, housing, employment services, withdrawal management services, transportation, referral to OUD or behavioral health counseling, and provide a warm hand-off to a MAT provider upon an individual's transfer from any current treatments.
 - OTN Data Collection Coordinator (Coordinator): The Coordinator is responsible for managing all data collection activities and serves as the liaison between project evaluators. The Coordinator must become competent in all aspects of GPRA data collection required for this project (including completion of SAMHSA GRPA training) and be available and responsive to project evaluators (see Data Collection section below).

SOR OTN Data Collection Requirements

OTNs are required to have staff collect data on all individuals receiving services at the Initiation Site (and subsequent MAT services received). The data collection consists of multiple individual interviews and a participant log. Initiation Sites are responsible for ensuring data collection for individuals prior to and after warm hand-offs, including coordination of data collection with Local MAT Treatment Sites staff.

Participant interviews are based on the Government Results and Performance Act (GPRA) *Client Outcome Measures Tool*.¹⁰ OTN staff will conduct face-to-face interviews, compile answers, and enter the results into the web-based, SAMHSA Performance Accountability and Reporting System (SPARS).¹¹ OTN staff must collect survey data at four points for each individual served:

- **Intake:** GPRA Baseline interview is to be completed as soon as possible with every individual who begins MAT at a facility in your network.
- **Three-month follow-up:** to be completed from one month before to two months after the scheduled follow-up date—regardless of individual discharge status. OTNs failing to complete 80 percent of follow-up surveys must submit corrective action plans and demonstrate improved performance.
- **Six-month follow-up:** completed one month before to two months after the scheduled follow-up date—regardless of individual discharge status. OTNs failing to complete 80 percent of follow-up surveys must submit corrective action plans and demonstrate improved performance.
- **Discharge:** to be completed within 15 days for all individuals leaving treatment. *Administrative discharges* (without interviews) are required for those lost to follow-up.

SAMHSA's Performance Accountability and Reporting System (SPARS) accounts, online training,

⁹ The goal of a low-barrier model is for individuals with OUD to meet with a service provider and start medication at their first appointment, when clinically appropriate.

¹⁰ https://www.samhsa.gov/sites/default/files/GPRA/sais_gpra_client_outcome_instrument_final.pdf A shorter version of this instrument will be used for this grant, however, it has not yet been finalized.

¹¹ Your staff must enter surveys into SPARS within seven days. When the interview takes place, say, prior to or after induction, will depend on the setting, individuals, and workflows.

and survey templates will be provided to OTNs; project evaluation staff will provide OTN staff with technical assistance as needed.

Participant Log: To facilitate data collection and future evaluation efforts, OTNs will be required to compile a participant log—provided by project evaluators—including identifiers and treatment start dates. OTN staff will periodically upload the participant log to project evaluators via a Washington State secure file transfer site.

SOR OTN Application Requirement: Data Collection

Your application must describe the OTN's strategy to meet the data collection requirements described above. (See Exhibit B, Project Narrative, for questions)

1.3. MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Applicants:

Applicants must be a government/public agency, or a local organization within the state of Washington that have the infrastructure to support an OTN. As the overall goal of the SOR OTN project is to expand MAT services, existing experience providing MAT is not required. Qualifications include the ability to begin providing services by December 31, 2018; understanding commitment to community network-building; and existing willingness to utilize MAT as a component of OUD treatment.

Other qualifications include having an existing population of persons desiring MAT services. Organizations must have the existing infrastructure and licenses necessary to provide MAT services. Organizations with a willingness to engage in the SOR Department of Health Tobacco Cessation Program as a component of recovery will receive a weighted priority rating.

1.4. FUNDING

Funding Details:

Total allocated to HCA DBHR through the SAMHSA State Opioid Response (SOR) grant is \$7,650,000 from September 29, 2018, through September 28, 2020 for the development of Opioid Treatment Networks (OTNs). HCA DBHR will contract with OTNs for MAT services and infrastructure development. The Initiation Site will hold the contract with HCA and will be responsible for subcontracting with the Local MAT Treatment Site(s). Initiation Sites to receive a maximum of \$300,000 and Local MAT Treatment Sites to receive a maximum of \$150,000 per site.

OTN Tobacco Cessation:

Service(s) provided: Contracted with the Department of Health (DOH) for the WA Tobacco Quitline for OUD clients and tobacco cessation training for OTN providers.

Annual rates: Serving clients of at least 6 OTNs, provide up to 7 counseling calls and 12 weeks of nicotine replacement therapy (@ \$342 per client), for up to 800 clients, annually, across the 6 OTNs (\$275,000). Incentivize up to 10 OTNs to have providers trained on tobacco cessation practices and reimburse for completion of 160 of 240 required post-training service hours for individual providers' Tobacco Treatment Specialist Certification; \$405,000, up to \$24,000 per OTN (net of DOH-paid training costs).

1.5. PERIOD OF PERFORMANCE

The initial period of performance of any contract resulting from this RFA is tentatively scheduled to begin on or about December 17, 2018 and to end on September 28, 2020. Amendments extending the period of performance, if any, will be at the sole discretion of HCA. For administrative purposes, HCA reserves the right to distribute award of funds across multiple contracts over the time period of the grant.

1.6. DEFINITIONS

Definitions for the purposes of this RFA include:

42 CFR Part 2—(commonly referred to as "Part 2") are the federal regulations governing the confidentiality of drug and alcohol abuse treatment and prevention records.

Allowable costs - Costs that may be reimbursed with the funding that is provided under a Contract awarded pursuant to this Request for Applications. Allowable costs shall be those costs allowed under the cost principles of Part 200—Uniform Administrative Requirements, Cost Principles, And Audit Requirements for Federal Awards.

Applicant - An entity or organization that submits a Proposal in response to this Request for Applications.

Application or Application Package or Proposal - Set of completed information submitted by an Applicant in response to this RFA.

Care Navigator: OTN staff that conducts screening, assessments, and coordination of MAT and recovery support services.

Complaint - Process that may be followed by a prospective Applicant that alerts HCA of certain types of asserted deficiencies in the Request for Applications.

Contract or Funded Program Contract - Agreement between HCA and a Selected Applicant to carry out the Selected Applicant's Proposal.

CSAT GPRA Modernization Act Data Collection Tools: Center for Substance Abuse Treatment (CSAT) grantees must comply with the Government Performance Results and Modernization Act (GPRA) of 2010. Tools are available for all CSAT programs—both discretionary services and Best Practices—for collecting GPRA Modernization Act outcome measures data.¹²

DBHR - Washington State Health Care Authority - Division of Behavioral Health and Recovery.

Debriefing - Meeting an Applicant who is not selected for a Contract may request with the Coordinator following the announcement of the Selected Applicants, for the purpose of receiving information regarding the review and evaluation of that Applicant's Proposal.

HCA - Washington State Health Care Authority.

Initiation Site: The Initiation Site will be the primary recipient of funding for the development of the overall project. The site will identify, collaborate, and subcontract with referral sites to provide integrated MAT care. Initiation Site is where MAT induction takes place.

Local MAT Treatment Sites- Community providers that provide integrated MAT care once an individual leaves the care of the Initiation Site. A Local MAT Treatment Site may be an Office Based Opioid Treatment (OBOT) provider, Opioid Treatment Program (OTP), or behavioral health treatment agency or primary care provider with the capacity to provide MAT services.

Medication-Assisted Treatment (MAT): Medication assisted treatment (MAT) is the use of agonist and antagonist medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery.

¹² <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra>

Opioid Use Disorder (OUD): Opioid use disorder refers to a pattern of problematic use of opioids, whether prescription painkillers or heroin. Physicians use criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM) to diagnose opioid use disorder.¹³

Opiate Treatment Network (OTN): The Opiate Treatment Network (OTN) model creates a coordinated-systemic response to the complex issues of opioid addiction among the Medicaid and low-income populations, focusing specifically on enhancing MAT for individuals with OUD. Essentially, OTN is a second generation model built on the WA State Hub and Spoke model.

Nurse Care Manager (NCM): The OTN Nurse Care Manager (NCM) is responsible for organizing, coordinating, and providing care coordination and care management services to individuals within the practice who are most at risk for health deterioration, sentinel events, and/or poor outcomes.

Project Narrative - Written answers to the questions on Exhibit B: Project Narrative, describes the Programs an Applicant seeks to carry out if awarded a Contract.

Protest - Process described in this RFA whereby an Applicant who is not selected for a Contract and has participated in a Debriefing may alert HCA to certain types of alleged errors in the evaluation of the Applications.

RDA – Department of Social and Health Services, Research and Data Analysis (Evaluation Team).

RFA Coordinator - Employee of the HCA who is designated on the cover page of this RFA and is who responsible for conducting this RFA Process.

RFA Notification Websites - Websites listed at the bottom of page 1 of this RFA, on which notifications relating to this RFA shall be posted.

Selected Applicant - Applicant that has been selected for funding and a Contract pursuant to this RFA.

SAMHSA's Performance Accountability and Reporting System (SPARS)—SPARS is an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA.

Small Business—An in-state business, including a sole proprietorship, corporation, partnership, or other legal entity, that: (a) certifies, under penalty of perjury, that it is owned and operated independently from all other businesses and has either: (i) fifty or fewer employees; or (ii) a gross revenue of less than seven million dollars annually as reported on its federal income tax return or its return filed with the department of revenue over the previous three consecutive years; or (b) is certified with the office of women and minority business enterprises under chapter 39.19 RCW.

Solicitation or Competitive Solicitation—A formal process providing an equal and open opportunity for bidders culminating in a selection based upon predetermined criteria. A Competitive Solicitation requests the submission of bids, quotations or proposal for the consideration of HCA in contracting to meet its needs. This RFA is a Solicitation.

Solicitation Document—this RFA document, including all attachments and all amendments that are issued by the Coordinator.

State Opioid Response (SOR)—Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Grants Funding Opportunity TI-18-015 supporting implementation of this state grant project. Anticipated start date 12/01/2018; length of project period is up to two years. More information can be found at:

<https://www.samhsa.gov/sites/default/files/grants/pdf/sorfoafinal.6.14.18.pdf>

Statement of Work—Detailed description of services to be performed by the Contractor and set forth in the Contract.

¹³ https://www.asam.org/docs/default-source/education-docs/dsm-5-dx-oud-8-28-2017.pdf?sfvrsn=70540c2_2

Subcontractor—Subcontractors for the purpose of this solicitation are the Local MAT Treatment Sites (an entity contracted by Initiation Site to perform part of the services under the contract resulting from this solicitation).

WEBS—Washington’s Electronic Business Solution, the Bidder notification system found at <https://fortress.wa.gov/ga/webs/> and maintained by the Washington State Department of Enterprise Services.

2. PROPOSAL INFORMATION

2.1. RFA COORDINATOR

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

Name	Phil Thompson
E-Mail Address	Phillip.Thompson@hca.wa.gov
Mailing Address	Post Office Box 45330 Olympia, Washington 98504-5330
Physical Address for Delivery	Blake East Building 4500 10 th Avenue SE Lacey, Washington 98503
Phone Number	(360) 725-1823

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

2.2. SCHEDULE OF PROCUREMENT ACTIVITIES

Item	Action	Date
1.	HCA posts Request for Applications	10/26/18
2.	Prospective Applicants may submit written questions or requests for change in Contract Requirements until 5:00 p.m. Pacific Time	11/02/18
3.	Informational Webinar (add Go-To meeting details here)	11/08/18
4.	HCA will post an Addendum consolidating responses to written questions. (Responses to individual questions may be posted informally before this date)	11/09/18
5.	Applicants may submit written Complaints by 5:00 p.m. Pacific Time (five business days before Response is Due)	11/13/18
6.	Deadline for Submission. Applicants must submit their Application Packages by 5:00 p.m. Pacific Time on this date	11/20/18
7.	HCA evaluation of Application Packages by this date	11/27/18
8.	Announcement of Apparently Successful Applicant(s) on the RFA Notification Websites and beginning of contract negotiations	11/29/18
9.	HCA notifies Applicant(s) not selected for a Contract	11/29/18

Item	Action	Date
10.	Applicants not selected for a Contract may request a debriefing conference until 5:00 p.m. Pacific Time	12/06/18
11.	Approximate Contract Execution/Start Date	12/07/18
12.	HCA holds debriefing conferences, if requested	12/14/18
13.	Applicants not selected for a Contract and who participated in a debriefing conference may submit a Protest by this date which shall be five business days after debriefing date	12/21/18
14.	HCA considers Protests, if any, and issues determination	Up to 10 days of Protest receipt

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

2.3. SUBMISSION OF PROPOSALS

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

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

Proposals may not be transmitted using facsimile transmission.

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

2.4 PROPOSAL CONTENTS

Each Applicant's Proposal shall include the following. Please title each document as indicated below:

Exhibit A	Application Face Page
Exhibit B	Project Narrative
Exhibit C	Budget and Budget Narrative
Exhibit D	Letter(s) of commitment from Local MAT Treatment Sites
Exhibit E	Certifications and Assurances
Exhibit F	If a new contractor with HCA, complete New Contractor Intake Form (and completion of online registration as HCA vendor). Submit a completed and signed Contractor Intake Form.
Exhibit G	FFATA Form

If you need technical assistance using or accessing these documents, please email Phil Thompson at Phillip.Thompson@hca.wa.gov.

HCA will not accept late Applications, nor grant time extensions for individual Applicants. HCA will disqualify any Application and withdraw it from consideration if it is received after the Response submission due date and time.

2.4. APPLICATION FACE PAGE (MANDATORY)

The Application Face Page (Exhibit A to this RFA) must be signed and dated by a person authorized to legally bind Applicant to a contractual relationship.

2.5. APPLICATION CRITERIA & PROJECT NARRATIVE (MANDATORY)

Provide complete information to the following questions to describe your organization's readiness and capacity to implement the project. Please remember: The Project Narrative will be scored according to how well the applicant answers each question. Each narrative question will be assessed when determining the score for each question. If an applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question.

Responses to the questions in the Project Narrative should be no longer than 6 pages total. Please number your responses and provide a short title using the underlined words for each response to correspond with the question as shown in Exhibit B.

3. EVALUATION AND CONTRACT AWARD

3.1. EVALUATION PROCEDURE

Responsive Applications will be evaluated strictly in accordance with the requirements stated in this RFA and any addenda or amendments issued. The evaluation of Applications will be accomplished by an evaluation team, to be designated by HCA, which will determine the ranking of the Applications. Evaluations will only be based upon information provided in the Applicant's Applications within the page limits listed above.

All Applications received by the stated deadline, Section 2.2, *Schedule of Procurement Activities*, will be reviewed by the RFA Coordinator to ensure that the Applications contain all of the required information requested in the RFA. Only responsive Applications that meet these requirements will be evaluated by the evaluation team. Any Applicant who does not meet the stated qualifications, or any Application that does not contain all of the required information, may be rejected as non-responsive.

The RFA Coordinator may, at his or her sole discretion, contact the Applicant for clarification of any portion of the Applications. Applicants should take every precaution to ensure that all answers are clear, complete, and directly and completely address the specific requirement. Additional or supplementary materials should be included as these will not be considered by evaluators.

Responsive Applications will be reviewed and scored by an evaluation team using a weighted scoring system, Section 3.2, *Evaluation Weighting and Scoring*. Applications will be evaluated strictly in accordance with the requirements set forth in this RFA and any addenda or amendment issued. Evaluators are under no obligation to create written notes or explanation of their scores during Application evaluation.

3.2. EVALUATION WEIGHTING AND SCORING

Only complete applications will be reviewed and scored. For the purposes of this project, a complete application is one that includes all required forms, support documents and that completely answers each question. Performance on past or current HCA contracts may be taken into consideration.

Weighted consideration will include DOH overdose rates by county, population and current placement of existing H&S and other state-wide OUD services. Weighted considerations will also be given to underserved minorities populations and willingness to engage in the SOR DOH Tobacco Cessation Program.

You must use the sections/headings listed below in developing your Project Narrative. You must indicate the Section letter and number in your response, i.e., type "1-A", "1-B", etc., before your

response to each element. You may not combine two or more elements or refer to another section of the Project Narrative in your response, such as indicating that the response for 2-B is in 1-C. Only information included in the appropriate numbered question will be considered by reviewers. Your application will be scored according to how well you address the requirements for each section of the Project Narrative

Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. You may use Times New Roman 10 only for charts or tables.

The Project Narrative must be complete and detailed for total possible points. Project Narrative is 80% of the overall score. If the Project Narrative is incomplete or includes federally unallowable costs, the application will be subject to disqualification. The Project Narrative will be scored according to how well the applicant answers each question using the criteria below. Each narrative question will be assessed when determining the score for each question. If an applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question.

The Budget and Budget Narrative must be complete and detailed for total possible points. Budget and Budget Narrative is 20% of the overall score. If the Budget Narrative is incomplete or includes federally unallowable costs, the application will be subject to disqualification.

Final determination of selected grantees is dependent on application scores, state distribution of geographic location and community population size, risk ranking, and performance of past or current HCA contracts. HCA reserves the right to award the contract to the Applicant whose proposal is deemed to be in the best interest of HCA and the state of Washington.

3.3. Application Face Page

This document can be downloaded at <https://fortress.wa.gov/ga/webs/>.

Please complete this two page form and submit it as the first page of your application.

Applicant information	<i>Please type responses or mark selections in this column only.</i>
Community name (service area(s) where proposed services will be provided)	
Applicant Organization Contact Person Name	
Applicant Organization Contact Person Title	
Applicant Organization Contact Person Email	
Applicant Organization Contact Phone Number	
Applicant Organization Name	
Applicant Organization Mailing Address	
Applicant Organization Organization's DUNS number	
Applicant Organization Zip code + 4 (assigned by the US Postal Service)	
Applicant Organization Applicant type	<input type="checkbox"/> Government agency/ Public agency <input type="checkbox"/> Non-profit
County	

3.4. Project Narrative – 80 Points - 80% of total score

Provide complete information to the following questions to describe your organization's readiness and capacity to implement the project. Please remember: The Project Narrative will be scored according to how well the applicant answers each question.

Responses to the Project Narrative are limited to 5 pages total. Please label your responses to follow the outline below. All questions pertain to OTNs unless specifically identified as Initiation Site or Local MAT Treatment Site(s) only.

Your Project Narrative must answer the following:

1. Overview (20 Total Points)

- a. Provide a brief overview of how your organization proposes to implement OTNs in your community. Identify potential Local MAT Treatment Sites, including the organization name, location, and MAT prescriber(s). (4 points)
- b. Include how you will address the OUD needs of American Indians/Alaska Natives, veterans, incarcerated individuals, pregnant and parenting individuals, underinsured/uninsured individuals, and other marginalized populations. (4 points)
- c. Briefly describe the demographics of the population and community you intend to serve. In your narrative, include DOH overdose rates by county, population and current placement of existing H&S and other available MAT services. (8 points)
- d. Describe your plans for integrating tobacco cessation into your behavioral health service milieu. (4 points)
- e. Describe the specific technical assistance and training you will need to implement this scope of work. (0 points)

2. For Initiation Sites: Describe your ability to implement MAT coordination by December 31, 2018 (15 Total Points)

- a. Describe your relationships with medical providers and MAT champions in your community and network. (5 points)
- b. Describe potential barriers to overcome in order to implement service coordination by December 31, 2018. (3 points)
- c. Describe your ability to establish 42 CFR Part 2-compliant Releases of Information (ROIs)¹⁴ with community and network service providers. (5 points)
- d. What screening or assessment instruments do you plan on utilizing to identify individuals appropriate for MAT? (2 points)

3. Describe your potential MAT prescribing capacity (15 Total Points)

- a. List your data-waived prescribers at Initiation Site, including available capacity for each prescriber. (5 points)
- b. For potential Local MAT Treatment Site(s), describe available MAT participant capacity, a current average monthly census, and potential for MAT capacity expansion. (5 points)
- c. Describe your plan for when prescriber capacity is full—how will individuals be admitted and/or referred to other prescribers? (5 points)
- d. What MAT medications will your proposed Initiation Site and proposed Local MAT Treatment Site(s) prescribe? (0 points)

4. Describe collaboration approach with Local MAT Treatment Sites (15 Total Points)

- a. Describe referral procedure from Initiation to Local MAT Treatment Site(s)—specifically, the “warm hand-off” Process. (5 points)
- b. Describe approach to ensure the individual's treatment continues without interruption from Initiation Site to Local MAT Treatment Site. (5 points)
- c. Describe communication and follow-up plan between Initiation and Local MAT Treatment Sites. (5 points)

¹⁴ <https://www.law.cornell.edu/cfr/text/42/part-2>

5. SOR OTN Application Requirement: Data Collection (15 Total Points)

- a.** Describe the qualifications and work effort of staff assigned to manage and oversee all data collection activities and how the OTN will ensure continuity of this resource, including your training plan for staff conducting interviews and compiling or entering data. (5 points)
- b.** Describe your workflow and staffing for maintaining participant log (or logs, if multiple Local MAT Treatment Sites). Include your workflow for completing intake, 3-month, 6-month, and discharge surveys and entering data into SPARS. (5 points)
- c.** Describe your strategies for meeting 80-percent completion rate for 3-month and 6-month follow-up surveys. Describe how you will complete follow-up surveys for individuals who have left your care, including coordination with the Local MAT Treatment Site related to data collection. (5 points)

3.5. Budget Narrative and Budget Template 20 Points - 20% of total score

Budget Narrative: Your budget narrative should detail each element within your submitted Budget. A Budget Template is provided below. Any variations to the Budget Template must be explained thoroughly so evaluators will understand the variance and justification. Attach additional Budget Templates as necessary to describe additional Local MAT Treatment Sites.

Budget Template:

WA State – SOR Opioid Treatment Network Budget	FTE %	Annual Monthly Salary	Annual Budget		
			Salary only	Benefits	TOTAL
Personnel					
Personnel—Initiation Site					
Prescribers					
Nurse Care Manager (NCM)					
Care Navigators (CN)					
Data Collection Coordinators					
Personnel-Local MAT Treatment Site(s)					
Prescribers					
Nurse Care Manager (NCM)					
Care Navigators (CN)					
Personnel Subtotal					
Other Costs/Supplies/Travel					TOTAL
MAT Medications					
Computers/Software					
Phone					
Office Supplies					
Printing/duplicating					
Data entry					
Travel					
OTN Development					
Other Costs/Supplies/Travel/OTN Development Subtotal					
Total					
Indirect Cost					
Grand Total					

3.6. Letter(s) of Commitment from Local MAT Treatment Sites

Applicants are required to include letters from proposed Local MAT Treatment Sites demonstrating commitment to participate in your Opioid Treatment Network.

3.7. Certifications and Assurances

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

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

We (circle one) **are / are not** submitting proposed Contract exceptions. If Contract exceptions are being submitted, I/we have attached them to this form.

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

Signature of Applicant	
Title	Date

4.6 Contractor Intake Form

1 – Identifying Information

A) Contractor Legal Name:	B) DBA or Facility Name:
C) WA Uniform Business Identifier (UBI) Number:	D) Taxpayer Identification Number (TIN):
E) State Wide Vendor Number (SWV#):	

2 – Contractor Address

A) Number, Street, Apartment/Suite:	
B) City, State, Zip Code:	
C) Email Address:	D) Phone Number: () -

3 – Contractor/Vendor Primary Contact

A) Full Name:	B) Job Title:
C) Email Address:	D) Phone Number: () -
Authorized to Sign Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'no' selected – Section Four (4) is REQUIRED	

4 – Contractor/Vendor Primary Signatory

A) Full Name:	B) Job Title:
C) Email Address:	D) Phone Number: () -

5 – Additional Contractor/Vendor Staff to be Notified

A) Full Name:	B) Email Address:
C) Full Name:	D) Email Address:

6 – Contract Information

A) Contract Number:	B) Exact Start Date: [Date or DOE]	C) Exact End Date (this contract/work order/amendment ONLY):
D) Funding Amount (this contract/work order/amendment ONLY):		E) Funding Amount (ALL amendments included):
F) Additional Instructions:		

Completed By: [Name]

Date: [Date]

4.7 FFATA Form



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
Budget and Finance
PO Box 45330, Olympia, WA 98504-5330**

Federal Funding Accountability and Transparency Act (FFATA)

YELLOW: CONTRACTOR TO COMPLETE YELLOW HIGHLIGHTED SECTIONS
BLUE: DSHS PROGRAM MANAGER TO COMPLETE BLUE HIGHLIGHTED SECTIONS
GRAY: DSHS CONTRACT TO COMPLETE GRAY HIGHLIGHTED SECTIONS

(i) Contractor DUNS Number; <i>(must be a 9 digit number)</i> YOUR DUNS # MUST MATCH BACK TO YOUR ADDRESS BELOW	
(ii) Contractor Zip Code + 4	+
(iii) Contractor Name;	
(iv) Contractor doing business as;	
(v) Contractor Physical Address – 1. street address; 2. city; 3. state; 4. country; 5. zip +4; and 6. congressional district. Congressional District Look Up: https://www.govtrack.us/congress/members/map	1. 2. 3. 4. 5. + 6.
(vi) If applicable, the Contractor’s Parent Company DUNS Number;	
(vii) Amount of Contract/Amendment Award – This includes any prior amendment amounts; 1. This amount should only reflect the total amount of funds for the <u>specific grant</u> related to this FFATA form and may or may not reflect the total amount of the contract if other funds are included in the contract. 2. If more than one Federal fund source (that requires a FFATA form) is included in the Contract, each fund source must have its’ own FFATA form completed.	
(viii) Contract/Amendment Authorization (Date Contract/Amendment) was signed;	
(ix) CFDA Program Number and Program Title;	Choose One
(x) Description of the overall purpose and expected outcomes, OR results of the Contract, including significant deliverables and, if appropriate, associated units of measure;	
(xi) Contractor Place of Performance –	1.

<ol style="list-style-type: none"> 1. street address; 2. city; 3. state; 4. country; 5. zip +4; and 6. congressional district. <p>Congressional District Look Up: https://www.govtrack.us/congress/members/map</p>	<ol style="list-style-type: none"> 2. 3. 4. 5. + 6.
(xii) DSHS Contract Number;	
<p>(xiii) As provided by the Contractor – in the contractor’s business or organization’s preceding completed fiscal year, did the business or organization (the legal entity to which the DUNS number is provided belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, sub-contracts, loans, grants, subgrants, and/or cooperative agreement; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, sub-contracts, loans grants, subgrants, and or cooperative agreements?;</p> <p>If No, you do not need to complete xiv. And xv.</p>	
<p>(xiv) As provided by the contractor – does the public have access to information about the compensation of the executives in the contractor’s business or organization (the legal entity to which the DUNS number it provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?;</p> <p>If No, proceed to section xv.</p>	
<p>(xv) If answer to xiv is no; provide the names and Total Compensation of the Top 5 Employees for the contractor.</p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.

PRIME GRANT RECIPIENTS awarded a new Federal grant greater than or equal to \$25,000 as of October 1,2010 are subject to FFATA sub-award reporting requirements as outlined in the Office of Management and Budgets guidance issued August 27, 2010. Subawardee (Prime Contractor) Information Template (Note – This is based on information in Section 5 of FFATA Grants Reporting Template)

4.8 General Application Information

4.8.1 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

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

4.8.2 ADA

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

4.8.3 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this RFA will become the property of HCA. All Applications received will remain confidential until the Apparently Successful Applicant is announced; thereafter, the Applications will be public records available to the public under chapter 42.56 of the RCW.

Any information in the Application that the Applicant desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of a document or information, must be clearly designated. In a cover letter to the Application, the specific information must be clearly identified in a table or list and the particular exemption from disclosure upon which the Applicant is making the claim must be cited. In addition, each page containing the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information," "Confidential Information," or the like, printed on the page. **Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.**

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

A charge will be made for copying and shipping, as outlined in chapter RCW 42.56. No fee will be charged for inspection of contract files, but one (1) business days' notice to the RFA Coordinator is required. All requests for information should be directed to the RFA Coordinator.

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

4.8.4 REVISIONS TO THE RFA

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

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

4.8.5 ACCEPTANCE PERIOD

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

4.8.6 NOTIFICATION TO BIDDERS

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

4.8.7 COMPLAINT PROCESS

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

- The RFA unnecessarily restricts competition;
- The RFA evaluation or scoring process is unfair or unclear; or
- The RFA requirements are inadequate or insufficient to prepare a response.

A complaint must be submitted to HCA prior to five (5) business days before the Application response deadline. The complaint must:

- Be in writing;
- Be sent to the RFA Coordinator in a timely manner;
- Clearly articulate the basis for the complaint; and
- Include a proposed remedy.

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

4.8.8 RESPONSIVENESS

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

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

4.8.9 CONTRACT AND GENERAL TERMS & CONDITIONS

A Contract for the services provided under this RFA will be provided to Selected Applicants. HCA and the Selected Applicants will then negotiate the terms and conditions of the awarded services.

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

4.8.10 COSTS TO APPLY

HCA will not be liable for any costs incurred by the Applicant in preparation of an Application submitted in response to this RFA or any other activities related in any way to this RFA.

4.8.11 RECEIPT OF INSUFFICIENT NUMBER OF APPLICATIONS

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

4.8.12 NO OBLIGATION TO CONTRACT

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

4.8.13 REJECTION OF PROPOSALS

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

4.8.14 COMMITMENT OF FUNDS

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

4.8.15 INSURANCE COVERAGE

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

4.8.16 WORKERS' COMPENSATION COVERAGE

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

4.8.17 DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Applicant who has submitted a Proposal and been notified it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFA Coordinator no later than 5:00 p.m. Pacific Time within three (3) business days after the Unsuccessful Applicant Notification is e-mailed to the Applicant. The debriefing will be held within three (3) business days of the request, or as schedules allow.

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

- Evaluation and scoring of the Application;
- Critique of the Application based on the evaluation; and
- Review of the Applicant's final score in comparison with other final scores without identifying the other Applicants.

Topics an Applicant could have been raised as part of the complaint process (Section 4.8.7) cannot be discussed as part of the debriefing conference, even if the Applicant did not submit a complaint. Comparisons between proposals, or evaluations of the other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

4.8.18 PROTEST PROCEDURE

A bid protest may be made only by Applicants who submitted a response to this RFA and who have participated in a debriefing conference. Upon completing the debriefing conference, the Applicant is allowed five business days to file a protest with the RFA Coordinator. Protests must be received by the RFA Coordinator no later than 5:00 p.m. Pacific Time on the fifth business day following the debriefing. Protests may be submitted by e-mail or by mail.

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

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

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

- A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
- Errors in computing the score; or
- Non-compliance with procedures described in the RFA or HCA requirements.

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit to the extent they address issues such as: 1) an evaluator's professional judgment on the quality of a Proposal; or 2) HCA's assessment of its own needs or requirements. Topics an Applicant could have been or were raised as part of the complaint process (Section 4.8.7) cannot be included as part of the protest process.

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

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

The final determination of the protest will:

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

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

4.9 Application Checklist

Is your application complete? Please check box indicating that your application includes the following:

- Application Face Page
- Project Narrative
- Budget and Budget Narrative
- Letter(s) of commitment from Local MAT Treatment Sites
- Certifications and Assurances
- Contractor Intake Form
- FFATA Form

The individual with Contractor signature authority, as indicated on the Contractor Intake Form, is has reviewed this application and has authorized submission of this application. Please copy this individual in the email when submitting the application materials.

I, _____, certify that, on behalf of the applicant agency, I am authorized to submit this application to provide the described services.

Signature: _____

Date: _____