



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 45811, Olympia WA 98504-5811**

DATE: May 25, 2023

TO: RFP #2323-827 - Residential Search Tool Locator

FROM: James O'Brien, Solicitation Coordinator
DSHS Central Contracts and Legal Services

SUBJECT: Amendment No. 2 – RFP Clarification, Answers to Pre-Bid
Conference Questions, Updated Schedule, Attachment F
(Contractor Intake Form)

DSHS amends RFP #2323-827 to provide guidance and answers to the questions received at the Pre-Bid Conference held on May 18, 2023, to include mandatory form attachment F (Contractor Intake Form), and to update the RFP schedule.

1. For clarification as to the ask for this RFP:

DSHS is looking to procure an off the shelf tool that our case managers can use to enter client care information so that Medicaid Providers can review the information and respond if they have vacancy and can meet the clients specific care needs. A use case might look like:

- a. Case manager inputs data for client specific care needs.
- b. System returns list of Medicaid Providers that meet client needs.
- c. Case manager shares information with family.
- d. Client and Family determines choice.
- e. Case manager responds to Medicaid Provider with decision.
- f. Medicaid Provider prepares to admit client to facility.

2. Questions and Answers from Pre-Bid Conference held on May 18, 2023:

Question #1: Are the licenses for the architecture pieces and parts utilized for the development of custom software provided by the Washington Department of Social and Health Services?

A: Costs will be borne by the bidder.

Question #2: Is the cloud hosting test for the development and production of software provided by the Washington Department of Social and Health Services?

A: We are not hosting at this point in time but can work in Azure.

Question #3: Why are Veteran-Owned Business Enterprises given a score of 5 in the scoring process and not Minority & Women's Business Enterprises?

Section C- Explanation of Solicitation Process Item 9 of the Request for Proposal mentioned that Washington State encourages both to participate. See the section below:

Section C - 9. Minority & Women's Business Enterprises (MWBE) and Veteran-Owned Business Enterprises In accordance with the legislative findings and policies outlined in RCW 39.19, 43.60A.200, 39.26.240, and 39.26.245, the State of Washington encourages participation by veteran-owned business enterprises and Minority-Owned and Women-Owned Business Enterprises (MWBE), either self-identified or certified by, respectively, the Department of Veterans Affairs or the Office of Minority and Women's Business Enterprises (OMWBE). While the State does not give preferential treatment, it does seek equitable representation from the veterans, minority and women's business communities. Participation by veteran-owned and MWBE contractors may be either on a direct basis in response to this Solicitation or as a subcontractor to a contractor. However, no preference will be given in the evaluation of Bids, no minimum level of MWBE or veteran-owned business participation shall be required, and Bids will not be evaluated, rejected, or considered non-responsive on that basis. Bidders may contact the Office of Minority and Women's Business Enterprises (OMWBE) at <http://omwbe.wa.gov/> and/or the Department of Veterans Affairs at <http://www.dva.wa.gov/program/veteran-owned-business-certification> to obtain information on certified firms for potential subcontracting arrangements or for information on how to become certified. Nothing in this section is intended to prevent or discourage participation from non-MWBE firms or non-veteran-owned businesses.

A: Veterans and Small Businesses are allowed to be awarded points as those are gender neutral criteria. Per DES Policy No. POL-DES-090-06, points are allowed to be awarded for small and veteran-owned businesses.

Only Washington small businesses who meet the size or gross revenue standard (as defined in RCW 39.26.010(22)(a)) and/or certified veteran-owned businesses can be awarded points. This is permitted under the Constitution because small and veteran-owned businesses are race and gender-neutral categories.

All bidders will need to complete Attachment F which will verify and ask whether they are a veteran and/or small business. Attachment F will be posted as a separate Attachment to this solicitation.

Per Enterprise Services Policy No. POL-DES-090-06: C. Implementation. Agencies will achieve supplier diversity goals by ensuring that their procurement professionals: Section 7(a) states:

a. Award evaluation points to small and veteran-owned businesses.

Question #4: The budget is listed as over a five-year period. Is there any flexibility of the budget

to expand or compress the time period that the money is spent?

A: No, the budget is dispersed equally over the five-year span.

Question #5: Is HIPAA – personal data to be saved?

A: Personal data is to be saved and protected as outlined in HIPAA. Review number 6 Confidentiality and HIPAA Compliance language in the draft contract. Category 4 data will be used in this system. Bidders will need to ensure that they are compliant with all Federal and State laws and requirements associated with Category 4 data.

Question #6: Would a Vendor not have access to our care system?

A: The vendor for the service would not have access to the CARE system itself, case managers will use specific data points (client name, DOB, ADSA #) when inputting information into the service.

Question #7: Is this an internal tool?

A: This service would only be used by ALTSA case managers.

Question #8: Will the members of the public be expected to go to these services without a case manager?

A: No.

Question #9: Are inputs only from case managers and only viewed by the case managers? But you mentioned choice by the client. However, the client is not choosing in this instance – is that correct?

A: Yes, case managers will input client's information into the service. If there are matches/interested from residential settings, this information will be provided to client/representative for review and client choice.

Question #10: Can you please outline the specific HIPAA level requirements that DSHS needs to meet?

A: Review number 6 Confidentiality and HIPAA Compliance information in the draft contract. Category 4 data will be used for this project under this solicitation.

Question #11: What would be the expectations to provide Vacancies and dates?

A: Providers will be responsible to self-attest vacancies in their facilities.

Question #12: Are there any legal requirements to verify the information is accurate as far as availability?

A: For this tool to be successful the information must be accurate. The vendor is responsible for having systems in place to ensure the tool has accurate information.

Question #13: Are there requirements of data points for the code?

A: The CARE assessment includes all the data points such as diagnosis, medications, treatments and other identifiable information. DSHS is not looking for a system to be developed through this RFP. We are looking for a solution that is already in existence. Our time line and budget do not reflect the ability to procure a system that would need to be developed.

Question #14: Will this system be tethered to any system? Stand alone?

A: AL TSA is not requiring the tool be tethered to any system.

Question #15: How do we access the data; is there already an api web service?

A: No there is not.

Question #16: What is the maximum scale expected in the next five years? What would be the ramp up? Hundreds of thousands?

A: Approximately 600 users are expected for case management right now. We expect this number to grow over the next five years to reflect similar numbers with the increase in demand for these services.

Question #17: Will there be an outreach list for this service? Will there be training?

A: Medicaid providers can be found here: [AFH/ALF Locator \(wa.gov\)](http://AFH/ALF Locator (wa.gov)). Yes, training on the service will be needed for case managers and providers. This is the responsibility of the vendor.

Question #18: Are the providers able to self-sign up? What is that process?

A: The vendor will be responsible to create a process for providers to sign up.

Question #19: Is there a requirement to have photos or videos for this search?

A: That would be up to the vendors to decide.

Question #20: Outside of providers, what other data sources are provided that will be part of the

solution? And can we include other sources not mentioned in the RFP?

A: ALTSA is requesting a service for Medicaid contracted residential providers to match with Medicaid clients. Case managers and providers would be the data sources.

Question #21: Case managers are using this system and will be giving this information to whom? Who has access to this system?

A: Case managers will input client's information into the tool. If there are matches/interested from residential settings, this information will be provided to client/representative for review and client choice.

Question #22: If someone is not a Medicaid provider would they be part of this program?

A: No.

Question #23: Will this system be compulsory for Medicare providers?

A: This system will be for Medicaid providers and is optional.

Question #24: We wanted to confirm that the Medicaid provider list is available on your website?

A: Yes, to access the list please go to: AFH/ALF Locator (wa.gov)

Question #25: Will this will be hosted in your Azure environment?

A: We are not sure what the vendors will provide – we do have Azure.

Question #26: What is the provider intake process today? How do we upload the Medicaid providers into our database?

A: During the Public Health Emergency ALTSA was able to procure a vendor without competition to provide a service to support quicker transitions from acute hospitals and nursing homes. The vendor is currently paid a fee for case managers to use their service. The contract was a limited time duration and is set to expire shortly. We realize the benefits of integrating technology into our case management to support efficiency and increase client choice.

The list of Medicaid contracted providers is updated regularly by Residential Care Services (RCS) and can be found at AFH/ALF Locator (wa.gov). The vendor will be responsible for uploading this list onto their service.

Question #27: Is there any requirement or preference in the technology you would like to implement?

A: There is no requirement or preference outlined in the RFP.

Question #28: Is there a preference as to where it is hosted?

A: No. There is no preference.

Question #29: Are there any requirements or preferences in the technology you would like to implement?

A: Please see #28 above.

Question #30: How many providers are there?

A: There are currently over 6,000 Medicaid AFH/ALF providers.

Question #31: Is there an existing process where this information is updated? If so, what and where is this listed?

A: To access the list please go to: AFH/ALF Locator (wa.gov)

Question #32: Must the company be from Washington state to get the 5 and or 10 points?

A: Yes.

Question #33: For the search engine of choice for case managers, will DSHS HCS be promoting this product?

A: Yes, we will promote the use of this tool to both case managers and providers.

Question #34: Do providers and case managers know this is the tool case managers are using? Will there be a directive to use this tool?

A: Yes, we will promote the use of this tool to both case managers and providers. There is no explicit directive to use this tool.

Attendees at the May 18, 2023 Pre-Bid Conference included the following:

1. James O'Brien, DSHS
2. Amel Alsalman, DSHS
3. Kirn Flores, DSHS
4. Allison Garza, DSHS
5. Barbara Pruett, DSHS
6. Deb Harris, Visionlink

7. Suyash Sinha, 1stZoom
8. Milord Beya Kasumbi, Sutrix Group
9. Andy Pitman, HHS Strategy Director Microsoft
10. Margie Bensching, GoldenSHERPA, Inc
11. Joshua Dahlstrom, Business Strategist, IntelliTecture
12. Pete Bjordahl, Parallel Public Works
13. Molly Campbell - Contract Mgr - Kiehl Northwest
14. Manish Bhansali, GoldenSherpa

3. Updated Schedule (new dates in Bold):

Item	Action	Date
1.	DSHS posts Competitive Solicitation.	May 9, 2023
2.	Prospective Bidders should register as a Vendor on WEBS using one of the commodities code on the cover page of this Solicitation as soon as possible to receive notifications.	As soon as possible
3.	Bidders must RSVP for the Pre-Bid Conference by 5 p.m. PDT.	May 16, 2023
4.	Pre-Bid Conference at 1 p.m. PDT.	May 18, 2023
5.	Bidders may submit written questions or requests for change in Solicitation Requirements until 5 p.m. PDT.	June 1, 2023
6.	DSHS posts responses to written questions.	June 6, 2023
7.	Bidders may submit written Complaints by 5 p.m. PDT.	June 9, 2023
8.	Bidders must submit Response by 5 p.m. PDT.	June 16, 2023
9.	DSHS evaluates Written Responses.	<u>June 21 – June 23</u>
10.	Oral presentations, if requested by DSHS.	<u>June 28 – June 30</u>
11.	DSHS announces the Apparent Successful Bidder(s) on WEBS and begins contract negotiations.	<u>July 5th</u>
12.	DSHS notifies unsuccessful Bidder(s).	July 5th
13.	Bidders may request a Debriefing conference until 5 p.m. Pacific Time.	<u>July 10th</u>
14.	DSHS holds Debriefing conferences, if requested.	<u>July 12-13</u>

15.	Deadline for submission of Protests by Bidders who participated in a debriefing conference.	Five business days after date of Debriefing
16.	DSHS considers Protests, if any, and issues determination.	Upon receipt
17.	Contract Execution/Start Date.	Aug 8, 2023

4. Attachment F – Contractor Intake Form – will be posted as an additional Attachment to this solicitation. Attachment F is a mandatory administrative requirement. Failure to submit Attachment F may result in your bid being deemed non-responsive and lead to the disqualification of your bid.

All other terms and conditions in this Solicitation remain the same.

New Contractor Intake Instructions

All New DSHS Contractors must:

- Complete, sign and submit the **Intake Form** to the **Department of Social and Health Services (DSHS)**.
- Register in the **Statewide Payee Registration System**. This system is maintained by the Washington State Department of Enterprise Services (DES) to process payments for **all** Washington state agencies. To register, **follow the online instructions** at <https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services>. You must complete this step in order to be paid.

Please **do not** return this DSHS Contractor Intake Form to DES; they will **not** process it.

All Existing DSHS Contractors who have changed their business name or business organization, or experienced other significant changes, **must**:

- Update their information in the **Statewide Payee Registration System** by following the instructions at <http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>.
- Complete, sign and submit a new **Contractor Intake** form to the **Department of Social and Health Services (DSHS)**.

Section One: Contractor Name/Business Organization

1. Contractor name.

- For an Individual or Sole Proprietor, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix.
- Other entities. Enter your business name as shown on the legal document creating the entity.

2. Business Organization. Please mark only one.

- If you are a nonresident alien foreign person or a business entity established in another state or country, the IRS may require you to complete Form W-8.
- If you are a Non-profit Corporation or a Faith-Based Non-Profit Corporation **attach a copy of your 501(c) status**.

3. Taxpayer Identification Number (TIN).

- Individual or Sole Proprietor - If you are a sole proprietor you may enter either - your Social Security Number (SSN), or if you have one, your federal Employer Identification Number (EIN).
- Other Business Entities - Enter the entity's Employer Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business.
- Resident alien. - If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the SSN box.

4. Default Reported, Waiver Certification, Fiscal Year, UBI Number, Business License, and Unique Entity Identifier (UEI) Number.

- List any contracts that you have had with the state that have been terminated for default.
- Certify whether you require your employees to sign mandatory individual arbitration clauses or class or collective action waivers. For more information review <https://des.wa.gov/services/contracting-purchasing/policies-training/resources/EO18-03>.
- Provide your fiscal year end date.
- Provide your Washington State Uniform Business Identifier (UBI) Number.
- **Attach a copy of your State Master Business License**. You may be exempt from registering with the State of Washington under certain circumstances. For more information review: <http://bls.dor.wa.gov/faqlicense.aspx>
- Provide your Unique Entity Identifier (UEI) Number.

Section Two: Contractor Primary Address Enter the primary address information of your business. If this form is for a new DSHS contract, and you want to provide a contract-specific address in addition to your primary one, please do so in Section Five.

Section Three: Contractor Ownership Check those that, in your opinion, apply to your organization. Please provide a certification number, if available. For the definition of microbusiness, minibusiness and small business, see RCW 39.26.010 (16), (17) and (22).

Section Four: Contractor Contact Person(s) Enter the primary contact information, and job title, for your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific contact person other than your primary one, please do so in Section Five.

Section Five: Additional Information

- 1. Contractor Additional Addresses.** If applicable, provide additional addresses used for DSHS Contracts.
- 2. Contractor Additional Staff.** If applicable, provide additional staff information for DSHS Contracts. Additional staff may include those who have authority to sign a DSHS contract on behalf of the business, and are referred to as a signatory.

Section Six: Contractor Certification You must sign, date, and return this form before DSHS will issue a contract.

New Contractor Intake

Section One: Contractor Name/Business Organization		(DSHS staff enter on ACD Intake Detail screen)	
1. CONTRACTOR NAME		DBA OR FACILITY NAME	
2. BUSINESS ORGANIZATION			
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status) <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation <input type="checkbox"/> Faith Based (FBO) Unincorporated <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Foreign Person or Entity		<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Limited Liability Limited Partnership (LLLLP) <input type="checkbox"/> Limited Liability Company, filing as a Corporation <input type="checkbox"/> Limited Liability Company, filing as a Partnership <input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor	
If your business is NOT a sole proprietorship, attach a list of the partners, members, directors, officers, and board members.			
3. TAXPAYER IDENTIFICATION NUMBER (TIN)		Social Security Number	
Enter your TIN in the appropriate box. <ul style="list-style-type: none"> For individuals, this may be your Social Security Number (SSN). For other entities, it is your Employer Identification Number. 		OR Employer Identification Number	
		_____ (Enter all 9 numbers, NO DASHES)	
		_____ (Enter all 9 numbers, NO DASHES)	
4. DEFAULT REPORTED, WAIVER CERTIFICATION, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE, AND UEI NUMBER			
Have you had any contract with the state terminated for default? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of terminated contracts with an explanation why each contract was terminated.			
Does your business require its employees to sign or agree to, as a condition of employment, mandatory individual arbitration clauses or class or collective action waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date? _____			
What is your Washington State Uniform Business Identifier (UBI) Number? _____ (Enter all 9 numbers, NO DASHES)			
Attach a copy of your current Washington State Master Business License or explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.)			
What is your Unique Entity Identifier (UEI) number? _____ (Enter all numbers, NO DASHES).			
Section Two: Contractor Primary Address		(DSHS staff enter on ACD Intake Detail screen)	
CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)			
CITY, STATE, AND ZIP CODE			
EMAIL ADDRESS		COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
PHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)	
()		()	

Section Three: Contractor Ownership Type (DSHS staff enter, as applicable, on ACD Intake Detail screen)

Is your business owned by a person (or persons) who is (or are) **(Check all that apply):**

	No	Yes; but we are NOT certified*	Yes and we ARE Certified*	Certification Number
A Woman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Minority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Certified means either the business entity (or, when the business is a sole proprietorship, the individual) has received a certification number from Washington State's Office of Minority and Women-Owned Business Enterprises (OMWBE) www.omwbe.wa.gov, or Department of Veterans' Affairs (DVA).

Is your business a certified Disadvantaged Business Entity? No Yes, Certification No.

Does your business qualify as a Microbusiness, Minibusiness, or Small Business under RCW 39.26.010? No Yes

Section Four: Contractor Primary Contact Person (DSHS staff enter on ACD Intake Detail screen)

Primary contact person is a(n):

Owner Officer or Board Member Partner Staff Member Elected Official

Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the primary contact person authorized to sign contracts? Yes No

PRIMARY CONTACT NAME AND JOB TITLE		PHONE NUMBER (INCLUDE AREA CODE) ()	
FAX NUMBER (INCLUDE AREA CODE) ()	PRIMARY CONTACT EMAIL ADDRESS	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()	

Section Five: Additional Information (DSHS staff enter on Intake Detail – Sub Information Summary screens)

1. ADDITIONAL CONTRACTOR ADDRESSES: IF YOU HAVE MORE THAN TWO ADDITIONAL ADDRESSES, YOU MAY **ATTACH** A LISTING OF ADDITIONAL ADDRESSES.

ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)		
<input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> Mailing address	CITY, STATE, AND ZIP CODE		
PHONE NUMBER (INCLUDE AREA CODE) ()	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)		
FAX NUMBER (INCLUDE AREA CODE) ()	EMAIL ADDRESS		

ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)		
<input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> Mailing address	CITY, STATE, AND ZIP CODE		
PHONE NUMBER (INCLUDE AREA CODE) ()	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)		
FAX NUMBER (INCLUDE AREA CODE) ()	EMAIL ADDRESS		

2. ADDITIONAL STAFF: IF YOU HAVE MORE THAN TWO ADDITIONAL STAFF (LISTED BELOW), WHO ARE ALSO RELEVANT TO YOUR DSHS CONTRACTS, PLEASE PROVIDE INFORMATION ABOUT THOSE STAFF ON A SEPARATE PAGE.

Additional staff person is a(n):

- Officer or Board Member
 Partner
 Staff Member
 Elected Official
 Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff authorized to sign contracts? Yes No

Is the additional staff a contact for DSHS contracts? Yes No

ADDITIONAL STAFF NAME AND TITLE	ADDITIONAL STAFF EMAIL ADDRESS
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PHONE NUMBER (INCLUDE AREA CODE) ()	FAX NUMBER (INCLUDE AREA CODE) ()	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()
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Additional staff person is a(n):

- Officer or Board Member
 Partner
 Staff Member
 Elected Official
 Other (please identify) _____ (DSHS staff enter as applicable on ACD)

Is the additional staff authorized to sign contracts? Yes No

Is the additional staff a contact for DSHS contracts? Yes No

ADDITIONAL STAFF NAME	ADDITIONAL STAFF EMAIL ADDRESS
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PHONE NUMBER (INCLUDE AREA CODE) ()	FAX NUMBER (INCLUDE AREA CODE) ()	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()
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Section Six: Contractor Certification (DSHS staff enter on ACD Intake Detail as Intake Form Date)

You must sign, date, and return this form.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.

SIGNATURE	DATE	PRINTED NAME
		TITLE

ATTACHED SUPPORTING DOCUMENTATION CHECKLIST

- Copy of your W-9 - Request or Taxpayer Identification Number and Certification
- Copy of statement showing non-profit 501(c) status (if applicable)
- List of partners, members, directors, officers, and board members (not applicable to sole proprietors)
- Copy of your Washington State Master Business License or proof of exemption
- List of any contracts you have had with the state that have been terminated for default, including a brief explanation (if applicable)
- List of Additional Addresses (if applicable)
- List of Additional Staff (if applicable)
- Copy of your Certificate of Insurance (if applicable)