



YAKIMA HEALTH DISTRICT
NOTICE OF REQUEST FOR QUALIFICATIONS
INDIVIDUAL TECHNICAL ASSISTANCE

RFQ Introduction

Yakima Health District (YHD) announces the opportunity to provide Individual Technical Assistance to adults with developmental disabilities in Yakima County. Services are to be provided to adults who are enrolled with the Department of Social and Health Services (DSHS) Developmental Disabilities Administration (DDA). Approximately 269 persons are authorized to receive services from qualified providers. The initial contracting period will be from **January 1, 2020 to June 30, 2020**.

Qualified agencies will demonstrate their ability to provide high quality technical assistance in the following areas:

- Assistive Technology
- Autism Specialism
- Behavior Consultation
- Benefits Analysis
- Communication Assistance
- Person Centered Planning
- Working with individuals in Community Protection
- Other relevant specialized skills

County contracted services are to be provided in accordance with the following four documents:

- **DD County Guidelines** are a set of philosophical values and policy statements developed by DDA that provide a framework around how county-contracted services are to be delivered and evaluations in Washington State.
- **DDA Policy 4.11: County Services for Working Age Adults.**
- **DDA Policy 6.21: Provider Qualifications for Individualized Technical Assistance.**

The attached package includes general information, instructions required for submittal, and responsibilities of selected agencies. Completed applications will be accepted on an on-going basis and will be received at **dd@co.yakima.wa.us**. Initial review of applications will occur on **December 6, 2019**.



YAKIMA HEALTH DISTRICT
NOTICE OF REQUEST FOR QUALIFICATIONS
INDIVIDUAL TECHNICAL ASSISTANCE

Cover Letter

Applicants shall submit a Cover Letter which includes the following information:

1. RFA # and title
2. Organization name and mission
3. Organization experience providing employment services, including:
 - a. How long the organization has been in existence;
 - b. In which counties the organization presently provides services; and
 - c. How many partners are currently served by the organization, and what type of technical assistance has been provided;
4. Why the organization is interested in applying for this RFA
5. Statement that all information submitted in the RFA application is accurate
6. Signature from Director of organization

Business Qualifications

The agency must be able to meet the qualifications below. YHD reserves the right to review all documentation and verify information provided in this section. Provide a copy of documentation with application as requested below.

I. Type of Agency

The agency is a legal entity eligible to conduct business in Washington State and has fulfilled all necessary requirements. Provide a copy of the agency/organization business license.

Yes

No

II. Fiscal Accountability

A. The agency maintains accounting procedures and internal controls in accordance with generally accepted accounting principles. Provide a copy of policies on accounting procedures and internal controls.

Yes

No

B. The agency has monitoring policies and procedures in place to ensure expenses do not exceed available authorized funding for clients served. Provide a copy of policies on monitoring expenses to not exceed authorized funding.

Yes

No



YAKIMA HEALTH DISTRICT
NOTICE OF REQUEST FOR QUALIFICATIONS
INDIVIDUAL TECHNICAL ASSISTANCE

III. Insurance

Proof of insurance compliance is required of all subcontractors. Minimum insurance liability coverage standards shall be at the applicant's expense. Provide a copy of insurance certificate showing liability coverage period and amounts.

The Contractor must maintain insurance limits of no less than:

Insurance.

Contractor shall maintain and keep current General Liability Insurance, at a minimum of \$1,000,000 each occurrence, \$2,000,000 general aggregate. The policy shall be endorsed and the certificate shall name County, its officers, agents and employees named as an Additional Insured with respect to activities under the contract. Contractor shall notify County forty-five (45) days before cancellation or reduction in Contractor insurance coverage.

Professional Liability Insurance.

In the event that services delivered under this Agreement, either directly or indirectly include the provision of professional services, Professional Liability Insurance, including coverage for losses caused by errors and omissions, with minimum limits of \$1,000,000 each occurrence and \$3,000,000 aggregate shall be maintained by Contractor. For the purposes of this Agreement, "Professional Services" shall mean any services provided by a physician, psychologist or other licensed professional.

Auto Liability Insurance.

In the event that services delivered under this scope of work involve the use of vehicles or the transportation of clients, automobile liability insurance shall be required for any owned or leased vehicle used in the performance of these contract services. If the Contractor-owned personal vehicles are used, a Business Automobile Policy Code 9, coverage for "non-owned autos". The minimum limit for automobile is \$1,000,000 per occurrence, using a combined single limit for bodily injury and property damage.

Worker's Compensation.

If applicable, the Contractor shall show proof of Worker's Compensation coverage by providing its State Industrial Account Identification Number. Provision of this number will be Contractors assurance that coverage is in effect.



YAKIMA HEALTH DISTRICT
NOTICE OF REQUEST FOR QUALIFICATIONS
INDIVIDUAL TECHNICAL ASSISTANCE

Training

Applicants must submit proof of training or have confirmed knowledge of the following areas and administration policies:

1. Client confidentiality;
2. DDA Policy 5.06, *Client Rights*; and
3. DDA Policy 6.08, *Mandatory Reporting Requirements Services Providers*.

Equity and Social Justice

All applicants shall respond to each of the following in **no more than 500 words each**.

1. Please describe what your agency has in place to examine and improve its equitable and culturally competent practices, including access to your services, the services your agency delivers, and service outcomes.
2. Please describe the steps your organization would take to support families whose home language is not English.

Other Documentation

All applicants must submit the following documentation as part of their application submission.

1. Organizational chart
2. Job descriptions of staff that will participate in providing ITA services
3. Professional certification or credentialing, if applicable
4. Fee Schedule for ITA Services