**2018 Community Living Connections RFQ**

**Application Checklist**

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

**Have you….**

[ ]  **Read, understood, and agree to the following additional documents/requirements found on the** [Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

[ ]  HSD Agency Minimum Eligibility Requirements

[ ]  HSD Client Data and Program Reporting Requirements

[ ]  HSD Contracting Requirements

[ ]  HSD Funding Opportunity Selection Process

[ ]  HSD Appeal Process

[ ]  HSD Commitment to Funding Culturally Responsive Services

[ ]  HSD Guiding Principles

[ ]  **Completed, signed, and attached the Application Cover Sheet (Attachment 2)?\***

[ ]  **Completed each section of the Narrative response?**

* Section 1: Agency Qualification: must not exceed 8 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins (Sections A-D).
* Section 2: Service Qualification: must not exceed 1 page (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins for each proposed service.
* Page count does not include the supporting documents requested in this funding opportunity.
* A completed narrative response addresses all of the following:

**Section 1: Agency Qualification (8-page maximum):**

[ ]  Capacity and Experience (35 points)

[ ]  Partnerships and Collaboration (30 points)

[ ]  Cultural Relevancy and Responsiveness (20 points)

[ ]  Finance Management and Leveraging Resources (15 points)

**Section 2: Service Qualification (1-page maximum per service):**

[ ]  Service Description (10 points each)

[ ]  **Completed and attached the Summary of Proposed Services (Attachment 8) for each service proposed? \***

[ ]  **Attached the following supporting documents?\***

[ ]  Roster of your current Board of Directors.

[ ]  Minutes from your agency’s last three Board of Directors meetings.

[ ]  Current verification of nonprofit status or evidence of incorporation or status as a legal entity.

[ ]  If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

[ ]  **A copy of the agency’s current fiscal year’s financial statement reports, consisting of the Balance Sheet, Income Statement, and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.**

**[ ]  A copy of the agency’s most recent audit report.**

**[ ]  A copy of the agency’s most recent fiscal year-ending Form 990 report.**

**[ ]  A current certificate of commercial liability insurance.**

[ ]  **If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service?**

[ ]  **If you are proposing to use another organization’s facility to deliver your services, attach a signed letter of intent or collaboration from that agency’s Director or other authorized representative.\***

**\****These documents do not count against the page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on Thursday, November 8, 2018.** Application packets received after this deadline will not be considered. See Application Section I for submission instructions.



**City of Seattle**

**Human Services Department**

**2018 Community Living Connections RFQ**

**Application Cover Sheet**

|  |  |
| --- | --- |
| 1. Applicant Agency:
 | 4 Community |
| 1. Agency Executive Director:
 | Edie D |
| 1. Agency Primary Contact
 |
|  | Name: | Edie D | Title: | Executive Director |
|  | Address: | 1000 Agency Street |
|  | Email: | DEdie@Agency.org |
|  | Phone #: | (111) 111-1111 |
| 1. Organization Type
 |
|  | [x]  Non-Profit | [ ]  For Profit | [ ]  Public Agency | [ ]  Other (Specify):       |
| 1. Federal Tax ID or EIN:
 | 11-1111111 | 1. DUNS Number:
 | 111111111 |
| 1. WA Business License Number:
 | 111111111 |
| 1. Proposed Program Name:
 | Community Living Connections |
| 1. Service:
 | Information and Assistance  |
| Focus Population(s): | Black/African American  |
| # of participants to be served (unduplicated): | 500 |
| Region of King County: | South King County, Seattle |
| Priority Populations: | Low Income, Rural |
| Limited English (Languages): | Amharic, Somali, Arabic, Cantonese, Mandarin, Spanish |
| 1. Service:
 | Information, Assistance and Outreach for Caregivers |
| Focus Population(s): | Black/African American |
| # of participants to be served (unduplicated): | 150 |
| Region of King County: | South King County, Seattle |
| Priority Populations: | Low Income, Rural |
| Limited English (Languages): | Amharic, Somali, Arabic, Cantonese, Mandarin, Spanish |
| 1. Service:
 | Options Counseling |
| Focus Population(s): | Black/African American |
| # of participants to be served (unduplicated): | 100 |
| Region of King County: | South King County, Seattle |
| Priority Populations: | Low Income |
| Limited English (Languages): | Amharic, Somali, Arabic, Cantonese, Mandarin, Spanish |
| **Authorized physical signature of applicant/lead organization**  |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* |
| Name and Title of Authorized Representative: | Edie D |
| Signature of Authorized Representative: |  | Date: | 8/22/18 |
|  |  |  |  |

**2018 Community Living Connections RFQ**

**Community Living Connections Program Model**



Information and Assistance

TCARE®

Care Coordination

Information and Assistance

Options Counseling

Unpaid Caregiver

Older Adult or Adult with a Disability

Caregiver

Counseling

Caregiver Support Groups

Caregiver Training

Consultation

Respite

**2018 Community Living Connections RFQ**

**Care Coordination Best Practices**

Care Coordination is short term case management for older adults and adults with disabilities who need assistance and do not have help from someone else to access and obtain community-based resources. This document is a “best practice” guide for agencies providing Care Coordination in the Community Living Connections provider network in King County.

The primary goals of Care Coordination are to:

* Assist an individual to develop a person-centered service plan of care that enables them to reside in the setting of their choice.
* Help facilitate implementation of the service plan and to monitor that plan as requested and needed. Care Coordinators support an individual by providing culturally and linguistically appropriate services, decreasing barriers, and coordinating and offering assistance to access needed services.

**Eligibility:**

Care Coordination services are available to older adults 60+ or adults 18+ with a disability residing in King County who are:

* Not receiving Aging and Long-Term Support Administration (ALTSA) funded Long Term Core services; and
* Require multiple services and/or related activities performed on their behalf; and
* Are unable to obtain the required services and/or perform the required activities for themselves; and
* Do not have family or friends who are able and willing to provide adequate assistance; and
* Have the cognitive capacity and ability to partner with a Care Coordinator, participate in care planning, and follow-through on agreed upon responsibilities.

**Priority:**

Priority will be given to individuals who:

* Need assistance with at least one activity of daily living (ADL) or two instrumental activities of daily living (IADL).

**Duties include:**

1. Comprehensive assessment
	1. Care Coordinator conducts a face-to-face, person-centered comprehensive assessment in the participant’s home or place of their choice. Re-assessment is conducted at least every 12 months or when there is a significant change in the participant’s condition.
2. Service plan
	1. Care Coordinator partners with participant, and collateral contacts as appropriate, to create the service plan. The service plan identifies the participant’s needs, how those needs will be met, who will meet those needs, and clear outcomes and goals.
	2. The service plan is clearly communicated to the participant, in a language understandable to the participant, and the participant agrees to the service plan.
	3. The service plan includes:
		1. Participant needs and goals
		2. When services are performed and by whom
		3. Responsibilities of the participant and/or informal support system
		4. Other needs and participant preferences
		5. Follow-up indicating that participant goal has been reached or describing unmet need
3. Follow-up
	1. Care Coordinator coordinates activities with other service agencies, links participants to community resources, and coordinates or facilitates paperwork for specific services such as public benefits (Medicaid eligibility, Supplemental Nutrition Action Program, Section 8 housing, social security, etc.).
	2. Care Coordinator advocates and assists participants to overcome barriers that impact their ability to function independently.
	3. Care Coordinator monitors participants at least monthly to review the plan and adjust when necessary to meet participant’s needs.
	4. Follow-up may be provided over the phone, in person, or via secure electronic communication.
4. Termination Planning
	1. Prior to closing a case, Care Coordinator ensures there is a stable plan of care and that appropriate follow-up procedures are in place, if needed.
	2. Date of termination and reason for termination must be included in the case record. Participants are terminated for a variety of reasons including, but not limited to:
		1. Service plan goals are met
		2. Three months of no response from the participant
		3. Services are declined
		4. Moved out of the area
		5. Placed into a care facility
		6. Deceased
		7. Placed on long term support services
5. Documentation
	1. Care Coordinator will obtain required documents including, but not limited to: participant rights; confidentiality; consent for services; and release of information to communicate with other family members, collateral contacts, and other services providers when appropriate.
	2. All participant contact and services provided during the assessment, care coordination, termination, and follow-up must be recoded in a participant case file.
	3. Care Coordinator will document case/progress notes using DAP (Data, Assessment, Plan), SOAP (Subjective, Objective, Assessment, Plan), or other similar professional standard for case notes.

Examples of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL):

|  |  |
| --- | --- |
| ADL: | IADL: |
| Eating | Cooking |
| Toileting | Shopping |
| Walking | Chores |
| Transferring | Driving |
| Dressing | Heavy housework |
| Bathing | Phoning |
| Medication management | Money management  |

**2018 Community Living Connections RFQ**

**Cities by Region of King County**

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

**2018 Community Living Connections RFQ**

**Data Security Requirements**

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

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

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

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

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

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

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

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

e. **Paper documents.** Any paper records must be protected by storing the records in a secure area which is only accessible to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

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

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

h. **Data storage on portable devices or media.**

(1) DSHS/ADS data shall not be stored by the Contractor on portable devices or media unless specifically authorized within the Special Terms and Conditions of the contract. If so authorized, the data shall be given the following protections:

(a) Encrypt the data with a key length of at least 128 bits

(b) Control access to devices with a unique user ID and password or stronger authentication method such as a physical token or biometrics.

(c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.

Physically protect the portable device(s) and/or media by:

(d) Keeping them in locked storage when not in use

(e) Using check-in/check-out procedures when they are shared, and

(f) Taking frequent inventories

(2) When being transported outside of a secure area, portable devices and media with confidential DSHS/ADS data must be under the physical control of contractor staff with authorization to access the data.

(3) Portable devices include, but are not limited to; handhelds/PDAs, Ultramobile PCs, flash memory devices (e.g. USB flash drives, personal media players), portable hard disks, and laptop/notebook computers if those computers may be transported outside of a secure area.

(4) Portable media includes, but is not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. floppy disks, tape, Zip or Jaz disks), or flash media (e.g. CompactFlash, SD, MMC).

**3.** **Data Segregation.**

a. DSHS/ADS data must be segregated or otherwise distinguishable from non-DSHS/ADS data. This is to ensure that when no longer needed by the contractor, all DSHS/ADS data can be identified for return or destruction. It also aids in determining whether DSHS/ADS data has or may have been compromised in the event of a security breach.

b. DSHS/ADS data will be kept on media (e.g. hard disk, optical disc, tape, etc.) which will contain no non-DSHS/ADS data. Or,

c. DSHS/ADS data will be stored in a logical container on electronic media, such as a partition or folder dedicated to DSHS/ADS data. Or,

d. DSHS/ADS data will be stored in a database which will contain no non-DSHS/ADS data. Or,

e. DSHS/ADS data will be stored within a database and will be distinguishable from non-DSHS/ADS data by the value of a specific field or fields within database records. Or,

f. When stored as physical paper documents, DSHS/ADS data will be physically segregated from non-DSHS/ADS data in a drawer, folder, or other container.

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

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

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

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

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

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**Summary of Proposed Services Sample**

