

REQUEST FOR QUALIFICATIONS FOR Quality Assurance Advisor

The South Puget Intertribal Planning Agency (SPIPA), is a nonprofit organization under IRS Code 501(c)3. SPIPA was chartered in 1976 through a Tribal intergovernmental compact. The SPIPA organization currently provides services to the Chehalis, Nisqually, Shoalwater Bay, Skokomish and Squaxin Island Tribes. SPIPA looks to support each of its member Tribes' vision of success and wellness for their community members.

One of SPIPA's fiscal administrative requirements is to obtain competitive bids for contractual services.

SPIPA is soliciting qualifications from a licensed Registered Nurse, Advanced Registered Nurse Practitioner, Certified Nurse Midwife, or related certification that have the capability to ensure women receive quality and timely breast and cervical cancer screening and diagnostic work through the Native Womens Wellness Program (NWWP). The purpose of the SPIPA NWWP is **to reduce breast and cervical cancer morbidity and mortality** within the consortium tribes through the provision of high-quality breast and cervical cancer screening services and culturally-informed patient navigation services that will assist individuals with understanding and accessing services, such as timely follow-up, HPV vaccinations and supports along the continuum of care. Services to be provided 15 hours per week with occasional travel required to consortium tribe locations and selected conferences and trainings.

A three-page **Qualifications Form** is provided with this announcement (see Attachment A). **All bidders are asked to use this form. All bids should be for a dollar amount for 24-months of Quality Assurance (QA) services to the Native Womens Wellness Program.**

A. BIDDING SCHEDULE

May 1, 2025	Request for Qualifications issued
May 26, 2025	Deadline for submission of qualifications
May 27- June 2, 2025	Qualification evaluation
June 13, 2025	Award vendor contract
June 30, 2025	QA services commence

B. RIGHT TO REJECT

This RFQ does not commit SPIPA to accept any qualifications submitted, nor is SPIPA responsible for any costs incurred in the preparation of responses to this RFQ. SPIPA reserves the right to reject any or all qualifications, to accept or reject any or all items in the qualification, **and/or** to award the contract in

whole or in part as is deemed to be in the best interest of SPIPA. SPIPA reserves the right to cancel, delay, amend or reissue the RFQ at any time.

C. AWARD OF CONTRACT

Each respondent submitting a qualification will be notified in writing or via e-mail of SPIPA's decision concerning their qualifications. Formal notification to award a contract and the actual execution of a contract are subject to the following conditions:

- Receipt of funds from federal and state administering agencies, and
- Results of negotiations between selected vendor and SPIPA administrative fiscal staff, and
- Continued availability of SPIPA funds, and
- Approval by the SPIPA Board of Directors.

The final award of contract will be made to the vendor, which in the opinion of SPIPA is best qualified based on the content of the qualifications, experience of the vendor providing Quality Assurance services for tribal entities and fees.

Indian Preference shall be given as follows:

- Whenever financially and/or programmatically feasible, Native American vendors shall be sought for provision of goods and services through the publication of notices.
- SPIPA shall assure selection of Native American vendors as a preference whenever an Indian vendor(s) meets the requirements as published.
- When multiple applicants meet the Indian Preference guidelines, the vendor that best fills the needs of the Agency shall be selected.

D. TERM OF SERVICES

The term of the awarded contract shall be for 24 months (June 30, 2025 – June 29, 2027). Any contract extension shall be based on the contractor's prior performance. Work to be performed under the contract shall not be assigned to another vendor or individual without the prior written consent of SPIPA.

E. TERMINATION OF SERVICES

Either party upon a thirty (30) day written notice may terminate the service contract for any noted reason.

F. EQUAL OPPORTUNITY

Minority- and women-owned businesses will be afforded full opportunity to submit quotes in response to this RFQ and will not be discriminated against in the awarding of any contract resulting from this solicitation.

G. GRIEVANCE PROCESS

Any prospective respondent or actual bidder or contractor who is allegedly aggrieved in connection with the solicitation of a bid or award of a contract shall have the right to protest. The aggrieved must define, in writing, the reason(s) for the protest and forward the letter of protest to the office of SPIPA’s Executive Director. The time limit for such action is five (5) calendar days after the contract award has been announced by the SPIPA Board.

H. QUALIFICATION DEADLINE

In order to be considered, a written Qualification Form (See Attachment A to this Request for Qualification) and a 1-page narrative must be received by Jamie Nikander, Health and Wellness Programs Manager by:

Date: May 26, 2025
Time: 4:00 pm PST
Mail: SPIPA
3104 SE Old Olympic Hwy
Shelton, WA 98584
Email: jnikander@spipa.org

No qualifications will be accepted after this date and time. Qualifications received after this deadline shall not be considered for evaluation or award.

Qualifications can be e-mailed to jnikander@spipa.org Put “QA ADVISOR QUALIFICATION FORM” in the subject line.

I. SOLICITATION QUESTIONS

All questions regarding this RFQ shall be submitted in writing via e-mail to: jnikander@spipa.org

QUALIFICATIONS FORM

- Name of the proposing service provider: _____
- Local Address: _____
- Telephone Number: _____ Fax Number: _____
- E-mail Address: _____
- Name of Contact Person: _____
- Telephone No. of Contact Person: _____ Email: _____
- Current Medical License/Certification: _____
- License /Certification Number: _____
- NPI Number: _____

• **Affirmation:**

I affirm that the following information provided within this qualification, to the best of my knowledge, is true and accurate. Further, I am duly authorized to submit this qualification on behalf of myself/this organization. I also understand that myself/ my organization will be responsible for meeting all service requirements as set forth in this RFQ. I fully affirm and understand that failure to meet these requirements may result in the submitted qualifications not being considered.

Name (print) _____ Title: _____

Authorized Signature: _____ Date: _____

Proposed Scope of Work: *Description of Quality Assurance services to be provided by contractor. Items listed below are a minimum or baseline for services:*

Services to be provided 15 hours per week at the IPC in Shelton, WA with occasional travel required to consortium tribe locations and selected conferences and trainings.
Provide expert knowledge regarding standards of care for breast and cervical cancer to the NWWP team and provides assistance in all medically-relevant program activities.
Communicate with the women's health providers at the participating Tribal clinics regarding the quality of reported data and possible missing data, which could include conducting on-site chart reviews in order to improve data reporting and to ensure that the policies and procedures of the NWWP and the Tribal clinics are followed and utilize the data to identify the never or rarely screened program eligible women.
Communicate with the NWWP Coordinator regarding patients in need of timely follow-up care, missing data or other area of concern. Report to the Cancer Program Coordinators, as needed, regarding areas requiring improvement in order to ensure quality data reporting and quality health care for patients.
Develop systems to streamline referral processes for Tribal clinics and address identified barriers to care.
Review and enter data from tracking forms in order to ensure screening and diagnostic procedures for patients are followed in accordance with the policies and requirements of the program.
Provide technical assistance for SPIPA's Comprehensive Cancer Control Program (CCCP) and the Native Women's Wellness Program (NWWP) related to breast and cervical cancer screenings.
Coordinate quarterly Clinical Update/roundtable for Tribal Clinic providers and other appropriate staff involved with the SPIPA Cancer Programs and coordinate additional intertribal provider meetings as decided by health care providers.
Be an active member of the Community and Medical Advisory Committees
Provide program reports as requested in a timely manner and provide a final program report within thirty (30) days of the contract end date.
Ability to provide proof of medical certification and annual maintenance

Please prepare a 1-2 page narrative describing relevant qualifications and experience and provide as an email attachment with the qualifications form.

Outline of information to include in narrative:

Approach & Understanding of Work Proposed to be Performed- A discussion of the responders general understanding of the scope of services to be provided and the major work tasks to be performed:

Relevant Experience & Biography- The qualifications must include education, project roles, and related qualifications, past relevant experience. This includes a brief description of relevant projects and the exact responsibility supporting each project. Include the clients name, address and phone number.

References- 2 Professional references that include the person’s name address and phone number.

Base Wage Range Proposal- (monthly)

Claiming Native Preference-List tribal affiliation and enrollment #

Bid amount, per month, for project completion of these Quality Assurance services, \$_____per month with total

contract amount for 24 months of \$_____

Submitted by Authorized Contact: (print name)

Print name

Signature