



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**COUNTY OF ALAMEDA
BEHAVIORAL HEALTH CARE SERVICES (BHCS)**

**ADDENDUM NO. 2
TO
RFP NO. 13-04
FOR**

**SUBSTANCE USE DISORDER (SUD) TREATMENT FOR BAY AREA SERVICES NETWORK
(BASN) AND AB 109 PARTICIPANTS**

NOTICE TO BIDDERS

THIS COUNTY OF ALAMEDA, BHCS RFP ADDENDUM HAS BEEN ELECTRONICALLY ISSUED TO POTENTIAL BIDDERS VIA E-MAIL. E-MAIL ADDRESSES USED ARE THOSE IN THE COUNTY'S SMALL LOCAL EMERGING BUSINESS (SLEB) VENDOR DATABASE OR FROM OTHER SOURCES. IF YOU HAVE REGISTERED OR ARE CERTIFIED AS A SLEB PLEASE ENSURE THAT THE COMPLETE AND ACCURATE E-MAIL ADDRESS IS NOTED AND KEPT UPDATED IN THE SLEB VENDOR DATABASE. THIS RFP/Q ADDENDUM WILL ALSO BE POSTED ON THE BHCS WEBSITE LOCATED AT [HTTP://WWW.ACBHCS.ORG/DOCS/DOCS.HTM#RFP](http://www.acbhcs.org/docs/docs.htm#RFP) AND THE GENERAL SERVICES AGENCY (GSA) CONTRACTING OPPORTUNITIES WEBSITE LOCATED AT & [HTTP://WWW.ACGOV.ORG/GSA/PURCHASING/BID_CONTENT/CONTRACTOPPORTUNITIES.JSP](http://www.acgov.org/gsa/purchasing/bid_content/contractopportunities.jsp).

The following Sections have been modified to read as shown below. Changes made to the original RFP document are in **bold** print and highlighted, and deletions made have a ~~strike~~ through.

CORRECTIONS TO THE RFP & FILLABLE FORMS TEMPLATE

- **Page four of the RFP should read:**
AB 109 eligible individuals will be referred by their Probation Officer to BHCS' Acute Crisis Care and Evaluation for System-Wide Services (ACCESS) **or other contracted provider.** In turn, ACCESS **or other contracted provider** will use the ASAM PPC-2R criteria to screen, assess for level of care need and refer participants into the most appropriate SUD treatment modalities.
- **Page five of the RFP should read:**
Proposals may not exceed the maximum contract amount per **sub-modality**/region, as listed in Table 2. Proposals with budgets that exceed the contract maximum shall be disqualified from the evaluation process and will not be scored by the CSC/Evaluation Panel.
- **Page six of the RFP should read:**

Table 1

Treatment Modality ¹	Maximum Number of Contracts BHCS Intends to Award	Maximum Bid Amount per Sub-Modality/Region	Maximum Amount per Sub-Modality/Region
1. Residential Treatment ²	4	Male or co-ed ³ : \$275,388	\$550,776
	1	Female, Non-Perinatal: \$64,797	\$64,797
	1	Female, Perinatal: \$32,398	\$32,398
2. Non-Residential Outpatient Treatment (Relapse Prevention, Non-Intensive Treatment, Intensive Treatment and Day Treatment)	4	North: \$148,634	\$297,268
	2	Central: \$99,454	\$99,454
	1	South: \$69,454	\$69,454
	1	East: \$31,093	\$31,093
3. Sober-Living Environment (SLE) ⁴	3	North Male or co-ed ⁵ Only : \$139,268	\$278,536
	2	Central Male or co-ed Only ⁶ : \$118,345	\$118,345
	1	South Male or co-ed only ⁷ : \$67,345	\$67,345
	1	Female Only ⁸ : \$81,923	\$81,923
Total			\$1,691,389.00

Primary responsibility for decisions regarding referrals placements and periodic level of care changes will be centralized with Center Point, the current contracted provider for BASN. BHCS'

¹ See Scope section of this RFP for treatment modality definitions.

² BHCS is not distributing Residential Treatment by County Region.

³ **If the proposal is for co-ed residential treatment, the female residents must be separated from the male residents in different dorms, wings or buildings. There also must be at least some treatment programming that is separated by gender to address gender-specific issues.**

⁴ Of the total for SLE, \$546,149, no more than fifteen percent should be funded for female or female perinatal. There is no regulatory distinction between the two, and the populations can be mixed.

⁵ **If the proposal is for co-ed SLE, the female residents must be separated from the male residents in different dorms, wings or buildings.**

⁶ **If the proposal is for co-ed SLE, the female residents must be separated from the male residents in different dorms, wings or buildings.**

⁷ **If the proposal is for co-ed residential treatment, the female residents must be separated from the male residents in different dorms, wings or buildings.**

⁸ County region is not specified for this sub-modality.

ACCESS and Authorizations units **or other contracted provider** will manage this function for AB 109.

- **Page seven of the RFP should read:**

BHCS' Authorization unit **or other contracted provider** will conduct periodic utilization reviews using the ASAM PPC-2R and may determine that the participant's needs have changed and require a different treatment modality. The treating program will provide care coordination, as defined above, including transition to a different level of treatment as per BHCS' Authorization unit **or other contracted provider's** review.

Participants shall be retained within the treatment program to which they were referred for the time or number of visits recommended by Center Point for BASN or ACCESS and Authorizations **or other contracted provider** for AB 109.

- **Page sixteen of the RFP should read:**

Completeness of Response		
Copies, Page Length & Format	Check for one original in a binder and seven unbound copies of the proposal.	Complete/Incomplete and Meets Minimum Requirements/ Fails to Meet Minimum Requirements
1. TITLE PAGE	Reviewed to ensure Bidders are not identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov .	
EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE		
2. LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY		
3. VENDOR MINIMUM QUALIFICATIONS	Reviewed to determine whether the Bidder had demonstrated that they meet all Vendor Minimum Qualifications.	
4. ORGANIZATIONAL CAPACITY & REFERENCE	Reviewed for completeness, Dunn and Bradstreet rating and organization's financial stability.	

- **Page seventeen of the RFP should read:**

- a. **Licensure and Certification**⁹

For each treatment modality, Bidder must have a separate tab labeled as: "Priority Population and Service Delivery Approach for X treatment modality" and must respond to the following:

- How thoughtful, thorough and realistic is Bidder's plan to maintain required licensure and certification per treatment modality?¹⁰
How thoughtful, thorough and realistic is Bidder's staffing and supervisory infrastructure to manage each treatment modality?

- **BHCS has corrected and revised the Fillable Forms Template.**

- **Page one of the Fillable Forms Template should read:**

⁹Bidder must provide a response for each treatment modality.

¹⁰Bidder **must may** include a copy of each certification and licensure per treatment modality **to receive points.**

1. TITLE PAGE

Complete form and submit one in each proposal in no more than one page.

Bidder Organization Name			
Applying for (check all that apply)	Treatment Modality	Number of Programs	Proposed Location
	<input type="checkbox"/> Residential Male or co-ed¹¹		
	<input type="checkbox"/> Residential Female, Non-Perinatal		
	<input type="checkbox"/> Residential Female, Perinatal		
	<input type="checkbox"/> Non-Residential Outpatient, North		
	<input type="checkbox"/> Non-Residential Outpatient, Central		
	<input type="checkbox"/> Non-Residential Outpatient, South		
	<input type="checkbox"/> Non-Residential Outpatient, East		
	<input type="checkbox"/> SLE North, Male or co-ed¹² Only		
	<input type="checkbox"/> SLE Central Male or co-ed¹³ Only		
	<input type="checkbox"/> SLE South Male or co-ed¹⁴ Only		
<input type="checkbox"/> SLE Female Only			
Bidder Organization's Headquarter Address			
City/State/Zip			
Name of Contact Person		Title	
Phone		Email	
Proposal Date			

¹¹ If the proposal is for co-ed residential treatment, the female residences must be separated from the male residences in different dorms, wings or buildings. There also must be at least some treatment programming that is separated by gender to address gender-specific issues.

¹² If the proposal is for co-ed SLE, the female residences must be separated from the male residences in different dorms, wings or buildings.

¹³ If the proposal is for co-ed SLE, the female residences must be separated from the male residences in different dorms, wings or buildings.

¹⁴ If the proposal is for co-ed SLE, the female residences must be separated from the male residences in different dorms, wings or buildings.

- **Page four of the Fillable Forms Template should read:**
8. The undersigned also acknowledges **ONE** of the following, **if applicable**. Please check only one box, **if applicable**.

- Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
- Bidder is a certified SLEB and is requesting **10% 5%** bid preference (Bidder must check the first box in Item 4 above and provide its SLEB Certification Number); **OR**
- Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:
 - Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
 - Proof of six (6) months business residency, identifying the name of the vendor and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

- **Page eight of the Fillable Forms Template should read:**

4. ORGANIZATIONAL CAPACITY AND REFERENCE

Complete and submit one in the original proposal only.

4. a. Fiscal Management Capacity: Include a recent copy (within the last twelve months) of Bidder's Dun & Bradstreet Qualifier Report and **or Bidder's Audited Financial Statements from the last three years and** include as **ATTACHMENT 1A**.

- Bidder's Dun & Bradstreet Supplier Qualifier Report must be ranked a six or lower for BHCS to consider Bidder for contract award.
- **To be considered for contract award, Bidder's audited financial statements must be satisfactory, as deemed solely by the County. BHCS reserves the right to disqualify proposals with unsatisfactory audited financial statements. Disqualified proposals will not be evaluated by the CSC/Evaluation Panel and will not be eligible for funding under this RFP.**
- For information on how to obtain a Supplier Evaluation Report, contact Dun & Bradstreet at 1.866.719.7158 or visit www.dnb.com.

Complete and submit one copy.

4. b. Insurance: Go to: <http://www.acbhcs.org/providers/network/docs.htm> to locate the appropriate insurance form and include Bidder's current and appropriate insurance documents as **EXHIBIT C: INSURANCE REQUIREMENTS**.

- **Page ten of the Fillable Forms Template should read:**

5. BIDDER EXPERIENCE, ABILITY AND PLAN

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than three and a half pages per treatment modality and region:

5. a. Priority Population and Service Delivery Approach Design: Provide an overview of the proposed treatment modality design in the region Bidder is proposing to serve, including the following components:

- List all of the treatment modalities Bidder is proposing to provide and how they will be coordinated;
- The characteristics of the priority population(s) per treatment modality;
- Bidder's plan to provide culturally responsive services to the priority population.
- The proposed treatment modality design including:
 - Identification of the use of an EBP or PP model(s) including the following:

- Key characteristics of the model(s) and a brief discussion of the model's effectiveness with populations similar to the priority population;
- Any adaptations to the model(s);
- Why this model was chosen above others;
- Description of how Bidder's staff implements the model(s); and
- How Bidder maintains and monitor's fidelity to the model(s).
- The proposed service delivery process and engagement from intake to discharge;
- The number of unique clients that will be served per year and at any given time;
- The staffing configuration; and
- Where service site(s) will be located (provide detailed and specific information on co-ed programs, if applicable).

• **Page nineteen of the Fillable Forms Template should read:**

Complete and submit in each proposal.

5. c.

- iii. Describe Bidder's current organizational chart, describing an overview of Bidder's current organizational structure. Insert where all proposed treatment modalities would fit as ATTACHMENT 2A in one page.
- iv. A second chart, describing staff and supervision linkages for each proposed treatment modality ATTACHMENT 2B in one page each. For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs per treatment modality:
- v. Bidder's staff roles and responsibilities who will work in each proposed treatment modality and sub-modality and region and:
 - One-page resumes for each currently employed staff, which will fill each treatment modality roles as ATTACHMENT 3A.
 - One-page job descriptions for each yet-to-be hired staff, which describe the necessary roles for each treatment modality, responsibilities and qualification requirements for each position as ATTACHMENT 3B.

• **Page 20 of the Fillable Forms Template should read:**

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:

- 5. d. i. Licensure and Certification: Describe Bidder's plan to maintain the required licensure and certification as required in this RFP as ATTACHMENT 4.

• **Page 21 of the Fillable Forms Template should read:**

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:

- 5. d. ii. Describe Bidder's staffing and supervisory infrastructure to manage and deliver the proposed modality.

• **Page 22 of the Fillable Forms Template should read:**

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:

- 5. e. Partnerships and Coordination:
 - Describe Bidder's experience forming partnerships and/or collaborations, including

challenges and solutions in forming and sustaining partnerships.

- *Describe Bidder's plan to collaborate with other agencies and specific purpose of collaboration. Include names of any collaborating agencies.*
- *Optional: If Bidder is planning to collaborate/partner to provide more than one treatment modality, describe Bidder's plan, including the following:*
 - *Names, specific roles and locations of collaborating agencies;*
 - *Hand off process from one provider to another;*
 - *Data sharing process; and*
 - *Treatment update process.*
 - *If applicable, include a Memorandum of Understanding as ATTACHMENT 5.*

- **Page 25 of the Fillable Forms Template should read:**

6. COST

For each treatment modality and sub-modality/region and site (each address), Bidder is proposing to serve include the following, separated by labeled tabs per treatment modality:

- 6. a. Using the BHCS provided template, provide a 2012-13 budget as EXHIBIT B-1: FUNDED PROGRAM and B-2: AGENCY COMPOSITE BUDGET. The budget must match the proposal and Implementation Schedule and Plan. See instructions below.*

- **Page 29 of the Fillable Forms Template should read:**

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:

- 6. b. Include a budget narrative to describe the budget.*

- **Page 31 of the Fillable Forms Template should read:**

7. IMPLEMENTATION SCHEDULE AND PLAN

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than two pages per treatment modality:

- 7. a. Include Bidder's Implementation Schedule and Plan.*

- **Page 33 of the Fillable Forms Template should read:**

For each treatment modality and sub-modality/region, Bidder is proposing to serve include the following, separated by labeled tabs in a no more than one page per treatment modality:

- 7. b. Identify and describe Bidder's strategies for mitigation of risks and barriers, which may adversely affect the program's implementation.*

CORRECTIONS TO THE BUDGET WORKBOOK

- **BHCS has unprotected the Depreciation Schedule Tab in the Workbook.**

FORMAT QUESTIONS

Q.1. Can a Bidder submit proposals for multiple regions?

A.1. Yes.

Q.2. There is no separate box in the Fillable Forms for Optional 5.a. Will Bidders need to include that on other pages in 5.a.?

A.2. Yes. Bidders have three and a half pages total to include responses to 5.a. including the optional questions.

Q.3. Where should Bidders insert attachments in each proposal?

A.3. Bidders should submit attachments immediately after the prompting page in the Fillable Forms Template. Attachments should be included and labeled with tabs in each proposal copy, unless otherwise specified in the instructions.

Q.4. If each modality requires a separate proposal, how do these instructions work?

A.4. Each Bidder must include one proposal with separate tabs for each modality/region. The Fillable Forms Template is meant to reduce the need for Bidders to answer redundant questions; however, some responses, as specified in the Fillable Forms Template, must be customized per modality/region.

Bidders may use the below guide to help them with submitting a proposal with multiple modalities/regions.

For example, if Bidder is proposing to serve:

- Residential Co-ed
- Outpatient North
- Outpatient Central

Then the proposal would be compiled like this:

Section	Count included	Tab name
Electronic copy (PDF) on flash drive or CD	1 (included with original)	Label the flash drive or disc
Copies	7	N/A
Title Page	1	N/A
Exhibit A	1	Exhibit A
Executive Summary	1	Executive Summary
3. Vendor Minimum Qualifications	1	3. Vendor Minimum Qualifications
4.a. D&B Qualifier Report or last three years Audited Financial Statements	1 (only included in original)	4.a. D&B Qualifier Report or Audited Financial Statements
4.b. Copy of insurance	1 (only included in original)	4.b. Insurance (Exhibit C)
4.c. References	1	4.c. References
5.a.	3 (one response for each modality and region: Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 5.a. Residential Co-ed • 5.a. Outpatient North • 5.a. Outpatient Central
5.b.	1	5.b.
5.c. i-ii.	1	5.c..i-ii.
5.c.iii-v.	5.c.iii-iv. 1 5.c.v. 3 (one response for each modality and region:	5.c.iii-v. <ul style="list-style-type: none"> • 5.v. Residential Co-ed

	Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 5.v. Outpatient North • 5.v. Outpatient Central
5.d.i	3 (one response for each modality and region: Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 5.d.i. Residential Co-ed • 5.d.i. Outpatient North • 5.d.i..Outpatient Central
5.d.ii.	3 (one response for each modality and region: Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 5.d.ii. Residential Co-ed • 5.d.ii. Outpatient North • 5.d.ii. Outpatient Central
5.e.i-iii	3 (one response for each modality and region: Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 5.e.i-.iii. Residential Co-ed • 5.e.i-.iii. Outpatient North • 5.e.i-.iii. Outpatient Central
5.f.	1	5.f.
6. Cost	3 completed workbooks (one response for each modality and region: Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 6. Residential Co-ed • 6. Outpatient North • 6. Outpatient Central
6. B-2 Agency Composite Budget	1	6. B-2 Agency Composite Budget
6.b.	3 (one response for each modality and region: Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 6.b. Residential Co-ed • 6.b. Outpatient North • 6.b. Outpatient Central
7.a.	3 (one response for each modality and region: Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 7.a. Residential Co-ed • 7.a. Outpatient North • 7.a. Outpatient Central
7.b.	3 (one response for each modality and region: Residential Co-ed; Outpatient North; Outpatient Central)	<ul style="list-style-type: none"> • 7.b. Residential Co-ed • 7.b. Outpatient North • 7.b. Outpatient Central
SLEB Partnering Sheet	1 Fill in first part, if applicable	SLEB Partnering Sheet
Exceptions, Clarifications, Amendments	1	Exceptions, Clarifications, Amendments

Q.5. For each treatment modality, Bidder must have a separate tab labeled as: “Priority Population and Service Delivery Approach for the specified treatment modality” Can BHCS clarify exactly where tabs should be in each proposal?

A.5. If Bidder is applying for more than one modality and region as defined in Table 2 of the RFP, separate proposal responses per each modality and region as prompted in the Fillable Forms Template. For example, if Bidder is applying for SLE in South County, the tab should

be labeled 'Priority Population and Service Delivery Approach for SLE in South County'. If Bidder's second modality is for SLE female only, the tab should be labeled 'Priority Population and Service Delivery Approach for SLE Female Only'. This should be followed throughout the proposal, as specified in the Fillable Forms Template.

Q.6. On page seventeen of Fillable Forms Template the only text boxes to fill in for '5. c. Planned Organizational Structure and Staffing' are for i-ii optional items (e.g., Optional: Describe Bidder's ability and plan to prepare for Health Care Reform). How should Bidders respond?

A.6. Bidders have two pages total to include responses to 5. c. i-ii, including the optional questions.

Q.7. Are these the only two Count forms to submit: Small Local Emerging Business (SLEB) Partnering Information Sheet and Exceptions, clarifications and amendments?

A.7. No. See page 31 of the RFP and the Fillable Forms Template for instructions.

Q.8. Does BHCS require double-sided proposals/copies?

A.8. BHCS strongly encourages double-sided copies. Inability to comply with double-sided printing will have no bearing on a Bidder's score.

Q.9. With all attachments being inserted between Fillable Forms Template (e.g., org charts etc.), what are the page numbering requirements for the whole proposal – consecutively, or leave page numbers from the Fillable Forms Template?

A.9. Bidders do not need to re-number pages. Bidders should use tabs to label attachments. Non-requested attachments should not be included and will be redacted prior to evaluation of proposals.

Q.10. Please explain the "separated by tabs" instructions. Does BHCS want actual plastic tabs on the pages of the original physical copy of RFP Bidders submit? Or does BHCS want plastic tabs on all the copies? Does PDF allow some kind of "tab separation" of pages in the electronic version that would show up in the copies?

A.10. Please see A.4. Once Bidders print the physical copies of their proposals, Bidders must use labeled tabs to separate the responses to the questions for each treatment modality and region, as specified in the Fillable Forms Template. BHCS has no preference of the use of paper or plastic tabs. All hard, physical versions of proposals (original and copies) must have the labeled tabs. For scanned/electronic copies in PDF format, BHCS does not require any 'tab separation'.

Q.11. If Bidders are applying for the same modality (for example, non-residential treatment) in two different regions, do Bidders have to complete the Fillable Forms Template for each one, in the same manner as for two different modalities?

A.11. Yes. BHCS expects Bidders to customize proposals based on the modality, region and target population. Bidders should also specify site address and specific co-ed programming and configuration, if applicable, in proposals.

Q.12. The RFP says information/data that Bidders input into the Fillable Forms Template cannot be saved on Bidder computers. This seems to suggest the whole RFP must be

filled out in one sitting. Or must Bidders print whatever is completed each time information is entered and then assemble the entire document from these printings?

A.12. BHCS has implemented the Fillable Forms Template to ensure consistent and appropriate length of responses. If a Bidder does not have the capability to save the Fillable Forms Template (Acrobat Pro) as a working document, then **BHCS suggests creating and saving a Word document, from which the Bidder may copy and paste final answers into the Fillable Forms Template.** Bidders should download many copies of the Fillable Forms Template as needed to complete the proposal. The copying and pasting should be done in one sitting and printed once the entire Fillable Forms Template is complete. This should then be printed, scanned and saved electronically for Bidder records and submitted on a labeled flash drive (or to a labeled CD) to BHCS.

Q.13. In cases where Bidders are asked to fill out separate pages or groups of pages for each modality, is there some way of copying the blank Fillable template pages? Or should Bidders fill them out for one modality, print those pages, then delete the text we have entered, fill it in again for the next modality, etc.

A.13. See A.12.

Q.14. How would BHCS like the electronic/PDF file of the proposal to be delivered; by email, by CD, or on a flash drive?

A.14 Please submit an electronic, PDF copy of the scanned proposal on a labeled flash drive or CD. Please do not e-mail proposals. See page 31 of the RFP Instructions to Bidders, first bullet.

Q.15 Does BHCS expects Bidders to print pages 1 to the end of the Fillable Form Template and all the instructions, etc.?

A.15. Bidders may print and include all pages of the Fillable Forms Template in their proposals or remove instruction pages before scanning and copying the final proposal.

Q.16. Page four of the Fillable Form Template. #8, second box indicates that "Bidder must check the first box in Item 4 above and provide its SLEB Certification Number". What does item 4 refer to?

A.16. BHCS will make corrections and re-release forms. See page three of this Addendum.

Q.17. When entering data into the Fillable Forms Template the cursor starts half way down the page but Bidders are only allowed one page and the instructions indicate that the information cannot be retyped into a Word document. What should the Bidders do?

A.17. BHCS will make corrections and re-release the Fillable Forms Template.

PROPOSAL QUESTIONS

Q.18. Given the structure of the RFP, is there any way of having one cost center/contract/program, which provides services at our Newark and Hayward sites [or must there be two of everything, including Reporting Unit (RUs)?

A.18. BHCS defines Newark as part of South County and Hayward as part of Central County; therefore, each site must have its own cost center and RU. See the Fillable Forms Template for instructions on how to submit proposals for two separate modalities and regions.

Q.19. Page 20 of the Fillable Forms says: 5.d.i. Licensure and Certification: Describe Bidder's plan to maintain the required licensure and certification as required in this RFP as ATTACHMENT 4. Does BHCS want Bidders to include copies of licenses and certifications as an attachment or just describe the plan to get them?

A.19. BHCS is requesting how Bidder will maintain specified licenses and certifications, not obtain them. BHCS expects Bidders to have appropriate certifications and licenses at the time of proposal submission. Bidders are not required to attach copies of licenses and certifications to their proposals; however, Bidders must successfully demonstrate that they have and are able to maintain appropriate licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with the proposed modality. See pages eleven and twelve of the RFP.

Q.20. Are support letters or MOUs needed? Where should Bidders insert them in proposals?

A.20. Letters of support are not required and should not be included. MOUs should be placed at the end of the proposal and clearly labeled. For example, if the MOU is for a female only SLE, it should be marked as such: 'MOU for SLE Female Only'.

Q.21. Can a single bidding agency propose more than one Outpatient or SLE contract?

A.21. A single Bidder may propose to serve more than one SLE region. Please see page five of the RFP.

Q.22. Can a Bidder submit two Outpatient treatment proposals, one for Day Treatment versus the other modalities? In other words, does Day Treatment have any kind of separate status from the other outpatient services?

A.22. No. For the purposes of this RFP, BHCS is defining Day Treatment as part of Non-Residential Outpatient Treatment modality. Bidder proposing to provide Outpatient Treatment must include all four sub-modalities. Please see page eight and nine of the RFP.

Q.23. In the "Evaluation Criteria Table 5" it appears that agencies proposing multiple treatment modalities can be awarded up to ten additional points. Should agencies form partnerships and submit proposals together so that they can together provide at least two modalities?

A.23. BHCS desires to contract with one provider per proposal for the categories defined in Table 2 on page six of the RFP. The type of "partnerships" intended in Evaluation Criteria as defined in Table 5 of the RFP are Memorandum of Understanding (MOU) arrangements between organizations to facilitate care coordination, and not necessarily the type of business partnerships that would require restructuring. Consequently, a Bidder may have arrangements for client information exchange with several organizations for care coordination, as might each of their "partner" organizations. The important elements of those partnerships between outpatient and SLE providers are listed as bullets on page twelve of the RFP. In turn, some partner organizations may wish to submit proposals as well. If so, they should do so separately and also describe their varied arrangements with other organizations, preferably with attached MOUs, as per page 22 of the Fillable Forms Template. Each bidder will be considered separately.

Q.24. Page three of RFP states that BHCS will not accept subcontractors, so how could a partnership be structured?

A.24. See A.23.

Q.25. What is the structure for agencies collaborating/partnering if there are no subcontractors allowed?

A.25. See A.23.

SLEB QUESTIONS

Q.26. The section describing the SLEB qualifications talks about the requirements for non-SLEB vendors to subcontract with a SLEB. Can BHCS provide clarification on the inclusion of subcontractors and professionals who are independent contractors in this proposal?

A.26. The SLEB policy is a County-wide procurement policy and BHCS follows County-wide policies. However, BHCS will not accept subcontractors for this RFP as specified on page three in the RFP. Therefore, BHCS encourages Bidders to become SLEB certified. The County Auditor is responsible for SLEB certification. Please visit <http://acgov.org/auditor/sleb/overview.htm> for more information.

Q.27. Can CBOs ignore references to and forms dealing with SLEBS? If not, how do we handle this issue in proposals?

A.27. The SLEB exemption policy only applies to agencies that are in the contracting process with BHCS. The exemption policy does not apply to procurement processes. BHCS is currently running a procurement process where Bidders may be eligible for up to ten additional percentage points. Therefore, BHCS strongly urges Bidders to contact the Auditor's Office and submit applications to become SLEB certified. Bidders should indicate, on their application, that they are part of RFP No. 13-04 and that it is due on January 29, 2013.

Q.28. Non-Profits are not eligible for SLEB status. Does this mean Non-Profits are at a point disadvantage from the start?

A.25. See A.26 and A.27.

Q.29. Do Bidders have to say anything about SLEBs in the exceptions, clarifications, amendments section of this Exhibit A or not?

A.29. No. However, non-profits and other exempt entities should submit proof of their exempt status, including 501 (c) 3 status.

Q.30. Page eighteen of the RFP indicates that Bidders will be awarded 5% preference points for SLEB and 5% preference points for Local designation. Page four of the Fillable Forms Template suggests that Bidders may request 10% bid preference for SLEB and 5% for Local designation. Please clarify the bid preference points for SLEB and Local designation.

A.30. Five percent bid preference points will be awarded for SLEB designation and five percent for Local designation. Please see Evaluation Criteria table on page eighteen of the RFP. Please see the correction on page three of this Addendum.

PROGRAM MODEL QUESTIONS

Q.31. Does a Bidder have to have an identified building for SLE and/or Residential at the time of the RFP submittal?

A.31. Yes. See page eleven through twelve of the RFP.

Q.32. Why are perinatal and non-perinatal now separated?

A.32. Perinatal and non-perinatal programs have always been separable. Bidders may apply for both.

Q.33. Page eight of the RFP states that the allowed service elements of non-residential treatment are listed as:

- **Habilitative Services**
- **Individual/Family/Group Counseling**
- **Collateral Services**
- **Care Coordination**
- **Treatment Planning**
- **Recreation**

Can a unit of service consist of any of these or a mix of these? (Group and Individual counseling during a three hour unit, for instance)?

A.33. A unit of service for non-residential treatment will either be an individual or group counseling service (with actual staff time recorded) as noted for an Outpatient Program on the BHCS Individual Staff Log –for County Programs used for INSYST. They are 311 - Collateral Services, 343 – Individual Counseling, 355 – Treatment Planning, 356 Discharge Planning, 371- Crisis Intervention, 555 – Intake and 351, Group Counseling Group 4 – 10 or Group Counseling <4 or > 10). The same minimum number of minutes for an individual visit and a group visit apply (usually 60 and 90 minutes for BASN). BHCS will look at the average total number of minutes in an individual or group visits. Available staff hours will be used to calculate claim/invoice payment and to assist in the allocation of costs in the Outpatient Drug Free (ODF) Workbook for co-mingled programs. Utilization/provision of units of service will be monitored/considered in BHCS' evaluation of programs. All service elements not specifically listed are considered to be provided as part of an all-inclusive rate or BHCS will work with funded contractor on any changes to these services.

Q.34. Page twelve of the RFP states “SLE Providers must successfully demonstrate that they have and are able to maintain California Association of Addiction Recovery Resources (CAARR) Sober Living Registration.” If a bidder does not currently operate an SLE, but plans to do so if awarded a contract under this RFP, how is the question of current CAARR SLE registration to be handled?

A.34. See A.31.

Q.35. Other than a different referral source, are there any other program differences between the AB109 and BASN participants?

A.35. There are several differences between BASN and AB109. Ones that might affect awarded Contractors are:

- The AB109 screening and referral by ACCESS or other contracted provider and periodic utilization review by BHCS Authorizations or other contracted provider are predominantly telephonic while those functions for BASN performed by Center Point are primarily in-person. Also, Center Point goes a step further to provide some case management functions to help coordinate other types of services.
- Awarded contractors reporting on treatment progress for BASN participants is with Parole, and for AB109 is with Probation.
- Some AB109 participants may find their way to treatment through other means than the prescribed protocol and not self-identify as AB109. BHCS will have a timely method of identifying those clients and notifying their providers. BHCS will ask the providers to then

begin usual proceedings including obtaining participant consent to enable progress reporting to Probation and to begin periodic utilization review with ASAM level of care criteria.

- Parole for BASN and Probation for AB109 may develop new and differing requirements in the future for data reporting; although, no current plans have been announced.
- Thus far, it appears there are fewer female AB109 clients than female BASN clients.

Q.36. Please clarify whether BHCS is seeking services for residential treatment for male only participants on page eight, Table 2 of the RFP. Was it the intent of BHCS to provide this level of funding for programs serving male participants only or can the Bidder propose a co-ed program?

A.36. Table 2 on page six of the RFP in the topmost of three lines referring to Residential Treatment, BHCS will change “Male” to “Male or Co-ed”, with the following footnote: “If the proposal is for co-ed residential treatment, the female residences must be separated from the male residences in different dorms, wings or buildings. There also must be at least some treatment programming that is separated by gender to address gender-specific issues.” See page two of this Addendum for the correction.

Q.37. Is there a minimum for the number of individual sessions?

A.37. Please see page nine of RFP.

BILLING QUESTIONS

Q.38. Will awarded contractors bill for units of service provided, for available staff hours, or for actual costs?

A.38. Outpatient programs will bill using available staff hours, but will be held accountable for service hours in the Exhibit A. SLE and Residential will bill based on a bed day rate.

Q.39. If billing is based upon actual units of service provided, are two hour units reimbursed at a different rate than one hour or three hour units?

A.39. No.

Q.40. Does perinatal have a higher reimbursement rate than non-perinatal to cover the child?

A.40. Rates are based on a cost established and awarded as a result of this RFP process.

Q.41. What specific costs are reimbursable under BASN and AB109, respectively, as it relates to children?

A.41. Expenses, such as food and diapers can be added for children.

Q.42. Will contracts be reimbursed on a fee-for-service; provisional fee for service or cost reimbursement basis?

A.42. Fee for service; however, all Contractors are subject to fiscal analysis, which may result in implementation/negotiation a change in contract terms.

BUDGET QUESTIONS

Q.43. What are Measure A Capital Costs? If Bidders received Measure A funding for capital improvements, why would this be included in a cost reimbursement worksheet?

A.43. The Budget Workbook is a standard template. Measure A may not be applicable to all Bidders.

Q.44. Are additional RFPs being released for AB109 services?

A.44. Please see pages three and four of the RFP. BHCS' FY 12-13 allocation of AB 109 funds for out-of-custody (community-based) SUD treatment is \$517,600.

Q.45. On page ten of the RFP, it says that perinatal programs may serve children up to five years of age. Can the children who will be served be considered when reporting the total number of unduplicated clients?

A.45. No.

Q.46. Can shelter, food and child care provided to client children be included in Bidder's BASN/AB109 budget?

A.46. Yes.

Q.47. Please confirm that the Agency Composite Budget is simply a representation of all income the agency projects to have in 2013-14, unrelated to any particular modality? In other words, this would be the same for all proposals submitted?

A.47. Yes. Bidders only need to submit one Agency Composite Budget.

Q.48. If a Bidder is using a physician, but the doctor is placed under Professional and Specialized services, how will this be calculated into the staff hours?

A.48. Bidders must include the available staff hours in the budget narrative.

CONTRACT QUESTIONS

Q.49. On page ten of the RFP, it says, "BHCS expects awarded providers to plan for and implement continuous staff training and quality improvement." What are the elements that BHCS is looking for in the required quality improvement process?

A.49. BHCS expects Bidders to respond to and compete on this.

Q.50. Can BHCS provide Bidders with cost per bed day that is considered reasonable for perinatal clients?

A.50. BHCS expects Bidders to respond to and compete on this.

Q.51. Are SLE contracts made by house/site or by number of slots? For instance, if a contractor operates more than one SLE house, will there be more than one contract? Conversely, if the contract is slot or bed-based, does the Bidder need to specify sites and the specific number of slots/beds per site in the proposal?

A.51. Each site/SLE facility is a cost center and slots/bed days must be specified.

Q.52. It looks like BHCS plans to offer only one County-wide contract for Female Only SLE (for \$81,923). Would BHCS consider splitting up this amount between different providers in different regions to allow for better access to beds across the county?

A.52. No.

Q.53. Please confirm that BASN and AB 109 funds are being consolidated into a single pot of funding. What are the processes by which awarded providers agencies will need to track and report on the two streams separately?

A.53. BASN and AB 109 are separate funding streams. BHCS will work with awarded contractors regarding the tracking and reporting requirements. BHCS will specify programmatic and fiscal requirements in resulting contracts to ensure regulatory compliance.

Q.54. Per RFP Addendum No. 1, is BHCS no longer billing Outpatient by staff hours?

A.54. BHCS is still billing by available staff hours.

Q.55. Can a Bidder request a partial allocation?

A.55. Yes. Please see page six, Table 2 of the RFP.

OTHER QUESTIONS

Q.56. Will BHCS be provide any resources or technical assistance to providers with client insurance/entitlement enrollment for Health Care Reform?

A.56. Yes, to awarded contractors.

Q.57. How much advantage will the current grantee have in the categories where only one award will be made?

A.57. Proposals will be scored based on the contents of the responses. No additional preference points will be provided to existing contractors.

Q.58. What Electronic Health Records (EHR) software will BHCS implement (i.e. vendor and product name)?

A.58. BHCS has not released an RFP for the procurement of this product yet.

Q.59. Would a Residential Treatment program, that is located in another County, be eligible to bid through this RFP process?

A.59. BHCS desires to contract with agencies for provision of SUD treatment services to BASN and AB 109 participants in Alameda County geographical locations as illustrated in Table 1 on page five of the RFP that also meet the additional criteria specified in the RFP. Please see page eleven of the RFP for Licensure and Certification requirements.