



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**COUNTY OF ALAMEDA BEHAVIORAL HEALTH CARE SERVICES (BHCS)
ADDENDUM NO. 1
TO
RFP NO. 15-07
FOR**

AB 109 Reentry/SSI Advocacy Population Case and Care Management Services

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 Addendum will also be posted on the BHCS website located at <http://www.acbhcs.org/Docs/docs.htm#Procurement> and the General Services Agency (GSA) contracting opportunities website located at http://www.acgov.org/gsa/purchasing/bid_content/contractopportunities.jsp.

This document includes points that may not have been sufficiently emphasized in either the Bidders’ Conferences or the Request for Proposals (RFP). **The Addendum is the final word and response from the County.**

Changes are noted in **yellow highlight and bold** while deletions are noted in ~~strikethrough~~.

CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...

I. RFP

- o **Funding for this RFP is for CBOs only based on BOS directive that 50% of AB 109 funding is allocated to CBO contracted providers.**
- o Section I.A. Intent, page 3:
 - Revise 2nd paragraph, 2nd sentence: “..BHCS will allocate a total of approximately ~~\$826,958~~ **\$648,248** with Mental Health Services Act (MHSA) funds to provide case and care management to the SSI advocacy population.”
 - Delete 3rd paragraph, 3rd sentence: “~~The Contractor(s) shall begin with no more than two pods for each population type.~~”
- o Section I.C. Scope, page 5, 1st paragraph: Insert **(reentry only)** after housing.
- o Section I.E. Specific Requirements, page 5, 1st bullet: Insert **(reentry only)** after MAA billing.
- o Section I.F.2. Service Delivery Approach, page 7, 1st paragraph is revised as follows:

“BHCS has an SSI waiting list **that is currently used to refer clients to BHCS-contracted legal advocacy providers who will then** and will refer clients who need services and refer those who can benefit from case and care management services to the awarded provider for the SSI pod.”

- Section I.F.3. Planned Staffing and Organizational Infrastructure, page 8, 1st paragraph is deleted and replaced with the following:
 - Bidders shall provide the following seven full-time employees (FTE) for each proposed pod:**
 - **Licensed LPHA Supervising Case Manager (1)**
 - **Unlicensed Case Managers (3) – can be a combination of unlicensed LPHA¹ and Mental Health Rehabilitation Specialist² staff but must include at least one unlicensed LPHA who will perform client assessment and plan development to document the client’s need for case management. These services can be billed as targeted case management under procedure code 571.**
 - **Peer Support³ Case Managers with lived experience (3)**
- Section I.F.4. Forming Partnerships and Collaboration, page 9, 1st paragraph, 3rd bullet:
 - **BHCS-contracted legal advocacy providers** – SSI Advocacy pod
- Section II.B. Calendar of Events, page 11: Addendum date changed to **9/11/15** (see Calendar of Events)
- Section III. Appendices, added **Appendix B. BHCS Adult System of Care Overview** (see separate attachment)

II. FILLABLE FORM TEMPLATE

- Section 7.a.&b. COST, Exhibit B-1: Budget Workbook Instructions, page 30, is updated as follows:
 - Service Hours**
 - Include the Total Hours and Gross Cost to be provided for the Start-Up period based on your bid submission and 12 months for the Care & Case Management:
 - Case Management/Brokerage
 - ~~Mental Health Services~~
 - ~~Plan Development~~
 - ~~Clinical Assessments and Evaluations~~
 - **Note:** Bidder’s must complete the Services Hours section of the budget workbook.

Please note that the Mental Health services have been deleted.

III. BUDGET TEMPLATES

- The Budget Templates for both population type are deleted and replaced with the updated allocation for SSI pod and the specified Client Supportive Services (CSS) for both pod types and Housing for reentry pod only as indicated in the table below. **Please use the revised Budget Template.**

Pod Type	Operating Cost	CSS	Housing	Subtotal	Number of Pods	TOTAL
Reentry	\$622,958	\$60,000	\$144,000	\$826,958	2	\$1,653,916
SSI	599,648	\$48,600	N/A	\$648,248	1	\$648,248

¹ Refers to interns registered with the Board of Behavioral Sciences (BBS).

² MHRS staff must have a Degree and Experience that meet any of the following pattern: (1) AA, AS + 6 years, (2) BA, BS + 4 years, or (3) MA, MS, PhD, PsyD + 2 years but not waived or registered with BBS.

³ Must meet definition of Adjunct Mental Health Staff.

IV. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Friday, August 28, 2015	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Tuesday September 8, 2015	9:00 am – 10:30 am 951 Turner Ct, Hayward (Conference Rm 230 ABC)
2 nd Bidders' Conference	Tuesday September 8, 2015	3:30 pm – 5:00 pm 1900 Embarcadero Cove, Ste. 205, 2 nd fl. (Wildcat Canyon Room)
Addendum Issued	Monday, September 14, 2015	
Proposals Due	Friday, September 25, 2015 by 2:00 pm	
Review/Evaluation Period	September 28, 2015 through October 23, 2015	
Oral Interviews (as needed)	October 23, 2015	
Award Recommendation Letters Issued	October 30, 2015	
Board Agenda Date	January 2016	
Contract Start Date	January 2016	

BIDDERS QUESTIONS THAT PERTAIN TO...

1. **Will the selected vendor be responsible for acquiring SSI Benefits for these clients? We are able to.**
No.
2. **Are the funds from AB109 and MHSA start-up monies, or will the indicated amounts be renewed annually?**
The funds are renewable annually contingent upon funding availability and Contracted-provider generating the revenue that is anticipated.
3. **Should proposers submitting for both service areas submit separate proposals, or a single application?**
Submit a separate proposal for each population type including a separate budget for each proposal.
4. **Do the contract amounts quoted include FFP?**
Yes. The amounts that are published in the RFP are the gross cost and any revenue federal revenue generated will be an offset against that.
5. **Do the references to Medi-Cal Administrative Activities (MAA) billing pertain to the SSI Advocacy component only, or both the SSI Advocacy and Reentry components?**
It applies only to the reentry component and not SSI.
6. **Page 4 Section B - % of what population size?**
490.

7. **How does this contract compare with STEPS program?**
STEPS is a Telecare-run program that follows 28 individuals on a short-term basis, usually three to six months who are either stepping down from John George or any subacute facilities. It is not as targeted as what is being requested in this RFP around the criminal justice piece.
8. **Can you please tell me who is currently spearheading the SSI Advocacy for the Reentry population?**
BHCS-contracted providers - Alameda County Homeless Action Center (ACHAC) and Bay Area Legal Aid (BALA), provide SSI legal advocacy for the reentry population.
9. **Under the revenue section do we put projected TCM revenue?**
No.
10. **Are there revenue targets or percentages for MAA & Medicaid?**
There will be and they will be negotiated upon contract award.
11. **Licensed or unlicensed LPHA equivalent to a LCSW or MFT? Target case management why make the change?**
Please refer to the revised staffing pattern above. This is a pilot program to provide time-limited case and care management services.
12. **Do the case managers (LPHA) have to be registered interns? Why not M.H.R.S? I believe you said Master's degree preferred but not required. Is that the correct clarification?**
See change to section 1.F.3 at the bottom of page 1.
13. **How many grants will be awarded per pod?**
These are not grants they are contracts. One contract per target population. For the SSI population, there will be one pod only. BHCS is awarding funds for up to two pods for reentry. At this time it is anticipated that the start-up will begin with one pod and then build up to two pods. Please see page 3, Section I.A. Intent for more details.
14. **Is the \$648,000 for SSI Advocacy Population considered to be a total budget or does the MAA & Medicaid revenue add to the amount for a higher total budget amount?**
For the SSI the \$648,000 is the total amount.
15. **What is the maximum amount of time a client can be served in the SSI Advocacy program?**
It varies depending on where the client is in the advocacy process for SSI. Cases can take anywhere from six months to five years but on the average, SSI advocacy cases are taking 18 months to get approved.
16. **What MAA Rate should be used?**
Bidders do not need to calculate a MAA rate. To clarify, the Revenue section of the budget template should only include revenue sources for the proposed program such as charitable contributions, donations and other sources of funding outside BHCS.
17. **Are there revenue targets for MAA and Medi-Cal?**
Please see response to question #16.
18. **In the SSI program how will temporary housing be served? Is the expectation that the program will not provide any housing?**
SSI clients may have access to housing funds through their SSI legal advocates.

19. **Both programs appear to be based on the CTI model. What is the rationale for reducing the length of time-limited services from the standard/usual 9 months to 4?**
This is a pilot program that is case management only and just billing to brokerage. It is not a treatment program.
20. **Will the AB109 and MHSA funds be allocated annually (pending availability)?**
Yes.
21. **The RFP states that the funding will be renewed annually. Does the county have a cap on the number of years a contract will be extended?**
No. Once a contract is awarded, BHCS usually renews contract annually but reserves the right to re-bid the program if it is determined to be in its best interest to do so.
22. **The RFP states on page 8 that services for the SSI population should last no longer than 1 month following approval of SSI claim. What is the anticipated period of service (in months) the county will cover for services from referral to approval of claims?**
Please see response to question #15.
23. **For the reentry pod are services limited to AB109 population/1170h offenses?**
AB 109 population only. Please see page 28, Section III.A. Glossary for definition.
24. **Why are services so time limited? How do you anticipate limiting the services in practice? (that is, once relationships are established and clients return, how will services be continued/coordinated) mostly for reentry?**
The model is based on transitional case and care management. We are looking for Bidders who have the experience in providing time-limited service with transition planning. Please refer to [Appendix B of this Addendum](#) for an overview of BHCS' Adult System of Care.
25. **Is this model of short-term brokerage/case-management based on any best practices we can reference?**
On page 4 there's a reference under the Background section. BHCS is piloting a time-limited case and care management model.
26. **Is there a waiting list for reentry?**
There is no waiting list but BHCS has identified populations to be served for both reentry and SSI pods. There are currently 2,000 clients in Criminal Justice Mental Health (CJMH) who are SMI and will be categorically prioritized to receive services for the reentry pod.
27. **On page 2/30 it states "As this is a pilot program, the County intends to award a contract(s), with an option to renew..."what is the length of the initial contract? 1,2 or 3 years? Please explain...**
Please see response to question #21.
28. **What is the total number of Pods for the Care Management Services and the SSI Advocacy Services, individually and the combined total?**
Two pods for case and care management for reentry and one pod of case and care management for clients already receiving SSI advocacy services.
29. **What is the total number of individuals who will participate in this pilot program? What is the breakdown for the Care Management Services and the SSI Advocacy Services, individually and the combined total?**
We anticipate that each pod will carry a caseload of 80 clients. Please refer to page 3, Section I.A. and page 29 of the glossary.

30. **Since the county plans on only authorizing a maximum of 2 pods per contractor at the beginning of this contract, it appears that there will be many contractors who will receive an award. How many contractors does County plan on awarding in this proposal? What is the breakdown of the \$1,653,916 and the \$826,958 respectively, for each pod award?**

Please refer to page 3, Section I.A. under Intent.

31. **What is the anticipated referral volume each month?**

We don't have an anticipated referral volume but we have an anticipated caseload of 80 clients per pod.

32. **What is the monthly percentage of homeless individuals that will be referred each month?**

BHCS does not have this information.

33. **Does the vendor need to have onsite presence or can the work be performed offsite?**

Yes, Bidder must have onsite presence.

34. **Do you need a local county office in Alameda County?**

Yes.

35. **On page 5/30 – please elaborate on the words “assisting clients with transportation”...is County just referring to providing bus tokens or travel vouchers?**

Bidders should address what they think the clients' transportation needs are in their proposals.

36. **On page 5/30 when it states “the program must provide client supportive services such as housing, in the form of motel vouchers, and other discretionary items such as public transportation passes, emergency food gift cards, and personal grooming and hygiene products, all of which are intended to bridge the services while linkage through case and care management takes place. It is estimated that half of the clients will need one or more of these supportive services.”**

Is Alameda County going to provide these vouchers, etc or do we need to purchase them with the funds allocated to the project, as there are line items for them on the budget.

As a follow-up, even though this is a test-pilot program, what has been the yearly budget by Alameda to provide the above listed client support services? Please provide a breakdown of historical costs for the last 2 years of each of the specified line item in the budget.

Please refer to Section I. Clarification of this addendum in response to both questions.

37. **On page 5/30 – can you please elaborate on the following “Submit and obtain an approved Medi-Cal Administrative Activities (MAA) claim plan through the State in order to generate revenue through MAA billing”**

Does Contractor need to have an approved MAA claim plan at the time of submitting the RFP or just at the start of this contract?

MAA billing only applies to the reentry pods. The MAA claim plan need to be approved at the start of the contract.

38. **On page 5/30 – can you please elaborate on the following: “have sufficient clinical supervision to ensure compliance with Medi-Cal documentation requirements and the quality of care to clients; - Do we need to have “sufficient clinical experience” at the time of the bid, or at the start of the contract?**

At the start of the contract, however, your submitted proposal shall include a detailed description of your planned organizational infrastructure and capacity. Please see page 23 of the Fillable Form Template.

39. **Regarding the “ability to obtain jail clearance for sufficient staff to do in-reach at the jail (Re-entry pods)”, Does Contractor we need to have “jail clearance” at the time of the bid, or at the start of the contract?**

At the start of the contract or at a reasonable period thereafter.

40. **On page 6/30, it says “Meet Medi-Cal billing requirements for specialty mental health targeted case management/brokerage.” What is contractor billing for IF Contractor is not providing the actual clinical services, but just making referrals to clinics? The RFP doesn’t say that Contractor must provide medical or mental health treatment, rather that Contractor only has to refer them for treatment...please explain.**

The awarded Contractor is expected to deliver case management/brokerage services which are billable to Medi-Cal.

41. **Similarly on page 8/30, it says “Organizational capacity for billing Medi-Cal and for managing operations in a manner that maximizes revenue generation while maintaining quality of care,” Same question as above. The RFP doesn’t say that Contractor must provide medical or mental health treatment, rather that Contractor only has to refer them for treatment...please explain.**

See response to question number 40.

42. **On page 8/30, please elaborate on the following:
“Bidders shall provide the following seven full-time employees (FTE) for each proposed pod:
Licensed LPHA Supervising Case Manager (1)
Unlicensed LPHA Case Managers (3)
Peer Support Case Managers with lived experience (3)”
Does Contractor need to have these employees at the time of submitting the RFP or just at the start of this contract?**

At the start of the contract. Please refer to the clarification on staffing requirements above.

43. **A close review of the RFP document seems to put a tremendous amount of attention to the Case Management Services (see section C (SCOPE) on page 4/30), and severely lacks information and a Scope of Work (SOW) regarding the other program for SSI Advocacy Population cases. The only mention of this service is in Section B on page 7/30...can County please elaborate on the SOW for this portion of the RFP. What is expected? There is practically no information on this service other than the broad statement that “cases will be referred”....How many referrals will be made a month? It seems like the referrals are already on SSI – correct? – and that you are only asking contractor to assist them with issues relating to housing, food, medical treatment...is that correct? So, are there any cases that would involve taking a new referral for SSI consideration from application all the way through hearing before an Administrative Law Judge (ALJ)? Is that correct? If this is the case, then where is the revenue coming in for these types of management cases other than from what County provides? After all, it doesn’t seem like /county is asking contractor to qualify them and take 25% or \$6,000 (whichever is less) which are the typical fees for a successful SSI application/case...please elaborate.**

The clients for the SSI pod are already represented for obtaining SSI benefits. This RFP is intended to purchase services that support the advocacy efforts through case and care management.

44. **Will all cases be SSI only, or will any of them have an SSDI component?**

This SSI pod will provide case and care management for already represented clients with an SSI and/or SSDI claim.

45. **If an award is made in the disability case, do all the funds need to go back into the Revenue section?**

This program does not receive revenue from awards.

46. **How many Contractors does County anticipate awarding the SSI Advocacy services portion of the contract to?**

SSI advocacy services are not part of this RFP.

47. The Excel budget form shows fields for start-up costs, but there is little or no information in the RFP relating to Start-up costs or timing for start-up. Can you please elaborate.

BHCS would like Bidders to include start-up cost and an explanation in their submitted proposals (please refer to the Budget Template and pages 31-33 of the Fillable Form Template) and their proposed implementation schedule and plan which includes start-up and program fill-up (please see pages 34-37 of the Fillable Form Template).

BIDDERS CONFERENCE ATTENDEES

The following participants attended the Bidders' Conferences:

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B. BHCS Adult System of Care Overview

