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**COUNTY OF ALAMEDA BEHAVIORAL HEALTH CARE SERVICES (BHCS)  
ADDENDUM NO. 2  
TO  
RFP NO. 15-03  
FOR  
Wellness Centers**

**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 [https://www.acgov.org/gsa\\_app/gsa/purchasing/bid\\_content/contractopportunities.jsp](https://www.acgov.org/gsa_app/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 AND CORRECTIONS THAT PERTAIN TO...**

**I. RFP**

- Section II. F. Table 1 on page 20, 7. c. Cost is deleted and replaced with the following:

**c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK.**

**Bidder's narrative on how the proposed program budget for Year 1 (Start-up) and Year 2 (Fill-Up) are aligned with the requirements of this RFP taking into account how calculations were made on the following and explanation on any variances in costs:**

- 1) Required Staffing**
- 2) Salaries and Benefits**
- 3) Operating Expenses**
- 4) Administrative and/or Indirect Costs**
- 5) Revenue**

The page maximum is updated from 2 to **4 pages**.

- Section III. A. Glossary & Acronym List on page 34 is updated to change TAY age range from ~~16 through 24 years old~~ to **18 through 24 years old**.

**II. Budget**

- The budget template is delated and replaced with the REVISED Budget Template to include two separate budgets.

- The budget for Year 1 includes start up and operating costs within a limit of \$600,000 for the first year.
- The budget for Year 2 includes the costs for 12 months of services with a limit of \$600,000 for the second year.

### III. Fillable Form Template

- The Fillable Forms Template is deleted and replaced with the **REVISED Fillable Forms Template** to update the Exhibit B-1: Budget Workbook Instructions and the fillable pages for the Budget Narrative. **Please use this updated version when completing and submitting your proposal.**

## BIDDERS QUESTIONS

### General Questions

**1. Are bidders allowed to submit additional Attachments with their proposals?**

No. Any superfluous information will be removed. Please review Sections II. E. Submittal of Proposals/Bids and F. Response Format/Proposal Responses on pages 14-16 carefully.

**2. Are we allowed or are we able to upload images to fillable forms?**

Yes, as long as bids do not go over the page maximum. If you're having technical difficulties in the budget or fillable forms template, please contact Edilyn Dumapias at EDumapias@acbhcs.org.

**3. On page 15 you mentioned that there are no additional attachments allowed however the bullet on the top of the page 15 says "The original proposal must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder. A signed statement by either the Executive Director or the Board President on an agency letterhead will meet this requirement." Are we allowed to submit that as an attachment?**

If you are other the Executive Director who is submitting proposal, you must provide this signed statement as a form of verification that you are authorized to execute the proposal on behalf of the Bidder.

**4. Are there other required attachments besides the 1 month calendar (attachment 1A) and staffing chart (attachment 2A)?**

No.

**5. It says on Page 16, Section E. Specific Requirements under the 7<sup>th</sup> bullet that the ANSA must be completed. The ANSA is an adult tool, so my question would be are we expected to use the CANS or the ANSA-T for the TAY Wellness center?**

Provider should use the tool that is appropriate for the age grouping that will be served.

**6. It states "Completion of the Adults Needs and Strengths Assessment (ANSA) during treatment plan review and an update within 30 days upon direction from BHCS of the implementation date." Please clarify.**

ACBHCS has not fully implemented ANSA at the time this RFP was released but once an implementation date is identified, the County will provide a 30-day notice to the awarded Contractor in order to comply with the ANSA requirements.

**7. On Page 17, Section E. Specific Requirements, the very last bullet. It says that the contractor shall attend CQRT meetings for the first year of the contract. Is this true for contractors who have been billing MediCal through ACBHCS for years or only for new providers of MediCal services?**

This is a requirement for new programs awarded through an RFP regardless of successful Bidder's prior experience billing Medi-Cal through a County.

**8. Is treatment planning required for all program participants, or specifically for those that receive case management?**

Yes, for those who receive case management and medication management services in order to bill Medi-Cal.

9. **Have at least two years of experience billing Medi-Cal for Specialty Mental Health Services through a County within the last three years. - Does this mean we must have (or have had for 2 of the past 3 years) a Short Doyle contract? We do not and have not; or are there other ways to meet this requirement?**

Yes, that is correct. Bidders must meet this minimum requirement if they wish to submit a proposal.

10. **Minimum Requirements – 2 years medical billing other ways to qualify?**

No.

11. **The RFP defines the target population as being 18 years and above. In the Glossary, pg. 34, TAY is defined as 16 through 24 years old. Please confirm age for TAY programming.**

The target population for TAY has been updated to 18-24 years old. Please see "Clarification/Corrections" section above.

12. **Is the expectation for both centers that they provide services to Adults, Older Adults and TAY? Or is the Berkeley center TAY specific and not service Adults and Older Adults?**

Yes, the expectation is that both centers will provide services to Adults, Older Adults and TAY. The Berkeley Center will need to provide TAY specific services for the TAY age range.

13. **What is the specified age range for TAY for the Berkeley/Albany Wellness Center?**

Refers to youth ages 18 through 24 years old. Please see "Clarification/Corrections" section above.

14. **Which clients are expected to meet these outcomes? Are the clients only receiving peer driven recovery services included?**

Clients expected to meet outcomes included on Section I. F. 4. on page 11 are those who are receiving time-limited case management and medication management services.

15. **Are medication management services time limited?**

After the twelve months of clinical services, it is expected that the awarded Contractor(s) will have a discussion with BHCS' Crisis Response Program (CRP) or Berkeley Mental Health (BMH) regarding the client need for ongoing mental health services.

16. **Can individuals receive both case management and medication management, or are they considered mutually exclusive levels of care?**

Individuals can either receive medication management and case management services or both.

17. **Regarding the 30 case managed clients, do they need to meet County eligibility requirements for Level 1 case management services? There are billing requirements that are attached to the case management that are impacted by whether or not they are represented by Level 1 Case Management Team or Level 3.**

Case managed clients must meet moderate to severe criteria for specialty mental health services and have Medi-Cal.

18. **How will case managed clients be recruited /assigned? Will they be referred by CRP? Access? Or can they be referred directly by service teams and FSPs? Will the case managed clients at the Berkeley/ Albany site be referred only my BMH?**

There are no referral requirements for any of the sites but we are expecting awarded contractors to work with BHCS/ BMH to determine appropriate level of care for clients who are going to receive case management and medication management services.

19. **Are the medication management services exclusive to psychiatrist services or are there expectations around additional medication services and support? For example, is the 8 hrs/wk medication management limited to psychiatrist doing medication evaluation and prescribing or does can it include education that can be provided by a nurse?**

Proposals can outline a staffing pattern that may include other medical staff (i.e. Nursing staff).

20. **Page 5 – Re: Settle to cost: You state: "BHCS shall disqualify proposals submitted that subcontracts for clinical services with an organization that settles to cost for Medi-Cal services anywhere in California". Please clarify.**

Any organization that submits a cost report to a County BHCS and settles to cost through the State/county settlement process, cannot be a sub-contractor. That does not include Fee for Service providers like MDs whose units are billed through the prime contractor.

**21. If subcontracting clinical services is not allowed, how can two CBOs collaborate to provide multi-lingual services?**

You cannot subcontract any of the work but you can coordinate referrals and provide linkages in the community.

**22. In regards to 1099 or independent contractors that are physicians, are they considered subcontractors and not allowed under the contract for med management services? Or should they be an employee?**

As long as they are not an agency that settles to cost for Medi-cal. Medi-Cal rates prohibit subcontracting to an agency that settles to cost for Medi-cal.

**23. You mentioned that bidders cannot subcontract for the med management and case management components. Does this include prescriber services?**

Yes.

**24. Is subcontracting allowed for the IPS component, or is this considered under clinical services?**

BHCS is not looking for any part of the services to be subcontracted.

**25. Can the clinical service provider subcontract for all other direct services?**

See response to #24.

**26. Clinical service providers (apply) as primary applicant and the universal peer-based services subcontracted to another agency?**

See response to #24.

**27. If you are not a SLEB, but do the required subcontracting, are you still disadvantaged in the scoring criteria?**

Only the Prime Bidder gets the SLEB preference points if they are certified as either being small or an emerging business by the Alameda County Auditor's office.

## **Fiscal and Billing**

**28. Is there a revenue expectation?**

Yes, for the Medi-Cal billable services.

**29. Are there documentation standards for these services (Universal peer driven recovery based services)?**

No. There is no expectation to bill these services to Medi-Cal.

**30. With regard to the requirement of obtaining an approved Medi-Cal Administrative Activities (MAA) claim plan through the state, can you please elaborate further why this is included as it would be challenging for a mental health provider to generate these activities for this type of program?**

Many of the universal recovery based services such as outreach and engagement can be billed to MAA.

**31. You mentioned that there was an expectation that were to be many MAA billables for the drop in services is there an expectation that the MAA revenue be in the budget and if so what is the rate?**

There is no requirement for including MAA revenue in the budget or specific MAA billing targets at this time. There are expectations that whoever the successful Bidder is will obtain an MAA plan through the State but there are no specific revenue expectations for MAA.

**32. Is there an expectation that there will be designated IPS position within the program (and budget)?**

The goal of the Wellness Center is that the successful Bidder implement the IPS to the highest fidelity. We want the Bidders to include in their response how they plan to do this.

**33. Page 33 – Re: Start Up Budget: Are there any allowable start-up costs (e.g., equipment, furnishings, etc.) over and above the \$600,000 per center?**

Bidders can include start-up costs in their proposed budget using the appropriate B-1 Budget Workbook but the total proposed cost cannot exceed the maximum allocation of \$600,000 per Center.

**34. Is the \$200,000 for case management and medication management services for 40 UDC added to the \$600,000 in the budget? If yes, is the cost breakdown for services required in the budget (e.g., assessment, treatment planning, CM brokerage and rehab, crisis intervention and/or medication management billable serves?**

No. It is included in the \$600,000 program allocation. Time limited case management is up to 30 individuals while medication management is up to 40 unduplicated clients per year. Bidders are required to provide a details on their proposed budget. Please follow the Instructions for Completing the Exhibit B-1 on pages 31-32 of the REVISED Fillable Forms Template.

**35. The year one budget is then a combination of startup cost and program cost that needs to fall below the \$600,000.00 ceiling. So, if your startup cost are lower that means you can devote more funds to that first year to program and you possible start earlier?**

Yes, As long as you don't go over the \$600,000 maximum allocation for each site.

**36. Where would subcontractors services be included on the budget workbook?**

No services may be subcontracted for this RFP.

**37. If you want to award grants to 2 applicants but both requested the maximum will you negotiate grant sizes or just determine a reduced amount?**

Bidders can request up to \$600,000 per center.

## **Organizational Infrastructure**

**38. If you have a site under control sooner, can you begin services sooner?**

Yes.

**39. If a program anticipates lower startup costs and can start programming earlier due to the ready availability at site will this be taking into consideration in the application review?**

Yes.

**40. Bidders can apply for both sites?**

Yes. Bidders can submit separate bids for each location.

**41. You talked about space being scarce in Berkeley/Albany does the County have particular space expectation, ie minimum square feet, space layout/ room configurations etc?**

No. Bidders should include this info in their bid.

**42. For site size purposes, is there an estimated ballpark # of projected regular participants at each site?**

No. Bidders are encouraged to include in their bids how their proposed site can adequately accommodate the three types of services offered in the Center and how they plan to serve clients who will utilize the Center on a drop-in basis.

**43. What are the anticipated numbers to be served in each location, or anticipated numbers attending each day?**

There is a minimum number of clients expected to be served within the case management and medication management components of the program (see pages 4-5) but we want Bidders to propose number of clients to be served in the universal recovery-based services.

**44. Is the location of the Wellness Center limited to either East Oakland or Albany/Berkeley?**

Yes.

**45. For the East Oakland Wellness Center, does the county have a particular or specific neighborhood/area in mind?**

No, as long as the proposed location is within the East Oakland perimeter.

**46. Is the location of the Wellness Center limited to either East Oakland or Albany/Berkeley? For example if we want to serve API communities, Oakland Chinatown are would be more accessible to them.**

Yes – centers should be located in East Oakland or Albany/Berkeley.

**47. Is there an expectation when the Berkeley Wellness Center is to be open?**

Services should begin within 9 months, reference section I. F.3 page 18.

**48. Are there expectations around days and hours of operation (if different than roughly business hours)?**  
 Bidders are expected to provide outside regular work week and weekend hours to clients. Bidders should describe these hours in their proposal.

**49. Are meals/food expected to be provided? See pg 19.**  
 Please see Section II. F. Table 1 on page 19, specifically b.ii.4 for more information.

**50. Is this bid renewable and for how many years?**  
 The contract may be renewed contingent on available funding, awarded Contractor(s) performance and continued prioritization of the activities and priority populations, as defined and determined by BHCS and BMH.

**51. Who are the current contractors for the 4 Wellness Centers?**  
 Bay Area Community Services (BACS).

**52. Are awarded contractors expected to use electronic charting (Clinicians Gateway)?**  
 No.

**53. Is the evaluation/ review panel composing of folks that reflect ethnic diversity of the county?**  
 BHCS strives hard to have ethnic, gender and racial diversity and who are subject matter experts to serve in the evaluation panel.

**54. If we find that there is something that in conflict with what you're stating now and what you'll be releasing later, if something happened with the fillable forms or did something incorrectly carried over from one form to another are we able to ask that question? Give us clarification about how to approach this.**  
 We try our best to make sure that the RFP, Budget Template and Fillable Forms Template all line up. The Addendum is the final word of the County if you find conflicting information with the originally released documents. Any technical difficulties related to formulas in the budget or copying and pasting to the Fillable Forms Template can be directed to the RFP Lead: Edilyn Dumapias. Her contact information is on the first page of the RFP.

**55. When will you be uploading the budget template?**  
 Addendum #2 will be posted on November 12, 2015.

The following participants attended the Bidders' Conferences:

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