

Alameda County Behavioral Health

RFP No. 23-02

ADDENDUM No. 1

to

RFPQ No. 23-02 Washington Hospital Emergency Department Program

This County of Alameda, General Services Agency (GSA), RFPQ 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 GSA Contracting Opportunities website located at https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp

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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~~.

CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...

1. RFP

Section I. F. 2 Service Delivery Approach

Client supportive expenditures are limited to \$18,000 per contract year.

Section II. B. Calendar of Events is updated as follows:

Event	Date/Location
Request for Proposals (RFP) Issued	Thursday, May 25, 2023
Addendum Issued	Friday Thursday , June 29, 2023
Proposals Due	Tuesday, July 25, 2023
Review/Evaluation Period	July 26 – September 6, 2023 September 13, 2023
Oral Interviews (as needed)	Wednesday, September 6, 2023 September 13, 2023
Award Recommendation Letters Issued	Thursday, September 14, 2023 September 20, 2023
Board Consideration Award Date	December 2023
Contract Start Date	January 1, 2024

2. Budget Template

The Budget Template has been deleted and replaced with RFP No. 23-02 Washington Hospital Budget Template Revised.

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RESPONSES TO BIDDER'S QUESTIONS

Q1) On the SLEB PARTNERING INFORMATION SHEET (page 7 of the RFPQ # 22-06 Bid Template) it states that "Bidders not meeting the definition of a SLEB (<http://acgov.org/auditor/sleb/overview.htm>) are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be considered for contract award."

A1) The following entities are exempt from the Small and Emerging Local Business (SLEB) requirements and are not required to subcontract with a SLEB:

- non-profit community-based organizations (CBO) that are providing services on behalf of the County directly to County clients/residents
- non-profit churches or non-profit religious organizations (NPO);
- public schools; and universities; and
- government agencies.

For Bidders who meet one of the stated exemptions (e.g., non-profit organization), they should state such on the SLEB Partnering Information Sheet. For Bidders that do not meet any of the stated exemptions, they should request a waiver from these requirements, also on the SLEB Partnering Information Sheet, noting they do not meet the exemptions and sub-contracting is prohibited under this RFP. ACBH has been successful at requesting waivers for prior procurement processes with no disruption to the contracting timeline.

Q2) Please outline the funding streams and the amounts per funding stream for this program?

Q2a) How much of the \$1,000,000 is MHSA?

A2a) The entirety of the \$1,000,00 is funded through MHSA.

Q2b) How much of the \$1,000,000 is MAA?

A2b) None of the \$1,000,000 is funded through Medi-Cal Administrative Activities (MAA). MAA will be revenue generated during the program and will be used to offset MHSA. It is not included in the overall contract allocation.

Q2c) What is the intention of the MAA 65% billing? Specifically, is it the county's way of staging funding (starting off with MHSA for two years, and then converting over to MAA?)

A2c) ACBH leverages revenue wherever possible to maximize benefit from funding sources and develop sustainable programs. The awarded Contractor should begin generating MAA revenue as soon as possible, Start-up funding for three months is included in the budget to allow time to develop the MAA Plan and provide MAA training.

Q2d) If MAA is a dependent funding factor to support the operations of this program and given the turnaround time of revenue payments, what are the payment terms for any of the MAA related activities?

A2d) MAA is not a dependent funding factor and does not support the operations of this program. Provider invoices will be processed independently of MAA or other revenue. MAA is the source of revenue to

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support the program allocation; MAA billing does not directly generate additional revenue to the awarded Contractor.

Q2e) There is a reference to 65% of MAA related activities, what service activities have determined this percentage to be calculated at 65%?

A2e) The 65% is based on ACBH's estimates and experience with similar programs.

Q2f) Does the 65% include the additional direct service contacts with the AC resident who is receiving services under this contract, such as travel time and documentation? With MAA there is extensive administrative time for MAA related activities - does the 65% include that time?

A2f) MAA reimbursement includes travel/documentation time. MAA is separate and distinct from direct services or treatment services.

Q2g) What would be the funding for FFS? What are the performance measures to then invoice based on a FFS payment method?

A2g) There is currently no plan to include Fee-for-Service (FFS) funding. The performance measures are stated on page 17 of the RFP.

Q2h) If people don't qualify for Medi-Cal insurance, if this program is not funded by MHSA, how will we get paid for those services?

A2h) This program is funded by MHSA.

Q3) Can we provide references of AC HCSA contacts for contracts we have under HCSA?

A3) Yes, as long as these references are not ACBH. As noted in Table 3, page 33 of the RFP, ACBH will only accept non-ACBH references.

Q4) Does the Licensed Program Manager have to be a licensed clinician, or can it be an LPHA?

A4) As long as there is licensed clinician on the team to make the clinical decisions, the Program Manager can be an LPHA.

Q4a) Is there consideration for the licensed clinician reference to also include Doctoral Interns/Waivered Psychologist Associate or Masters Associate in addition to a LMFT, LCSW, LPCC and licensed Psychologist?

A4a) As long as the Program Manager is licensed, Board of Behavioral Sciences (BBSE) waived staff may be clinicians. If the Program Manager is not licensed, one of the clinicians must be licensed.

Q4b) If there is additional licensure coverage in the program staffing design, can the program manager meet qualification as LPHA?

A4b) The Program Manager cannot take the place of the one licensed clinician unless the Program Manager is also providing direct service and meeting 65% productivity.

Q5) How will referrals to any or all levels of the Behavioral Health System be expected to flow, including FSP?

A5) Referrals will flow through ACCESS. Please see pp. 12-13 of the RFP for details on the referral process.

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Q6) Will they proceed via ACCESS or direct referral to various levels provided by care system providers?

A6) Please see A5 above. Referrals to higher levels of care will be made through ACCESS.

Q7) Is Flex Funding allowed for this project?

A7) Yes, Flex Funding is allowed at a maximum of \$18,000 per contract year.

Q8) If this program is successful after two years, what is the likelihood for ongoing funding?

A8) ACBH cannot state the likelihood of ongoing funding at this point.

Q8a) From what funding source?

A8a) ACBH cannot state the funding source of the program beyond the pilot stage.

Q9) After a linkage has been accomplished to a long-term provider, if the client relapses (during the period that we are providing follow up as defined by the RFP), may we provide (or collaborate with the long-term provider) to prevent hospitalization (saving that cost) but be eligible for reimbursement of renewed IHOT services to the client, (with that service being defined as unduplicated)?

A9) Yes. If the awarded Contractor has previously closed the beneficiary and the individual requires reengagement, the team may reopen and begin serving the individual once again.

Q10) Is staff restricted to 100% MAA reimbursement. If they are licensed, could they also provide some treatment or is this only about referral?

A10) This program will generate revenue via MAA but will not provide Medi-Cal billable specialty mental health treatment services, such as treatment. Please see the list of outpatient support services to be provided under this program on page 8 of the RFP.

Q11) Eligibility is 'suspected' mental illness. So, the licensed staff does not provide any diagnosis or assessment? How do we document 'suspected'? And for how long can we work with client without diagnosis?

A11) A licensed staff member may diagnose an individual after completing an assessment; however, the primary goal of this program is to engage individuals and connect them to long term services, which will in turn bear the primary responsibility of assessment, diagnosis, and plan development. The engagement time frame is 90 days.

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BIDDER'S CONFERENCE ATTENDEES

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