

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)
REQUEST FOR PROPOSAL (RFP) No. 23-01
SPECIFICATIONS, TERMS & CONDITIONS
FOR
Transition Age Youth (TAY) Forensic, Diversion and Re-entry Full Service Partnership
(FSP)**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location*
Tuesday, March 7, 2023	10:00 am – 11:30 am	Teams Online Meeting +1 415-915-3950,,629875853# (888) 715-8170,,629875853# Toll-free Phone Conference ID: 629 875 853#
Wednesday, March 8, 2023	2:00 pm – 3:30 pm	Teams Online Meeting +1 415-915-3950, 393951530# (888) 715-8170,,393951530# Toll-free Phone Conference ID: 393 951 530# *Please see Section II.B for more options to join

PROPOSALS DUE
by 2:00 pm on Monday, April 10, 2023
 to
ACBH Procurement
RFP No. 23-01
 via email: procurement@acgov.org
Proposals received after this date/time will NOT be accepted

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I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter ACBH or County) to seek proposals to provide Full Service Partnership (FSP) mental health services and supports to justice involved Transition Age Youth (TAY) in Alameda County.

ACBH intends to award one Services as Needed (SAN) contract to the Bidder selected as the most responsible whose response conforms to the Request for Proposal (RFP) and meets the County requirements.

At this time, ACBH has allocated a total of \$1,626,674 in annual funding for the TAY Forensic, Diversion and Re-entry FSP program through the Mental Health Services Act (MHSA). Medi-Cal billable services will be leveraged as available and appropriate.

Any contract that results from this RFP process will be prorated for the fiscal year at the contract start date and will be reimbursed, based on most recent standards, on a negotiated rate basis¹ for services that are billed to Medi-Cal under the pooled SAN Allocation for FSP programs. There will be a three-month start-up period based on actual costs. Non-clinical services for outreach and engagement, and client supports, will be reimbursed at cost and shall be held to the allocations specified in this RFP. This new FSP will be integrated into the FSP Payment Transformation Initiative, though it will not be a pilot program and as such, will not be eligible for the quality incentive payments which are available to other FSP programs which participated in the FSP Pilot towards Payment Reform.

Proposals shall form the basis for any subsequent awarded contract. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. ACBH reserves the right to dissolve a contract, or contracted program, if/when awarded Contractor materially alters staff, budgets, deliverables and outcomes any time after the contract award.

¹ At the time of publishing of this RFP, the negotiated rates for an FSP of this size (50 slots) are:

Case Management	Provisional Rate	\$178.21	per staff hour
Mental Health Services	Provisional Rate	\$246.27	per staff hour
Medication Support	Provisional Rate	\$453.01	per staff hour
Crisis Intervention	Provisional Rate	\$361.46	per staff hour
Interactive Complexity	Negotiated Rate	\$16.60	per occurrence

The County is not obligated to award any contract as a result of this RFP process. The County may, but is not obligated to, renew any awarded contracted program. Any renewal of an awarded contracted program shall be contingent on the availability of funds, awarded Contractor's performance, and continued prioritization of the activities and priority populations as defined and determined by ACBH.

ACBH does not discriminate against particular Bidders that serve high-risk populations or specialize in conditions that require costly treatment.² Further, the County does not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.³

B. BACKGROUND

Proposition 63, also known as the Mental Health Services Act (MHSA) was passed by California voters in November 2004. MHSA is funded by a one percent tax on personal incomes above one million dollars and is designed to expand and transform California's mental health system. The Community Service and Supports (CSS) funding stream, one of five major components of the MHSA, requires that at least 51 percent of CSS funds support FSP programs.

The California Code of Regulations (CCR), Title 9, Section 3200.130 defines an FSP as "the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals." It emphasizes the MHSA core principles as they are integrated into the FSP model:

- Client and family-driven mental health services within the context of a partnership between the client and provider;
- Accessible, individualized services and supports tailored to a client's readiness for change that leverage community partnerships; and
- Delivery of services in a culturally responsive manner, with a focus on wellness, outcomes and accountability.

In 2018, ACBH released an RFP for FSP mental health services for children/youth, TAY, adults, older adults, chronically homeless and forensic populations, in Alameda County. These FSP programs were identified to take part in the FSP Pilot towards Payment Reform, which involved a stepped process towards changing the way that rates are negotiated between FSP providers and ACBH, a potential shifting of financial risk, and quality incentive payments for providers meeting specified quality benchmarks. This Pilot is in alignment with the California Advancing and Innovating Medi-Cal (CalAIM), Behavioral Health Payment

² To comply with 42 CFR § 438.214 as a Prepaid Inpatient Health Plan (PIHP).

³ In compliance with 42 CFR § 438.214 as a Prepaid Inpatient Health Plan (PIHP).

Reform initiative, which seeks to “move counties away from cost-based reimbursement to enable value-based reimbursement structures that reward better care and quality of life for Medi-Cal beneficiaries.”⁴

This current RFP expands these FSP programs to include one specifically focused on justice involved young adults, including those who are in custody, on probation, or in diversion programs. The focus of this RFP reflects the growing need for connective after-care services for young adults cycling through the Juvenile Justice Center or Santa Rita Jail.

Providing specialized services for justice involved young adults is aligned with ACBH’s commitment to improving treatment, prevention, intervention, and re-entry services to young adults ages 18-24⁵ years old who are experiencing serious mental illness (SMI) and emotional and psychological distress. The goal of the FSP is to provide clinical support and intervention post-release to support individuals as they transition back into the community.

The FSP will follow the Assertive Community Treatment (ACT), and, more specifically, Forensic Assertive Community Treatment (FACT) model, as a primary Evidence Based Practice (EBP).

C. SCOPE/PURPOSE

The purpose of this program is to provide FSP services to the priority population, in this case justice-involved TAY aged 18 to 24 who have SMI and, as a result of their SMI, have significant functional impairment in one or more major areas of functioning⁶ for at least six months due to a major mental illness. The individual’s level of functioning is below that which had been achieved before the onset of symptoms. In addition, the TAY has a psychiatric history that indicates, without treatment, an imminent risk of deterioration.

In addition to being justice-involved TAY with SMI, the priority population must fall into at least one the following categories:

- Struggling with co-occurring substance abuse disorders;
- Homeless or at-risk of homelessness;
- Aging out of the children's mental health, child welfare, or juvenile justice systems with substantial impairments or symptoms;
- Leaving long-term institutional care (i.e., short term residential therapeutic programs, Institution for Mental Disease, state hospitals); and/or
- Experiencing their first episode of major mental illness.

⁴ [CalAIM Behavioral Health Payment Reform, DHCS](#)

⁵ Through the day before their 25th birthday

⁶ Interpersonal relations, emotional, vocational, educational, or self-care

The TAY FSP program shall use the basic tenets and guiding principles of MHSA, and shall provide a full range of mental and non-mental health services and supports necessary to advance the program participants' goals and achieve outcomes that support their recovery, wellness, and resilience. In particular, the FSP should be designed to accomplish the following goals:

- Improve the ability of clients to achieve and maintain an optimal level of functioning and recovery;
- Reduce client criminal justice involvement and recidivism;
- Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;
- Improve the ability of clients to secure and maintain stable permanent housing in the least restrictive and most integrated living situation appropriate to meet their needs and preferences;
- Connect clients with ongoing primary healthcare services and coordinate healthcare services with clients' primary care providers;
- Ensure that clients obtain and maintain health insurance;
- Ensure that clients obtain and maintain enrollment in public benefits programs for which they are eligible;
- Increase educational and/or vocational attainment among clients;
- Help clients to increase their monthly income and financial assets;
- Decrease social isolation among clients; and
- Assist and empower clients to transition into the least intensive level of service appropriate to meet their needs.

This FSP program will have a capacity to serve 50 slots, and will serve all areas of the County. The awarded Contractor will receive referrals through Alameda County Behavioral Health Care Services (ACBH) Acute Crisis Care and Evaluation for System-wide Services (ACCESS). ACCESS shall oversee and approve each referral to the FSP based on program eligibility set forth by the County. ACCESS will also oversee and approve each discharge based on discharge criteria set forth by the County. Programs will need to justify ongoing medical necessity for FSP level of care on an annual basis. Once clients no longer meet medical necessity for an FSP, programs will need to process a step-down referral through ACCESS. ACBH expects the awarded Contractor to ensure continuity of care through referrals and warm hand-offs to other service providers and community supports.

D. BIDDER MINIMUM QUALIFICATIONS

To be eligible to participate in this RFP, Bidders must successfully demonstrate, in their proposal, how they meet the following Bidder Minimum Qualifications:

- At least one year of experience providing services to the priority population within the last seven years;
- At least one year of experience providing services using the ACT and/or FACT models within the last seven years; and
- At least one year of experience billing Medi-Cal through a County or Managed Care Plan in the past three years.

Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. ACBH will disqualify proposals that do not demonstrate that Bidder meets the specified Bidder Minimum Qualifications and/or other requirements described below, and these disqualified proposals will not be evaluated by the Evaluation Panel and will not be eligible for contract award under this RFP. ACBH has the right to accept all or part of the proposed program model at its discretion.

Proposals that exceed the contract maximum amount and/or are unreasonable and/or unrealistic in terms of budget, as solely determined by ACBH, shall be disqualified from moving forward in the evaluation process.

ACBH shall disqualify proposals submitted with subcontractors performing any portion of the direct services described in this RFP.

ACBH shall also disqualify proposals which do not conform to other requirements as specified in this RFP such as deadline and/or maximum page limits for responses.

E. SPECIFIC REQUIREMENTS

The scope of work for awarded contracts from this RFP will include conformance with all of the following throughout the program period, as needed:

- Provide outpatient services and supports including:
 - Outreach and engagement;
 - Mental health services, including but not limited to assessment, plan development, therapy, rehabilitation and family engagement;
 - Case Management/ Brokerage and service linkage;
 - Medication support;
 - Crisis intervention;
 - Integrated co-occurring services; and
 - Client Support services and expenditures
- Follow the ACT and FACT models to a high level of fidelity;
- Manage and retain a self-contained, qualified staffing team that includes multidisciplinary mental health staff;
- Maintain a 1:10 ratio (mental health staff to clients);
- Conduct ongoing monitoring to ensure that staff, who are providing clinical services, maintain a valid license with no restrictions;
- Plan for and implement continuous training and quality improvement, including but not limited to cultural and linguistic responsiveness;

- Promote cultural competence and multi-culturalism using Culturally and Linguistically Appropriate Services (CLAS),⁷ which includes tracking and reporting to ACBH any trainings or activities that meet the CLAS requirements.
- Data entry in a timely manner, as instructed, using the County's electronic information management and claiming system and client progress notes;
- Complete trainings required to access and input data into County's electronic information management and claiming system as needed;
- Complete other trainings as required or requested by the County;
- Timely administration and update of age-appropriate Adult Assessment of Needs and Strengths (ANSA) and other assessments or tools as required for all clients;
- Adhere to Medi-Cal, state and federal requirements, including but not limited to those outlined in the following section:

1. Medi-Cal Billing, Clinical and Quality Assurance Requirements

To implement these services successfully, providers shall demonstrate and have the capability to conduct all of the activities listed below. Bidders agree by submittal of proposal(s) that they will comply with all of the following if awarded a contract(s):

- Independently adhere to all Medi-Cal documentation standards, including, but not limited to, Assessments, Treatment Plans and Progress Notes that are in compliance with Medi-Cal standards as set forth by Federal and State regulation, as well as the policies of ACBH "Clinical Documentation Standards" manual which may be found in the ACBH Quality Assurance (QA) Manual.⁸
- Attend all required scope of practice training and documentation training activities in order to appropriately and successfully bill to Medi-Cal.
- As required, obtain and maintain a valid fire clearance from the local fire department for the program site address OR obtain a copy of the current and valid fire clearance from the program location's property manager/owner. Upon expiration of a fire clearance, contractor shall send a copy of a new fire clearance certificate to the ACBH Quality Assurance (QA) Office. Awarded Contractor understands that they may not operate at a site without a valid fire clearance.
- Meet minimum requirements for a program site as set forth in CCR, Title 9, Section 1810.435. All contracted program sites resulting from this RFP must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Contractors are responsible for preparing all materials required for a Medi-Cal Program Site Certification:
http://www.acbhcs.org/providers/network/docs/2013/MH_Medi-Cal_Program_Certification_protocol.pdf

⁷ <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf>

⁸ https://www.acbhcs.org/providers/QA/qa_manual.htm

- Submit a Medi-Cal Administrative Activities (MAA) Claim Plan. Once approved, the program shall maximize earning potential available through MAA, while following all State and Federal Regulations and Requirements.
<https://www.dhcs.ca.gov/services/Documents/MH-MAA-Implementation-Plan-Revised-7.1.21.pdf>
- Attend all required ACBH sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements in Appendix B: Medi-Cal Requirements for Service Providers and Appendix C: Setting-up Services at a New Mental Health Site;
- Follow all ACBH policies and procedures in the ACBH QA Manual, http://www.acbhcs.org/providers/QA/qa_manual.htm, and the ACBH Policy Manual, <https://www.acbhcs.org/providers/PP/Policies.htm>

Attend the monthly ACBH Clinical Quality Review Team (CQRT) group meetings for the first year of contract regardless of whether Bidder is already billing Short Doyle Medi-Cal. ACBH QA office will determine if an awarded Contractor will be exempt from CQRT requirements. CQRT requires one Licensed Practitioner of the Healing Arts (LPHA) to attend for every seven charts that are reviewed. References the ACBH QA Manual⁹ for more information.

See the QA website for more information: <http://www.acbhcs.org/providers/QA/QA.htm>

2. Credentialing, Re-credentialing and Continuous Monitoring of Licenses

Contractor shall be responsible for verifying the credentials and licensing of their staff and employees as contained in ACBH, state and federal requirements. Waivers for certain clinical staff are required in order to bill Medi-Cal and Contractor shall familiarize themselves and comply with the waiver requirements posted in the ACBH QA Manual. ACBH has the right to request Contractors credential log or records and Contractor's personnel record files to verify Contractor's credentialing process and applicable credentials of staff.

3. Office of the Inspector General (OIG) and Other Exclusion List Background Checks – Monitoring, Oversight and Reporting

In accordance with HCSA's Policy and Procedure on Exclusion Screening,¹⁰ Contractor will check and verify all licensed staff, including but not limited to, Community Care Licensing (CCL) and the Department of Health Care Services (DHCS):

- National Plan & Provider Enumeration System (NPPES) – NPI Number (<https://npiregistry.cms.hhs.gov/>)
- Licenses are verified to be current with no restrictions

⁹ https://www.acbhcs.org/providers/QA/qa_manual.htm

¹⁰ https://www.acbhcs.org/providers/PP/OCS.C.001_HCSA_Exclusion_Screening_Policy.pdf

- Office of the Inspector General List of Excluded Individuals & Entities (OIG/LEIE) database (<https://exclusions.oig.hhs.gov/>)
- GSA's System Award Management (SAM/EPLS) data base (<https://www.sam.gov/SAM/>)
- California DHCS Medi-Cal Suspended & Ineligible list (<https://files.medical.ca.gov/pubsdoco/SandIlanding.asp>)
- Social Security Death Master File (<https://dmf.ntis.gov/>)

Contractor shall submit an attestation with their bid that they have verified the above items for all staff, as required. Upon contract award, Contractor shall submit a detailed roster of all staff, Officers, Agents, Board Members and Owners with greater than five percent ownership interest. ACBH will perform an exclusion screening; any issues identified as a result of the screening must be resolved prior to final contract execution. If there are unresolved issues, ACBH may not contract with the awarded organization.

4. Provider Enrollment

The awarded Bidder shall be responsible for all requirements outlined in the ACBH Exhibit A-1: Standard Requirements for Mental Health Providers,¹¹ including, but not limited to, the following:

Consistent with state and federal law, all providers serving Medi-Cal beneficiaries will be required to comply with Medicaid enrollment and screening requirements, including enrolling in the DHCS Provider Application and Validation for Enrollment (PAVE) portal.¹²

Upon contract award, and every three years following, providers will be screened for the following requirements¹³:

- Verification of provider specific enrollment requirements (accreditation, surety bonds etc.)
- Social security administration
- National plan and provider enumeration system
- National provider identifier (NPI) database
- Taxpayer identification number
- Criminal background checks
- Unscheduled or unannounced site visits (pre and post enrollment)

On a monthly basis, providers will be rescreened to validate:

- State license validation, debarment, sanctions and disciplinary actions
- Out-of-State exclusion lists

¹¹ These requirements can be reviewed at: [https://www.acbhcs.org/providers/network/forms.htm#contract;documents for the upcoming Fiscal Year are generally posted in March or April of the current Fiscal Year.](https://www.acbhcs.org/providers/network/forms.htm#contract;documents%20for%20the%20upcoming%20Fiscal%20Year%20are%20generally%20posted%20in%20March%20or%20April%20of%20the%20current%20Fiscal%20Year.)

¹² <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>

¹³ Via the Council for Affordable Quality Healthcare (CAQH)

- OIG exclusion list
- GSA Excluded Parties List System¹⁴
- Medicare Exclusion List
- Death of individual practitioners (Social security administration death master file including all eligible professionals)

The County may terminate or deny enrollment if a provider:

- Has been convicted of criminal offense in Medicare, Medicaid or CHIP within the past 10 years,
- Failed to comply with the new screening requirements (including background checks or failure to cooperate with required site visits),
- Did not submit accurate and timely information,
- Terminated from any Medicare, Medicaid or CHIP program after January 1, 2011,
- Falsifies information, and/or
- The County cannot verify enrollment information.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. *Understanding of and Experience with Priority Population Needs*

ACBH seeks proposals that demonstrate a clinical understanding and experience with the TAY Forensic, Diversion and Re-entry FSP population. The priority population to be served must meet service criteria for specialty mental health services under Short-Doyle Medi-Cal as defined by DHCS and ACBH¹⁵ and be youth and young adults ages 18 - 24 years who have criminal justice involvement and SMI.

Individuals served are at high risk of re-hospitalization and/or recidivism due to mental health issues who will be able to live in the community if comprehensive services and concentrated supports were available to accommodate their needs. Program participants may include individuals who are homeless or at risk of homelessness, have co-occurring substance use and/or physical health disorders, frequently use hospitals and other emergency services, are at risk of institutionalization, and/or have limited English proficiency. Participants may be sex offenders.

Successful Bidders will demonstrate knowledge, experience, and understanding of the needs, issues, and challenges faced by the priority population. Bidders should identify strategies to address barriers faced by clients and demonstrate experience in supporting the priority population. Bidders should demonstrate the cultural understanding and responsiveness to successfully serve the priority population.

¹⁴ Checks against the General Service Administration's Excluded Parties List System take place on an annual basis.

¹⁵ See Appendix D for definition of specialty mental health services

2. Service Delivery Approach

This TAY Forensic FSP program will provide services with rehabilitative value based on each client's strength-based care plan that is created in collaboration with the participant. The program will operate a shared caseload model where the client and their families work with all members of the team, and where the team delegates the resources of staff members each day to meet the needs of the clients and their family members. As such, the FSP team shall serve as the Single Point of Responsibility (SPR) and the FSP caseloads will be managed by the whole team or by an individual treatment team. The SPR shall provide continuity for the client and shall facilitate the development of a strong working relationship.

The program must be implemented using high fidelity to the ACT/FACT EBPs. According to the Substance Use and Mental Health Services Administration (SAMHSA), ACT is considered to be one of the most effective EBPs designed to support community living for individuals with the most severe functional impairments associated with SMI. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care).

Based on the ACT model, a multi-disciplinary team is available around the clock to deliver a wide range of services in a person's home or other community settings. ACT is a service delivery model, not a case management program. The ACT team members themselves provide the comprehensive array of services directly rather than through referrals. Caseloads are approximately one staff for every 10 individuals served. Services are provided 24 hours - seven days a week, as long as needed and wherever they are needed. ACT teams often find they can anticipate and avoid crises.

The FACT model is based on ACT, but specifically targets:

1. Forensic services that address criminogenic risks and needs;
2. Client eligibility based on a set of well-defined criteria, including multiple incarcerations;
3. Client access to round-the-clock, individualized psychiatric treatment and social services that address immediate needs and improve stabilization;
4. Service delivery by an integrated, multidisciplinary team, including criminal justice specialists;
5. Cross-system mental health and criminal justice team member training;
6. Implementation fidelity to ACT and quality control; and
7. Flexible funding and implementation support.

Additional information on FACT can be found here. <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-fact-br.pdf>.

In addition to the above key EBPs, bidders also must include in their proposal a program design that considers the following required elements:

a. Outreach and Engagement

Enrolment and participation in FSPs are voluntary. As such, Bidders must utilize EBPs and/or community practices that are well matched with the priority population to effectively engage them through the stages of change and towards an increased readiness to participate in appropriate services. Successful Bidders shall outreach to potential clients in addition to receiving referrals to ensure full program capacity. Bidders must include in their submission plan for managing clients who decline FSP enrollment but require mental health and other services.

b. Cultural Responsiveness

The services provided shall be culturally responsive and linguistically appropriate to the FSP population. Service providers shall have similar cultural and linguistic backgrounds and understand the strengths of the client's respective culture including gender-specific and age-specific needs.

c. Welcoming environment and Trauma-informed

Bidders must provide services in a welcoming environment using trauma informed care to ensure the understanding of the neurological, biological, psychological and social effects of trauma, as well as the prevalence of these experiences in persons who receive mental health services.

d. Individualized Service and Supports Plan (ISSP)

Each fully served individual shall have an ISSP which is a strengths-based plan of services. The ISSP shall be developed between the client, their family as appropriate, and the FSP service provider and shall identify services and supports needed by the client to help facilitate recovery, promote wellness and build resilience. Participating individuals and staff will help provide information to help the client make informed choices about the services included in the ISSP. The family voice and choice shall be valued, encouraged and supported.

e. Single Point of Responsibility (SPR)

Implementing ACT/FACT models to high fidelity means a shared caseload model where the client, and their families, work with all members of the team and the team delegates the resources of staff members each day to meet the needs of the clients, and their family members. The SPR provides continuity for the client and facilitates the development of a strong working relationship.

f. Full Spectrum of Community Services

This FSP program shall provide a full range of outpatient treatment services under Short-Doyle Medi-Cal, as well as additional services and supports necessary to address the needs of the client, and when appropriate the client's family, in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resilience. Services and supports shall be identified in the ISSP and shall be provided in the community where the client is or locations identified as convenient by the client. The range of services and supports shall include but not limited to the following:

- Outpatient treatment services – Including mental health services, medication support, crisis intervention, case management/brokerage. Mental health and other treatment services shall be made available to the clients' and their families when the receipt of such services will be important for the client to achieve positive outcomes.
- Integrated Co-occurring Services – Including treatment for clients who have a substance abuse disorder or treatment for a parent/caregiver when a client is impacted by the parent's substance abuse or co-occurring disorder. These services are integrated and address both substance abuse issues and mental health concurrently.
- Family Education Support and Services – Including parent training and working with clients to support the possibility of seeking family contact when it is deemed beneficial to achieving their goals. Bidders must demonstrate experience providing developmentally appropriate support and education to clients and their families and/or caregivers.
- Linkage to other services – Including assisting clients to access primary health care, referral for services that help establish and maintain benefits and housing services referral for a variety of possible housing options such as transitional/temporary housing, housing subsidies, housing vouchers and financial help for housing that are not provided by the FSP program. Awarded Contractors shall assist clients in meeting their immediate needs for temporary shelter and short-term housing, and in obtaining long-term, stable housing. In addition, it is ACBH's expectation that the FSP provider will take on the responsibilities for housing navigator as part of their service delivery.
- Client Supportive Expenditures – Including temporary goods and services such as food, clothing, hygiene kits, utilities, emergency housing, and furniture as appropriate when such items are critical to overall client treatment success. Contractor shall also provide funding for public transportation or direct transportation as needed to advance the client's goals and achieve outcomes that support the client's recovery, wellness, and resilience.
- Substitute Payee through ACBH for clients who would benefit from having a representative payee and assistance with money management.

g. “Whatever it takes” philosophy

Successful Bidders shall have demonstrated “whatever it takes” commitment to helping clients achieve their treatment goals while promoting wellness and recovery. This includes a “no-fail” approach to service delivery where continuation of treatment and services is not contingent on the client's compliance and clients are not discharged if they are not progressing with their treatment goals based on preset expectations.

h. Flexible funds

To assist partners, and their families, achieve their goals and progress with their treatment, Bidders can include client support funds in their proposed budget.

Bidders must include in their proposal their policy and procedure for managing these funds doing “whatever it takes” to support clients in meeting their goals while taking into consideration how consumer grievance around equity of fund distribution will be addressed. Awarded Contractors are responsible for timely and accurate bookkeeping of these client supportive expenditures to ACBH.

3. Planned Staffing and Organizational Capacity

ACBH requires a thoughtful staffing pattern that will meet these requirements:

- A multidisciplinary team that includes appropriately trained and licensed staff who will provide clinical and community support services to clients, and their families and/or caregivers.
- 0.5 FTE prescriber must be part of the team, who will be responsible for prescribing and evaluating medication needs of the clients.
- 0.5 FTE Nurse must be part of the team.
- Team coverage to ensure client availability 24/7 to avert crisis situations and be able to provide intensive services and supports when needed.
- Inclusion of Substance Use Specialist, Employment Specialist, Forensic Peer Specialist and/or Family Partners.
- Implement FSPs with high fidelity (80 percent or higher) to ACT/FACT EBPs.
- Maintain a low client to staff ratio (no more than 1:10).
- Cultural and language consideration for the priority population to be served.

Bidders shall include in their proposal a plan for maintaining appropriate infrastructure, staffing and hiring, which should include:

- Plan for hiring, training, and supporting program staff;
- Plan for providing appropriate and regular clinical supervision to program staff;
- Plan for quickly engaging 50 clients into this FSP;
- Organizational capacity to support clients in meeting their treatment goals;
- Organizational capacity to enter and track data following County requirements; and
- Organizational capacity or plan to build organizational capacity to meet Federal, State, and Medi-Cal billing, clinical, and quality assurance requirements including adjusting services or practices as needed to meet CalAIM requirements.

Bidders must also include in their proposal their overall organizational chart and where the program will sit within the agency that demonstrates the agency’s infrastructure to ensure there is necessary oversight, supervision, and support to comply with the program requirements.

4. Forming Partnerships and Collaboration

The awarded Contractor shall work collaboratively with the following:

a. ACBH System

ACBH will oversee and approve each referral and discharge to the FSP program based on admission and discharge criteria set forth by the County. Each client enrolled in the FSP must meet the established criteria. When the discharge process takes place, the FSP provider shall coordinate with ACBH to ensure a smooth client transition to a lower level of care.

b. Behavioral Health (BH) Court, Juvenile Justice Center (JJC), Jail, Emergency Rooms (ERs), Crisis Stabilization Units (CSUs)

The FSP team will participate fully as a partner in BH Court. This includes, but is not limited to the program manager, or designee, attending weekly meetings with the Court and clinical staff; attending court with clients at least once a week; assessing individuals who are in custody and finding appropriate placement; etc. The FSP team will need to see people in jail, initially, and also while they are discharged into a transitional program. Bidders shall include in their proposal experience, or proposed plan, in partnering with the BH Court to successfully support clients in meeting their treatment goals and legal requirements.

Most FSP enrollees are repeat utilizers of the highest level of services in the most acute care settings (e.g., jail, hospital, CSU), and sub-acute settings. Many clients will be in the process of being released or discharged from these settings. Bidders must include their experience and/or plan for collaborating with these settings in order to support clients around discharge and stabilization in community settings.

c. Other service providers

It is anticipated that FSP clients will require more assistance in the early stages of enrollment, whether provided through the FSP or through linkages to community resources. As the client progresses through the FSP, their need for formal services will lessen as they establish more connections with naturally occurring community resources. When the services goals are met, the client shall be transitioned to lower levels of care. ACBH expects the awarded Contractor to ensure continuity of care through referrals and warm hand-offs to other service providers and community supports. Bidders shall include in their submission existing and new partnerships that demonstrates their capacity to link and broker services that are not provided by the FSP and/or as needed by the client to ensure continuity of care.

Bidders should include information in their bids on their experience collaborating with partners, and how they will collaborate with the FSP-specific partners mentioned above to further the goals of the program.

5. Ability to Track Data

The awarded Contractor shall track data and outcomes for the purpose of completing DHCS and ACBH required reporting for FSPs and continuous quality improvement of services, and to ensure that client driven goals, objectives, and interventions in the treatment plan are achieved.

The awarded Contractor shall input data for each client into the ACBH electronic billing and management system(s), including but not limited to data from the Partnership Assessment Form (PAF) at intake, the Three-Month Assessment (3M) Update quarterly, and the Key Event Tracking (KET) at each change in client status for any of the indicators included in KET. The awarded Contractor will also track and report on the following process and quality measures.

Process Measures¹⁶
Number of new clients enrolled
Number of clients open to program point-in-time, at the time of the report
Number of clients closed and reason for closure
Number of hours of service provided by service modality
Number of clients with no Supplemental Security Income (SSI)/ Social Security Disability Income (SSDI) who are linked to advocacy programs ¹⁷
Percent of services provided that are field-based

Quality Measure	Data Source
Percent of clients reporting “strongly agree” or “agree” to the statement “I like the services that I received here” on the Mental Health Statistics Improvement Program (MHSIP) survey	85%

¹⁶ Measures shall be reported for the total population, as well as by ethnicity, race, language, gender, and sexual orientation.

¹⁷ Data source is ACBH advocacy database

Quality Measures	Quality Objective
Measure #1: Percent of clients who receive a face-to-face FSP visit within seven calendar days of a qualifying event ¹⁸	70%
Measure #2: Percent of clients who receive an average of four or more face-to-face FSP visits per month during the fiscal year (new and existing clients) ¹⁹	80%
Measure #3: Percent of clients who had a visit with a primary care provider during the fiscal year ²⁰	75%
Measure #4: Percent of clients with a reduction in John George Psychiatric Hospital Crisis Stabilization Unit (CSU) or inpatient services ²¹	80%

ACBH reserves the right to determine and evaluate program measures and outcomes, and to work with the awarded Contractor to alter their program and outcome measures in subsequent years.

Bidders will be evaluated based on their plan for meeting program outcomes as well as their ability to track client progress.

Awarded Contractors shall administer the consumer satisfaction survey, the MHSIP, indicated above. ACBH expects a 50 percent return rate on completed surveys. Bidders must include in their proposal how the surveys will be administered to meet this expectation.

¹⁸ Low denominator threshold of 20

¹⁹ Low denominator threshold of 30

²⁰ Low denominator threshold of 20

²¹ Low denominator threshold of 15

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTRACTS

All contact during the competitive RFP process shall be through the RFP contact, only.

The ACBH website <https://www.acbhcs.org/providers/network/rfp.htm> and the General Services Agency (GSA) website <https://gsa.acgov.org/do-business-with-us/contracting-opportunities/> are the official notification and posting places for this RFP and any Addenda.

The evaluation phase of the competitive process shall begin upon receipt of proposals until contract award. Bidders shall not contact or lobby County Selection Committee (CSC)/Evaluation Panelists during the evaluation process. Attempts by Bidders to contact CSC/Evaluation Panelists may result in disqualification of the Bidder's proposal.

All questions regarding these specifications, terms and conditions shall be submitted in writing, preferably via e-mail, as specified in the Calendar of Events to:

ACBH Procurement
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: procurement@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location		
Request for Proposals (RFP) Issued	Friday, February 17, 2023		
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – ACBH strongly encourages Bidders to submit written questions earlier.		
1 st Bidders' Conference	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> Tuesday, March 7, 2023 10:00 am – 11:30 am </td> <td style="width: 70%;"> Teams Online Meeting Meeting ID: 236 506 282 967 Passcode: gZ6tzk Join on the web +1 415-915-3950,,629875853# (888) 715-8170,,629875853# Toll-free Phone Conference ID: 629 875 853# </td> </tr> </table>	Tuesday, March 7, 2023 10:00 am – 11:30 am	Teams Online Meeting Meeting ID: 236 506 282 967 Passcode: gZ6tzk Join on the web +1 415-915-3950,,629875853# (888) 715-8170,,629875853# Toll-free Phone Conference ID: 629 875 853#
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2 nd Bidders' Conference	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> Wednesday, March 8, 2023 2:00 pm – 3:30 pm </td> <td style="width: 70%;"> Teams Online Meeting Meeting ID: 272 435 451 696 Passcode: T9KYW7 Join on the web +1 415-915-3950,,393951530# (888) 715-8170,,393951530# Toll-free Phone Conference ID: 393 951 530# </td> </tr> </table>	Wednesday, March 8, 2023 2:00 pm – 3:30 pm	Teams Online Meeting Meeting ID: 272 435 451 696 Passcode: T9KYW7 Join on the web +1 415-915-3950,,393951530# (888) 715-8170,,393951530# Toll-free Phone Conference ID: 393 951 530#
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Addendum Issued	March 15, 2023		
Proposals Due	Monday, April 10, 2023 by 2:00pm		
Review/Evaluation Period	April 10, 2023 – May 18, 2023		
Oral Interviews (as needed)	May 18, 2023		
Award Recommendation Letters Issued	May 29, 2023		
Board Agenda Date	September 2023		
Contract Start Date	October 1, 2023		

Note: Award Recommendation, Board Agenda and Contract Start dates are approximate. Other dates are subject to change. Bidders will be notified of any changes via email. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions. By submission of a proposal, Bidder certifies that if awarded a contract Bidder shall make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

C. SMALL LOCAL EMERGING BUSINESS (SLEB) PREFERENCE POINTS

The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's SLEB requirements at the time of bid submission in order to be considered for the contract award. These requirements can be found online at: <http://acgov.org/auditor/sleb/overview.htm>

For purposes of this proposal, applicable industries include, but are not limited to, the following North American Industry Classification System (NAICS) Codes 621330, 621420, and 624190.

A small business is defined by the [United States Small Business Administration](#) (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

The County also encourages participation by minority and women-owned businesses, although preference points are not awarded for these types of businesses.

D. BIDDERS' CONFERENCES

ACBH strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences. ACBH shall hold two Bidders' Conferences. Bidders' Conferences will be held to:

- Provide an opportunity for Bidders to ask specific questions about the program and request RFP clarification; and
- Provide the County with an opportunity to receive feedback regarding the program and RFP.

ACBH shall respond to written questions submitted prior to the Bidders' Conferences, in accordance with the Calendar of Events and verbal questions received at the Bidders Conferences, whenever possible at the Bidders' Conferences. ACBH shall address all questions and include the list of Bidders' Conferences attendees in an Addendum following the Bidders Conferences in accordance with the Calendar of Events section of this RFP.

Bidders are not required to attend the Bidders' Conferences. However, attendance to at least one Bidders' Conference is strongly encouraged in order to receive information to assist Bidders in formulating proposals.

Failure to participate in a Bidders' Conference shall in no way relieve the Bidder from furnishing program and services requirements in accordance with these specifications, terms and conditions and those released in any Addenda.

E. SUBMITTAL OF PROPOSALS/BIDS

1. All proposals must be received electronically by ACBH **no later than 2:00 pm on the due date and location specified on the RFP cover and Calendar of Events in this RFP**. ACBH cannot accept late proposals.

ACBH shall only accept proposals received electronically by the time and date indicated on the RFP cover and in the Calendar of Events. Any proposals received after said time and/or to an email address other than the stated email address cannot be considered.

All proposals must be received and time stamped at the stated delivery address prior to the time designated. ACBH's timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Bidders must submit proposals which clearly state Bidder and RFP name. Proposals shall include:
 - a. A single PDF copy of the proposal, with original ink signatures. Proposal is to be clearly marked on the cover (it should be clear who the Bidder is on the front of the proposal);
 - b. An electronic Excel copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

Bidders shall ensure that proposals are:

- Single spaced
- Maximum 1-inch margins
- 11-point Arial font
- Conform to the maximum page limits

3. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.
4. Submitted proposals shall be valid for a minimum period of eighteen months.
5. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
6. Proprietary or Confidential Information: No part of any proposal response is to be marked as confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government

Code Section 6250, et seq.) or of “trade secrets” protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).

7. All other information regarding proposals shall be held as confidential until such time as the CSC/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to award/non-award notification. The submitted proposals shall be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive mailed intent to award/non-award notification, which shall include the name of the Bidder recommended for award of this service. In addition, recommended award information will be posted on the ACBH website.
8. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.
9. California Government Code Section 4552: In submitting a bid to a public purchasing body, the Bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the Bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tender’s final payment to the Bidder.
10. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms “claim” and “knowingly” are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.
11. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
12. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
13. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders may use the provided Bid Response Template to address and complete your proposals. The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to a **total page maximum of twenty (21)**. Bidders cannot submit non-material documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP and any Addenda shall be deemed incomplete and may be rejected.

Proposals shall be complete, substantiated, concise and specific to the information requested. Any superfluous and unrequested material submitted with the bid will be removed and will not be viewed by the Evaluation Panel. Any material deviation from the requirements may be cause for rejection of the proposal, as determined at ACBH' sole discretion.

Table 1
The proposal sections, instructions and page maximums are contained in Table 1. **Proposal shall not exceed twenty-one (21) pages excluding Exhibits and Attachments.** Bidders may use the Bid Response Template to submit their response.

Section	Instructions	Page Max.
1. TITLE PAGE	Include a table of contents with page numbers indicating the location of each section in the bid.	N/A
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Review, complete, and submit the requested information included as Exhibit A Bidder Information and Acceptance form with your bid.	N/A
SLEB PARTNERING SHEET	Every Bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Bid Template, indicating their SLEB certification status.	N/A
OIG ATTESTATION	Every Bidder must fill out and submit a signed OIG Attestation in the Bid Template.	N/A
3. ORGANIZATIONAL CAPACITY AND REFERENCES	<p>a. Debarment and Suspension Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at the following databases:</p> <ul style="list-style-type: none"> • NPPES • OIG/LEIE database • SAM/EPLS data base • Medi-Cal and S&I database • Social Security Death Master File <p>b. References Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references</p>	N/A

	<p>provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference. The County may contact some or all of the references provided in order to determine Bidder’s performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p> <p>Do not include ACBH staff as references. Provide a list of <u>six (6)</u> total references – three (3) current and three (3) former, please provide the following;</p> <ul style="list-style-type: none"> • Company Name • Reference Name • Address • Phone number • E-mail address • Services Provided/Date(s) of Service 	
<p>EXHIBIT D: EXCEPTIONS, CLARIFICATIONS, AMENDMENTS</p>	<p>Indicate all of Bidder proposed exceptions to the County’s requirements, conditions and specifications as stated within this RFP.</p>	<p>N/A</p>
<p>4. LETTER OF TRANSMITTAL/EXECUTIVE SUMMARY</p>	<p>Complete and submit a synopsis of the highlights and benefits of each proposal including total funding request and staffing overview.</p>	<p>1</p>
<p>5. BIDDER MINIMUM QUALIFICATIONS</p>	<p>Bidders must describe and demonstrate how they meet all of the minimum qualifications:</p> <ul style="list-style-type: none"> a. At least one year of experience providing services to the priority population within the last seven years b. At least one year of experience providing services using the ACT and FACT models within the past seven years 	<p>2</p>

	<p>c. At least one year of experience billing Medi-Cal through a County or Managed Care Plan in the past three years.</p>	
<p>6. BIDDER EXPERIENCE, ABILITY AND PLAN</p>	<p>Describe, in detail, Bidder’s Clinical Understanding of and Experience with the Priority Population Needs, including:</p>	<p>(3)</p>
	<p>i. Bidder’s understanding of the priority population including:</p> <ol style="list-style-type: none"> 1. Developmental, age-related issues and their unique needs; 2. Risk factors such as poverty, food insecurity, housing scarcity, trauma, stigma, mistrust, community and domestic violence, and substance abuse; and 3. Cultural issues that affect the service delivery including stigma associated with use of mental health services. 	<p>1</p>
	<p>ii. Bidder’s experience working with the priority population, including:</p> <ol style="list-style-type: none"> 1. Providing mental health services to the priority population; 2. Developing and implementing successful strategies to address barriers faced by clients; 3. Identifying and building on existing client protective factors; and 4. Developing culturally responsive and trauma informed services serving the priority population. 	<p>2</p>
	<p>Describe, in detail, Bidder’s Service Delivery Approach, including:</p>	<p>(4)</p>
	<p>i. Bidder’s plan to provide services to clients, including:</p> <ol style="list-style-type: none"> 1. Providing FSP program services; 2. Identifying and providing outpatient treatment and supportive services; 3. Plan for delivering services on-site (including hours and locations), after hours, in the community and in homes; and 4. Proposed EBPs, promising practices, and/or community defined approaches and how these will support program goals. 	<p>2</p>

	<p>ii. Describe Bidder’s plan incorporating each of the following required program elements:</p> <ol style="list-style-type: none"> 1. Outreach and engagement 2. Cultural responsiveness 3. Welcoming environment and trauma-informed lens 4. Individualized Service and Supports Plan (ISSP) 5. Single Point of Responsibility (SPR) 6. Full Spectrum of Community Services 7. “Whatever it takes” philosophy 8. Flexible funds (including summarized policy and procedure for managing flexible funds) 	2
Describe, in detail, Bidder’s Staffing and Organizational Infrastructure , including:		(4)
	<p>i. Planned staffing structure, including:</p> <ol style="list-style-type: none"> 1. Program staffing plan which includes staff titles and FTE, language capacity, roles, responsibilities, and supervision structure. Provide rationale for proposed staffing plan including tasks necessary to provide program services and how they will be assigned to staff; 2. Plan for hiring, training, supervising, and retaining staff. Include how staff will reflect the priority population and language profiles; and 3. Plan for providing appropriate and regular clinical supervision and oversight of proposed program components. 	2
	<p>ii. Bidder’s planned organizational infrastructure, including:</p> <ol style="list-style-type: none"> 1. How the proposed program will be integrated into existing organizational structure and services. Include organizational chart that illustrates where the program will sit within the organization, as Attachment 1; 	2

	<ol style="list-style-type: none"> 2. Capacity or plan to track and enter data following County requirements; and 3. Capacity or plan to meet Federal, State, and Medi-Cal billing, clinical and quality assurance requirements, including adjusting services or practices as needed to meet CalAIM requirements. 	
	<p>Describe, in detail, Bidder’s ability and experience Forming Partnerships and Collaboration, including:</p>	(1)
	<ol style="list-style-type: none"> 1. Experience and/or plan to collaborate with other service providers that work with the priority population; 2. Experience and/or plan to participate as a BH Court partner; and 3. Experience seeing clients within the jail and in their transitional program residences 	1
	<p>Describe, in detail, Bidder’s Experience and Plan to Track Data and Outcomes, including Bidder’s plan for collecting data specified in this RFP and tracking outcomes for quality improvement, specific to the following:</p>	(2)
	<ol style="list-style-type: none"> 1. Experience with data collection, tracking, and reporting including data tracking tools or systems for billing and program monitoring/improvement. Include examples of how data has been used for quality and performance improvement. 2. How client/family satisfaction surveys will be administered to ensure a 50 percent return rate and how information will be utilized in treatment and program improvement planning. 	2
	<p>Implementation Schedule and Plan</p>	(2)

<p>7. IMPLEMENTATION SCHEDULE AND PLAN</p>	<p>a. Submit Bidder’s Implementation Schedule and Plan with due dates around the following activities:</p> <ol style="list-style-type: none"> 1. Hiring and training staff; 2. Developing appropriate contacts; and 3. Delivering TAY Forensic, Diversion and Re-entry FSP services. 	<p>1</p>
	<p>b. Describe Bidder’s identification of and strategies for mitigation of risks and barriers, which may adversely affect program implementation.</p>	<p>1</p>
<p>8. COST</p>	<p>Budget and Budget Narrative</p>	<p>(2)</p>
	<p>a. Cost-Coefficient – Bidder does not need to submit anything additional for this. b. Complete and submit one BUDGET WORKBOOK (saved in Excel). See Budget Instructions tab. Complete and submit all worksheets in the Workbook.</p>	<p>N/A</p>
	<p>c. Bidder’s detailed Budget Narrative to explain the costs and calculations in the BUDGET WORKBOOK. The narrative must match the budget, and be aligned with the requirements of this RFP. Narrative should explain how calculations were made on the following and provide explanation on any variances in costs:</p> <ol style="list-style-type: none"> 1. Required Staffing 2. Salaries and Benefits 3. Operating Expenses 4. Administrative and/or Indirect Costs 5. Revenue 	<p>2</p>

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Bidder Minimum Qualifications, Completeness of Response, Conformance to Page Limitations, and Debarment and Suspension) shall be evaluated by the CSC/Evaluation Panel. The CSC/Evaluation Panel may be composed of County staff and other individuals who may have expertise or experience in the RFP content. The CSC/Evaluation Panel shall score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP. The evaluation of the proposals for recommendation shall be within the sole judgment and discretion of the CSC/Evaluation Panel.

All contact during the evaluation phase shall be through the ACBH contact person only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC/Evaluation Panel may result in disqualification of Bidder.

The CSC will evaluate each proposal meeting the minimum qualifications and requirements set forth in this RFP. Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, shall be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

As a result of this RFP, the County intends to award one contract to the responsible Bidder whose response conforms to the RFP and whose proposal presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the Bidders that demonstrate the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced proposal.

The basic information that each proposal section should contain is specified in section II. F. These specifications should be considered as requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed in II. F. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the services being solicited.

Each of the Evaluation Criteria below shall be used in ranking and determining the quality of proposals. Proposals shall be evaluated according to each Evaluation Criteria and scored on a zero to five-point scale shown in Table 2. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 3, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred fifty (550)

points including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of Bidders that will continue to the final stage of oral interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, and oral interview.

If the two-stage approach is used, up to three Bidders that receive the highest preliminary scores and with at least 200 points shall be invited to participate in an oral interview. Only the Bidders meeting the short list criteria shall proceed to the next stage. All other Bidders shall be deemed eliminated from the process. All Bidders shall be notified of the short list participants; however, the preliminary scores at that time shall not be communicated to Bidders.

The zero to five-point scale range is defined in Table 2.

Table 2

Score	Label	Description
0	Not Acceptable	Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score shall result in disqualification of proposal.
1	Poor	Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP.
2	Fair	Has a reasonable probability of success, however, some objectives may not be met.
3	Average	Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This shall be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members.
4	Above Average/ Good	Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.
5	Excellent/ Exceptional	Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification.

The evaluation criteria and respective weights for this RFP are contained in Table 3.

Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. TITLE PAGE	Reviewed for completeness	Complete/Incomplete	Pass/Fail
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE		Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete. Additionally, bid responses that do not conform to the page limitations in Table 1, will be rated a Fail in the Evaluation Criteria and will receive no further consideration.	
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY			
4. BIDDER MINIMUM QUALIFICATIONS	<ul style="list-style-type: none"> • Does Bidder have at least one year of experience providing services to the priority population within the last seven years? • Does Bidder have at least one year of experience providing services using the ACT model within the past seven years? • Does Bidder have at least one year of experience billing Medi-Cal through a County or 	Meets/Does Not Meet Minimum Qualification	

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	Managed Care Plan in the past three years?		
5. ORGANIZATIONAL CAPACITY AND REFERENCES	c. Debarment and Suspension	<p>To be considered for contract award, the Bidder and its principal may not be identified on the list of Federally debarred, suspended or other excluded parties located in the following databases:</p> <ul style="list-style-type: none"> • NPPES • OIG/LEIE database • SAM/EPLS data base • Medi-Cal and S&I database • Social Security Death Master File 	Pass/Fail

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>d. ACBH will accept only non-ACBH references. ACBH will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.</p>	<p>How do the Bidder's references respond to the following:</p> <ul style="list-style-type: none"> • Bidder's capacity to perform the services as stated; • Areas in which Bidder did well and areas in which bidder could have improved (if applicable); • Communication and responsiveness, reporting and invoicing, training, customer service, compliance with program, legal, and/or funding requirements, documentation and reliability on a scale of one to five; • Whether the project was completed on time and on budget; • Capacity and ability to meet program or contract deliverables; • References' overall satisfaction with Bidder; • References' comfort with recommending the Bidder to Alameda County; and • Any other information that would assist in Alameda County's work with the Bidder. 	5
<p>6. BIDDER EXPERIENCE, ABILITY AND PLAN</p>	<p>a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the <i>Understanding of and Experience with the Priority Population Needs.</i></p>		(16) Section Subtotal
	<p>i. Understanding of the Priority Population</p>	<p>How well does Bidder demonstrate understanding of the priority population including:</p> <ul style="list-style-type: none"> • Developmental, age-related issues and their unique needs; • Risk factors such as poverty, food insecurity, housing scarcity, trauma, stigma, mistrust, community and domestic violence, and substance abuse; 	8

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> Cultural issues that affect the service delivery including stigma associated with use of mental health services. 	
	<p>ii. Experience with Priority Population</p>	<p>How well does Bidder demonstrate experience working with the priority population including:</p> <ul style="list-style-type: none"> Providing mental health services to the priority population; Developing and implementing successful strategies to address barriers faced by clients; Identifying and building on existing client protective factors; and Developing culturally responsive and trauma informed services serving the priority population. 	8
	<p>b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the <i>Service Delivery Approach</i>.</p>		(18) Section Subtotal
	<p>i. Service Delivery to Clients</p>	<p>How well-matched is Bidder's plan to provide services, including:</p> <ul style="list-style-type: none"> Providing FSP program services; Identifying and providing outpatient treatment and support services; Plan for delivering services on-site (including hours and locations), after hours, in the community and in homes; and Proposed EBPs, promising practices, and/or community defined approaches and how these will support program goals. 	9

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>ii. Program Elements</p>	<p>Describe Bidder’s plan incorporating each of the following required program elements:</p> <ul style="list-style-type: none"> • Outreach and Engagement • Cultural Responsiveness • Welcoming environment and Trauma-informed • Individualized Service and Supports Plan (ISSP) • Single Point of Responsibility (SPR) • Full Spectrum of Community Services • “Whatever it takes” philosophy • Flexible funds (including summary of policy and procedure for managing flexible funds) 	<p>9</p>
	<p>c. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under the <i>Planned Staffing and Organizational Capacity.</i></p>		<p>(14) Section subtotal</p>
	<p>i. Planned Staffing Structure</p>	<p>How well-matched is Bidder’s staffing plan, including:</p> <ul style="list-style-type: none"> • How appropriate is proposed plan for program staffing including staff titles and FTE, language capacity, roles, responsibilities, and supervision structure? • How well matched is Bidder’s plan for hiring, training, supervising, and retaining staff? How well do staff reflect the priority population and language profiles? • How appropriate is Bidder’s plan for supervision and oversight of proposed program components? 	<p>7</p>

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>ii. Capacity and Organizational Infrastructure</p>	<p>How well does Bidder describe its organizational infrastructure, and how well-matched to the proposed services is this infrastructure, including:</p> <ul style="list-style-type: none"> • How well does Bidder describe how program services will be integrated into Bidder’s existing organizational structure and services? • How well does Bidder describe its capacity or plan to track and enter data following County requirements? • How well does Bidder describe its capacity or plan to meet Federal, State, and Medi-Cal billing, clinical and quality assurance requirements, including adjusting services or practices as needed to meet CalAIM requirements? 	7
	<p>d. Describe, in detail, Bidder’s ability and experience Forming Partnerships and Collaboration, including:</p>		(8) Section subtotal
	<p>i. Has the bidder demonstrated sufficient experience and/or plan to collaborate with other providers serving the priority population?</p> <p>ii. Participating as a BH Court partner?</p> <p>iii. Seeing clients within the jail and in their transitional program residences?</p>		8
	<p>e. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under Tracking Data and Outcomes.</p>		(7) Section subtotal
	<p>i. Track Data and Outcomes</p>	<p>How appropriate is Bidder’s plan for tracking deliverables, and client level data, including?</p> <ul style="list-style-type: none"> • How well does Bidder demonstrate experience with data collection and electronic data and/or tracking systems? 	7

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> Plan to administer client/family satisfaction surveys to ensure a 50 percent return rate, and to utilize information in treatment and program improvement planning. 	
7. COST	<p>The Evaluation Panel will review the Budget Workbook and Narrative and assign a score based on how Bidder's proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.</p>		(10) Section subtotal
	<p>i. Cost Co-Efficient</p>	<ul style="list-style-type: none"> Low bid divided by low bid x 5 x weight = points <i>For example:</i> $\\$100,000 / \\$100,000 = 1 \times 5 \times 5 = 25 \text{ points}$ Low bid divided by second lowest bid x 5 x weight = points Low bid divided by third lowest bid x 5 x weight = points Low bid divided by fourth lowest bid x 5 x weight = points 	2
	<p>ii. Budget iii. Budget Narrative</p>	<ul style="list-style-type: none"> How well-matched is Bidder's budget to the proposed program? How well does the budget capture all activities and staff proposed in the Budget? How well does Bidder allocate staff and resources? How appropriate are the staffing and other costs? How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? How well does the narrative detail how Bidder arrived at particular calculations? How well does Bidder "show the work"? 	8

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
8. IMPLEMENTATION SCHEDULE AND PLAN	The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under Implementation Plan and Schedule.		(12)
	i. Implementation Plan	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? How realistic does Bidder account for timeline to complete each specified milestone? Milestones include: <ul style="list-style-type: none"> ○ Hiring and training staff; ○ Developing appropriate contacts; and ○ Delivering TAY Forensic, Diversion and Re-entry FSP services. 	6
	ii. Identification and Strategies for Mitigation of Risks and Barriers	<ul style="list-style-type: none"> • How thorough, thoughtful, and realistic is Bidder's identification of challenges and barrier mitigation strategies? • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder's strategies? 	6
EXHIBITS	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
ORAL INTERVIEW, IF APPLICABLE	Criteria are created with the CSC/Evaluation Panel.		10
PREFERENCE POINTS, IF APPLICABLE	SLEB		Five Percent (5%)
	Local (not SLEB certified)		Five Percent (5%)

H. CONTRACT EVALUATION AND ASSESSMENT

During the initial sixty (60) day period of any contract, which may be awarded to a successful Bidder (“Contractor”), the CSC and/or other persons designated by the County may meet with the Contractor to evaluate the performance and to identify any issues or potential problems.

The County reserves the right to determine, in its sole discretion, (a) whether Contractor has complied with all terms of this RFP and (b) whether any problems or potential problems are evidenced which make it unlikely (even with possible modifications) that the proposed program and services will meet the County requirements. If, as a result of such determination the County concludes that it is not satisfied with Contractor, Contractors’ performance under any awarded contract as contracted for therein, the Contractor shall be notified of contract termination effective forty-five (45) days following notice. The County shall have the right to invite the next highest ranked Bidder to enter into a contract.

The County also reserves the right to re-bid these programs if it is determined to be in its best interest to do so.

I. AWARD

1. Proposals evaluated by the CSC/Evaluation Panel shall be ranked in accordance with the RFP section II.G. of this RFP.
2. The CSC shall recommend award of each contract to the Bidder who, in its opinion, has submitted the proposal that best conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.
3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
4. Any proposal that contains false or misleading information may be disqualified by the County.
5. The County reserves the right to award to a single or multiple Contractors.
6. The County has the right to decline to award a contract in whole or any part thereof for any reason.
7. Board of Supervisors approval to award a contract is required.

8. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.
9. Final terms and conditions shall be negotiated with the Bidder recommended for award. The successful Bidder may request a copy of the Master Agreement template from the ACBH RFP contact. The template contains the agreement boilerplate language only.²²
10. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder's proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

J. PRICING

Federal, State and municipal minimum wage laws apply. The County has no requirements for living wages. The County is not imposing any additional requirements regarding wages.

K. INVOICING

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. Payment will be made within thirty days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.
3. County shall notify Contractor of any adjustments required to invoice.
4. Invoices shall contain County purchase order (PO) number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.
5. Contractor shall utilize standardized invoice upon request.
6. Invoices shall only be issued by the Contractor who is awarded a contract.
7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.

²² Contract template are available here: <https://www.acbhcs.org/providers/network/forms.htm>

L. NOTICE OF INTENT TO AWARD

At the conclusion of the proposal evaluation process (“Evaluation Process”), all Bidders will be notified by e-mail of the contract award recommendation, if any, by ACBH. The document providing this notification is the Notice of Intent to Award.

The Notice of Intent to Award shall provide the following information:

- The name of the Bidder being recommended for contract award; and
- The names of all other Bidders that submitted proposals.

At the conclusion of the RFP response evaluation process and negotiations, debriefings for unsuccessful Bidders will be scheduled and provided upon written request and will be restricted to discussion of the unsuccessful Bidder’s proposal.

- Under no circumstances shall any discussion be conducted with regard to contract negotiations with the recommended /successful Bidder.
- Debriefing may include review of the recommended/ successful Bidder’s proposal/s with redactions as appropriate.

All submitted proposals shall be made available upon request no later than five (5) calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

M. TERM/TERMINATION/RENEWAL

The term of the contract, which may be awarded pursuant to this RFP, will be through June 30, 2024 and may be renewed thereafter, contingent on the availability of funds, Contractor’s performance, continued prioritization of the activities and priority populations, as defined and determined by ACBH.

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

ACCESS	Alameda County Acute Crisis Care and Evaluation for Systemwide Services
Agreement	The formal contract between ACBH and Contractor.
ACBH	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency.
Assessment	A service that is based on a method of interview, observation, and testing. This service may include a clinical analysis of the history and current status of a client or patient's mental, emotional, or behavior disorder, relevant cultural issues and history, diagnosis, and the use of testing procedures.
Bid	A Bidders' response to this Request; used interchangeably with proposal.
Bidder	The specific person or entity responding to this RFP.
BOS	County of Alameda Board of Supervisors.
CalAIM	California Advancing and Innovating Medi-Cal, or California's reform of Medi-Cal
Client	The recipient of services; used interchangeably with participant, beneficiary and consumer.
CAQH	Council for Affordable Quality Healthcare; an online data repository for credentialing data
Community-Based Organization (CBO)	A non-governmental organization that provides direct services to beneficiaries.
Community defined approaches	A partnership with persons of concern during all stages of the program cycle. It recognizes the resilience, capacities, skills and resources of persons of concern, builds on these to deliver protection and solutions, and supports the community's own goals.
Contractor	When capitalized, shall refer to selected Bidder that is awarded a contract.
County	When capitalized, shall refer to the County of Alameda.
CSC	County Selection Committee, or Evaluation Panel
Culturally and Linguistically Appropriate Services (CLAS)	Services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients.
EHR	Electronic Health Records
Evidence Based Practices (EBPs)	Well-defined practices that have been demonstrated to be effective through multiple research studies.
Diversion	Diversion programs provide various treatment options as alternatives to incarceration.

Federal	Refers to United States Federal Government, its departments and/or agencies.
Forensic	Justice-involved
Full Time Equivalent (FTE)	A budgetary term used to describe the number of total hours worked divided by the maximum number of compensable hours in a full-time schedule as defined by law. For example, if the normal schedule for a staff person is 40 hours per week (40*52 weeks–4 weeks for vacation=1,920). Someone working 1,440 hours during the year represents 1,440/1,920=.75 FTE.
Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master’s level clinical nurse specialists who have national or state license to practice independently.
Mental Health Services	Individual, family or group services or interventions that are designed to provide information on mental health issues, reduction of SMI and/or improvement or maintenance of functioning.
OIG	Office of Inspector General – government oversight agency to fight fraud, waste and abuse
Outcomes	The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes.
Outpatient services	A broad term incorporating mental health, case management, crisis intervention, and medication support services.
PAVE	Provider Application and Validation Enrollment – an interactive web-based system for providers who enroll in Medi Cal and manage accounts online
Promising Practice	An intervention, program, service, strategy, or policy that shows potential or promise for developing into a best practice.
Proposal	Bidder’s response to this RFP; used interchangeably with bid.
Qualified	Competent by training and experience to be in compliance with specified requirements.
Re-entry	Programs that provide services to individuals who are “re-entering” the community after being released from state prison or county jail.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda’s request for proposal to provide the services being solicited herein; also referred herein as RFP.
Response	Shall refer to Bidder’s proposal submitted in reply to RFP.
SLEB	Small Local Emerging Business
State	Refers to State of California, its departments and/or agencies.

TAY	Transitional Age Youth – ages 18-24 (through the day before their 25 th birthday) – priority population in terms of age
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

B. MEDI-CAL REQUIREMENTS FOR SERVICE PROVIDERS

Training Session (ACBH Unit)	Overview	Covered Topics	Who should attend from your agency
<p>Data Collection Billings and Benefits (800) 878-1313</p> <p>Training Available upon Request and as needed</p>	<p>This is the first training that individuals and organizational representatives should attend to learn the flow of client service data. Data Collection training provides guidelines for client data collection and data entry. It is a critical component of a provider's contract with ACBH.</p>	<ul style="list-style-type: none"> • INSYST System- Overview • Client Referrals • Verifying Client Eligibility- Overview • Client Registration • Client Episodes • Service Entry- Direct, Indirect, MAA, etc. • Disallowed Claims System • CSI Information • Invoicing and Deadlines • INSYST Reports • Reference Information/Terms and Definitions 	<p>Administrative Manager Clinical Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>Medi-Cal Eligibility Verification Provider Relations (800) 878-1313</p> <p>Training Available upon request and as needed</p>	<p>This training teaches the methods and process of verifying client's eligibility. It is the responsibility of the provider to determine Medi-Cal eligibility for all clients on a monthly basis.</p>	<ul style="list-style-type: none"> • Terminology • How to Verify Medi-Cal Eligibility- Internet • How to Verify Medi-Cal Eligibility- AEVS • MMEF Process • Medi-Cal Claim Process • Error Correction Report • SOC Procedures • Provider Responsibilities and Expectations 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>Billing System Training Information Systems (510) 567-8181</p> <p>Training is scheduled on an as needed basis</p>	<p>This is a hands-on training for learning how to navigate and input client information.</p>	<ul style="list-style-type: none"> • Navigating System • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>

Training Session (ACBH Unit)	Overview	Covered Topics	Who should attend from your agency
<p>Medi-Medi Documentation Trainings Quality Assurance (510) 567-8105</p> <p>Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm</p>	<p>This training provides information on required clinical documentation and assists providers in their Compliance efforts.</p>	<ul style="list-style-type: none"> • Clinical documentation • Coding • Timelines • Staffing 	<p>Management/ QA Staff, direct service staff, as determined by the Mental Health Plan</p>
<p>Clinical Quality Review Team (CQRT) Ongoing Training Quality Assurance (510) 567-8105</p> <p>Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm</p>	<p>This training provides a year-long commitment for providers. The group meets once per month for three hours, to review charts for compliance with Medi-Medi Documentation Standards, best clinical practices, and to authorize services.</p>	<ul style="list-style-type: none"> • Medical Necessity • Medi-Medi Chart Documentation Standards • Quality of Services • Service Codes 	<p>Clinical Supervisors, Quality Assurance Directors, and/or lead staff who are Licensed LPHA, Waivered, or registered LPHA.</p>

C. SETTING-UP SERVICES AT A NEW MENTAL HEALTH SITE

What are the steps involved in starting-up services at a new mental health program/site approved by ACBH?

** Providers should be informing their ACBH Contract Managers of a requested new site within their existing allocation at least 60-90 days prior to the anticipated start date of services at a new site via the Request for Program Change Request Form, which is available online at: <http://www.acbhcs.org/providers/network/cbos.htm>. New sites are subject to approval by ACBH, and services cannot start at an approved site until certain minimum requirements, such as fire clearance, are in place. Providers should contact their ACBH Contract Managers if there are any additional questions about what is needed for the start-up of mental health services for a specific new program/site approved by ACBH. **

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
1. Apply for any specialized permit, certification and/or licensure which is required for service delivery, outside of Medi-Cal Certification	<ul style="list-style-type: none"> Specialized new programs/ sites, such as residential, crisis residential and/or outpatient services in a group home setting 			Provider	<ul style="list-style-type: none"> These are generally permits, certifications and/or licensure from other bodies, including but not limited to local jurisdictions, Community Care Licensing (CCL) and the Department of Health Care Services (DHCS) The applications for these specialized permits, certifications and/or licensures can take some time (around six months for some), so it is helpful to plan for and submit these applications early in the process if they are a requirement for service delivery
2. Secure Fire Clearance and send to ACBH Contracts Unit, and also to ACBH QA for programs which will be billing to Medi-Cal	<ul style="list-style-type: none"> All new programs/sites which bill to Medi-Cal Most other new programs/sites which provide direct onsite services to clients 			Provider	<ul style="list-style-type: none"> Timeline for scheduling fire clearance can vary by jurisdiction, but it can be several months For school sites, specify that you are requesting fire clearance for an individual clinical space or classroom versus the whole school At a given location, the fire clearance must specify all suite numbers, classrooms and addresses where service delivery will occur A new fire clearance will generally be needed before moving to a new suite number or classroom, even if it is within the same building or on the same school campus When items are out of compliance, fire jurisdiction or fire inspection company may

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					<p>invoke a plan of correction and need to come back, extending the timeline</p> <ul style="list-style-type: none"> • Fire clearance must be signed, dated, include the site address and meet local fire jurisdiction requirements to be valid - Fire clearance is different than a fire sprinkler check, and a fire sprinkler check will not suffice for the purposes of fire clearance • There is a nominal cost for fire clearance, generally between \$80-100
<p>3. Apply for new organizational National Provider Identifier (NPI) Number or a change of address for an existing NPI, and report to ACBH Contracts Unit and QA</p>	<p>Providers which have no existing NPI at this site, and will be adding a new program/site which will enter services into an ACBH-approved data entry and claiming system</p>			<p>Provider</p>	<ul style="list-style-type: none"> • Timeline can vary from 72 hours to 45 days • Applying electronically on the NPPES website is recommended as this can sometimes be faster • Record and secure your NPPES username, password and security questions as this can be important in the future • Customer Service can reset your password if needed • More information available here: http://www.acbhcs.org/providers//npi/npi.htm • Providers should only apply for change of address for an existing NPI if all programs/RUs at one site are moving to a new site (i.e., a complete move)
<p>4. Negotiate new or updated contract</p>	<p>All new programs/sites</p>			<ul style="list-style-type: none"> • ACBH Contracts Unit • Provider 	<ul style="list-style-type: none"> • ACBH Contracts Unit Contract Managers will work with internal ACBH partners to send draft Exhibit A Language for provider to respond to, and Budget Template for provider to complete • Discussion and negotiation will need to occur for any areas where the expectations are unclear or where a difference of opinion exists in what a particular expectation should be • More information about standard Exhibits and contracting is available at:

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					http://www.acbhcs.org/providers/network/cbos.htm
5. Complete training on programmatic and fiscal contractual requirements	Providers which have not had a similar type of contracted program with ACBH, or may benefit from additional training in this area			Provider	<ul style="list-style-type: none"> • Should generally occur prior to finalizing the contract, but timing can be later for some topics • Contact your ACBH Contract Managers to request training, and please identify the specific types of areas you would like training around (i.e., budget; invoicing; MAA; better understanding specific Exhibit A requirements; better understanding other standard programmatic, fiscal and operating requirements in contract Exhibits outside of the Exhibit A and Budget; etc.)
6. Contact ACBH QA for Site Certification Visit and collaborate with QA on any identified follow-up items	New programs/sites which will be billing to Medi-Cal			Provider	<ul style="list-style-type: none"> • Timeline can vary from 4-8 weeks • QA will not schedule site visit until they have received fire clearance; policies, procedures and other requested material; and site is operational or prepared to begin providing services • More information available here, under Item 16: Medi-Cal Site Certification: http://www.acbhcs.org/providers/QA/qa_manual.htm
7. Issuance of ACBH Site Certification Letter to Provider and ACBH Contracts Unit	New programs/sites which will be billing to Medi-Cal			ACBH QA	<ul style="list-style-type: none"> • Timeline can vary from 2-8 weeks • For new sites, the timeline will depend on how long it takes for the California Department of Health Care Services (DHCS) to assign a Provider Number once ACBH Provider Relations requests the Provider Number from DHCS • QA will not issue Site Certification Letter until they have NPI and confirmation that all corrective action items have been addressed
8. Request of new Reporting Unit (RU) or change of	New programs/sites which will be assigned a RU for entry of services into			ACBH Contracts Unit	<ul style="list-style-type: none"> • Timeline can vary from 14-45 days • Process cannot be initiated prior to receipt of the Medi-Cal Site Certification for new programs/sites which will be billing to Medi-Cal

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
address to an existing RU ²³	an ACBH-approved data entry and claiming system				<ul style="list-style-type: none"> Needs to be routed through multiple ACBH Units for approval and set-up
9. Notification of set-up of new RU or change of address to an existing RU	New programs/sites which will be assigned a RU for entry of services into an ACBH-approved data entry and claiming system			ACBH Provider Relations	<ul style="list-style-type: none"> Provider will receive email notification from ACBH Provider Relations Provider should contact ACBH Contracts Unit Fiscal Contract Manager for questions around assigned procedure codes which can be billed through new RU Provider should contact ACBH QA for questions about appropriate use of assigned procedure codes for service delivery and documentation
10. Complete Initial Data Collection Training with ACBH Provider Relations	New programs/sites which will be assigned a RU for entry of services into an ACBH-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training			Provider	<ul style="list-style-type: none"> Should occur just before the start of services ACBH Provider Relations will contact the identified provider liaison to set-up Prior to the training, ACBH Provider Relations will need the provider to submit a list of staff to be trained and the role of each of these staff within the larger process (i.e., supervisors, clinical managers, intake/registration staff, and data entry staff) This will include information on a number of topics including how to collect initial data via paper forms and how to bill for other health insurance
11. Complete Clinical Documentation Training with ACBH QA	New programs/sites which will be billing to Medi-Cal and have			Provider	<ul style="list-style-type: none"> Clinical documentation train-the-trainer trainings are offered throughout the year and are for providers lead QA staff and Executive Managers (at least two per organization)

²³ A RU is a unique ACBH program identifier at a specific site used to enter services/billing data

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
	not had experience in this area, or may benefit from additional training				<ul style="list-style-type: none"> Provider should check training schedule at http://www.acbhcs.org/providers/QA/Training.htm and be trained prior to providing services More information available here: http://www.acbhcs.org/providers/QA/qa_manual.htm
12. Complete initial training on entering data into the electronic data entry and billing system with ACBH Information Systems (IS)	New programs/sites which will be assigned a RU for entry of services into an ACBH-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training			Provider	<ul style="list-style-type: none"> This is set-up by ACBH after the required Initial Data Collection Training when the requests are submitted for ACBH system user authorization and staff identification numbers More information available here: http://www.acbhcs.org/providers/Insyst/Insyst.htm New program/site should have one week of service data to enter at the time of the training
13. Complete initial training on Medi-Cal eligibility with ACBH Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> This should occur within 1-2 weeks after the required Initial Data Collection Training This is set-up by ACBH after the required Initial Data Collection Training This is also called the Health Information Technician (HIT) Training
14. Complete Medicare enrollment	New programs/sites which will be billing to Medi-Cal and serve adults over age 21 years and have not			Provider	<ul style="list-style-type: none"> This should be completed within one month of the start of services Enroll with Medicare at: https://www.cms.gov/ Provider Relations plays point on this on behalf of ACBH

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
	had experience in this area, or may benefit from additional training				<ul style="list-style-type: none"> Submit 7P10 to ACBH Provider Relations to start this process
15. Complete training on billing to other health insurance from ACBH Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> This should be completed within one month of the start of services This is set-up by ACBH after the required Initial Data Collection Training
16. Participate in ACBH Continuous Quality Review Team (CQRT)/Authorization process	New providers or existing providers with new programs which will be billing to Medi-Cal			<ul style="list-style-type: none"> Provider ACBH QA 	<ul style="list-style-type: none"> Contact QA 1-2 months prior to start up for TA and to schedule first CQRT meeting If new to documenting to Medi-Cal standard, providers participate in ACBH CQRT/Authorization process (approx. 3 hours monthly) for a minimum one-year period AND until provider demonstrates proficiency in clinical documentation and the authorization process If provider has experience documenting to Medi-Cal standards, the ACBH QA Office, after an assessment, may excuse the provider from participating in ACBH' CQRT or may require participation until proficiency is demonstrated.

Who should I contact for questions/further information?

ACBH Unit	Topic	Who to Contact
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IS	Entry of services into an ACBH-approved data entry and claiming system	Help desk, at: 510-567-8181 or HIS@acgov.org
Contracts Unit	Contract Negotiation/Contracting/Set-Up of New RUs	Assigned Contract Managers
Billings and Benefits	Initial Data Collection Training/Medi-Cal Eligibility/Medicare Enrollment/ Billing to Other Health Insurance	Contact main number, at 1-800-878-1313 to be routed appropriately
QA	Fire Clearance/Site Certification	QA Site Certification Team, at: SiteCertification@acgov.org
	Other QA/Documentation Questions	Assigned TA Contact, specified online at: http://www.acbhcs.org/providers/QA/QA.htm

D. BID SUBMISSION CHECKLIST

BID SUBMISSION CHECKLIST

All of the documentation listed below is required to be submitted with the Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation in the order listed below and clearly labeled.

1. Table of Contents

2. Proposal Supporting Documentation

A. Bidder Information and Acceptance:

Bidders must select one box under Item 10 of Exhibit A Bidder Information and Acceptance Form and must fill out and submit a **signed** page of Exhibit A.

B. SLEB Partnering Information Sheet:

Every Bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Bid Response Template, indicating their SLEB certification status. Bidders who are not SLEB certified and are exempt from the County SLEB provisions (such as a non-profit organization) may complete the section of the form and clearly state their exemption under the text field.

If Bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the Bidder will subcontract to meet the County SLEB participation requirement must be stated. Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

C. Office of the Inspector General (OIG) and Other Exclusion List Background Checks – Attestation for Request for Proposal Submission of Pre-contracting (OIG Attestation):

All Bidders must complete the OIG Attestation form, attesting that they have checked and verified that all licensed staff that are included are part of the current bid against the lists included in the form.

D. References:

Bidders are to provide a list of three current and three former references. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.

E. Exhibit D: Exceptions, Clarifications, Amendments:

Indicate all of Bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents. THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

3. Proposal Narrative (must not exceed 21 pages)

A. Letter of Transmittal/Executive Summary:

Bidders should use this document to provide a synopsis of the highlights and benefits of their bid, clearly indicating the proposed services.

B. Bidder Minimum Qualifications:

Bidders must demonstrate how they meet all of the criteria.

C. Bidder Experience, Ability and Plan:

Bidders must respond to all questions in this section of the narrative proposal.

D. Implementation Schedule and Plan:

Bidders must respond to all questions in this section of the narrative proposal.

E. Budget Narrative:

Budget narrative must match Exhibit B-1 Budget.

4. Exhibit B-1: Budget:

Bidders must complete all tabs in the budget workbook.

5. Attachments:

Bidders must submit all attachments as part of their bid packet.

Attachment 1: Organizational Chart

A complete Bid Response Packet must include:

- A single PDF copy of the proposal. Proposal is to be clearly marked on the cover (it should be clear who the Bidder is and what service is being bid on, on the front of the proposal);
 - 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.
- An electronic Excel copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

A. BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the proposal documents, including, without limitation, the RFP, Addenda and Exhibits have been read and accepted.
2. The undersigned declares that they are authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the RFP's specifications, terms & conditions.
3. The undersigned has reviewed the proposal documents and fully understands the requirements in this proposal including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime contractor, not a subcontractor, to the County, and agrees that its proposal, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the proposal.
4. The undersigned also agrees to follow the Bid Protests / Appeals Process.

Alameda County prides itself on the establishment of fair and competitive contracting procedures and the commitment made to follow those procedures. The following is provided in the event that Bidders wish to protest the proposal process or the recommendation to award a contract for these programs once the Notices of Intent to Award/Non-Award have been issued.

The following describes two separate processes: Bid Protests and Appeals. Bid Protests submitted prior to issuance of the Notices of Intent to Award/Non-Award shall not be accepted by the County.

Bid Protests from any Bidder related to this RFP must be submitted in writing to the ACBH Director located at 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606 Fax: 510.567.8180, before 5:00 p.m. of the **fifth (5th)** business day **following the date of issuance of the Notice of Intent to Award/Non-Award, not the date it is received by the Bidder**. Any Bid Protest received after 5:00 p.m. shall be considered received as of the next business day.

- The Bid Protest must contain a complete statement of the reasons and facts for the protest.
- The Bid Protest shall refer to the specific portions of documents that form the basis for the protest.
- The Bid Protest shall include the name, address, email address, fax number and telephone number of the person representing the protesting party.
- ACBH shall transmit a copy of the Bid Protest to all Bidders as soon as possible after receipt of the protest.

Upon receipt of written Bid Protest, the ACBH Director, or designee shall review and evaluate the protest and issue a written decision. The ACBH Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as determined appropriate by the ACBH Director) to discuss the Bid Protest. The

decision on the proposal protest shall be issued at least ten (10) business days prior to the date the Board is considering the recommendation and award of contract.

The decision on the Bid Protest shall be communicated by e-mail, fax, or US Postal Service mail, and shall inform the Bidder whether or not the recommendation to the Board of Supervisors as stated in the Notice of Intent to Award is going to change. A copy of the decision shall be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid Protest if a decision on the Bid Protest could have resulted in the Bidder not being the recommended successful Bidder on the RFP.

The decision of the ACBH Director on the Bid Protest may be appealed to the Auditor-Controller's Office of Contract Compliance & Reporting (OCCR) located at 1221 Oak St., Rm. 249, Oakland, CA 94612, Fax: 510.272.6502 unless the OCCR determines that it has a conflict of interest in which case an alternate will be identified to hear the appeal and all steps to be taken by OCCR will be performed by the alternate. The Bidder whose proposal is the subject of the Bid Protest, all Bidders affected by the ACBH Director's decision on the Bid Protest, and the protesting Bidder have the right to appeal if not satisfied with the ACBH Director's Bid Protest decision. **All Appeals to the Auditor-Controller's OCCR shall be in writing and submitted within five (5) business days following the issuance of the decision by the ACBH Director, not the date received by the Bidder.** Appeals received after 5:00 p.m. is considered received as of the next business day.

- The Appeal shall specify the Bid Protest decision being appealed and all the facts and circumstances relied upon in support of the Appeal.
- In reviewing Appeals, the OCCR shall not re-judge the proposals. The appeal to the OCCR shall be limited to review of the procurement process to determine if the contracting department materially erred in following the RFP or, where appropriate, County contracting policies or other laws and regulations.
- The Appeal to the OCCR also shall be limited to the grounds raised in the original Bid Protest and the decision by the ACBH Director. As such, a Bidder is prohibited from stating new grounds for a Bid Protest in its Appeal. The Auditor-Controller (OCCR) shall only review the materials and conclusions reached by the GSA-Office of Acquisition Policy or department designee, and will determine whether to uphold or overturn the protest decision.
- The Auditor's Office may overturn the results of a bid process for ethical violations by Procurement staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest.
- The decision of the Auditor-Controller's OCCR is the final step of the Appeal process. A copy of the decision of the Auditor-Controller's OCCR shall be furnished to the protestor, the Bidder whose proposal is the subject of the Bid protest, and all Bidders affected by the decision.

The County shall complete the Bid Protest/Appeal procedures set forth in this before a recommendation to award the contract is considered by the Board of Supervisors.

The procedures and time limits set forth in this section are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder's failure to timely complete both the Bid Protest and Appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid Protest, including filing a Government Code Claim or legal proceedings.

5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:

- **Debarment / Suspension Policy:**
<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>
- **Iran Contracting Act (ICA) of 2010:**
<http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>
- **General Environmental Requirements:**
<http://www.acgov.org/gsa/departments/purchasing/policy/envIRON.htm>
- **Small Local Emerging Business Program:**
<http://acgov.org/auditor/sleb/overview.htm>
- **First Source:** <http://www.acgov.org/auditor/sleb/sourceprogram.htm>
- **Online Contract Compliance System:** <http://acgov.org/auditor/sleb/elation.htm>
- **General Requirements:**
<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>
- **Proprietary and Confidential Information:**
<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>

6. The undersigned also acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated proposal documents.

7. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a proposal, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

8. Patent indemnity: Bidders who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of a nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.

9. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bidder Information and Acceptance, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

10. The undersigned also acknowledges **ONE** of the following. Please check only one box.

- Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
- Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the SLEB PARTNERING INFORMATION SHEET); **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 bidder and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
Official Name of Bidder			
Street Address Line 1			
Street Address Line 2			
City		State	Zip
Webpage			
Type of Entity/Organizational Structure	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	
	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Non-Profit / Church	
	<input type="checkbox"/> Other		
Jurisdiction of Organizational Structure			
Date of Organizational Structure		Federal Tax ID Number	
CEO or ED Name		Title	
Phone Number		Fax Number	
Email			
Signature		Title	
Dated this	day of	20	
RFP Contact		Title	
Phone Number		Email	

EXHIBIT C: INSURANCE REQUIREMENTS

Insurance certificated are not required at the time of submission; however, by signing Exhibit A – Bidder Information and Acceptance, the Bidder agrees to meet the minimum insurance requirements stated in the RFP, prior to award. This documentation must be provided to the County, prior to awards, and shall include insurance certificate and additional insured certificate, naming County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

*****SEE NEXT PAGE FOR COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS*****

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements. The County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances. If the Contractor maintains broader coverage and/or higher limits than the minimums shown below, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability; Abuse, Molestation, Sexual Actions, and Assault and Battery	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$1,000,000 per accident for bodily injury or disease
D	Professional Liability/Errors & Omissions Includes endorsements of contractual liability and defense and indemnification of the County	\$1,000,000 per occurrence \$2,000,000 project aggregate

E	<p><u>Endorsements and Conditions:</u></p> <ol style="list-style-type: none"> 1. ADDITIONAL INSURED: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 if a later edition is used). Auto policy shall contain, or be endorsed to contain additional insured coverage for the County. 2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained and evidence of insurance must be provided during the entire term of the Agreement and for at least five (5) years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. If coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of five (5) years after completion of work. Proof of workers' compensation insurance coverage is not required if contractor provides a signed Workers Compensation Written Declaration of Compliance. 3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies, including excess and umbrella insurance policies, shall be primary and non-contributory coverage at least as broad as ISO CG 20 10 04 13 as respects the County, its officers, officials, employees, or volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, or volunteers shall be excess of the Contractor' insurance and shall not contribute with it. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. 4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with an A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise acceptable by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Self-insured retentions must be declared and approved. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. The policy language shall provide or be endorsed to provide, that the self –insured retention may be satisfied by either the named insured or County. 5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. 6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <ul style="list-style-type: none"> – Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above. – Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured". 7. CANCELLATION OF INSURANCE: Each insurance policy required above shall provide that coverage shall not be cancelled, except with notice of cancellation provided to the County in accordance with policy terms and conditions. 8. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of insurance and applicable insurance endorsements as set forth in the provisions of this Agreement and this Exhibit C, in forms satisfactory to County, evidencing that all required insurance coverage is in effect. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The County reserves the right to require the Contractor to provide complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.
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B. SLEB PARTNERING INFORMATION SHEET

**SMALL LOCAL EMERGING BUSINESS (SLEB)
PARTNERING INFORMATION SHEET**

In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all bidders must complete this form as required below. Bidders not meeting the [definition of a SLEB \(http://acgov.org/auditor/sleb/overview.htm\)](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. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.)

Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economic, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.

Once a contract has been awarded, bidders will not be able to substitute named subcontractors without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR).

County departments and the OCCR will use the web-based Elation Systems to monitor contract compliance with the SLEB program (Elation Systems: <http://www.elationsys.com/elationsys/>).

<input type="checkbox"/> BIDDER IS A CERTIFIED SLEB (sign at bottom of page) SLEB BIDDER Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ NAICS Codes Included in Certification: _____
--

<input type="checkbox"/> BIDDER IS <u>NOT</u> A CERTIFIED SLEB AND WILL SUBCONTRACT ____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: _____ SLEB Subcontractor Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ SLEB Certification Status: <input type="checkbox"/> Small / <input type="checkbox"/> Emerging NAICS Codes Included in Certification: _____ SLEB Subcontractor Principal Name: _____ SLEB Subcontractor Principal Signature: _____ Date: _____
--

Upon award, prime Contractor and all SLEB subcontractors that receive contracts as a result of this bid process agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Printed Name/ Title: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Bidder Signature: _____ Date: _____

C. Office of the Inspector General (OIG) and Other Exclusion List Background Checks Attestation for Request For Proposal Submission or Pre-contracting

In accordance with HCSA's Policy and Procedure #OCS.C.001 on Exclusion Screening, **PROVIDER NAME** attests that they have checked and verified all licensed staff that will provide services related to **RFP #XX or CONTRACT** against the following lists and are not excluded from participation in government funded healthcare programs:

- National Plan & Provider Enumeration System (NPPES) – NPI Number (<https://npiregistry.cms.hhs.gov/>)
- Licenses are verified to be current with no restrictions
- Office of the Inspector General List of Excluded Individuals & Entities (OIG/LEIE) database (<https://exclusions.oig.hhs.gov/>)
- GSA's System Award Management (SAM/EPLS) data base (<https://www.sam.gov/SAM/>)
- California DHCS Medi-Cal Suspended & Ineligible list (<https://files.medical.ca.gov/pubsdoco/Sandllanding.asp>)
- Social Security Death Master File (<https://dmf.ntis.gov/>)
- SUD Certification and/or Registration is verified and current with CAADE, CADTP or CCAPP (SUD only)

Further, **PROVIDER NAME** attests that they have policies and procedures in place to conduct this verification for new hires and on a regular basis for all employees.

Provider Name:

Signature, Title

D. BIDDER REFERENCES

Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contract information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.

The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.

Current References

Bidder Name								
1.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Company Name:</td> <td style="width: 50%; padding: 5px;">Contact Person:</td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td style="padding: 5px;">Telephone Number:</td> </tr> <tr> <td style="padding: 5px;">City, State, Zip:</td> <td style="padding: 5px;">E-mail Address:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Services Provided / Date(s) of Service:</td> </tr> </table>	Company Name:	Contact Person:	Address:	Telephone Number:	City, State, Zip:	E-mail Address:	Services Provided / Date(s) of Service:	
Company Name:	Contact Person:							
Address:	Telephone Number:							
City, State, Zip:	E-mail Address:							
Services Provided / Date(s) of Service:								
2.								
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Company Name:	Contact Person:							
Address:	Telephone Number:							
City, State, Zip:	E-mail Address:							
Services Provided / Date(s) of Service:								

Former References

Bidder Name	
1.	
Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	
2.	
Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	
3.	
Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

