ALAMEDA COUNTY BEHAVIORAL HEALTH
ADDENDUM No. 1
to
RFP No. 23-01 Transitional Age Youth (TAY) Forensic, Diversion and Reentry Full Service Partnership (FSP)

Specification Clarification/ Modification and Recap of the Bidder's Conferences held on Tuesday March 7, 2023 and Wednesday March 8, 2023

This County of Alameda, General Services Agency (GSA), RFP/Q Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County's Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP/Q Addendum will also be posted on the GSA Contracting Opportunities website located at
https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp

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

CLARIFICATIONS AND CORRECTIONS/CHANGES THAT PERTAIN TO…

I. RFP Section I.A. Intent

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~~ **Fee-For-Service (FFS)** rate basis for services that are billed to Medi-Cal under the pooled SAN Allocation for FSP programs.
The ~~negotiated~~ **FSP** rates for an FSP **program** of this size (50 slots) are:

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

II. RFP Section I.F.2 Service Delivery Approach

Individual Placement and Support (IPS)

Contractor shall work with individuals who have expressed interest and motivation in pursuing competitive employment, regardless of their employment readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.

The IPS model shall focus on aggressively supporting and placing clients in competitive employment. All aspects of the employment process shall be intensively and individually developed from vocational assessments based on the client's interests, skills, and needs. IPS Staff (Employment Specialists) shall develop relationships with employers to facilitate job placements and to enable follow-along support for the client and employer in order to ensure retention. To promote fidelity to IPS, Contractor shall participate in the Monthly Learning Collaborative and other technical assistance such as Westat online training, individual sessions with IPS trainers, and local conferences and trainings.

III. RFP Section I.F.3 Planned Staffing and Organizational Capacity

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

Inclusion of Substance Use Specialist~~, Employment Specialist~~, Forensic Peer Specialist and/or Family Partners. **An Employment Specialist is required.**

IV. RFP Section I.F.5 Ability to Track Data

Removal of Low Denominator footnotes (p. 18).

~~Foot note: (18) Low denominator threshold of 20~~
~~Foot note: (19) Low denominator threshold of 30~~
~~Foot note: (20) Low denominator threshold of 20~~
~~Foot note: (21) Low denominator threshold of 15~~

V. RFP Section II.B. Calendar of Events

Event	Date/Location
Award Recommendation Letters Issued	~~May 29, 2023~~ **May 30, 2023**

VI. RFP Section II.G. SUBMITTAL OF PROPOSALS/BIDS

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~~.

VII. RFP Section II.F. Table I

Section	Instructions	Page Max.
5. BIDDER MINIMUM QUALIFICATIONS	Bidders must describe and demonstrate how they meet all of the minimum qualifications: **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/**or** FACT models within the past seven years **c.** At least one year of experience billing Medi-Cal through a County or Managed Care Plan in the past three years.	2

VIII. RFP Section II G. Table 3

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. BIDDER MINIMUM QUALIFICATIONS	• Does Bidder have at least one year of experience providing services to the priority population within the last seven years?	Meets/Does Not Meet Minimum Qualification	Pass/Fail

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	• Does Bidder have at least one year of experience providing services using the ACT **and/or FACT** model within the past seven years? • Does Bidder have at least one year of experience billing Medi-Cal through a County or Managed Care Plan in the past three years?		

RESPONSES TO BIDDERS QUESTIONS

Client Supportive Expenditures/Flexible Funds

Q1) Is there a minimum or maximum on the Client Support Expenditures?
A1) The maximum is $312,822, as listed in the budget template. There is no minimum amount.

Q2) Are "Flexible Funds" (p. 14, RFP) the same as Client Supportive Expenditures? (RFP, p. 14)
A2) Yes, the terms "Flexible Funds" and "Client Supportive Expenditures" are interchangeable, for the purposes of this RFP**.**

Q3) Does the County have a guideline or limit on the amount of flex funds per client per month?
A3) No, ACBH is not providing a monthly guideline for Flexible Funds; however, there is a 12-month maximum budget of $312,822, as listed in the budget template. In addition, the awarded Contractor will be asked to obtain prior written approval from the appropriate ACBH System of Care Director or Designee for any non-housing expense over $500 or any housing expense over $2,000 one-time, or over $2,760 per year per client or family.

Q4) There was an answer on Client Support Expenditure (CSS) do not exceed but is there a minimum amount that CSS needs to be used on CSS?
A4) No, ACBH is not requiring a minimum amount for CSS.

Q5) Can the County please provide the maximum amount of available flexible funds (as referenced in PDF page 14 of the RFP) per partner?
A5) ACBH provides a maximum annual amount of flexible funds of $312,822. In addition, as noted above under Q3, the awarded Contractor will be asked to obtain prior written approval from the appropriate ACBH System of Care Director or Designee for any non-housing expense over $500 or any housing expense over $2,000 one-time, or over $2,760 per year per client or family. Other specifics on how this amount is distributed among TAY partners is left to the discretion of the awarded Contractor to best meet the needs of the client.

Fiscal

Q6) Is MAA billing required as part of the contract?
A6) Yes, MAA billing will be required as indicated on page 9 of the RFP, Section I.E. II.

Q7) Please clarify the Budget Term. RFP pages 20 and 43: Page 20 states that the contract starts October 1, 2023, and page 43 states that the contract period ends June 30, 2024. But according to the Budget Instructions tab of the budget template, the budget auto calculates staff hours assuming a full 12 months. Should our budget reflect a pro-rated nine-month budget or 12 months? Is the $1,626,674 for a full year or for the first nine months?
A7) The contract start date on page 20 of the RFP, Section II.B. Calendar of Events is approximate. Please provide a full 12-month budget; the resulting contract will be pro-rated based on the actual start date, as stated on page 3 of the RFP, Section I.A. Intent.

Q8) In the Bidder's Conference, it was stated that bidders should enter a full 12-months of costs and it will be prorated for 9 months on the county's end. If bidders enter 12 months of expenses in the budget, they will likely go over the $985,390 allocated to the MediCal billable amount. Should bidders in fact enter 9 months of costs in the MediCal billable section and use the 3-month start-up section to identify actual start-up costs, which may be different than ongoing costs?
A8) The entire budget should be based on a 12-month period, which includes a three-month start up. The remaining Medi-Cal section should therefore be based on a nine-month period (i.e., 12-month period minus the three-month start-up). The actual contract will be pro-rated based on the actual start date.

Q9) Please confirm that documentation and travel time can be claimed and that claiming will not be limited to face to face or direct services as through CPT codes.
A9) The current per minute rates allow for documentation and/or travel time. ACBH anticipates that the new billing system, SmartCare, will track the CPT code and allow ACBH to continue to reimburse contractors by the minute for documentation and travel time through June 30, 2024. ACBH is currently confirming logistics for FY 2023-24, and reserves the right to make slight adjustments to the RFP/contract rates if applicable under the new system.

Q10) The RFP calls for services to be provided while TAY are incarcerated. Will claiming for services be allowed under MHSA non-MediCal funding, given they will not be eligible for MediCal while incarcerated?
A10) TAY currently incarcerated and subject to the Medi-Cal lock-out may be served through MHSA funding. Outpatient services provided to TAY who are incarcerated will be paid on the basis of rate-based services.

Q11) The RFP indicates that outreach and engagement services are to be provided. Rates for these services are not included in the current rates for FSP programs provided on pg. 3. Can outreach and engagement be claimed and, if so, what are the current rates for similar FSP programs?
A11) Outreach and engagement fall under the MHSA services and are not outpatient services subject to rates. However, there may be outreach activities that are claimable under Medi-Cal Administrative Activities.

Q12) Are the negotiated rates fixed rates, not settled to cost? If so, will a cost report be required?
A12) The rates are fixed Fee-For-Service (FFS) rates that are not settled to cost. A cost report will continue to be required for the component of the FSP program that is settled at actual cost. Cost reporting is NOT required for the component of the program reimbursed at FFS rates.

Q13) What is the criteria for claiming Interactive Complexity?
A13) The American Psychological Association defines Interactive Complexity as follows:
According to CPT guidelines, psychologists can report interactive complexity in conjunction with diagnostic evaluation (CPT code 90791), individual psychotherapy (CPT codes 90832, 90834, 90837) or group psychotherapy (90853) services, if at least one of the following complicating factors are present and documented in the patient record:

1. The need to manage maladaptive communication (e.g., related to high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions or behaviors that interfere with the caregiver's understanding and ability to assist in the implementation of the treatment plan.
3. Evidence or disclosure of a sentinel event and mandated reporting to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with a patient and other visit participants.
4. Use of play equipment or other physical devices to communicate with the patient to overcome barriers to therapeutic or diagnostic interaction between the physician or other qualified health care professional; and a patient who has not developed, or has lost, either the expressive language communication skills to explain his or her symptoms and respond to treatment; or a patient who lacks the receptive communication skills to understand the physician or other qualified health care professional if he/she were to use typical language for communication.

The awarded Contractor shall comply with ACBH QA Guidelines for billing for outpatient services, including interactive complexity.

Q14) What is "Interactive complexity" as related to pay rates, p. 3, RFP?
A14) Please see definition of Interactive Complexity under Q13. The Interactive Complexity (PC 491) rate is paid per occurrence and determined by the Center for Medicare and Medicaid Services (CMS) and may be amended. The awarded Contractor will be reimbursed at the applicable rates for the contract period and these shall be superseded by future updates posted by CMS at https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral.

Bidder Minimum Qualifications

Q15) Please clarify experience required with ACT. RFP page 29 and page 33: On page 29 under Bidder Minimum Qualifications, Section b states that bidders must have "at least one year of experience providing services using the ACT and FACT models within the past seven years." On page 33 under Bidder Min Quals, the RFP says we need to have "at least one year of experience providing services using the ACT model within the past seven years" and page 18 of the template says "ACT and/or FACT models within the last seven years." Are you requiring at a minimum the use of the ACT model?

A15) The Minimum Qualification should state "and/or"; please see Clarifications and Corrections on pages 3-4 of this Addendum. ACBH requires at a minimum one year of experience with the ACT and/or FACT models within the past seven years.

Q16) Can the Minimum Bidder Qualification requirement be met by a history of serving justice-involved TAY individuals in various programs or must it be through a program specifically dedicated to serving this population? At least one year of experience providing services to the priority population within the last seven years;
A16) Justice-involved TAY served in programs that include other populations may be included as meeting this qualification. If the history of serving this population is within another broader program or programs, Bidder must clearly articulate how this experience applies to meeting this Bidder Minimum Qualification.

Proposal Submission

Q17) Could you please clarify the process for providers to request a waiver to the SLEB requirements and specifically what the likelihood is that the waiver will be granted and on what timeline will waivers be granted?
A17) For Bidders who meet one of the stated exemptions (e.g., non-profit organization), they should state such on the SLEB Partnering Information Sheet. For Bidders that do not meet any of the stated exemptions, they should note this, and state that they request a waiver from these requirements. ACBH has been successful at requesting waivers for prior procurement processes with no disruption to the contracting timeline.

Q18) Can the County please clarify the meaning of "Attachments" in RFP page 25, Table 1 instructions, which states, "Proposal shall not exceed twenty-one (21) pages excluding Exhibits and Attachments"? In past Alameda County RFPs/proposals, we have included attachments such as staff resumes, job descriptions, evidence of staff licensure, evidence of Medi-Cal certification, clinical tools, program brochures, letters of reference and/or letters of support, and staff training plan.
A18) Attachments and Exhibits refer to all Sections and documents of the Bid Response that do not have a corresponding Page Maximum in Section II.F Table 1, including:

- Title Page
- Exhibit A
- SLEB Partnering Sheet
- OIG Attestation
- Organizational References
- Exhibit D
- Attachment 1 (Organization Chart)
- Budget Workbook

Please refer to the Appendix D. Bid Submission Checklist for the proposal sections that are subject to the page maximum. Further, as noted on page 24 of the RFP, Section II.F. Response Format/Proposal Responses: "Any superfluous and unrequested material submitted with the bid will be removed and will not be viewed by the Evaluation Panel."

Q19) Is it acceptable to embed photos, images, and charts into the narrative?
A19) Yes, as long as the Proposal Narrative does not exceed the maximum page limit of 21 pages.

Q20) Are references and footnotes allowed within the body of the proposal narrative? If so, will they count towards the total 21-page limit?
A20) References and footnotes are allowed and do count toward the maximum page limit of 21 pages.

Q21) Will the County count the questions/prompts towards the total 21-page limit (for Items 4 to 8 in Table 1 of pages 25 to 30 of the RFP)? If so, can bidders reference the questions/prompts by number/letter/section designation and not include the full question, to provide further space for answers?
A21) Bidders may remove the questions/prompts to maximize the space, yet retain the numbering to assist the evaluation panel's review. ACBH will count the entire pages of the Proposal Narrative, and will not discount any space used for the question/prompts.

Q22) PDF Page 22, Section E. SUBMITTAL OF PROPOSALS/BIDS states that bidders must submit, "A single PDF copy of the proposal, with original ink signatures". Due to evolving COVID-19 recommendations and the recommendations of the U.S. Department of Commerce to accept and use electronic signatures, is it possible to allow bidders to use signatures through Adobe Sign? If not, please confirm whether all forms with signatures require a scanned original signature such as Letter of Transmittal, EXHIBIT A, SLEB Partnering Sheet, OIG Attestation Form, etc.
A22) Yes, electronic signatures are allowed. Please see Corrections/Changes above.

Staffing

Q23) Please clarify job titles required. RFP page 15: In the quoted bullet from page 15, does the "and/or" mean that we need to hire a Forensic Peer Specialist and/or a Family Partner or does it mean that we need to hire at least one of each of the listed positions? "Inclusion of Substance Use Specialist, Employment Specialist, Forensic Peer Specialist and/or Family Partners
A23) Agencies may hire a Forensic Peer Specialist or a Family Partner, but these specific positions are not required. An Employment Specialist, however, must be included in the service model. Please see Corrections/Changes above

Q24) Are Peer Specialist and Parent Partner staff required to be certified by DHCS as MediCal Peer Specialists? Will they be able to provide and claim peer services?
A24) ACBH has opted into the Peer Certification option for the State and any Peer Specialist and/or Parent Partners may be required to complete the State's Peer Certification requirements to bill under those specialized codes. They do not initially need to be certified by DHCS.

Q25) PDF page 15, Section F. BIDDER EXPERIENCE, ABILITY AND PLAN, Subsection 3. Planned Staffing and Organizational states that the proposed staffing pattern is to include "0.5 FTE Nurse". Can the County please confirm the nursing credential (e.g., LVN, RN) that meets this requirement?
A25) The use of a Licensed Vocational Nurse, Registered Nurse, or Nurse Practitioner qualifies as appropriately credential staff for this requirement.

ACT and/or FACT

Q26) Can the County please provide further definition to the meaning "high level of fidelity"?
PDF page 7, Section E. SPECIFIC REQUIREMENTS states that the contractor shall "Follow the ACT and FACT models to a high level of fidelity". In the RFP, it states the following:

a. Page 13, under e. Single Point of Responsibility: 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.

b. Page 15, under 3. Planned Staffing and Organizational Capacity: Implement FSPs with high fidelity (80 percent or higher) to ACT/FACT EBPs.

A26) High fidelity means to meet the fidelity model at a level of 80% or higher. The ACT/FACT models have fidelity models with required deliverables, chart reviews and compliance. Upon those reviews, fidelity to the ACT/FACT model must be at 80% or higher.

Q27) PDF page 12, Section F. BIDDER EXPERIENCE, ABILITY AND PLAN, Subsection 2. Service Delivery Approach states "[t]he program must be implemented using high fidelity to the ACT/FACT EBPs". Can the County please confirm which ACT fidelity scale will be used to determine whether a program achieves high fidelity?
A27) ACBH uses the Dartmouth Assertive Community Treatment Scale (DACT) scale. The average score (1-5) across all ACT fidelity items determines the level of implementation.

General

Q28) Please explain the low denominator threshold in the footnotes related to Quality Measures. (RFP, p. 18)
A28) ACBH has removed these footnotes from the RFP as they will not apply for the FSP program awarded through this process. These thresholds relate to other FSPs in the broader system of ACBH-contracted FSP programs.

Q29) What is the anticipated average Length of Service per client?
A29) This program follows the FACT model for services and the length of service per client should be determined by the clinical treatment team to best serve the client in the least intensive level of service appropriate to meet their needs. The FSP model includes the regular reassessment of clients, and specified discharge criteria that include review of recent utilization of acute, sub-acute, crisis or jail services.

Q30) Are there housing dollars attached to this FSP?
A30) Not specifically, however there are some emergency funds outlined in the proposal under Service Delivery Approach on page 14 of the RFP, Section II.F.2.f (under definition of Client Supportive Expenditures) and it is a requirement that FSP programs provide linkage to housing resources. ACBH encourages Providers to work the Alameda County Health Care Services

Agency (HCSA) housing unit[1] to access additional resources available to FSP clients in furtherance of their housing needs.

Q31) Housing can be particularly difficult for the forensic population. How does the County anticipate providing housing (both emergency short-term housing and long-term stable housing) to this group?
A31) Providing housing is not part of this program model, however, the awarded Contractor should connect program participants to appropriate and available housing services. Flexible funds may also be used to support housing needs.

Q32) Page 4 of the RFP states, "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". Can the County please provide the list of organizations that participated in in the FSP Pilot?
A32) The organizations participating in the FSP Pilot are Abode Services, Bay Area Community Services, Fred Finch Youth and Family Services, Seneca Family of Agencies, Telecare Corporation.

Q33) Are the outcomes and metrics going to be the same as the metrics and outcomes of the current FSP Incentive Pilot?
A33) Yes, the FSPs are a group of programs with the same metrics and outcomes included in the contract.

Q34) Where will referrals come from? BHC, Probation, etc.?
A34) Contractor shall receive referrals through ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS). ACCESS shall oversee and approve each referral to Contractor based on program eligibility set forth by the County.

Q35) What is the TAY utilization rational from the county given current utilization of community-based programs in the TAY continuum?
A35) The overall service numbers for the TAY population from 2017-2022 show no statistically significant differences in overall service numbers, with the exception of fiscal year 2020-2021 which showed a dip among the 21 and 22-year age group. Other ages in the 18-24 range show no significant declines since 2017.

Q36) Will this FSP be part of the CPT Code Transition?
A36) Yes, this FSP and all Medi-Cal Treatment programs will be included in the CPT Code Transitions

Q37) Is limited or is fine take more de one or two professional contracts?
A37) Typical contracted services may include payroll, accounting, or IS and technical supports. However, as noted on page 7 of the RFP Section I.D. Bidder Minimum Qualifications "ACBH shall disqualify proposals submitted with subcontractors performing any portion of the direct services described in this RFP".

[1] https://www.achch.org/

Q38) Is the ISSP required or can a Care Plan that's strength based be used to eliminate the need for 2 plans?
A38) At this time, both a strength-based Care Plan and ISSP are required until further notice.

Q39) If we have an internal Chart Review process are we required to participate in the CQRT process for the first year or can that be waived?
A39) Internal chart reviews are allowed and recommended; however, ACBH reserves the right to require a CQRT process outside of internal chart reviews.

Q40) Is this an existing program, and if so, who is the provider?
A40) No, this is not an existing program.

Q41) Please confirm this is a new TAY FSP program and not a rebid of an existing program.
A41) This is a new program, and not a rebid of an existing program.

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Alameda County Behavioral Health

RFP No. 23-01, Addendum No. 1

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