



**ALAMEDA COUNTY HEALTH, BEHAVIORAL HEALTH DEPARTMENT (ACBHD)  
ADDENDUM NO. 1 WITH QUESTIONS AND ANSWERS  
TO  
REQUEST FOR PROPOSAL (RFP) 24-04  
SPECIFICATIONS, TERMS & CONDITIONS  
FOR  
*ACCESS CARE COORDINATION TEAM***

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

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

**CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO...**

**I. Bid Response Template**

Bidders shall ensure that proposals are

- o ~~Maximum~~ **Minimum** 1 inch margins
- o No more than 18 pages excluding Exhibits and Attachments. Suggested page maximums for individual sections are listed throughout this Bid Response Template **and are ONLY suggestions. Bidders may use alternate page lengths by section, provided the proposal does not exceed the total maximum of 18 pages, excluding Exhibits and Attachment.**

**3. Bid Response:** Bidder may use the ACBHD-issued Bid Response Template but is not required to, as long as Bid Response is complete per this Bid Submission Checklist. Further, Proposal Narrative **must not** collectively exceed the maximum page limit of ~~17~~ **18** pages. **Bidders may delete the question prompts in the Bid Response Template to maximize space.**

**II. RFP**

**Section E. Specific Requirements**

- Timely administration and, **if applicable,** update of Child Assessment of Needs and Strengths (CANS) **for children, adolescents and youth under age 21**, and the Pediatric Symptom Checklist (PSC) for **children, adolescents and youth under age 18**~~all clients~~;

**Section I. C. Small Local Emerging Business (SLEB) Preference Points**

For purposes of this procurement, applicable industries include, but are not limited to, the following North American Industry Classification System (NAICS) Code(s): ~~<insert NAICS code(s)>~~ **621330, 621420, and 624190**

**Section I. G. Evaluation Criteria/Selection Committee**

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.~~

**Section II. B. Bid Submission Checklist**

**D. References**

Bidders must provide ~~three~~ **five** references. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment. *References cannot be ACBHD staff.*

**3. Bid Response:** Bidder may use the ACBHD-issued Bid Response Template but is not required to, as long as Bid Response is complete per this Bid Submission Checklist. Further, Proposal Narrative **must not** collectively exceed the maximum page limit of **47 18** pages. Bidders may delete the question prompts in the Bid Response Template to maximize space.

## RESPONSES TO BIDDER'S QUESTIONS

### **PROGRAM SERVICES**

**Q1:** Section C: Scope and Purpose (RFP p. 5) states that “The ACCT will serve individuals across all age groups who meet the eligibility requirements to receive Specialty Mental Health Services (SMHS) and/or co-occurring SUD services”, and Section E: Specific Requirements RFP p7) requires that the Case Management Team provide “Timely administration and update of Child Assessment of Needs and Strengths (CANS) and the Pediatric Symptom Checklist (PSC) for all clients”.

a) What is the expected minimum age and maximum age of clients to be served?

**A1: The priority population consists of all ages. See above Correction regarding specific age groups requiring administration of the CANS and PSC.**

**Q2:** Section F.3. Planned Staffing and Organizational Capacity (RFP pp9-10) states that the minimum staffing requirements are 1 FTE Program Director, 6 FTE License-eligible Clinicians, 5 FTE Peer Staff, 1 FTE Program Administrative Support and that the bidder may propose additional program staff, as appropriate, to provide program services, to account for potential gaps in staffing, and to support and/or supervise program staff.

a) May the bidder propose alternative staffing based on experience, as long the staffing structure is well matched to program services and goals?

**A2: Bidders' staffing structure must meet the minimum staffing requirements.**

**Q3:** Section C Scope/Purpose (RFP p 5) states that “[t]he ACCT will maintain a staff to client caseload ratio of 25 clients to one clinician at any point in time”, and section F.2 Service Delivery Approach (RFP p9) states, “The Case Management team will provide interim mental health and co-occurring SUD services to clients identified and engaged through the Outreach and Engagement team and those that are referred directly from ACCESS. This team will maintain a staff to client caseload ratio of approximately 25 clients to one Clinician at any point in time.” Please clarify the caseload requirements. Is the 25:1 caseload ratio specifically for the Case Management team? What are the caseload ratio expectations for the Outreach and Engagement team? May the bidder propose alternative caseload ratios for both the Outreach and Engagement Team and the Case Management Team?

**A3: The client to clinician ratio of approximately 25:1 is for the Case Management team. There are no caseload expectations for the Outreach and Engagement team. Bidders may propose alternative caseload ratios, as long as 300 unduplicated clients are served annually.**

**Q4:** Can we maintain a client to staff ratio 20:1 while still serving 300 unduplicated clients?

**A4: Yes, Bidders may propose an alternate caseload ratio, as long as 300 unduplicated clients are served annually.**

**Q5:** Section F.5 Ability to Track Data (RFP p10) states, “Contractor shall input data into an electronic data collection and claiming system approved by ACBHD and monitor and report on program data and progress towards meeting the Contract Deliverables and Requirements”. What data collection and claiming systems are acceptable and approved by ACBDH?

**A5: SmartCare is currently ACBHD’s data collection and claiming system. Any outside systems will need to be approved by ACBHD Information Systems.**

**Q6:** Section B. Calendar of Events includes an estimated March 1, 2025 Contract Start Date. Please confirm that this will mark the beginning of the Start-Up period, with program operations/serving clients to begin June 2025 (apx. 3-month start-up).

**A6: The estimated contract start date, March 1, 2025, will mark the beginning of the three-month start-up period. Full program implementation should begin three months from the contract start date.**

**Q7:** Section C (RFP p5) states “[t]he ACCT will ... serve 300 unduplicated clients annually, with an average service duration of 90 to180 days.” and Section F.2 (RFP p. 8) states “ACCESS will assess and forward eligible referrals to the ACCT with a goal of starting services within ten days of the referral.” May bidders propose a ramp-up schedule to reach full program capacity within the pilot year?

**A7: The three-month start-up period is considered the ramp-up period for the awarded Contractor to reach full capacity. Bidders may not propose an alternative start-up period.**

**Q8:** What are the expected operating hours for the ACCT Outreach and Engagement and the Case Management Teams? Is there a requirement for weekend hours or 24/7 coverage? If so, please clarify when on-call support is acceptable.

**A8: Bidders should propose the operating hours, including weekend hours and/or 24/7 coverage, that best suit their program design, with rationale.**

**Q9:** Section C (RFP p5) states, “[t]he ACCT will serve individuals across all age groups and race/ethnicities who meet medical necessity or are clinically assessed and screened to be eligible to receive Specialty Mental Health Services (SMHS) and/or co-occurring SUD services.” Does the County anticipate the people served will include those without Medi-Cal eligibility or without insurance? If so, what is the expected percentage of clients without Medi-Cal eligibility or insurance?

**A9: ACCESS serves individuals under the concept of presumed Medi-Cal eligibility. If clients are eligible for but not enrolled in Alameda County Medi-Cal, the awarded Contractor will be expected to work with these clients to enroll them in Alameda County Medi-Cal. A small portion of clients may not be eligible for Alameda County Medi-Cal and/or may have other Alameda County insurances such as HealthPAC, Medi-Cal/Medicare, etc. ACCESS will verify insurance eligibility.**

**BUDGET**

**Q10:** Section A (RFP p3) states, “ACBHD has allocated \$1,664,740 per year for this pilot program through Mental Health Services Act (MHSA) and State Health Program funds. The program will generate revenue through Medi-Cal Administrative Activities (MAA) and Medi-Cal.” What is the County’s plan for funding after the pilot period?

**A10: Funding for future fiscal years will be determined by the performance of the pilot, availability of funds, and ACBHD priorities.**

**Q11:** Section A (RFP p3) states, “Any contract that results from this RFP process will be prorated for the first fiscal year at the contract start date.” Section I.M (RFP p27) states, [t]he term of the contract, which may be awarded pursuant to this RFP, will be one year, in addition to any pro-rated portion of Fiscal Year 24-25, 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 ACBHD.” Please confirm the contract term will be the prorated portion of Fiscal Year 24-25 (from approximately 3/1/25 – 6/30/25) plus the full year of FY 25-26 (7/1/25-6/30/26), and then may be renewed thereafter.

**A11: Yes, ACBHD currently estimates the contract term will be the pro-rated portion of FY 24-25, depending on the contract start date, and the full FY 25-26. This estimate is subject to change.**

**Q12:** Regarding Client Supportive Expenditures described in Section F.2. Service Delivery Approach (RFP p9), does the County have any required limits for these supportive expenditures? Is there a per client maximum?

**A12: Bidder shall propose Client Supportive Expenditures based on the Bidders’ proposed program design. ACBHD does not currently have a per client maximum assigned to this program.**

**Q13:** Section A. (RFP p3) states, “[n]on-clinical services for outreach and engagement and client supports will be reimbursed at cost.” The Budget Instructions in the Budget Excel template state, “This program will be reimbursed at actual cost for non-clinical services, and on a rate basis for outpatient services that are billed to Medi-Cal.” Please clarify which services are reimbursed at actual cost.

- a) Would this include the salaries of the outreach case managers and other staff?
- b) Is the entire outreach and engagement service billed "at cost"?

**A13: Outreach and engagement services and client support expenditures will be reimbursed at cost. Bidders may allocate 100% of the Case Management Team’s time to the Medi-Cal billable portion of the Budget, and 100% of the Outreach and Engagement Team’s time as well as the client support expenditures to the non-clinical portion of the Budget.**

**Q14:** Section A (RFP p. 3) states, “ACBHD has allocated \$1,664,740 per year for this pilot program through Mental Health Services Act (MHSA) and State Health Program funds” and the Budget Workbook instructions in the Budget Instructions tab of the Budget excel file states, “There will be a three-month start-up period, which may not exceed \$416,185. Annualized program budget requests cannot exceed the maximum allocation of \$1,664,740.” Please confirm that total allocated funding is \$416,185 for start-up plus \$1,664,740 per year.

**A14: The annual contract maximum is \$1,664,740. In addition to this annual amount, Bidders may not exceed \$416,185 for the three-month start-up period.**

**Q15:** Section A (RFP p3) states, “[t]he program will generate revenue through Medi-Cal Administrative Activities (MAA) and Medi-Cal.” Does the County have a Medi-Cal billing target that the provider is expected to obtain?

**A15: No, ACBHD does not have a Medi-Cal billing target at this time.**

**Q16:** What is the maximum percentage allowed for indirect costs?

**A16: ACBHD does not dictate a maximum percentage for indirect costs. Bidders shall propose reasonable indirect costs based on their organizational practices, with rationale (utilizing Tab 3 of the Budget template “Admin Expense Detail”).**

### **PROPOSAL SUBMISSION**

**Q17:** Section D: Bidder Minimum Requirements (RFP pp5-6) states that ACBHD will disqualify proposals... “[s]ubmitted with subcontractors performing any portion of the direct services described in the RFP” and Section D. (RFP p5) states, “Program funding includes revenue from Medi-Cal and MAA; as such, ACBHD shall disqualify proposals submitted with subcontractors performing any portion of the services described in this RFP. See Section II. C. Small Local Emerging Business (SLEB) Preference Points for more information on SLEB exception and waiver.”

- a) Does this requirement preclude subcontracting with a SLEB for 20% of the total estimated bid amount?
- b) The County has historically been successful with requesting that the County Board of Supervisors waive the SLEB subcontracting requirement for clinical services. Please confirm that the SLEB subcontracting requirement will be waived for this clinical services procurement. Please provide instructions for how bidders should complete the SLEB form if the requirement will be waived for clinical services.

**A17: Sub-contracting is prohibited under this RFP (RFP pg. 5). Bidders who meet one of the stated exemptions (e.g., non-profit organization) should state such on the SLEB Partnering Information Sheet. Bidders that do not meet any of the stated exemptions should request a waiver from the SLEB requirements, on the SLEB Partnering Information Sheet, noting they do not meet the exemptions. ACBHD has been successful at requesting waivers for prior procurement processes with no disruption to the contracting timeline.**

**Q18:** Section E.2 states, regarding proposal format, that bidders will ensure that proposals are “Maximum 1-inch margins.” Please confirm this 1-inch maximum requirement. Is there a minimum margin requirement?

**A18: See Corrections. The margins should be *minimum* 1-inch.**

**Q19:** Section II.B. Submission checklist states, “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.” Rather than a signed statement on agency letterhead, please confirm that the inclusion of a Board of Directors Resolution Delegation of Authority and Incumbency of Authorized Officers document will fulfill this requirement.

**A19: Yes, such a board resolution will fulfill this requirement.**

**Q20:** Can the County please clarify the number of references required? Section II.B.2.D (RFP p 30) requires three references while Section II.G. (RFP p 40) asks for five references.

**A20: See Corrections. Five (5) references are required for this RFP. Please provide a brief justification if submitting less than five (5) references.**

**Q21:** Section F (RFP p 17) and Page 1 of the Bid Response Template state that responses must conform to a total page maximum of 18 pages excluding Exhibits and Attachments, however in Section II.B (RFP p30) and in the Bid Submission Checklist (page 2 of the Bid Response Template) Section 3. states “Proposal Narrative must not collectively exceed the maximum page limit of 17 pages.” Additionally, if you add up the suggested page maximums for individual sections, provided on pages 12-23 of the Bid Response Template, the total comes to 18 pages. Please confirm that the proposal page maximum is 18 pages excluding Exhibits and Attachments.

**A21: See Corrections. The proposal page maximum is 18 pages excluding Exhibits and Attachments.**

**Q22:** Please confirm that bidders should use the Bid Response Template for all required forms, rather than utilizing forms in the RFP itself (and that, if any discrepancies are found, the Bid Response Template will be the default guide).

**A22: It is suggested that Bidders utilize the Bid Response Template to respond to this RFP, but not required.**

**Q23:** On Page 1 of the Bid Response Template, it is noted that there are suggested page maximums for individual sections. Are bidders allowed to provide alternative response lengths per section, provided the full proposal adheres to the total 18-page limit, excluding Exhibits and Attachments?

**A23: Bidders are allowed to provide alternative response lengths by section, as long as the total page maximum does not exceed 18 pages excluding Exhibits and Attachments.**

**Q24:** Please confirm that signing Exhibit A meets any proposal submission requirements regarding debarment and suspension and no additional documentation is required.

**A24: In addition to Exhibit A Bidder Information and Acceptance, Bidders must complete and sign the OIG and Other Exclusion List Background Check Attestation, which covers debarment and suspension.**

**Q25:** Could the County confirm that additional attachments to support the narrative beyond the required org charts (for example, job descriptions, training plan, etc.) do not count toward the total page count.

**A25: As noted in Section 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.”**

**Q26:** Will the Bid Response Template be updated with the new information, or should we use the first version with the new information?

**A26: An updated Bid Response Template will be posted with this addendum.**

**Q27:** Can you please confirm in writing (i.e. in the addendum) that the questions can be deleted, and that the page #s are just suggestions (other than the total)?

**A27: See corrections. Yes, Bidders may delete the question prompts in the Bid Response Template to maximize space, and the suggested page maximums by section are just suggestions.**

### **MINIMUM QUALIFICATIONS**

**Q28:** In lieu of the three years of experience billing Medi-Cal for SMHS, will the County consider ten plus years of experience providing DMC-ODS certified programs and treatment and billing Medi-Cal for these services through contracts with Marin, Contra Costa, Sonoma, and Napa Counties; and more than twenty years of experience providing mental health and co-occurring SUD screening, assessment, and treatment for adults throughout the San Francisco Bay Area, including the East Bay under contracts with the Federal Courts of the Northern District of California.

**A28: No, Bidders may not substitute DMC-ODS billing experience for Medi-Cal SMHS billing experience for this minimum qualification.**

**Q29:** Our organization does not have a SMHS contract with Alameda County, but we have been billing for MAA services through the County for a number of years. Would this make us eligible?

**A29: MAA billing experience may not be used as a substitute for Medi-Cal billing experience as a minimum qualification for this RFP.**

### **MISCELLANEOUS**

**Q30:** Section A (RFP p3) states, “ACBHD intends to award one contract to the Bidder selected as the most responsible bidder whose response conforms to the Request for Proposal (RFP) and meets the County requirements” and Section I (RFP p 25) states, “The County reserves the right to award to a single or multiple Contractors.” Please confirm that this RFP will result in a single contract with a single provider.

**A30: ACBHD intends to award one contract for this RFP.**



<p style="text-align: center;"><b>The following participants attended the RFP 24-04 ACCT bidder's conference meetings:</b>  <b>Wednesday July 10, 2024 @ 10:00am – 11:30am</b>  <b>Thursday July 11, 2024 @ 2:00pm – 3:30pm</b></p>		
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## ACCESS CARE COORDINATION TEAM (ACCT) RFP 24-04 Addendum 1

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