



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) 17-04
SPECIFICATIONS, TERMS & CONDITIONS
For
OLDER ADULT SERVICE TEAM**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Tuesday March 7, 2017	2:00 pm – 3:30 pm	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Suite 205 Oakland, CA (Wildcat Canyon Room)
Wednesday March 8, 2017	10:00 am – 11:30am	Alameda County Public Works Agency 951 Turner Court Hayward, CA (Conference Room 230ABC)

**PROPOSALS DUE
by 2:00 pm on Thursday April 6, 2017
to**

**RFP 17-04 c/o Rachel Garcia
1900 Embarcadero Cove Suite 205
Oakland, CA 94606**

Proposals received after this date/time will NOT be accepted

Contact: Rachel Garcia

Email: Rachel.Garcia2@acgov.org Phone: 510.383.1744

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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 BHCS or County) to seek proposals for the provision of an Older Adult Service Team to serve Older Adults (OA), 60 years and older, with severe and persistent mental illness (SPMI). The OA Service Team will support client recovery through a holistic approach that considers OA's overall bio-psycho-social needs. Services will be provided county-wide, excluding Berkeley and Albany.

BHCS will use this Request for Proposals (RFP) to establish a new contract with one provider to establish an OA Service Team.

Any contract that results from this RFP process will be prorated for the fiscal year at the contract start date. Program reimbursement will be based on a fee-for-service model. If the successful Bidder is a current BHCS Medi-Cal contracted provider with established rates for the services in this RFP, those rates will be used for the new program award .

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. BHCS reserves the right to dissolve a contract if/when awarded Contractor materially alters staff, budgets, deliverables and outcomes any time after the contract award.

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 contract. Any renewal of an awarded contract shall be contingent on the availability of funds, awarded Contractor's performance, continued prioritization of the activities and priority populations as defined and determined by BHCS.

BHCS intends to award one contract with a total annual allocation of \$780,000 per contract year.

B. BACKGROUND

Proposition 63, also known as the Mental Health Services ACT (MHSA) was passed by the California voters in November 2004. MHSA provides funding to counties to expand mental health services to those who are unserved or underserved. BHCS utilizes MHSA Community Services and Supports funds to support an array of services that promote community collaboration, integrated service experiences, wellness and recovery oriented services and increased consumer and family member involvement.

Multidisciplinary Service Teams coordinate community-based services to provide individually-customized mental health care for people experiencing frequent setbacks or persistent challenges to their recovery. Coordinating care includes traditional mental health services while encompassing primary healthcare, housing, transportation, social relationships, and community participation. BHCS currently contracts with seven agencies to provide Adult Service Teams with over twelve percent of utilizers ages 60 and over demonstrating a need for a Service Team designed specifically for OAs.

Interdisciplinary mobile teams, geriatric medicine, and partnering with OA provider networks are key elements in developing appropriate system of care for the OA SPMI population. BHCS Older Adult System of Care (OA SOC), created to address the growing needs of older adults throughout the continuum of care, developed the OA Service Team program to decrease emergency medical care and frequent hospitalizations by offering community based support through outpatient mental health services.

C. SCOPE

The overarching goal of the OA Service Team is for all clients to attain a level of autonomy within the community of their choosing. The OA Service Team is designed to support clients in:

- Reducing the impact that mental health issues have on the ability of clients to achieve and maintain an optimal level of functioning and recovery;
- Finding and maintaining meaningful life roles, improving quality of life;
- Increasing community connections;
- Increasing choice around housing;
- Reducing utilization of hospitalization and emergency services; and
- Assist and empower clients to transition into the least intensive level of services appropriate for need and move to a more independent setting, such as a wellness center or primary care.

BHCS will be contracting with an agency to provide the following services to Alameda County OAs:

- Outpatient mental health services, case management, crisis intervention, and medication support;
- Culturally appropriate services; and
- Linkage to primary care services, benefits, and additional support and health services as needed.

The awarded Contractor will have up to a six month startup period. BHCS expects the awarded Contractor to begin OA Service Team services no later than six months after the contract start date.

The OA Service Team will provide services to at least 90 unduplicated clients at any given time.

The awarded Contractor shall refer residents of Berkeley and Albany to City of Berkeley Mental Health Services.

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:

- Have at least two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last five years;
- Have experience working with OAs and/or have experience providing mental health services; and
- Have no current open Quality Assurance (QA) Plan of Correction with BHCS, if Bidder is an existing BHCS-contracted service provider.

BHCS shall disqualify any proposal submitted that subcontracts for clinical services with an organization that settles to cost for Medi-Cal services anywhere in California.

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

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

E. SPECIFIC REQUIREMENTS

The scope of work for awarded contract from this RFP will include conformance with all of the following by the end of the first year of the contract period and throughout the program period as needed:

- Services will be delivered in a welcoming environment appropriate for older adults;
- Complete all steps required for starting a new mental health program;
- Recruit, hire and train diverse program staff;
- Proper credentialing and re-credentialing of licensed staff who will be billing to Medi-Cal;
- Ongoing monitoring to ensure that staff who are providing clinical services have a valid license and no restrictions;

- Program staff will complete appropriate OA specific trainings
 - OA specific trainings should cover topics such as Geriatric Assessment Tool(s), Basic Issues in Aging, Serious Mental Illness and Aging Issues, Differential Diagnosis, Substance Use Among OAs, End of Life Issues, Psycho-Pharmacology, and OAs Guide to Aging Network;
- Provision of program services in a combination of field based and office based settings;
- Administer ANSA 25+ to all clients
 - Adhere to BHCS procedures for implementation of ANSA;
- Plan for, and implementation of, continuous training and quality improvement on cultural and linguistic responsiveness;
- Sufficient clinical supervision to ensure compliance with Medi-Cal documentation requirements and the quality of care to clients;
- A quality assurance infrastructure to oversee compliance with Medi-Cal regulations; and
- Data entry in a timely manner, as instructed, using the County's electronic information management and claiming system (currently InSYST);

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 ACBHCS some of which are summarized here:
 - The Assessment shall establish medical necessity.
 - The Assessment shall incorporate all of the items included on the most current ACBHCS QA Regulatory Compliance Tool, in the most current ACBHCS Clinical Documentation Standards Manual, and per any changes as directed in ACBHCS QA memos.
 - Contractor must stay current with all changes in Assessment requirements and adopt those changes.
 - The format of the Treatment Plan shall be structured in a manner that allows for client-driven goals, objectives and interventions.
 - The Treatment Plan shall incorporate all of the items included on the most current ACBHCS QA Regulatory Compliance Tool, in the most current ACBHCS Clinical Documentation Standards Manual, and per any changes as directed in ACBHCS QA memos.
 - Contractor must stay current with all changes in Treatment Plan requirements and adopt those changes.
 - The format of a Progress Note shall provide a structure in compliance with Medi-Cal documentation standards and meet criteria for claiming for Medi-Cal.

- The Progress Note shall incorporate all items included on the most current ACBHCS QA Regulatory Compliance Tool, in the most current ACBHCS Clinical Documentation Standards Manual, and per any changes as directed in ACBHCS QA memos.
 - Contractor shall record services in progress notes and in the BHCS data system with the correct procedure codes. Contractor shall deepen their understanding and use of these codes through outside trainings and/or study.
 - The current ACBHCS “Clinical Documentation Standards” manual may be found here: http://www.acbhcs.org/providers/QA/docs/ga_manual/7-1_CLINICAL_DOCUMENTATION_STANDARDS.pdf
 - Contractor shall be familiar with Federal, State and ACBHCS regulations and standards pertaining to claiming to Medi-Cal.
- Attend all required scope of practice training and documentation training activities in order to appropriately and successfully bill to Medi-Cal.
 - 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 ACBHCS QA Office. 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 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
 - Attend all BHCS sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements in Appendix B: Medi-Cal Requirements;
 - Follow all ACBHCS policies and procedures in the ACBHCS Quality Assurance Manual: http://www.acbhcs.org/providers/QA/ga_manual.htm
 - Attend the monthly ACBHCS Clinical Quality Review Team (CQRT) group meetings for the first year of contract. CQRT requires one Licensed Practitioner of the Healing Arts (LPHA) to attend for every seven charts that are reviewed. Find the updated CQRT manual here: http://www.acbhcs.org/providers/QA/docs/ga_manual/9-1_CQRT_MANUAL.pdf

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

Bidders shall demonstrate their capability to fulfill the above requirements and ability to adhere and comply with all standards to implement these programs.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Understanding and Experience with Priority Population Needs

The priority population for this RFP includes adults ages 60 and over with SPMI residing in Alameda County. The majority of individuals in the priority population will be Medi-Cal and/or Medicare eligible. OAs should meet medical and service necessity for Outpatient Level I services. Clients will be approved for services by a BHCS designated unit.

OAs in the priority population may experience impairment in their ability to manage activities of daily life. This may negatively impact OA's recovery and quality of life leading to increase of utilization of medical emergency rooms, psychiatric and incarceration facilities. Bidders shall demonstrate experience in supporting clients optimizing their recovery. The contracted agency must establish long term relationships with clients to support their needs. Bidders shall demonstrate ability to establish relationships with clients.

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 clients.

2. Service Delivery Approach

The OA Service Team will provide comprehensive outpatient mental health services to OA with SPMI to support clients during their recovery. Services will be strength based, individualized for each client, and responsive to the needs of the clients, including those with co-occurring conditions and physical health disorders.

Services will be provided to clients on and offsite locations such as client homes, community centers, medical facilities, and locations identified as convenient by the client. To support clients in meeting their treatment goals, the awarded Contractor will assist with transportation and/or accompany clients to their appointments as needed. The OA Service Team will provide the following services to clients:

- Assessments, evaluation, collateral, therapy, plan development and rehabilitation;
- Case management, crisis intervention, and medication support;
- Brokerage and linkage to additional services as needed

- Additional services may include linkage to housing resources, primary care services, Wellness Centers, and medical services; and
- Psycho education, family support/therapy, service coordination, interface with medical providers, mobile services, and coordination with Alameda County's In-Home Supportive Services and OA related support services.

The awarded Contractor will attempt to engage OA with SPMI in outpatient services within one week from receiving a referral. The awarded Contractor will prioritize referrals from Adult Service Teams, acute hospitals, sub-acute hospitals, and OA SOC programs. Bidders will propose strategies for outreaching and engaging OA with SPMI into services.

Duration of services shall be determined when the client no longer meets the level of service necessity for Level I Services and has been assessed as having achieved clinical stability and readiness for a lower level of care. The awarded Contractor shall begin to discuss discharge planning with clients after intake into the program and shall regularly assess client functioning, attainment of treatment goals, and readiness for discharge to a lower level of care.

The awarded Contractor shall use evidence based practices (EBP) or promising practices such as Motivational Interviewing to support clients in meeting their treatment goals. Bidders will describe their reasoning for selected EBPs or promising practices and its appropriateness for the priority population.

Bidders will be evaluated based on their description of their OA Service Team model, including how well chosen practices meet the needs of the priority population and their experience in implementing such practices. Additionally, Bidders must demonstrate how services will be provided in a welcoming environment appropriate for OAs.

3. *Planned Staffing and Organizational Infrastructure*

Service Teams consist of multidisciplinary staff to provide case management, supervision, triage, and medication support. An effective program model will include a psychiatrist (part time or contracted) as part of the Service Team to provide medication support. The Service Team should also include at least one full time nurse to provide medication support, care coordination, and triage and linkage to additional services.

Through submittal of proposals, Bidders shall demonstrate their current and planned organizational infrastructure to successfully implement the program. Services shall be provided by an organization with thoughtful and appropriate operations in terms of capacity, infrastructure, staffing and hiring. Appropriate infrastructure, staffing and hiring includes:

- Organizational capacity for billing Medi-Cal and for managing operations in a manner that maximizes revenue generation while maintaining quality of care;
- Maintaining quality assurance of Medi-Cal documentation standards;
- Plan for training, supervising, and providing support to OA Service Team staff;
- Organizational capacity to support clients during their recovery to meet their treatment goals;
- Providing services with an integrated approach to care; and
- Developing and maintaining the technology and staff support to collect and report client data and outcomes.

Bidders will describe their plan to provide ongoing program support and potential for program sustainability. Bidders will be evaluated based on their description of their staffing plan and organizational capacity and infrastructure to provide OA Service Team program.

4. *Forming Partnerships and Collaboration*

In order to meet the needs of the priority population, Bidders must strengthen linkages across services and programs. Bidders should demonstrate experience working with primary care providers and agencies to provide integrated care. The successful Bidder will work with BHCS to receive required trainings and technical assistance to implement the new mental health program successfully and get approval of client referrals.

To strengthen service linkages for consumers, the awarded Contractor will use existing partnerships to identify additional collaborative partners. Bidders will propose their plan to partner with agencies and work with mental health providers to receive referrals and support consumers in accessing and engaging in needed services.

The successful Bidder will demonstrate their history working collaboratively and successfully with community based organizations, clinical services, and healthcare providers. Successful Bidders will demonstrate a plan for building on existing partnerships and establishing new relationships to support OA clients in meeting their needs.

5. *Ability to Track Data and Outcomes*

The awarded Contractor shall track data and outcomes for the purpose of reporting and continuous quality improvement of services.

The awarded Contractor will provide services to at least 90 unduplicated clients annually.

The awarded Contractor shall collect data and report on the following deliverables:

- Number of annual service hours;
- Number of clients served annually; and
- Average monthly caseload of case manager or equivalent position.

Bidders shall propose a quantitative performance benchmark for the following quality and impact objectives and include their rationale behind the proposal.

- Percent of clients who receive two or more visits within 30 days from their episode opening date;
- Percent of clients who receive four or more visits within 60 days from their episode opening date;
- Percent of clients who receive services in their sixth month in the program;
- Percent of clients with a decrease in psychiatric emergency services (PES), psychiatric health facility (PHF), or psychiatric hospitalization admissions in their most recent twelve months in the program as compared to the twelve months prior to entry into the program¹; and
- Across clients, percent decrease in average PES, PHF or psychiatric hospitalization admissions in clients most recent twelve months into the program as compared to the twelve months prior to entering the program.

Bidders shall describe their plan for data collection and reporting as well as their ability to track data and any systems in place for data collection.

BHCS reserves the right to collect data and evaluate the program outcomes during the first year of the program and work with the awarded Contractor to alter their outcome measures for subsequent contract years.

¹ Among clients with at least two PES, PHF, or psychiatric hospitalization admissions in the 12 months prior to their entry into the program

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTRACTS

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

The BHCS website <http://www.acbhcs.org/Docs/docs.htm#RFP> and the General Services Agency (GSA) website https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp 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 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:

Rachel Garcia
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: Rachel.Garcia@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Monday February 27, 2017	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Tuesday March 7, 2017	2:00 pm – 3:30 pm 1900 Embarcadero Cove, Suite 205, Oakland Wildcat Canyon Room
2 nd Bidders' Conference	Wednesday March 8, 2017	10:00 am -11:30am 951 Turner Crt, Hayward Conference Room 230ABC
Addendum Issued	Wednesday March 15, 2017	
Proposals Due	Thursday April 6, 2017 by 2:00 pm	
Review/Evaluation Period	April 6, 2017 – May 3, 2017	
Oral Interviews (as needed)	May 4, 2017	
Award Recommendation Letters Issued	Thursday May 11, 2017	
Board Agenda Date	July 2017	
Contract Start Date	September 1, 2017	

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 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: 621420.

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.

D. BIDDERS' CONFERENCES

BHCS strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences. BHCS 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.

BHCS 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. BHCS 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 SEALED and received by BHCS **no later than 2:00 pm on the due date and location specified on the RFP cover and Calendar of Events in this RFP**. BHCS cannot accept late and/or unsealed proposals. If hand delivering proposals, please allow time for parking and entry into building.

BHCS shall only accept proposals at the address and by the time indicated on the RFP cover and in the Calendar of Events. Any proposals received after said time and/or date

or at a place other than the stated address cannot be considered and shall be returned to the Bidder unread/unopened.

All proposals, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated delivery address prior to the time designated. BHCS' 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. Bidders must complete and submit their proposal using the Fillable Forms Template². Proposals shall include:
 - a. One original hard copy proposal in a three-ring binder, with original ink signatures. Original proposal is to be clearly marked on the cover (it should be clear who the Bidder is on the front of the binder);
 - 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.
 - b. Seven copies of proposal. Copies must be unbound without a three-ring binder.
 - c. Enclosed with the hard copy include, a USB flash drive clearly marked with the Bidder and RFP name with the following saved on it:
 - An electronic copy of the proposal, saved with Bidder's name;
 - An electronic Excel copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

The County requests that all proposals submitted shall be printed double-sided and on minimum thirty percent post-consumer recycled content paper.³

Bidders shall use the Fillable Forms Template for submittal of proposals to ensure that proposals are:

- Single spaced;
- Use 11-point Arial font and
- Conform to the maximum page limits.

3. The County will not consider telegraphic, electronic or facsimile proposals.
4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.

² The Fillable Forms Template was created using Adobe Acrobat Pro which is not compatible with Google Chrome. In order for the fillable fields to work properly, open the Template using other web browser such as Internet Explorer, Safari, etc.

³ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

5. Submitted proposals shall be valid for a minimum period of eighteen months.
6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
7. 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.).
8. 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(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.
9. 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.
10. 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 tenders final payment to the Bidder.
11. 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.

12. 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.
13. 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).
14. 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 shall use the **Fillable Forms Templates (posted on the BHCS and GSA websites)** to submit proposals. This section provides the point system that the CSC/Evaluation Panel will use to evaluate proposals. BHCS encourages Bidders to reference that section when responding to this RFP.

The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to the page maximum for each section and sub-section indicated in Table 1. 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 material deviation from the requirements may be cause for rejection of the proposal, as determined at BHCS' sole discretion.

The proposal sections, instructions and page maximums are contained in Table 1.

Table 1

Section	Instructions	Page Max.
1. TITLE PAGE	Use the Fillable Forms Template to complete and submit the requested information.	1
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Use the Fillable Forms Template to complete and submit the requested information.	1
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.	1
4. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	Use the Fillable Forms Template to describe and demonstrate how Bidder meets all of the criteria.	2
	- Have at least two years' experience billing Medi-Cal for Specialty Mental Health Services through a County within the last five years; - Have experience working with OAs and/or providing mental health services; and - Have no current open QA Plan of Correction with BHCS, if Bidder is an BHCS-contracted service provider.	
5. ORGANIZATIONAL CAPACITY AND REFERENCE	<u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u>	N/A
	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: https://www.sam.gov/portal/SAM/#1 https://exclusions.oig.hhs.gov/ https://files.medical.ca.gov/pubsdoco/SandIlandin g.asp https://www.ssdmf.com	N/A

Section	Instructions	Page Max.
	b. References Use the Fillable Forms Template to 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 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.	2
6. BIDDER EXPERIENCE, ABILITY AND PLAN	Use the Fillable Forms Template to complete and submit the information below.	N/A
	a. Describe, in detail, Bidder's <i>Understanding and Experience with the Priority Population Needs</i> including:	(2)
	i. Bidder's understanding of older adults with SPMI including: 1. Specific services needed; 2. Risk factors and barriers; and 3. Cultural and linguistic needs.	1
	ii. Bidder's experience working with or knowledge of OAs with SPMI that takes into account: 1. Supporting clients optimizing their recovery; 2. Establishing relationships with clients; 3. Providing outpatient mental health services; and 4. Strategies for addressing barriers.	1
	b. Describe in detail, Bidder's Service Delivery Approach , including:	(8)
	i. Bidder's program design that will address the following: 1. Bidders plan for providing the following services to clients: • Assessments, evaluation, collateral, therapy, plan development and rehabilitation;	2

Section	Instructions	Page Max.
	- Case management, crisis intervention, and medication support; - Brokerage and linkage to additional services; - Psycho education, family support/therapy, service coordination, interface with medical providers, mobile services, and coordination with in-home services and OA supports. 2. How will Bidder provide onsite and offsite services to support clients to meet their treatment goals?	
	3. How will Bidder attempt to engage the priority population in services? How will Bidder prioritize referrals? Include strategies for outreaching and engaging clients.	1
	4. How will clients be assessed for discharge and transition to a lower level of care? 5. How will transition to lower levels of care be facilitated? 6. What proposed EBPs or promising practices will be used? Provide rationale for use.	1
	7. How will Bidder provide a welcoming environment appropriate for OAs? 8. How will cultural and linguistic needs of the priority population be addressed?	1
	c. Describe, in detail, Bidder's <i>Planned Staffing and Organization Infrastructure</i>, including:	(4)
	i. Bidders planned staffing structure including: 1. Proposed program chart that illustrates where the program will sit within the organization (include as Attachment 1A).	N/A
	2. The roles of direct and non-direct service staff, roles and responsibilities of all staff.	1
	3. Plan for recruiting/hiring, training, supporting and maintaining staff. Include in your response preferred background and qualifications of OA Service Team staff and the plan for providing appropriate supervision to staff.	1

Section	Instructions	Page Max.
	ii. Bidder's planned organizational infrastructure, including: - How will Bidder maximize revenue generation while maintaining quality of care? - How will quality assurance of Medi-Cal documentation standards be maintained?	1
	- How will Bidder integrate OA Service Team into their existing services? - How will Bidder provide services with an integrated approach to care?	1
	d. Describe, in detail, Bidder's ability and experience in Forming Partnerships and Collaboration in program services including: - Describe the Bidder's experience in cultivating relationships with providers of mental health, physical health, and support services. Include existing program partnerships and collaborations. - How will Bidder collaborate with other service providers to support clients in meeting their needs?	1
	e. 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: - Proposed quantitative performance benchmarks for quality and impact objectives with rationale. - What experience does Bidder have in tracking data? Include any systems in place for data collection. - Who will track the data? - How will outcomes data be used for quality improvement?	1
7. COST	Budget - Cost-Coefficient – Bidder does not need to submit anything additional for this. - Complete and submit one EXHIBIT B-1: BUDGET WORKBOOK (saved in MS Excel). See EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.	(in addition to the Exhibit B-1: Budget Workbook)

Section	Instructions	Page Max.
	c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK. i. Bidder's narrative on how the proposed program budget is aligned with the requirements of this RFP taking into account how calculations were made on the following and explanation on any variances in costs: 1. Required Staffing 2. Salaries and Benefits 3. Operating Expenses 4. Administrative and/or Indirect Costs 5. Revenue 6. Service Hours 7. Start-up Period	2
8. IMPLEMENTATION SCHEDULE AND PLAN	Use the Fillable Forms Template to complete and submit the following:	N/A
	a. Bidder's Implementation Schedule and Plan with responsible persons, milestones and due dates around the following activities: staff hiring, staff training, receiving referrals, conducting outreach, and services start date.	2
	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation	1
EXHIBITS	Using the Fillable Forms Template complete and submit the following:	N/A
	EXHIBIT C: INSURANCE REQUIREMENTS	
	EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	

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 BHCS 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 a 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 Bidder that demonstrates 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, the 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 Meets/Does Not Meet Minimum Qualification 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.	Pass/Fail
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY			
4. BIDDER MINIMUM QUALIFICATIONS	- Have at least two years' experience billing Medi-Cal for Specialty Mental Health Services through a County within the last five years; - Have experience working with OAs and/or providing mental health services; and - Have no current open QA Plan of Correction with BHCS, if Bidder is a BHCS-contracted service provider.		
5. ORGANIZATIONAL CAPACITY AND REFERENCES	a. Debarment and Suspension	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:	Pass/Fail

		• https://www.sam.gov/portal/SAM/#1 • https://exclusions.oig.hhs.gov/ • https://files.medical.ca.gov/pubsdoco/Sandllanding.asp • https://www.ssdmf.com	
	b. BHCS will accept only non-BHCS references. BHCS will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.	How do the Bidder's references rate the following: • Bidder's capacity to perform the services as stated; • Areas in which Bidder did well; • Areas in which Bidder could have improved; • Availability, training, documentation and reliability on a scale of one to five; • Whether the project was completed on time and on budget; • Understanding of the project and need; • References' overall satisfaction with Bidder; • References' comfort with recommending the Bidder to Alameda County; • Whether Bidder would be used again by Reference; and • Any other information that would assist in Alameda County's work with the Bidder.	5
6. BIDDER EXPERIENCE, ABILITY AND PLAN	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 Clinical Understanding and Experience with Priority Population Needs.		(12) Section Subtotal
	i. Understanding of the Priority Population	How well does Bidder demonstrate understanding of the priority population including: • Specific services needed; • Risk factors and barriers; and • Cultural and linguistic needs.	8

	ii. Experience with Priority Population	- How well does Bidder demonstrate experience in supporting clients to optimize their recovery? - How well matched is Bidder's experience establishing relationships with clients? - How well matched is Bidder's experience providing outpatient mental health services? - How well matched are Bidder's proposed strategies for addressing barriers?	4
	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 Service Delivery Approach.		(22) Section Subtotal
	i. Program Services	- How well matched is Bidder's plan for providing the following services to clients: - Assessments, evaluation, collateral, therapy, plan development and rehabilitation; - Case management, crisis intervention, and medication support; - Brokerage and linkage; - Psycho education, family support/ therapy, service coordination, interface with medical providers, mobile services, and coordination with in-home services and OA supports.	6
	ii. Engagement	How well matched is Bidder's plan to engage the priority population in services? How well matched are proposed strategies for outreach and engagement?	5
	iii. Assessments and EBPs	- How well does Bidder demonstrate how clients will be assessed for discharge and transition to a lower level of care? - How well does Bidder demonstrate how clients will be transitioned to a lower level of care?	5

		How well matched are proposed EBPs or promising practices?	
	iv. Cultural Responsiveness	- How well does Bidder demonstrate how services will be provided in a welcoming environment appropriate for OAs? - How well does Bidder demonstrate how cultural and/or linguistic needs of the priority population will be addressed?	6
	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 Planned Staffing and Organizational Infrastructure.		(16) Section subtotal
	i. Planned Staffing Structure	- How well does proposed staffing pattern match the program requirements? - How well and realistic is Bidder's plan for hiring, training, supporting, and maintaining all staff? - How appropriate is proposed supervision and training for OA Service Team staff?	8
	ii. Organizational Infrastructure	- How well does Bidder demonstrate how they will maximize revenue? - How well does Bidder demonstrate how they will maintain quality of care? - How well does Bidder demonstrate how OA Service Team will be integrated into their existing services? - How well does bidder demonstrate how services will be provided with an integrated approach to care?	8
	d. 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 Partnerships and Collaboration and Tracking Data and Outcomes:		(12) Section subtotal
	i. Partnerships and Collaboration	How well does Bidder demonstrate experience in cultivating relationships with providers of mental health,	6

		physical health, and support services? • How well matched are Bidder's existing partnerships and collaboration? • How well matched is Bidder's proposed description of collaborating with other service providers to support consumers?	
	ii. Track Data and Outcomes	• How thoughtful and realistic is Bidder's plan to collect data to monitor the proposed program and desired outcomes? Including proposed benchmarks for quality and impact objectives. • How well does Bidder identify systems and plan for tracking data? • How well does Bidder demonstrate how data will be used for quality improvement?	6
7. COST	The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how the 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.		(11) Section subtotal
	a. Cost Co-Efficient	• Low bid divided by low bid x 5 x weight = points <u>For example:</u> $\\$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	5
	b. Budget and Budget Narrative Review	• 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 the Bidder allocate staff and resources? • How appropriate are the staffing and other costs? • How much value does the proposal add considering the	6

		cost of the program, expected outcomes and the number of clients served? • How well does the narrative detail how Bidder arrived at particular calculations including start up period? • How well does Bidder “show the work”?	
8. IMPLEMENTATION SCHEDULE AND PLAN	a. Implementation Plan Review	• How detailed and specific is Bidder’s response? • How realistic does Bidder account for timeline to complete each specified milestone? Milestones include staff hiring, staff training, receiving referrals, conducting outreach, and services start date.	6
	b. Identification and Strategies for Mitigation of Risks and Barriers	• How detailed and specific is Bidder’s response? • 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. The oral interview on the proposal shall not exceed 60 minutes. The oral interview may include responding to standard and specific questions from the CSC regarding the Bidder’s proposal. The scoring may be revised based on the oral interview.		10
PREFERENCE POINTS, IF APPLICABLE	Local Preference: Points equaling five percent of Bidder’s total score, for the above Evaluation Criteria, will be added. This will be the Bidder’s <u>final score</u> for purposes of award evaluation.		Five Percent (5%)
	Small and Local or Emerging and Local Preference: Points equaling five percent of Bidder’s total score, for the above Evaluation Criteria, will be added. This will be the Bidder’s <u>final score</u> for purposes of award evaluation.		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. The County reserves the right to award to a single or multiple Contractors.
5. The County has the right to decline to award a contract in whole or any part thereof for any reason.
6. BOS approval to award a contract is required.
7. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.

8. 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 BHCS RFP contact. The template contains the agreement boilerplate language only.
9. 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 and State minimum wage laws apply. The County has no requirements for living wages. The County is not imposing any additional requirements regarding wages.

K. INVOICING

- a. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
- b. Payment will be made within thirty days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.
- c. County shall notify Contractor of any adjustments required to invoice.
- d. 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.
- e. Contractor shall utilize standardized invoice upon request.
- f. Invoices shall only be issued by the Contractor who is awarded a contract.
- g. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.

L. NOTICE OF INTENT TO AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process"), all Bidders will be notified in writing by e-mail, fax, or US Postal Services mail of the contract award recommendation, if any, by BHCS. 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.

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 one year 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 BHCS.

2. APPENDICES

A. GLOSSARY & ACRONYM LIST

Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract
Adults Needs and Strengths Assessment (ANSA) 25+	A multi-purpose tool developed for adult's behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
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.
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency
Bid	A Bidders' response to this Request; used interchangeably with proposal
Bidder	The specific person or entity responding to this RFP
Board	Shall refer to the County of Alameda Board of Supervisors
Case Management/Brokerage	Services that assist a beneficiary to access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.
Client	The recipient of services; used interchangeably with beneficiary and consumer
Consumer	The recipient of services; used interchangeable with beneficiary and consumer.
Community-Based Organization	A non-governmental organization that provides direct services to beneficiaries
Contractor	When capitalized, shall refer to selected Bidder that is awarded a contract
County	When capitalized, shall refer to the County of Alameda
Crisis Intervention	A mental health service modality of less than 24 hours duration for a condition, which requires a more timely response than a regularly scheduled visit. Crisis intervention may include, but is not limited to assessment, collateral, and therapy. The service can be delivered at any site that has been certified by the Mental Health Plan (MHP) or State to provide crisis intervention services. Crisis intervention is

	distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contract, site, and staffing requirements.
CSC	County Selection Committee or Evaluation Panel
Cultural Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care.
Cultural Sensitivity	Is a set of skills that enables one to learn about and get to know people who are different from them, thereby coming to understand how to serve them better within their own communities
Culture	Refers to a group's pattern of communications, actions, customs, beliefs, values and institutions of racial, ethnic or social groups
Evidence based practice (EBP)	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies
Family member	A person, who has provided primary support for, is a primary caregiver of, or whose daily life is impacted by, being a family member (by personal or biological definition) of a person who is living with symptoms of mental illness. Family members may be the biological parents, foster parents, siblings, spouses, children, aunts, uncles, cousins, friends, or anyone else whom the client defines as "their family members."
Federal	Refers to United States Federal Government, its departments and/or agencies
Fee-for-service	Reimbursement method in which providers are paid for each service performed based on a negotiated or provisional rate.
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
Medi-Cal	California's Medicaid program, which provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government and administered by the California Department of Health Services
Medical Necessity	A service or treatment which is appropriate for a client's diagnosis, and which if not rendered, would adversely affect the patient's condition; Medi-Cal covers only medically necessary services
Medication Support	Medication support may include evaluation of the need for medication, evaluation of its clinical effectiveness and side effects, obtaining informed consent, medication education, and plan

	development related to the delivery of the service and/or assessment of the client need.
Mental Health Services	Individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency
Mental Health Services Act (MHSA)	Proposition 63, also known as the Mental Health Services Act was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved.
Older Adult (OA)	Adults 60 years of age and older for the purpose of the this RFP.
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.
PES	Psychiatric Emergency Services
PHF	Psychiatric Health Facility
Plan Development	Any or all of the following: development of coordination plans and/or individual service plans, approval of plans, verification of medical or service necessity, and monitoring of the Individual's progress.
Promising Practice	A practice or model that has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive outcomes.
Proposal	Shall mean Bidder's response to this RFP; used interchangeably with bid.
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.
Outreach	The act of extending services or assistance to those in the community who may benefit from care but who have not, or have not been able to come forth to seek it.
Qualified	Competent by training and experience to be in compliance with specified requirements.
Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and BHCS policies are met by all BHCS providers. Examples of this Office's responsibilities relating to delivery of services are to establish and monitor standards of clinical record documentation, notification to beneficiaries of their rights, etc.

Referral	When used in a contract, it means to a process by which an individual and/or organization must follow before receiving/ providing services.
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
Service Provider	Individuals, groups, and organizations, including CBO and County-operated programs that deliver services to consumers and patients under an agreement or contract with BHCS
Service Team	Provide services to individuals with serious mental illness who need case and management psychiatry services. All the Service Teams include case managers and a psychiatrist. Only clients with primary mental health diagnosis are accepted.
State	Refers to State of California, its departments and/or agencies
System Of Care	For the purposes of this RFP, SOC refers to OA SOC, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for older adults.
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 TRAINING REQUIREMENTS FOR SERVICE PROVIDERS

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from you agency
Data Collection Provider Relations (800) 878-1313 Training Available upon Request and as needed	This is the first training that individuals and organizational representatives should attend to learn the flow of InSyst 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 ACBHCS.	• InSyst System- Overview • Client Referrals • Verifying Client Eligibility- Overview • Client Registration • Client Episodes • Service Entry- Direct, Indirect, MAA, FSP etc. • Disallowed Claims System • CSI Information • Invoicing and Deadlines • InSyst Reports • Reference Information/Terms and Definitions	Administrative Manager Clinical Manager Business Office Manager Data Entry Staff Front Desk Clerical
Medi-Cal Eligibility Verification Provider Relations (800) 878-1313 Training Available upon request and as needed	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.	• 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	Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical

Training Session (BHCS Unit)	Overview	Covered Topics	Who should attend from you agency
InSyst Training Information Systems (510) 567-8181 Training is scheduled on an as needed basis To enroll in training complete a User Authorization Form available online at: www.acbhcs.org/providers/Insyst/Insyst.htm	This is a hands on training for learning how to navigate and input client information into the InSyst system.	• Navigating through InSyst • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review	Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical
Medi-Medi Documentation Trainings Quality Assurance (510) 567-8105 Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm	This training provides information on required clinical documentation and assists providers in their Compliance efforts.	• Clinical documentation • Coding • Timelines • Staffing	Management/ QA Staff, direct service staff, as determined by the Mental Health Plan
Clinical Quality Review Team (CQRT) Ongoing Training Quality Assurance (510) 567-8105 Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm	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.	• Medical Necessity • Medi-Medi Chart Documentation Standards • Quality of Services • Service Codes	Clinical Supervisors, Quality Assurance Directors, and/or lead staff who are Licensed LPHA, Waivered, or registered LPHA.

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 BHCS?

** Providers should be informing their BHCS 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 BHCS, and services cannot start at an approved site until certain minimum requirements, such as fire clearance, are in place. Providers should contact their BHCS 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 BHCS. **

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	Specialized new programs/sites, such as residential, crisis residential and/or outpatient services in a group home setting			Provider	- 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 BHCS Network Office, and also to BHCS QA for programs which will be	- All new programs/sites which bill to Medi-Cal - Most other new			Provider	- 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

billing to Medi-Cal	programs/sites which provide direct onsite services to clients				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 invoke a plan of correction and need to come back, extending the timeline • 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
3. Apply for new organizational National Provider Identifier (NPI) Number or a change of address for an existing NPI, and report to BHCS Network Office and QA	Providers which have no existing NPI at this site, and will be adding a new program/site which will enter services into a BHCS-approved data entry and claiming system			Provider	• Timeline can vary from 72 hours to 45 days • Applying electronically on the NPPES website (https://nppes.cms.hhs.gov/NPPES/Welcome.do) 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)
4. Negotiate new or updated contract	All new programs/sites			• BHCS Network Office	• BHCS Network Office Contract Managers will work with internal BHCS partners to send draft Exhibit A Language for provider to respond to,

				• Provider	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: 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 BHCS, or may benefit from additional training in this area			Provider	• Should generally occur prior to finalizing the contract, but timing can be later for some topics • Contact your BHCS Contract Managers to request training, and please identify the specific types of areas you would like training around (i.e., budget; invoicing; 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 BHCS 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	• 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 BHCS Site Certification Letter to Provider and BHCS Network Office	New programs/sites which will be billing to Medi-Cal			BHCS QA	• 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 BHCS 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 address to an existing RU ⁴	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system			BHCS Network Office	• 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 • Needs to be routed through multiple BHCS 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 a BHCS-approved data entry and claiming system			BHCS Provider Relations	• Provider will receive email notification from BHCS Provider Relations • Provider should contact BHCS Network Office Fiscal Contract Manager for questions around assigned procedure codes which can be billed through new RU • Provider should contact BHCS QA for questions about appropriate use of assigned procedure codes for service delivery and documentation
10. Complete Initial Data Collection Training with BHCS Provider Relations	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data			Provider	• Should occur just before the start of services • BHCS Provider Relations will contact the identified provider liaison to set-up • Prior to the training, BHCS 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

⁴ A RU is a unique BHCS program identifier at a specific site used to enter services/billing data

	entry and claiming system, and have not had experience in this area or may benefit from additional training				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 BHCS QA	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	- 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) - 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 BHCS Information Systems (IS)	New programs/sites which will be assigned a RU for entry of services into a BHCS-approved data entry and claiming system, and have not had experience in this area or may benefit from additional			Provider	- This is set-up by BHCS after the required Initial Data Collection Training when the requests are submitted for BHCS 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

	training				
13. Complete initial training on Medi-Cal eligibility with BHCS 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	• This should occur within 1-2 weeks after the required Initial Data Collection Training • This is set-up by BHCS 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 had experience in this area, or may benefit from additional training			Provider	• 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 BHCS • Submit 7P10 to BHCS Provider Relations to start this process
15. Complete training on billing to other health insurance from BHCS 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			Provider	• This should be completed within one month of the start of services • This is set-up by BHCS after the required Initial Data Collection Training

	training				
16. Participate in BHCS Continuous Quality Review Team (CQRT)/Authorization process	New providers or existing providers with new programs which will be billing to Medi-Cal			- Provider - BHCS QA	- 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 BHCS 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 BHCS QA Office, after an assessment, may excuse the provider from participating in BHCS' CQRT or may require participation until proficiency is demonstrated.

Who should I contact for questions/further information?

BHCS Unit	Topic	Who to Contact
IS	Entry of services into a BHCS-approved data entry and claiming system	Help desk, at: 510-567-8181 or HIS@acbhcs.org
Network Office	Contract Negotiation/Contracting/Set-Up of New RUs	Assigned Contract Managers, specified online at: http://www.acbhcs.org/providers/network/docs/Contract_Management_Teams_List.pdf
Provider Relations	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