

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)
REQUEST FOR PROPOSAL (RFP) No. 19-04
SPECIFICATIONS, TERMS, & CONDITIONS
FOR
CRISIS RESIDENTIAL TREATMENT SERVICES AT JAY MAHLER RECOVERY CENTER**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Wednesday April 3, 2019	2:45pm – 4:15pm	Alameda County Public Works Agency 951 Turner Court, Hayward Conference Room 230 ABC
Thursday April 4, 2019	2:00pm-3:30pm	Alameda County Behavioral Health Care Services 1900 Embarcadero Cove, Oakland Suite 101 – Brooklyn Basin

**PROPOSALS DUE
by 2:00 pm on Wednesday May 1, 2019
to**

**1900 Embarcadero Cove Suite 205
Oakland, CA 94606**

Proposals received after this date and 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 ACBH or County) to seek proposals for the provision of Crisis Residential Treatment (CRT) services for adults, 18 and over, with Serious Mental Illness (SMI) at the County-owned Jay Mahler Recovery Center¹ (Jay Mahler).

ACBH 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. At this time, ACBH has allocated \$2,400,000 per contract year for this ongoing program through Medi-Cal, Assembly Bill (AB) 109, and Realignment funding.

The contract that results from this RFP process will be prorated for the fiscal year based on the contract start date and will be reimbursed on a rate basis for services billed to Medi-Cal. The awarded Contractor will have up to a three month startup period in which reimbursement will be based on actual costs.

Proposals shall form the basis for any subsequent awarded contract. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. ACBH reserves the right to dissolve a contract 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, and continued prioritization of the activities and priority populations as defined and determined by ACBH.

B. BACKGROUND

California passed Senate Bill 82 (SB 82) to establish the Investment in Mental Health Wellness Act of 2013, to develop mental health crisis support programs throughout the State. The goals of SB 82 include increasing capacity for client assistance and services in crisis intervention, stabilization, treatment, rehabilitative mental health services, and mobile crisis support teams.

SB 82, under the management of the California Health Facilities Financing Authority (CHFFA), awarded Alameda County grants to support capital improvements for the creation and expansion of additional crisis capacity for adults. ACBH used these funds to construct a new 16-bed crisis residential building at the Fairmont Campus. In 2014, after the construction of

¹ Jay Mahler is located at 15340 Foothill Blvd in San Leandro.

Jay Mahler, ACBH entered into a short term contract with Telecare Corporation to be the CRT provider for three years, at which point a competitive bidding process would take place, thus this RFP is released.

C. SCOPE/PURPOSE

CRT services are designed to divert individuals with moderate to severe mental health concerns from acute crisis hospitalization. Services will provide access for step-up interventions, as well as services address crisis and provide a diversion from presenting at Emergency Services (ES). The awarded Contractor shall provide a program of care to accomplish the following goals:

- Shorten the length of psychiatric hospitalization or prevent psychiatric hospitalization by providing an alternative community-based program;
- Transition client to a lower level of care;
- Facilitate client progress toward maintenance in the community; and
- Enable clients to receive care in the least-restrictive setting possible that meets their individual psychosocial needs.

ACBH will contract with one agency to provide the following services to the priority population:

- Crisis Residential
- Medication Support

The awarded Contractor will maintain an 85 percent occupancy rate, providing at least 4,964 crisis residential day beds annually. The awarded Contractor shall provide services for 350 unduplicated clients annually.

D. BIDDER MINIMUM QUALIFICATIONS

To be eligible to participate in this RFP, Bidders must meet the following Bidder Minimum Qualifications:

- Have at least two years of experience providing CRT, residential treatment services, and/or crisis services within a 100 mile radius from San Leandro within the past five years; and
- Have at least two years of experience billing Medi-Cal for Specialty Mental Health Services (SMHS) through a County within the past five years².

Proposals that exceed the contract maximum amount or are unreasonable and/or unrealistic in terms of budget, as solely determined by ACBH, shall be disqualified from moving forward in the evaluation process. ACBH shall disqualify proposals submitted with subcontractors performing any portion of the services described in this RFP.

² Bidders must submit documentation of Medi-Cal site certification with their bid submission in order to validate that they meet the above Bidder Minimum Qualification.

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

E. SPECIFIC REQUIREMENTS

The scope of work for awarded contracts from this RFP will include conformance with all of the following:

- Provide a program of care that includes 24-hour staff availability, monitoring, and structuring day and evening activities to facilitate client stabilization and integration into the community;
- Capacity and staffing for daily client admission;
- No more than three beds at any given time are to be occupied by clients discharged from inpatient psychiatric hospitalization³;
- Obtain and maintain mandatory licenses and certification:
 - Maintain a Short-term Crisis Residential Program⁴ through Social Rehabilitation Facility Certification⁵; and
 - Maintain Social Rehabilitation Facility through Community Care Licensure⁶
- Complete all steps required to start a new mental health program as outlined in Appendix C;
- Administer State required client satisfaction survey, currently the Mental Health Statistics Improvement Program (MHSIP) to all clients;
- Update Reddinet⁷ system with current bed availability at change of shift daily;
- Data entry in a timely manner, as instructed, using the County's electronic information management and claiming system (currently InSYST) and client progress notes (currently Clinician's Gateway);
- Complete trainings required to access County electronic information management systems including InSYST, Clinician's Gateway, and Reddinet; and

³ Exceptions may be made pending ACBH authorization.

⁴ Additional information on Short-term Crisis Residential Program:

<https://www.dhcs.ca.gov/services/mh/pages/mentalhealthtreatmentprogramscertifiedbydhcsare.aspx>

⁵ Additional information on Social Rehabilitation certification:

[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I9A50D8D0D45211DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I9A50D8D0D45211DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

⁶ Additional information on Community Care Licensing:

<https://www.cdss.ca.gov/inforesources/Community-Care-Licensing>

⁷ Reddinet is a platform that communicates the number of available beds at Crisis Stabilization Units, CRTs, and other facilities.

- Adhere to the following Medi-Cal State and Federal requirements as outlined in the following sections:

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

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

- Independently adhere to all Medi-Cal documentation standards, including, but not limited to, Assessments, Treatment Plans and Progress Notes that are in compliance with Medi-Cal standards as set forth by Federal and State regulation, as well as the policies of ACBH "Clinical Documentation Standards" manual which may be found here: http://www.acbhcs.org/providers/QA/docs/ga_manual/7-1_CLINICAL_DOCUMENTATION_STANDARDS.pdf
- 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 ACBH Quality Assurance (QA) Office. Awarded Contractor understands that they may not operate at a site without a valid fire clearance.
- Meet minimum requirements for a program site as set forth in CCR, Title 9, Section 1810.435. All contracted program sites 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 ACBH sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements in Appendix B: Medi-Cal Requirements for Service Providers and Appendix C: Setting-up Services at a New Mental Health Site;
- Follow all ACBH policies and procedures in the ACBH QA Manual: http://www.acbhcs.org/providers/QA/ga_manual.htm
- Attend the monthly ACBH Clinical Quality Review Team (CQRT) group meetings for the first year of contract regardless of whether Bidder is already billing SD/MC. ACBH QA office will determine if an awarded Contractor will be exempt from CQRT requirements. CQRT requires one Licensed Practitioner of the Healing Arts (LPHA) to attend for every seven charts that are reviewed. 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>

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

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

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

In accordance with ACBH's Policy and Procedure on OIG and Exclusion List Background Checks – Monitoring, Oversight and Reporting and prior to contract execution, Contractor will check and verify all licensed staff for:

- NPPEs
- Licenses verified no restrictions
- OIG/LEIE database
- SAM/EPLS data base
- Medi-Cal and S&I database

Contractor shall submit a list of their staff and license information to ACBH for review and validation. If there are issues, ACBH may not contract with the awarded organization. More details regarding this policy and procedure can be found on ACBH QA website: <http://www.acbhcs.org/providers/QA/memos.htm>.

4. Provider Enrollment

Consistent with federal law, all providers serving Medi-Cal beneficiaries will be required to comply with Medicaid enrollment and screening requirements. Mental Health Centers are subject to the following requirements under law and providers wishing to contract with the County must comply with these requirements as a provision of the contract award.

Upon contract award, and every five years following, providers will be screened for the following requirements:

- Verification of provider specific enrollment requirements (accreditation, surety bonds etc.)
- Social security administration
- National plan and provider enumeration system
- National provider identifier database
- Taxpayer identification number
- Death of individual practitioners (Social security administration death master file including all eligible professionals)

- Criminal background checks
- Unscheduled or unannounced site visits (pre and post enrollment)

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

- State license
- Health and Human Services OIG exclusion list
- Checks against the General Service Administration's Excluded Parties List System
- Checks against the Medicare Exclusion List

The County may terminate or deny enrollment if a provider or any person with 5 percent or greater ownership interest:

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

F. BIDDER EXPERIENCE, ABILITY, AND PLAN

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

The priority population for this RFP includes adults, 18 and over, with Serious Mental Illness (SMI) residing in Alameda County. Individuals must meet clinical necessity for SMHS per Appendix D. Clients may include individuals assessed who do not meet clinical necessity for inpatient care and would benefit from crisis residential services.

Jay Mahler currently provides services to various populations. CRT services shall be culturally responsive and reflect the diversity of Alameda County. Below is the demographic breakdown of Alameda County compared to clients served at Jay Mahler in Fiscal Year 2017-2018:

Demographics

	Alameda County Demographics ⁸	Jay Mahler Clients served FY 17/18 ⁹
<i>Asian</i>	31%	9%
<i>African American</i>	11%	31%
<i>Latino</i>	23%	10%
<i>Caucasian/ White</i>	32%	28%
<i>Other/ Unknown</i>	3%	22%
<i>Male</i>	49%	56%
<i>Female</i>	51%	44%
<i>LGBTQ</i>	No data available	No data available

The majority of Jay Mahler clients included English as their primary language (91 percent), followed by other and Spanish at three percent each. The awarded Contractor shall provide services to all groups including LGBTQ, unserved, and underserved populations.

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 in their treatment and rehabilitation.

Bidders shall describe in their proposals how they have the cultural responsiveness capacity required to successfully serve the priority population. Cultural responsiveness spans not just race/ethnicity. It also includes an understanding of and ability to reflect clients' shared experience, existing and emerging community strengths, and the unique experiences of community member's gender identity, sexual orientation, age, exposure to trauma, mental health status, socio-economic status, and other risk and protective factors.

2. **Service Delivery Approach**

The awarded Contractor will provide community-based, psycho-social rehabilitation model of treatment to provide an alternative to psychiatric hospitalization.

The awarded Contractor will prioritize referrals from Crisis Stabilization Units (CSU) and Mobile Teams. Additional sources of referrals may include jail, crisis services, forensic programs, psychiatric hospitals, psychiatric emergency services (PES), ACBH Acute Crisis Care and Evaluation for System-Wide Services (ACCESS), Mental Health Case Management Teams, Full Service Partnerships, peer specialists, family partners, and the community. The awarded Contractor shall have no more than three beds occupied from acute psychiatric inpatient step down at any given time.

⁸ <https://www.census.gov/quickfacts/fact/table/alamedacountycalifornia/PST045218>

⁹ Data from ACBH InSyst and Clinician's Gateway.

The awarded Contractor shall respond to completed referrals in a timely manner. Specifically, the awarded Contractor shall respond to completed referrals within the timeframes below:

- Mobile teams - within 30 minutes of receiving a completed referral;
- CSUs - within one hour of receiving a completed referral; and
- All other sources - Within eight hours of receiving a completed referral.

The awarded Contractor will update Reddinet system with current bed availability at the change of shift daily. Bidders shall include in their proposal a plan for receiving and timely processing of referrals.

Services will be short-term, with an average length of stay of 14 days. Clients requiring a stay of over 21 days will require ACBH approval. CRT services include the following components:

- Crisis intervention;
- Development of a recorded recovery/ treatment plan with specific goals for each client that shall be regularly reassessed and modified;
- Peer support;
- Group activities;
- Case management services¹⁰;
- Recreational activities and leisure skills training;
- Training and education in health, including nutrition and physical activity;
- Education in independent living skills;
- Household maintenance and financial management;
- Community transition linkages to additional services as needed including:
 - Linking clients with a medical home;
 - Housing
 - Complete coordinated entry system application;
 - Transitional housing; and/or
 - Board and care or independent living;
 - Benefits advocacy or Medi-Cal reinstatement via utilization of the ACBH Health Information Technician at 1-888-346-0605;
 - Referrals to Center Point for SUD treatment; and
 - Outpatient services including mental health services;
- Referral to appropriate community services; and
- Other activities as needed or as requested by clients.

The awarded Contractor shall provide trauma-informed services utilizing recovery oriented as well as evidence based practices (EBPs), including Motivational Interviewing and Seeking Safety. Bidders shall identify additional EBPs, promising practices, and/or

¹⁰ Clients affiliated with Full Service Partnerships, Services Teams, Assertive Community Treatment (ACT), or other Case Management teams, shall receive case management services from that team.

community defined approaches to be used and provide rationale to justify proposed practices.

The discharge process shall include discharge planning that begins at intake, discharge that is reflected in the treatment goals, and accomplishment of discharge through a collaborative recovery and treatment planning process between the client and awarded Contractor. Essential elements of the recovery and treatment plan shall include but not limited to:

- Agreement as to when the client shall exit;
- The location to which client shall exit; and
- Identification of the type of follow-up resources required ensuring that the client's exit shall be successful.

Bidders shall describe the plan for providing follow-up resources or services, and the coordination, if appropriate, with client's loved ones or supports including family members, friends, and/or partner. In cases, where assessments indicate the need for follow-up case management, supervision, and assistance beyond the ability of the awarded Contractor to provide, every effort shall be made to secure appropriate resources from another agency.

Services provided shall be culturally responsive and linguistically appropriate. Bidders will be evaluated based on the description of services, including how well the proposed practices meet the needs of the priority population and the Bidder's experience in implementing such practices.

3. *Planned Staffing and Organizational Infrastructure*

Bidders shall include a staffing structure that is well matched to program services. Bidders shall demonstrate how their current and planned organizational infrastructure will successfully implement the required activities.

At a minimum, bidders shall include the following full time employees (FTE) in their proposed staffing plan:

- Lead Clinicians at 2.8 FTE
 - The Lead Clinicians shall be a Licensed Practitioner of the Healing Arts (LPHA) and must be on at least two shifts daily.
- Nurses at 1.4 FTE
 - A nurse must be on at least one shift daily. Bidders shall propose the licensure of the nurse and provide rationale.
- Prescriber at 0.8 FTE
 - Prescriber shall be on site for at least one weekend day.

Bidders shall propose additional program staff, as appropriate, to provide 24 hour care and daily client admission.

Program staff shall be reflective of the cultural, racial, ethnic, and linguistic make-up of clients. Bidders are encouraged to integrate multilingual and bicultural program staff. Bidders shall identify the language capacity of program staff.

The awarded Contractor will have up to three months for program start up to hire and train staff, obtain the appropriate certifications to provide and bill for services, and work with the current provider to transition clients as needed. ACBH will facilitate the transition between the current provider and awarded Contractor as appropriate. Bidders shall propose their start-up plan to deliver CRT services to clients starting in the second quarter of the first program year.

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:

- Plan for admitting clients seven days a week;
- Plan for hiring, training, and supporting program staff;
- Plan for providing appropriate and regular clinical supervision to program staff;
- Organizational capacity to support clients during their recovery to meet their treatment goals and link to ongoing services;
- Organizational capacity to bill Medi-Cal;
- Organizational capacity to meet Medi-Cal billing, clinical, and quality assurance requirements; and
- Organizational capacity to track and enter data into the County's electronic information management and claiming system (currently InSYST and Clinician's Gateway).

Bidders will be evaluated based on their description of their staffing plan and organizational capacity to provide services. Bidders must also include in their proposal their overall organizational chart and where the program will sit within the agency that demonstrates the agency's infrastructure to ensure there is necessary oversight, supervision, and support to comply with the program requirements.

4. *Forming Partnerships and Collaboration*

The awarded Contractor shall work with ACBH, CSUs, Mobile Teams, ACCESS, jail, crisis services, forensic programs, PES, Mental Health Case Management Services, housing services, acute inpatient hospitals, and the community to accomplish the program goals. The awarded Contractor must also establish relationships with health care providers, outpatient providers, housing resources, and public assistance agencies to support clients in discharging and successfully linking with services needed. The awarded Contractor will need to establish strong systems of collaboration with referring agencies.

To strengthen service linkages, the awarded Contractor will use existing partnerships and identify additional collaborative partnerships. Bidders will propose their plan for building on existing partnerships and establishing new relationships to support clients in meeting their needs. Bidders shall demonstrate experience working with other service providers and agencies to support clients in linking with necessary services.

5. Ability to Track Data

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

The awarded Contractor shall administer the MHSIP at least twice annually and use the information obtained for continuous quality improvement of services and program delivery. Bidders shall propose their plan to administer the MHSIP.

The awarded Contractor shall track data to regularly report on program measures and outcomes. The awarded Contractor shall meet the following deliverables and outcomes annually:

- Maintain a standard occupancy rate of at least 85 percent;
- At least 85 percent of clients admitted choose to stay and receive services;
- At least 70 percent of client agree or strongly agree to overall satisfaction statements (1, 2, and 3) within the MHSIP;
- At least 65 percent of clients will agree or strongly agree to the cultural/ ethnic sensitivity statement (18) within MHSIP consumer survey;
- At least 90 percent of clients will receive a referral for supportive services within ten days of their episode opening date;
- At least 70 percent of clients will have an increase in linkage or reconnection to care after being in the program;
- At least 60 percent of clients will answer that they “deal more effectively with daily problems” within MHSIP consumer survey as a result of the services they receive; and
- At least 80 percent of clients will transition to a lower level of care including housing services, as a result of the services they receive.

The awarded Contractor will report on client CRT readmissions every six months using an ACBH approved template.

The awarded Contractor shall input data into ACBH approved electronic data collection and claiming system, currently Insyst and Clinician’s Gateway. The awarded Contractor shall update Reddinet system with current bed availability at the change of shift daily. The awarded Contractor shall submit periodic and annual reviews of program delivery and fiscal reporting. The awarded Contractor shall submit quarterly reports on client satisfaction survey results to ACBH.

ACBH reserves the right to determine and to evaluate program measures and outcomes and work with the awarded Contractor to alter their program and outcome measures in subsequent years. The awarded Contractor shall submit any special or additional reports as requested by ACBH.

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

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTACTS

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

The ACBH 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.Garcia2@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Wednesday, March 20, 2019	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – ACBH strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Wednesday April 3, 2019	2:45 - 4:15 951 Turner Court, Hayward Conference Room 230 ABC
2 nd Bidders' Conference	Thursday April 4, 2019	2:00 – 3:30 1900 Embarcadero Cove, Oakland Suite 101 – Brooklyn Basin
Addendum Issued	Thursday April 11, 2019	
Proposals Due	by 2:00 pm on Wednesday May 1, 2019	
Review/Evaluation Period	May 1, 2019 – June 6, 2019	
Oral Interviews (as needed)	June 6, 2019	
Award Recommendation Letters Issued	June 13, 2019	
Board Agenda Date	September 2019	
Contract Start Date	September 2019	

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) Code: 623220.

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

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

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

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

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

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

E. SUBMITTAL OF PROPOSALS/BIDS

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

NOTE: LATE AND/OR UNSEALED BIDS CANNOT BE ACCEPTED. IF HAND DELIVERING BIDS PLEASE ALLOW TIME FOR PARKING AND ENTRY INTO THE BUILDING.

ACBH 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. ACBH' 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. 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.¹¹

Bidders shall ensure that proposals are:

- Single spaced
- 11-point Arial font
- No more than **26** pages excluding Exhibits and Attachments
- Maximum 1 inch margins

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.
5. Submitted proposals shall be valid for a minimum period of eighteen months.

¹¹ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.

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 recommend 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 recommend 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 ACBH 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 may use the provided RFP Bid Template in MS Word to complete and submit your proposals. The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to a **total page maximum of twenty-six (26)**. Page maximum does not include any Exhibits, SLEB Partnering Sheet, Letter of Authorized Alternate Designee (as needed), Attachments, and the two tabs of the Budget Template. **Bidders are strongly encouraged to review Appendix E Bid Submission Checklist in order to submit a complete proposal package.**

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 ACBH' sole discretion.

The proposal sections, instructions and recommended page maximums per section are contained in Table 1.
Proposal shall not exceed 26 pages excluding Exhibits and Attachments.

Table 1

Section	Instructions	Recommended Page Max.
1. TITLE PAGE	Use the MS Word Template to complete and submit the following information: <ul style="list-style-type: none"> Bidder Organization Name; Bidder Organization's Headquarter Address; Name of Executive Director or Equivalent including title, phone number, and email; and Name of Contact Person including title, phone number, and email. 	1
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Review, complete, and submit the requested information included as Attachment 1: Exhibit A Bidder Information and Acceptance form with your bid.	N/A
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use MS Word to complete and submit a synopsis of the highlights and benefits of the proposal, including total funding request, and staffing overview.	1
4. BIDDER MINIMUM QUALIFICATIONS	Use MS Word to describe and demonstrate how Bidder meets all of the following criteria: <ul style="list-style-type: none"> Have at least two years of experience providing CRT, residential treatment services, and/or crisis services within 100 miles from San Leandro within the past five years; and Have at least two years of experience billing Medi-Cal for SMHS through a County within the past five years. 	2
5. ORGANIZATIONAL CAPACITY AND REFERENCES	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: <ul style="list-style-type: none"> https://www.sam.gov/portal/SAM/#1 https://exclusions.oig.hhs.gov/ https://files.medical.ca.gov/pubsdoco/SandIlanding.asp https://www.ssdmf.com 	N/A
	References Provide three current and three former references that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly	2

Section	Instructions	Recommended Page Max.
	<p>encouraged to notify all references that the County may be contacting them to obtain a reference.</p> <p>The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p> <p>Do not include ACBH staff as references. Provide a list of <u>six</u> total references – three current and three former, please provide the following;</p> <ul style="list-style-type: none"> • Company Name • Reference Name • Contact info, including address, phone number, and E-mail address • Services Provided/Date(s) of Service 	
6. BIDDER EXPERIENCE, ABILITY AND PLAN	a. Describe, in detail, Bidder's Clinical Understanding and Experience with the Priority Population, including:	(3)
	i. Demonstrate Bidder's clinical understanding of the priority population, including: <ol style="list-style-type: none"> 1. Strengths and protective factors; 2. Risk factors and barriers; 3. Challenges with accessing and engaging in CRT services; and 4. Identified gaps in county demographics and clients served. 	1
	ii. Describe Bidder's experience working with the priority population addressed in this RFP, including: <ol style="list-style-type: none"> 1. Demonstrate experience providing services to the priority population; 2. Successful strategies to address barriers faced by clients; 3. Experience identifying and building on existing client protective factors; and 4. Experience reaching unserved and underserved populations. 	2
	b. Describe in detail, Bidder's Service Delivery Approach, including:	(7)

Section	Instructions	Recommended Page Max.
	i. Describe Bidder's plan to receive and process referrals: <ol style="list-style-type: none"> Specific strategies to receive referrals and respond to referrals in a timely manner; and Strategies to utilize services for acute diversion. 	1
	ii. Describe Bidder's plan to provide CRT services to the priority population, including: <ol style="list-style-type: none"> Proposed plan to work with ACBH and existing contractor to transition clients and services; Plan to provide short term CRT services. Include proposed one week schedule of activities as Attachment 1; Proposed EBPs, promising practices, and/or community defined approaches to be used, including rationale; Plan to maintain and maximize the number of beds available to clients. Including strategies to maintain 85 percent occupancy rate, providing at least 4,964 crisis residential beds annually and providing services to 350 unduplicated clients annually. 	2
	iii. Describe Bidder's plan to refer, link, and follow up as needed, including: <ol style="list-style-type: none"> Plan for a collaborative client discharge; Proposed strategies to refer and link clients with additional services as needed; Proposed strategies for discharge planning and transitioning clients to more appropriate level of care and/or services; and Plan for providing follow up resources or services and coordinating with client's friends, family, and/or loved ones. 	2
	iv. Describe how services will be culturally responsive, including: <ol style="list-style-type: none"> Determining practices that are culturally responsive; The design of welcoming and healing environments in which to deliver services; Describe how services will be provided to target unserved and underserved populations. Including how the program will address any gaps in services and clients served¹²; and 	2

¹² Please reference the last paragraph of Section I.F.1. Clinical Understanding of Priority Population for additional information on unserved and underserved populations and cultural responsiveness.

Section	Instructions	Recommended Page Max.
	4. Previous successes in providing services that are culturally responsive to the priority population or similar population/s.	
6. BIDDER EXPERIENCE, ABILITY AND PLAN	c. Describe, in detail, Bidder's Planned Staffing and Organization Infrastructure, including:	(3)
	i. Roles and responsibilities of program staff, including: 1. Program staffing plan which includes staff titles and FTE, language capacity, roles, responsibilities, and supervision structure. As well as tasks necessary to provide program services and how they will be assigned to staff; 2. Plan for hiring, training, supervising, and retaining staff including clinical oversight; and 3. How staff will reflect the priority population including language capacity.	2
	ii. Bidder's planned organizational infrastructure, including: 1. Proposed start up plan including obtaining appropriate licensure and certifications; 2. Experience with and/or capacity to provide program services; 3. Description of how program services will be integrated into Bidder's existing organizational structure and services. Include organizational chart (include as Attachment 2A) and proposed program chart that illustrates where the program will sit within the organization (include as Attachment 2B); 4. Organizational experience or proposed plan to build organizational capacity to meet Medi-Cal billing, clinical, and quality assurance requirements; and 5. Experience and/or capacity to utilize County's electronic information management and claiming systems (InSYST and Clinician's Gateway).	1
	d. Describe, in detail, Bidder's experience in Forming Partnerships and Collaboration, including:	(1)
	i. Experience working with ACBH, CSUs, Mobile Teams, ACCESS, jail, crisis services, forensic programs, PES, Mental Health Case Management services, housing services, acute inpatient hospitals, and other providers;	1

Section	Instructions	Recommended Page Max.
	<ul style="list-style-type: none"> ii. Experience collaborating or working with health care providers, outpatient providers, housing resources, and public assistance agencies to support clients; and iii. Describe existing program partnerships and collaborations. Include any results or successes from these collaborative efforts. 	
	e. Describe, in detail, Bidder's Experience and Plan to Track Data and Deliverables, including Bidder's plan for collecting data specified in this RFP, including:	(2)
	<ul style="list-style-type: none"> i. Experience with data collection, tracking, and reporting including data tracking tools or systems. Include examples of how data and outcomes information has been used for quality and performance improvement; ii. Plan for how MHSIP surveys will be administered. Including frequency for administering; and iii. Plan for monitoring program measures and outcomes. Including how program success will be identified or quantified. 	2
7. COST	Budget and Budget Narrative	(2)
	Budget a. Cost-Coefficient – Bidder does not need to submit anything additional for this. b. Complete and submit one BUDGET WORKBOOK (saved in MS Excel). See Budget Instructions tab . Complete and submit all worksheets in the Workbook.	
	c. Bidder's detailed Budget Narrative to explain the costs and calculations in the Budget Instructions tab . <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 1. Required Staffing 2. Salaries and Benefits 3. Operating Expenses 4. Administrative and/or Indirect Costs 	2
8. IMPLEMENTATION SCHEDULE AND PLAN	a. Bidder's Implementation Schedule and Plan with responsible persons, milestones, and due dates around the following activities:	1

Section	Instructions	Recommended Page Max.
	<ul style="list-style-type: none"> • Staff hiring, training, and supervision; • Applying for fire clearance and appropriate certifications and licensures; • Obtaining appropriate certifications and licensures; • Transition between current provider and awarded Contractor; and • Deliver CRT services. 	
	b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation.	1
EXHIBITS AND ATTACHMENTS	EXHIBIT C: INSURANCE REQUIREMENTS	N/A
	EXHIBIT D: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	
	SLEB PARTNERING SHEET	

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. Other than the initial pass/fail Evaluation Criteria, the evaluation of the proposals for recommendation shall be within the sole judgment and discretion of the CSC/Evaluation Panel.

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

The CSC will evaluate each proposal meeting the minimum qualifications and requirements set forth in this RFP. The CSC will conduct one or two (based on the number of bids received) evaluation meetings. 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 above 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 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 presentation and interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, oral presentation and 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	<p>Complete/Incomplete Meets/Does Not Meet Minimum Qualification</p> <p>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.</p>	Pass/Fail
2. Exhibit A: Bidder Information and Acceptance			
3. Letter of Transmittal/ Executive Summary			
4. Bidder Minimum Qualification	<ul style="list-style-type: none"> Have at least two years of experience providing CRT, residential treatment services, and/or crisis services within 100 miles from San Leandro within the past five years; and Have at least two years of experience billing Medi-Cal for SMHS through a County within the past five years. 		
5. Organizational Capacity and References	a. Debarment and Suspension	<p>To be considered for contract award, the Bidder and its principal may not be identified on the list of Federally debarred, suspended or other excluded parties located in the following databases:</p> <ul style="list-style-type: none"> https://www.sam.gov/portal/SAM/#1 https://exclusions.oig.hhs.gov/ https://files.medical.ca.gov/pubsdoco/Sandllanding.asp https://www.ssdmf.com 	N/A

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	b. ACBH will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.	<p>How do the Bidder's references rate the following:</p> <ul style="list-style-type: none"> • Bidders capacity to perform crisis residential treatment, residential treatment services, and/or crisis services; • Areas in which Bidder did well; • Areas in which Bidder could have improved; • How well did/ does Bidder do around: <ul style="list-style-type: none"> ○ Ability to track and report outcomes; ○ Ability to hire, train, support, and retain staff; ○ Working with adults with Serious Mental Illness; ○ Cultural responsiveness; ○ Ability to provide trauma informed services; ○ Billing for Specialty Mental Health Services ○ Continuous quality improvement ○ Overall satisfaction with the Bidder. <p>Is/was Bidder within their budget and met/ meeting deadlines?</p>	3
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 the following questions which will become the total score under the Clinical Understanding and Experience with the Priority Population Needs .		(14) Section Subtotal
	i. Clinical Understanding of the Priority Population	<p>How well does Bidder demonstrate understanding of the priority population including:</p> <ul style="list-style-type: none"> • Strengths and protective factors; and • Risk factors and barriers. • How well does Bidder identify and address challenges with accessing and engaging in CRT services? • How well does Bidder identify gaps in county demographics and clients served? 	7
	ii. Experience with Priority Population	<p>How well does Bidder demonstrate experience working with or knowledge of the priority population including:</p>	7

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> How well does Bidder demonstrate experience providing services to the priority population? How successful were Bidder's strategies to address barriers faced by clients? How well does Bidder demonstrate experience identifying and building on existing client protective factors? How well does Bidder demonstrate experience reaching unserved and underserved populations? 	
	b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to the following questions which will become the total score under the Service Delivery Approach .		(31) Section subtotal
	i. Receive and Processing Referrals	<p>How well matched is Bidder's plan to receive and process referrals including:</p> <ul style="list-style-type: none"> How well matched are Bidder's strategies to receive and respond to referrals in a timely manner? How well does Bidder describe strategies to utilize services for acute diversion? 	7
	ii. Provision of CRT Services	<p>How well matched is Bidder's plan to provide CRT services to the priority population, including:</p> <ul style="list-style-type: none"> How appropriate is Bidder's plan to work with ACBH and the existing contractor to transition clients and services? How well does Bidder describe their plan to provide short term CRT services? How well matched are proposed EBPs, promising practices, and/or community defined approaches? How well does Bidder justify the use of the proposed practices? How well does Bidder describe their plan to maximize the number of beds available to clients? How realistic and appropriate is Bidder's proposed plan to serve 350 unduplicated clients annually? 	7

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	iii. Referrals, Linkage, and Follow Up	How well matched is Bidder's plan to refer, link, and follow up with clients as needed, including: <ul style="list-style-type: none"> How well matched is Bidder's plan for a collaborative client discharge? How appropriate are strategies to refer and link clients with additional services as needed? How appropriate are client discharge and transition strategies? How well matched is Bidder's plan to provide follow up and coordinate with client's loved ones? 	7
	iv. Services that are Culturally Responsive	How well does Bidder describe how services will be culturally responsive, including: <ul style="list-style-type: none"> How well does Bidder demonstrate an understanding of practices that are culturally responsive? How well matched are proposed practices? How well does Bidder describe how services will be delivered in a welcoming and healing environment? How well does Bidder describe how services will be provided to target unserved and underserved populations? How well does Bidder describe how the program will address any gaps in services and clients served? How well does Bidder demonstrate previous success in providing culturally responsive practices to priority population or similar populations? 	10
	c. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to the following questions which will become the total score under Planned Staffing and Organization Infrastructure .		(14) Section subtotal
	i. Program Staffing	How well does Bidder describe roles and responsibilities of program staff, including:	7

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> How well does Bidder describe program staffing plan, including staff positions, roles, and responsibilities? How well matched are program tasks assigned to staff? How well does Bidder's plan demonstrate effective hiring, training, supervising, and retention of all staff? How well does Bidder describe clinical program oversight? How well does Bidder demonstrate how staff will reflect the priority population? How well matched are staff's language capacities? 	
	ii. Organizational Infrastructure	<p>How well does Bidder describe organizational infrastructure, including:</p> <ul style="list-style-type: none"> How appropriate and realistic is Bidder's proposed start up plan? How well does Bidder demonstrate experience and/or capacity to provide program services? How well does Bidder describe how services will be integrated into Bidder's existing organizational structure and services? How well does Bidder demonstrate experience and/or capacity to meet Medi-Cal billing, clinical, and quality assurance requirements? How well does Bidder demonstrate experience and/or capacity to utilize County's electronic information management and claiming systems? 	7
	d. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to the following questions which will become the total score under Forming Partnerships and Collaboration .		(6) Section Subtotal
	Forming Partnerships and Collaboration	<p>How well does Bidder demonstrate experience in Forming Partnerships and Collaborations, including:</p> <ul style="list-style-type: none"> How well does Bidder demonstrate experience working with ACBH, CSUs, Mobile Teams, ACCESS, jail, crisis services, forensic programs, PES, Mental Health Case Management services, housing services, acute inpatient hospitals, and other providers? 	6

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> How well does Bidder demonstrate experience collaborating or working with health care providers, outpatient providers, housing resources, and public assistance agencies to support clients? How well does Bidder demonstrate experience with partnerships and collaborations? How well does Bidder demonstrate successes or positive results from collaborative efforts? 	
	e. The Evaluation Panel will read and assign a score based on how detailed and specific Bidder's response to the following questions which will become the total score under Experience and Plan to Track Data and Deliverables .		(5) Section Subtotal
	Track Data and Deliverables	<p>How well does Bidder describe their experience and plan to track data and deliverables, including:</p> <ul style="list-style-type: none"> How well does Bidder demonstrate experience in data collection, tracking, and reporting? How well does Bidder demonstrate experience using data and outcomes information for quality and performance improvement? How appropriate is Bidder's plan to administer MHSIP surveys? How well matched is Bidder's plan for monitoring program measures and outcomes? 	5
7. Cost	The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how Bidder's proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.		(9) Section subtotal
	a. Cost Co-Efficient	<ul style="list-style-type: none"> 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 	2
	b. Budget	<ul style="list-style-type: none"> How well-matched is Bidder's budget to the proposed program? 	7

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	c. Budget Narrative	<ul style="list-style-type: none"> How well does the budget capture all activities and staff proposed in the Budget? How well does Bidder allocate staff and resources? How appropriate are the staffing and other costs? How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? How well does the narrative detail how Bidder arrived at particular calculations? How well does Bidder “show the work”? 	
8. Implementation Schedule and Plan	The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under Implementation Plan and Schedule .		(8) Section Subtotal
	a. Implementation Schedule and Plan	<ul style="list-style-type: none"> How detailed and specific is Bidder’s response? How realistic does Bidder account for timeline to complete the following milestones: <ul style="list-style-type: none"> Staff hiring, training and supervision; Applying for fire clearance and appropriate certifications and licensures; Obtaining appropriate certifications and licensures; Transitions between current provider and awarded Contractor; and Deliver CRT services. 	4
	b. Identification and Strategies for Mitigation of Risks and Barriers	<ul style="list-style-type: none"> 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? 	4
Exhibits	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
Oral Interview, if Applicable	Criteria are created with the CSC/Evaluation Panel.		10
Preference Points, if Applicable	SLEB		5%
	Local (not SLEB certified)		5%

H. 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 review the proposal, and/or 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 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 conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.
3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
4. Any proposal/bids that contain false or misleading information may be disqualified by the County.
5. The County reserves the right to award to one unique Contractor.
6. The County has the right to decline to award a contract in whole or any part thereof for any reason.
7. BOS approval to award a contract is required.

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

J. PRICING

Federal 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

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. Payment will be made within thirty (30) days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.
3. County shall notify Contractor of any adjustments required to invoice.
4. Invoices shall contain County purchase order (PO) number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.
5. Contractor shall utilize standardized invoice upon request.
6. Invoices shall only be issued by the Contractor who is awarded a contract.
7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.

L. NOTICE OF AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process"), all Bidders shall be notified in writing by e-mail and certified mail, of the contract award recommendation(s), if any, by ACBH. The document providing this notification is the Notice of Intent to Recommend Award.

The Notice of Intent to Recommend 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, debriefings for unsuccessful Bidders may be scheduled upon written request and shall be restricted to discussion of the unsuccessful Bidder's proposal.

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

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

M. TERM/TERMINATION/RENEWAL

The term of the contract, which may be awarded pursuant to this RFP, will be 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 ACBH.

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

ACBH	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency.
ACCESS	Acute Crisis Care and Evaluation for System-wide Services. The point of contact for the Alameda County Behavioral Health Care Services-Behavioral Health Plan (BHP). Members of the BHP, their families and other individuals in the member's support system contact ACCESS to request referrals for behavioral health services.
Adults	Individuals ages eighteen (18) and over
Agreement	The formal contract between ACBH and the Contractor. Also referred to as Contract.
Assembly Bill (AB) 109	Signed legislation that realigned responsibility for specified non-violent, non-serious, non-sex offenders from state to local probation and sheriff departments.
Assembly Bill 1421	Assembly Bill 1421, Laura's Law, allows court-ordered, intensive outpatient treatment for people with severe mental illness who refuse medication.
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.
Best Practice	A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.
Bid	A Bidders' response to this RFP; used interchangeably with proposal.
Bidder	The specific person or entity responding to this RFP.
Board	Refers 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.
CHFFA	California Health Facilities Financing Authority
Client	The recipient of services; used interchangeably with beneficiary and consumer.
Cognitive Behavioral Treatment (CBT)	A type of time-limited talking therapy that aims to help people look at the way they think and behave in order to better manage symptoms, problems and difficulties they are experiencing. The approach focuses on reducing distress and functional deficits associated with psychotic symptoms and helps individuals appraise their experiences in new, and more helpful, ways.
Consumer	The recipient of services; used interchangeably with beneficiary and client.
Community-Based Organization (CBO)	A non-governmental organization that provides direct services to beneficiaries.
Community-Defined Approach	A community-defined approach is a way of working in partnership with persons of concern during all stages of the program cycle. It recognizes the

	resilience, capacities, skills and resources of persons of concern, builds on these to deliver protection and solutions, and supports the community's own goals.
Contractor	When capitalized, shall refer to selected Bidder that is awarded a contract.
County	When capitalized, shall refer to the County of Alameda.
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 service. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contract, site, and staffing requirements.
CRT	Crisis Residential Treatment. CRT services provide short term, intensive and supportive services in a residential setting as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those available within the community.
CSC	County Selection Committee or Evaluation Panel.
CSU	Crisis Stabilization Units
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.
Culture	A process that reflects the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, and practices that give people a "general design for living and patterns for interpreting reality."
Deliverable	A term used in project management or contract monitoring to describe a tangible or intangible object produced as a result of the project that is intended to be delivered to a customer.
ES	Emergency Services
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.
Full Service Partnership (FSP)	The collaborative relationship between the County and the client. And when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.
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.
FY	Fiscal Year
LGBTQ	Lesbian Gay Bisexual Transgender Queer
Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently.
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
MHSIP	Mental Health Statistics Improvement Program
Motivational Interviewing (MI)	A form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change.
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.
Peer	Individuals with lived experiences/ experience as a consumers in the public mental health system and whose duties include a peer support role, contributing significantly to the recovery culture and client orientation of the team.
PES	Psychiatric Emergency Services
Promising Practice	An intervention, program, service, strategy, or policy that shows potential or promise for developing into a best practice.
Proposal	Shall mean Bidder's response to this RFP; used interchangeably with Bid.
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 ACBH policies are met by all ACBH 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.
Rate based	Reimbursement method in which providers are paid for services performed based on a negotiated or provisional rate.

Reddinet	Reddinet is a platform that communicates the number of available beds at CSUs, CRTs, and other facilities. This information assists the mobile teams and other referral sources to connect a client to the most appropriate service in the moment.
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 bid submitted in reply to RFP.
SB 82	Senate Bill 82, Investment in Mental Health Wellness Act
Seeking Safety	An evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement.
Serious Mental Illness (SMI)	ACBH defines a Serious Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR (or latest authorized and required version of the DSM) that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
SLEB	Small Local Emerging Business
SMHS	Specialty Mental Health Services
State	Refers to State of California, its departments and/or agencies.
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments
Trauma Informed Care	An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.
Unserved or Underserved	Groups that have received no services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, linguistic backgrounds, gender, age, sexual identity, geographic location, ability status and veteran's status.

B. MEDI-CAL REQUIREMENTS FOR SERVICE PROVIDERS

Training Session (ACBH Unit)	Overview	Covered Topics	Who should attend from your 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 ACBH.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Terminology • How to Verify Medi-Cal Eligibility- Internet • How to Verify Medi-Cal Eligibility- AEVS • MMEF Process • Medi-Cal Claim Process • Error Correction Report • SOC Procedures • Provider Responsibilities and Expectations 	Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical
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.	<ul style="list-style-type: none"> • Navigating through INSYST • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review 	Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical

Training Session (ACBH Unit)	Overview	Covered Topics	Who should attend from your agency
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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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 ACBH?

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

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

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					<ul style="list-style-type: none"> Fire clearance must be signed, dated, include the site address and meet local fire jurisdiction requirements to be valid - Fire clearance is different than a fire sprinkler check, and a fire sprinkler check will not suffice for the purposes of fire clearance There is a nominal cost for fire clearance, generally between \$80-100
3. Apply for new organizational National Provider Identifier (NPI) Number or a change of address for an existing NPI, and report to ACBH 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 ACBH-approved data entry and claiming system			Provider	<ul style="list-style-type: none"> 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			<ul style="list-style-type: none"> ACBH Network Office Provider 	<ul style="list-style-type: none"> ACBH Network Office Contract Managers will work with internal ACBH partners to send draft Exhibit A Language for provider to respond to, and Budget Template for provider to complete Discussion and negotiation will need to occur for any areas where the expectations are unclear or where a difference of opinion exists in what a particular expectation should be More information about standard Exhibits and contracting is available at: http://www.acbhcs.org/providers/network/cbos.htm

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
5. Complete training on programmatic and fiscal contractual requirements	Providers which have not had a similar type of contracted program with ACBH, or may benefit from additional training in this area			Provider	<ul style="list-style-type: none"> Should generally occur prior to finalizing the contract, but timing can be later for some topics Contact your ACBH Contract Managers to request training, and please identify the specific types of areas you would like training around (i.e., budget; invoicing; better understanding specific Exhibit A requirements; better understanding other standard programmatic, fiscal and operating requirements in contract Exhibits outside of the Exhibit A and Budget; etc.)
6. Contact ACBH QA for Site Certification Visit and collaborate with QA on any identified follow-up items	New programs/sites which will be billing to Medi-Cal			Provider	<ul style="list-style-type: none"> Timeline can vary from 4-8 weeks QA will not schedule site visit until they have received fire clearance; policies, procedures and other requested material; and site is operational or prepared to begin providing services More information available here, under Item 16: Medi-Cal Site Certification: http://www.acbhcs.org/providers/QA/qa_manual.htm
7. Issuance of ACBH Site Certification Letter to Provider and ACBH Network Office	New programs/sites which will be billing to Medi-Cal			ACBH QA	<ul style="list-style-type: none"> Timeline can vary from 2-8 weeks For new sites, the timeline will depend on how long it takes for the California Department of Health Care Services (DHCS) to assign a Provider Number once ACBH Provider Relations requests the Provider Number from DHCS QA will not issue Site Certification Letter until they have NPI and confirmation that all corrective action items have been addressed
8. Request of new Reporting Unit (RU) or change of address to an existing RU ¹³	New programs/sites which will be assigned a RU for entry of services into a ACBH-approved			ACBH Network Office	<ul style="list-style-type: none"> Timeline can vary from 14-45 days Process cannot be initiated prior to receipt of the Medi-Cal Site Certification for new programs/sites which will be billing to Medi-Cal Needs to be routed through multiple ACBH Units for approval and set-up

¹³ A RU is a unique BHCS program identifier at a specific site used to enter services/billing data

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

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
entering data into the electronic data entry and billing system with ACBH Information Systems (IS)	assigned a RU for entry of services into a ACBH-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training				submitted for ACBH system user authorization and staff identification numbers <ul style="list-style-type: none"> More information available here: http://www.acbhcs.org/providers/Insyst/Insyst.htm New program/site should have one week of service data to enter at the time of the training
13. Complete initial training on Medi-Cal eligibility with ACBH Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> This should occur within 1-2 weeks after the required Initial Data Collection Training This is set-up by ACBH after the required Initial Data Collection Training This is also called the Health Information Technician (HIT) Training
14. Complete Medicare enrollment	New programs/sites which will be billing to Medi-Cal and serve adults over age 21 years and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> This should be completed within one month of the start of services Enroll with Medicare at: https://www.cms.gov/ Provider Relations plays point on this on behalf of ACBH Submit 7P10 to ACBH Provider Relations to start this process
15. Complete training on billing to other health insurance from ACBH Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> This should be completed within one month of the start of services This is set-up by ACBH after the required Initial Data Collection Training
16. Participate in ACBH Continuous Quality Review	New providers or existing providers with new programs			<ul style="list-style-type: none"> Provider ACBH QA 	<ul style="list-style-type: none"> Contact QA 1-2 months prior to start up for TA and to schedule first CQRT meeting If new to documenting to Medi-Cal standard, providers participate in ACBH

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
Team (CQRT)/Authorization process	which will be billing to Medi-Cal				<p>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</p> <ul style="list-style-type: none"> If provider has experience documenting to Medi-Cal standards, the ACBH QA Office, after an assessment, may excuse the provider from participating in ACBH' CQRT or may require participation until proficiency is demonstrated.

Who should I contact for questions/further information?

ACBH Unit	Topic	Who to Contact
IS	Entry of services into a ACBH-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

D. MEDICAL NECESSITY FOR SPECIALTY MENTAL HEALTH SERVICES

STATE DEPARTMENT OF MENTAL HEALTH MEDICAL MANAGED CARE
**Medical Necessity for Specialty Mental Health Services that are the
Responsibility of the Mental Health Plan**

Must have all, A, B, and C:

A. Diagnoses

Must have one of the following DSM IV diagnoses, which will be the focus of the intervention being provided:

Included Diagnoses:

- Pervasive Developmental Disorders, except Autistic Disorder which excluded.
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy or Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia & Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders

Excluded Diagnoses:

- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Communication Disorders
- Autistic Disorder (Other Pervasive Developmental Disorders are included.)
- Tic Disorders
- Delirium, Dementia and Amnestic and other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions, including V-codes, that may be a focus of Clinical Attention (Except medication induced movement disorders which are included.)

A beneficiary may receive services for an included diagnosis when an excluded diagnosis is also present.

B. Impairment Criteria

Must have one of the following as a result of the mental disorder(s) identified in the diagnostic (A”) criteria: Must have one, 1, 2, or 3:

1. A significant impairment in an important area of life functioning, or
2. A probability of significant deterioration in an important area of life functioning or
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated (current DHCS EPSDT regulations also apply).

C. Intervention Related Criteria Must have all, 1, 2, and 3

below:

1. The focus of proposed intervention is to address the condition identified in impairment criteria “B” above, and
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated), and
3. The condition would be responsive to physical healthcare based treatment.

EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the substance use component. The intervention must be consistent with, and necessary to the attainment of, the specialty MH treatment goals.

E. BID SUBMISSION CHECKLIST

BID SUBMISSION CHECKLIST

All of the specific documentation listed below is required to be submitted with the Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e. Table of Contents, Letter of Transmittal, Key Personnel, etc.).

- ☐ **1. Proposal Narrative**
 - ☐ **a. Exhibit A: Bidder Information and Acceptance:**

Every Bidder must select one box under Item 10 of Exhibit A Bidder Information and Acceptance Form and must fill out and submit a **signed** page of Exhibit A.
 - ☐ **b. Bidder Minimum Qualifications:**

Every Bidder must demonstrate how they meet all of the criteria.
 - ☐ **c. References:**

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

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

 - ☐ Exhibit A: Bidder Information and Acceptance Form
 - ☐ Attachment 1: One Week Schedule of Activities
 - ☐ Attachment 2A: Organizational Chart
 - ☐ Attachment 2B: Program Chart
- ☐ **2. Exhibit B-1: Budget:**

Bidders must complete all tabs in the budget workbook.
- ☐ **3. Exhibit D: Exceptions, Clarifications, Amendments:**

Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template in Exhibit A – Bid Response Packet.

THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.
- ☐ **4. SLEB Partnering Information Sheet:**

Every bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Fillable Forms Template, indicating their SLEB certification status. If bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the bidder will subcontract to meet the County SLEB participation requirement must be stated. Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the

CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

- ☐ **5. Original Proposal:**
One original hard copy of the proposal in a three-ring binder with original signatures. Original proposal is to be clearly marked on the cover.
- ☐ **6. Copies of Proposal:**
Seven copies of the proposal. Copies must be unbound without a three-ring binder.
- ☐ **7. Electronic copy of Proposal:**
Enclosed with the hardcopy of the proposal, include a USB flash drive clearly marked with the Bidder and RFP name and with the following saved on it:
 - ☐ An electronic copy of the proposal, saved with the Bidder's name;
 - ☐ An electronic copy of the completed Exhibit B-1 Program Budget, saved in MS Excel with the Bidder's name.

F. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE

Bidder Information and Acceptance

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

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

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

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

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

Upon receipt of written Bid Protest, the ACBH Director, or designee shall review and evaluate the protest and issue a written decision. The ACBH Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as determined appropriate by the ACBH Director) to discuss the Bid Protest. The decision on the proposal protest shall be issued at least ten (10) business days prior to the date the Board is considering the recommendation and award of contract.

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

The decision of the ACBH Director on the Bid Protest may be appealed to the Auditor-Controller's Office of Contract Compliance & Reporting (OCCR) located at 1221 Oak St., Rm. 249, Oakland, CA 94612, Fax:

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

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

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

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

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

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

- 6.** The undersigned also acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated proposal documents.
- 7.** It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a proposal, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
- 8.** Patent indemnity: Bidders who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
- 9.** Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bidder Information and Acceptance, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

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

- ☐ Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
- ☐ Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the SLEB PARTNERING INFORMATION SHEET); **OR**
- ☐ Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:
- Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
 - Proof of six (6) months business residency, identifying the name of the bidder and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE

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

G. EXHIBIT C: INSURANCE REQUIREMENTS

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

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

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

EXHIBIT C
COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability, Abuse, Molestation, Sexual Actions, and Assault and Battery	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
D	Professional Liability/Errors and Omissions Includes endorsements of contractual liability	\$1,000,000 per occurrence \$2,000,000 project aggregate
E	Employee Dishonesty and Crime	Value of Cash Advance
F	<u>Endorsements and Conditions:</u> <ol style="list-style-type: none"> ADDITIONAL INSURED: All insurance required above with the exception of Professional Liability, Personal Automobile Liability, Workers' Compensation and Employers Liability shall provide an additional insurance endorsement page that names as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers. Employee Dishonesty and Crime Insurance Policy shall be endorsed to name as Loss Payee (as interest may arise): County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and volunteers. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement with the following exception: Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following termination and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies shall be primary insurance to any insurance available to the Indemnified Parties and Additional Insured(s). Pursuant to the provisions of this Agreement, insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by any one of the following methods: <ul style="list-style-type: none"> Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured (covered party)", or at minimum named as an "Additional Insured" on the other's policies. Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured." CANCELLATION OF INSURANCE: All required insurance shall be endorsed to provide thirty (30) days advance written notice to the County of cancellation. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent to: - Alameda County - BHCS, Insurance Coordinator, 1900 Embarcadero, Suite 205, Oakland, CA 94606 	

H. EXHIBIT D: EXCEPTIONS, CLARIFICATIONS, AMEDMENTS

EXHIBIT D: EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template on this page of the Exhibit A – Bid Response Packet. THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

Bidder Name: _____

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated proposal, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for proposal disqualification.

Reference to			Description
Page No.	Section	Item No.	
p. 23	D	1.c.	<i>Bidder takes exception to...</i>

*Print additional pages as necessary

I. SLEB PARTNERING INFORMATION SHEET

SMALL LOCAL EMERGING BUSINESS (SLEB) PARTNERING INFORMATION SHEET

In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all bidders must complete this form as required below.

Bidders not meeting the [definition of a SLEB \(http://acgov.org/auditor/sleb/overview.htm\)](http://acgov.org/auditor/sleb/overview.htm) are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be considered for contract award. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.)

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

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

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

☐ BIDDER IS A CERTIFIED SLEB (sign at bottom of page)

SLEB BIDDER Business Name: _____

SLEB Certification #: _____ SLEB Certification Expiration Date: _____

NAICS Codes Included in Certification: _____

☐ BIDDER IS NOT A CERTIFIED SLEB AND WILL SUBCONTRACT ____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: _____

SLEB Subcontractor Business Name: _____

SLEB Certification #: _____ SLEB Certification Expiration Date: _____

SLEB Certification Status: ☐ Small / ☐ Emerging

NAICS Codes Included in Certification: _____

SLEB Subcontractor Principal Name: _____

SLEB Subcontractor Principal Signature: _____ Date: _____

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

Bidder Printed Name/ Title: _____

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

Bidder Signature: _____ Date: _____