

COUNTY OF FRESNO
ADDENDUM NUMBER: TWO (2)
RFSQ NUMBER: 952-5424
ADULT RESIDENTIAL / ADULT RESIDENTIAL
PERINATAL SERVICES

Issue Date: February 10, 2016

IMPORTANT: SUBMIT REQUEST FOR STATEMENT OF QUALIFICATIONS IN PACKAGE WITH RFSQ NUMBER, CLOSING DATE AND BUYER'S NAME MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, PURCHASING
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF RFSQ WILL BE AT 2:00 P.M., ON FEBRUARY 22, 2016.

STATEMENT OF QUALIFICATION WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All statement of qualifications information will be available for review after contract award.

Clarification of specifications is to be directed to: **Debbie Scharnick**,
phone (559) 600-7111 or e-mail CountyPurchasing@co.fresno.ca.us.

NOTE THE FOLLOWING ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR STATEMENT OF QUALIFICATIONS NUMBER: 952-5424 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN IN BLUE INK AND RETURN THIS ADDENDUM WITH YOUR RFSQ.

➤ **The closing date shall be changed to 2:00 P.M. on February 22, 2016.**

ACKNOWLEDGMENT OF ADDENDUM NUMBER Two (2) TO RSFQ 952-5424

COMPANY NAME: _____ (PRINT)

SIGNATURE (In Blue Ink): _____

NAME & TITLE: _____ (PRINT)

Purchasing Use: DLS:ssj

ORG/Requisition: 56302081 / 5631601515

QUESTIONS AND ANSWERS

Q1. I have a question regarding the RFSQ #952-5424: On page 3 near the bottom of the page it states that the provider shall describe its existing continuous quality improvement with supporting documentation (see copies section).

Where or what is the copies section. I could not locate that? Also, could this be our Quality Assurance Check List and/or other Quality Assurance that we do?

A1. The "Copies" section was not meant to be included in this RFSQ. Applicants may ignore that reference.

Regarding QA/CQI, CQI differs from QA in that it takes a more preventive/proactive approach. CQI describes how the provider is working towards improving the provision of services with emphasis on future results whereas QA is more about evaluating services against an established standard.

Q2. If provider proposes to provide services for more than one population i.e. women's residential treatment and women's perinatal treatment, will organization be required to keep populations separate? If yes, is a physical separation required, i.e. fence?

A2. With regard to women's residential and residential perinatal service, we do not require that the populations are kept separate. Male/female residential populations are to be kept separate.

Q3. What is the anticipated timeline in which the County will require providers to become DMC certified?

A3. A timeline has not yet been determined as this is dependent upon implementation of the Drug Medi-Cal (DMC) Organized Delivery System (ODS) Waiver in Fresno County. Providers will be notified regarding DMC certification requirements as Waiver implementation draws near.

Q4. Has the Department identified a price range for daily rates that it deems competitive and reasonable for both treatment and room and board rates for each of the target populations?

A4. No.

Q5. Has the Department determined a minimum number of beds it will allocate to women's perinatal?

A5. No.

Q6. Can the applicant include additional information not listed in the statement of qualifications in its response as an attachment?

A6. Please submit only the information requested.

Q7. Page 3, last paragraph, states that providers may request an annual 1.5% rate increase, to be justified in the budget narrative:

Is there a standard format to be utilized for the budget narrative?

A7. Yes. Please refer to Attachment A, the budget template.

Q8. Should providers prepare three annual budgets to reflect the initial and requested increase amounts?

A8. Providers should prepare annual budgets for each year of contracted services and include any increased amounts in any of the budget years.

Q9. The first two sentences of the last paragraph on page 3 read as follows:

“The application shall include a cost per daily bed slot with a separate room and board cost. Annual reimbursement of services will not be paid in excess of the cost per daily bed slot established in the executed agreement. The provider shall be reimbursed for actual bed days utilized.”

Will services be paid for on a per diem basis or a cost reimbursement basis?

A9. Providers will be paid for the cost per daily bed rate on a reimbursement basis based on invoices submitted.

Q10. The first paragraph on page 5 indicates that a separate application must be submitted for residential services for adult males and residential services for adult females. Does each separate application need to include all of the items (A through R) listed on page 7?

A10. Yes, each application must contain all required documents.

Q11. Item H on page 7 requires us to “List current projects or commitments for similar services in your office.” What is meant by “office?” Is it referring to just the facility that will be providing the requested services or is it referring to all similar projects operated by our Agency at other locations?

A11. There is overlap here with letter R, where providers are asked to describe their experience and knowledge of SUD treatment services. Under letter H, please include a statement as to whether you have the capacity to add to your existing services.

Q12. Item I on page 7 requires us to “List the name and phone number of at least five relevant client references.” Do “client references” mean program clients who would provide a reference or funding entities for whom we perform services, e.g., Fresno County?

A12. “Clients” in this context refers to community partners, not actual clients who have received treatment services.

Q13. On the budget form on page 2 of 25 of Attachment A, what is the distinction between “Treatment Budget” and “Direct?” Does “Direct” refer to room and board costs? If not, what does it refer to (how is it different from “Treatment Budget”)?

A13. Yes, on pages 2 and 3 of each budget year, “Direct” refers to room and board.

Q14. On the budget form on pages 4 and 5 of 25 of Attachment A, is this where we provide the budget narrative? If not, where do we provide the budget narrative?

A14. Yes.

Q15. Item Q on page 7 requires us to submit “A brief organizational plan.” What is meant by this? Is this a description of how the chain of command works?

A15. Yes. This is also requested under letter G; there is no need to submit this information twice.

Q16. Some clients will be straight SUD and others will be co-occurring. Since co-occurring clients are more expensive to treat than straight SUD clients, how do we differentiate between these two types of clients on the budget sheets?

A16. Only SUD services may be billed under this Master Agreement.

Q17. If successful in the RFSQ and only a portion of the total capacity of the Residential Treatment Program is identified as available under the contract, will this enable the Program to accept placements from other Fresno County funded out-patient programs that have identified funds for placement in a treatment facility and pay the cost from their budget? If so, and if factors exist that warrant a cost higher than what is contracted with Fresno County under this RFSQ, will there be restrictions on the daily rate charged to the out-patient program?

A17. There are no restrictions in place with regard to a provider's ability to contract with non-DBH or non-County providers. However, providers will be required to accept clients under this agreement to the extent that beds are available.

Q18. Drug Medi-Cal rules state that individual, group, and crisis services are eligible for D M/C funding in addition to the Residential Treatment D M/C funding. Will Fresno County deduct these services from the daily treatment rate when paying the monthly invoices?

A18. Currently, DMC pays only for residential perinatal services. DMC does not pay for room and board. Upon implementation of the DMC-ODS Waiver, providers will be expected to bill DMC for DMC-eligible clients, and room and board will be covered by other funds.

Q19. Will the monthly invoices to Fresno County be line-item cost reimbursement, not to exceed the line item budget, or a per day, per person, per-diem daily rate negotiated through the Agreement process?

A19. Providers will be reimbursed based on a daily bed rate.