

**COUNTY OF FRESNO**  
**ADDENDUM NUMBER: ONE (1)**  
**RFSQ NUMBER: 952-5447**

**LICENSED MENTAL HEALTH FACILITIES - BEDS & SERVICES**

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Issue Date: March 9, 2016

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

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

**CLOSING DATE OF STATEMENT OF QUALIFICATIONS WILL BE AT 2:00 P.M., ON MARCH 25, 2016.**

STATEMENT OF QUALIFICATIONS 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: **Louann M. Jones,**  
phone (559) 600-7118 or e-mail [CountyPurchasing@co.fresno.ca.us](mailto:CountyPurchasing@co.fresno.ca.us).

**NOTE THE ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 952-5447 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN IN BLUE INK AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.**

**ACKNOWLEDGMENT OF ADDENDUM NUMBER One (1) TO RFP 952-5447**

COMPANY NAME: \_\_\_\_\_  
(PRINT)

SIGNATURE (In Blue Ink): \_\_\_\_\_

NAME & TITLE: \_\_\_\_\_  
(PRINT)

Purchasing Use: LMJ:ssj

ORG/Requisition: 56302175 / 5631601513

## QUESTIONS AND ANSWERS

**Q1. I am a current vendor for Fresno County. Do I need to fill out this paper work and submit it?**

*A1. The current contract expires 6.30.2016. This Request for Statement of Qualifications is a different process to solicit vendors from our previous process used by the County of Fresno to create the new master agreement for these services to take effect 7.1.2016.*

**Q2. Our location is not close to Fresno; do you still want us to send in the paperwork?**

*A2. We would like to contract with any vendor that meets the required qualifications.*

**Q3. Can we "neatly" write in black ink v. type?**

*A3. Yes, you can neatly write in black ink.*

**Q4. We do not accept Medi-Cal.**

*A4. Medi-Cal acceptance is not a selection criteria of this Request for Statement of Qualifications (RFSQ). However, if services provided by your facility(ies) (e.g. SNF-STP/IMD) are Medi-Cal billable, the non-acceptance of Medi-Cal may impact the County's decision to request placements at such facilities. In the case of Mental Health Rehabilitation Center facilities, which are not reimbursable by Medicare or MediCal as per the Medi-Cal "IMD Exclusion", this would be a non-issue.*

**Q5. But then where do we put our rate if we do not accept MediCal? There is no other appropriate row?**

*A5. You can add whatever information you feel you need to in the corresponding section or table.*

**Q6. Is Subacute row correct?**

*A6. Page 4 of Attachment B, RATES section, the Subacute line item should be removed from the table, it was included in error.*