

**COUNTY OF FRESNO**  
**ADDENDUM NUMBER: TWO (2)**  
**RFSQ NUMBER: 952-5448**  
**DRUG MEDI-CAL SERVICES AND NON-DRUG**  
**OUTPATIENT DRUG FREE SERVICES**

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Issue Date: March 8, 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 21, 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: **Jennifer Anderson**,  
phone (559) 600-7115 or e-mail [CountyPurchasing@co.fresno.ca.us](mailto:CountyPurchasing@co.fresno.ca.us).

**NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR STATEMENT OF QUALIFICATIONS NUMBER: 952-5448 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN IN BLUE INK AND RETURN THIS ADDENDUM WITH YOUR STATEMENT OF QUALIFICATIONS.**

➤ **The Closing Date has been extended to March 21, 2016**

**ACKNOWLEDGMENT OF ADDENDUM NUMBER Two (2) TO RFSQ 952-5448**

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

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

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

Purchasing Use: JA:ssj

ORG/Requisition: 56302080 / 5631601517

## ADDITIONS

Several questions were posed regarding required documents to be submitted with the RFSQ response. Section V. "SOQ SUBMITTAL REQUIREMENTS" has been amended to include the following additional items:

- Provide a brief description of your organizational plan/management structure.
- Identify and provide a brief description of the evidence-based practices and curriculum, and outcome-informed treatment methods that will be utilized in the program.
- Provide a brief service description.
- Provide a brief description of the agency's experience and/or knowledge of working with relevant statewide, municipal and community based agencies that interface with the target population.
- Provide a brief description of your agencies ability to work in cooperation with other agencies to provide linkages to individual and family supportive services.
- Provide a brief description of how your program will manage a wait list.
- For residential perinatal providers, provide a statement indicating how your program will comply with the requirement to provide transportation from jail or Drug Court to your program.
- Provide a brief description of how interim services will be provided until an individual is admitted into a treatment program.
- Identify any other contracts your agency has with Fresno County.

**All of the above requirements should be submitted in the order listed above *following* item 6. in Section V. "SOQ SUBMITTAL REQUIREMENTS" (page 5). Please limit responses to a maximum of one (1) page for each item.**

## QUESTIONS AND ANSWERS

### **Q1. Is a budget required?**

A1. *Applicants are not required to submit a budget as part of the RFSQ response. However, all new DMC applicants (not currently a Fresno County DMC provider) must also submit the Fresno County DMC application before the County will add them to the Master Agreement. The Fresno County DMC application package does require a budget. Agencies currently contracted with Fresno County as a DMC provider are not required to submit a new application package, and are therefore not required to submit a budget.*

*The Fresno County DMC application is not required to be submitted with the RFSQ response, however new applicants cannot be added to the master agreement until both the application package and the RFSQ response are received, reviewed and approved.*

### **Q2. Is a separate application package required to be submitted for the non-DMC component?**

A2. *Yes. The application should identify the submittal as "Non-DMC Outpatient Drug Free Treatment Services".*

*The non DMC-eligible component will be reimbursed at the same published rate as DMC-eligible outpatient services.*

### **Q3. Must providers have DMC certification in Fresno County?**

A3. *Yes. Providers must have DMC certification for a location(s) in Fresno County.*

### **Q4. What was the date of the previous RFSQ for DMC services?**

A4. *The DMC Master Agreement went into effect on July 10, 2007.*

### **Q5. What is the preferred method for packaging the response to the RFSQ?**

A5. *Bidders may submit their response in binders or bound in a folder. Tabs/dividers are encouraged but not required.*