COUNTY OF FRESNO

ADDENDUM NUMBER: ONE (1)

RFP NUMBER: 952-5481

PRIMARY CARE INTEGRATION

Issue Date: August 10, 2016

IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL 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 PROPOSAL WILL BE AT 2:00 P.M., ON SEPTEMBER 8, 2016.

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:01 P.M.

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Nick Chin,**
phone (559) 600-7113 or e-mail CountyPurchasing@co.fresno.ca.us.

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 952-5481 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN IN BLUE INK AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.

- **The bid closing has been moved to September 8th, 2016 at 2:00 PM**
- **Questions and Answers**
- **Exhibit "K"- ICD 10 Excluded Diagnosis Report**
- **Exhibit "L"- Bidder's Conference Sign In Sheets**

ACKNOWLEDGMENT OF ADDENDUM NUMBER One (1) TO RFP 952-5481

COMPANY NAME: _____
(PRINT)

SIGNATURE (In Blue Ink): _____

NAME & TITLE: _____
(PRINT)

Purchasing Use: NC:HM

ORG/Requisition: 56302007 / 5631600670

QUESTIONS AND ANSWERS

Q1) How will SUD billing be feasible when many diagnoses are excluded from Medi-Cal?

A1) Recently an email went out to current providers listing excluded Medi-Cal diagnoses; this was specific to Specialty Mental Health and not SUD services. SUD currently accepts DSM 3, 4, and 5 Diagnoses as billable. See the attached Exhibit "K".

Q2) Can an Agency be a subcontractor on multiple bids?

A2) Yes, however, the subcontractor must be able to fulfill the staffing and services proposed in each prime contractor's proposal, not one or the other.

Q3) Can providers bill for multiple services on the same day?

A3) At the State level, there has been discussion related to billing no more than one service daily per patient; the providers are encouraged to use creativity when submitting their proposals to coordinate scheduling of services to maximize billing and treatment options.

Q4) If an agency submits a proposal to provide all three service components, is there a possibility that only one or two components may be awarded?

A4) Yes, proposals for each service component will be reviewed separately.

Q5) Do Intensive SUD services include residential services?

A5) Intensive SUD services may include residential services but will not be funded through this agreement; agencies should articulate how they will refer or link clients to community residential services.

Q6) Will it reflect negatively on the agency if certain services cannot or are not provided at the main location?

A6) The RFP specifies that the integrated model being sought is for provision of services at the primary care facility site; the County encourages creative strategies that bidders may develop for service provision. If some of the services will be referred out, the bidder should clearly articulate their plan.

Q7) What is the expected level of care to be provided for SUD outpatient services?

A7) The County is open to proposals from agencies; bids will be evaluated on creativity and maximization of resources. Historically, SUD Agencies provide or refer clients out to local or contracted providers in the community; whereas, this RFP is requesting the opposite process in which primary care agencies would provide integrated services in their facility. Outpatient services are generally less than 9 hours per week. Intensive outpatient is more than 9 hours per week. The funding listed in the RFP may be adjusted based on responses and/or availability of funds.

Q8) Does the RFP propose an expansion of existing SMI/SED services currently provided by DBH Metro clinic or will the services currently being provided at DBH Metro clinic come to an end?

A8) Services at the DBH Metro clinic will continue. Services requested in this RFP are separate from the DBH metro clinic. This RFP is an expansion of services at the primary health care clinic sites.

Q9) Will the clients currently receiving services at DBH Metro clinic be referred to primary health care agencies for SMI treatment?

A9) No, the expectation is that the primary health care clinics provide SMI services at their clinic sites as a means of service expansion and primary care integration for clients visiting their clinics.

Q10) Will services be expected to commence on October 12, 2016 as stated in the RFP?

A10) Due to the complexity involved in the department seeking to expand its continuum of care, the integrated model being sought took longer than expected to release the RFP. Services will likely not begin on October 12,

2016, instead agencies should submit realistic implementation dates for the components they are bidding on and include realistic ramp-up and go-live timelines/dates.

Q11) Do all exhibits included in the RFP need to be signed and included in the response?

A11) Many of the exhibits are included to alert agencies to what will be included in the agreement, but not all exhibits need to be signed and included in the response. Exhibits A, F, G, and H will need to be signed and included in the bid responses. Also, see page 20-21 for the proposal content requirements, and page 29 for the RFP response checklist for other required documents.

Q12) Do providers need to list all staff they will employ, i.e. unlicensed, licensed, interns, provisional?

A12) Yes, proposals should identify staffing levels and who will be providing services and billable services. The review panel will be evaluating bids for provision of services and the bidders demonstrated understanding of the billing process, including how it pertains to licensed and unlicensed staff.

Q13) Are letters of support required?

A13) Letters of Recommendations are not a requirement, but providers are allowed to include them if they choose.

Q14) Do bidders need to have registered in the Purchasing Public Purchase system to submit a proposal for this RFP?

A14) No, the Public Purchase registration requirement began on August 1, 2016; this RFP was released prior to that date and therefore, those requirements do not apply.

Q15) What is the difference between existing or sun setting services and the new services requested in this RFP?

A15) Component 1 – PEI: The County shall only fund services that are above and beyond the primary care clinic's regulatory responsibilities for mild to moderate mental health services; prospective bidders will show services that are separate/addition to mild to moderate services that they are required to provide. Any additional services provided under this contract will need to be identified, such as, though not limited to:

- Outreach and education for increasing recognition of early signs of mental illness programs
- Access and linkage to treatment and other resources to improve timely access and outcomes for underserved populations
- Suicide prevention programs or approaches

Bidders should understand the purpose and limitations of MHSA PEI funding as described in the State's PEI Guidelines, located in Section 4 of the Mental Health Services Act which can be accessed at the following web address: http://www.dhcs.ca.gov/services/mh/Pages/MH_Prop63.aspx and should also be familiar with the Fresno County Three-Year MHSA Integrated Plan at the following web address: http://www.co.fresno.ca.us/DepartmentPage.aspx?id=64566.

Component 2 – SMI/SED services are an enhancement of the previous RFP.

Component 3 – SUD services are an enhancement of the previous RFP.

Q16) How does Fresno County Behavioral Health distinguish integrated behavioral health costs from community health centers costs to satisfy Department of Health Services concerns about double dipping?

A16) An example of double dipping would be where primary health clinics receive funding through their traditional payor sources as well as billing the County for the same services or where Health centers bill for the same service to 2 different payor sources.

Q17) Regarding page 17 of RFP, item number 2: What service (s) are you referencing for "recidivism rates", for example someone not going back to crisis within 30 days or does it mean not accessing any

mental health or SUD services?

A17) This section pertains to measuring outcomes and the five (5) Work Plans to be addressed. Specifically, workplan #2 addresses Wellness, Recovery, and Resiliency Supports and prospective bidders describing their plan to measure this outcome goal, which includes the number of consumers who are able to be discharged to the community and measurement of recidivism rates. For Specialty Mental Health Services, recidivism rates are the rate where clients are discharged and then after a period of time return back to the program for treatment. It is hoped that recidivism rates are reduced significantly to show client recovery and clients supports that prevent further re-entry into the program. For SUD services, recidivism rates are those where a client leaves treatment (successfully completes or abandons treatment) and later seeks re-entry into a program.

Q18) Although the letter that came with the RFP was dated July 22, the RFP was not released until July 29, providing only four weeks' time for a very complex project which, to be developed best, is likely to involve collaborative partners. In light of this, and in light of October 12 being a "soft" start date (as per vendor conference), is it possible to have a due date extension of two (or more) weeks?

A18) The bid closing date has been extended to September 8th, 2016 at 2:00 PM PST.

Q19) How would SUD services be reimbursed? Are SUD services "carved out" and if we were awarded to provide this service, would we bill the county for reimbursement?

A19) All SUD services are billed through the County.

Q20) Can you provide a copy of the sign in sheet for the Vendor Conference?

A20) Yes, see the attached "Exhibit L".

EXHIBITS:

K. ICD 10 Excluded Diagnosis Report

L. Bidder's Conference Sign In Sheets

EXHIBIT K

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH ICD 10 EXCLUDED DIAGNOSIS REPORT

July 18, 2016

Notification of Excluded (non-MediCal billable) Diagnoses

Attached is a list of ICD 10 *included* diagnoses that DHCS has communicated is now the permanent list. If a diagnosis is not listed on this form, it is an excluded diagnosis for MediCal billing purposes. This list is being sent to ensure that providers are aware of their responsibilities if an excluded diagnosis is the primary (or only) diagnosis for the client.

Please be mindful when choosing the primary diagnosis, being as specific in the description as possible. There are several diagnoses that are "other" and "unspecified;" some meet medical necessity criteria while others do not (excluded diagnosis).

QUESTIONS & ANSWERS

What if my assessment results in an excluded diagnosis?

You may bill for the assessment, even if there is an **excluded** diagnosis; however, no further treatment should be conducted.

What do I do if the person served has one of the excluded diagnoses?

If your client meets the criteria for an **excluded** diagnosis, as the primary diagnosis, then a NOA must be issued, and the client should be referred for other services that meet their diagnostic needs.

The following were taken from a DHCS FAQ Sheet:

Should clinicians base the diagnosis code on included versus excluded diagnosis codes? From the standpoint of the legal medical record and coding guidelines (which are covered under HIPAA), diagnosis codes should always reflect the patient's condition and should be reported in a sequence that is consistent with the Official Coding Guidelines. Clinicians should not be discouraged from reporting any and all complicating conditions and/or comorbidities that impact the treatment of the patient. Providers would still need to provide the diagnosis code that supports medical necessity for the services rendered.

Do the secondary and subsequent diagnosis codes have to be listed on the included diagnosis list?

For the purposes of supporting medical necessity for the scope of services provided, you would only need to list the diagnosis codes that are required for claims adjudication and reimbursement. From a standpoint of the legal medical record and coding guidelines (which are covered under HIPAA), diagnosis codes should always reflect the patient's condition and should be reported in a sequence that is consistent with the Official Coding Guidelines. Clinicians should not be discouraged from reporting any and all complicating conditions and/or comorbidities that impact the treatment of the patient. This doesn't mean that as a payer, you cannot enforce claims payment rules for the services rendered. In other words, providers would still need to provide the diagnosis code that supports medical necessity for the services rendered.

EXHIBIT K

Specialty Mental Health Services
ICD-10 Outpatient Diagnosis Table

Enclosure 3

	Included Diagnoses from the Contract Between DHCS and the MHPs	Outpatient Diagnosis	ICD-10 Mapping
ICD-9 CM	**Description**	**ICD-10**	**Description**
295.10	Schizophrenia, Disorganized Type	F20.1	Disorganized schizophrenia
295.20	Schizophrenia, Catatonic Type	F20.2	Catatonic schizophrenia
295.30	Schizophrenia, Paranoid Type	F20.0	Paranoid schizophrenia
295.40	Schizophreniform Disorder	F20.81	Schizophreniform disorder
295.60	Schizophrenia, Residual Type	F20.5	Residual schizophrenia
295.70	Schizoaffective Disorder	F25.0	Schizoaffective disorder, bipolar type
		F25.1	Schizoaffective disorder, depressive type
		F25.8	Other schizoaffective disorders
		F25.9	Schizoaffective disorder, unspecified
295.90	Schizophrenia, Undifferentiated Type	F20.3	Undifferentiated schizophrenia
		F20.9	Schizophrenia, unspecified
296.00	Bipolar I Disorder, Single Manic Episode, Unspecified	F30.10	Manic episode without psychotic symptoms, unspecified
		F30.9	Manic episode, unspecified
296.01	Bipolar I Disorder, Single Manic Episode, Mild	F30.11	Manic episode without psychotic symptoms, mild
296.02	Bipolar I Disorder, Single Manic Episode, Moderate	F30.12	Manic episode without psychotic symptoms, moderate
296.03	Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features	F30.13	Manic episode, severe, without psychotic symptoms
296.04	Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features	F30.2	Manic episode, severe with psychotic symptoms
296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission	F30.3	Manic episode in partial remission
296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission	F30.4	Manic episode in full remission
296.20	Major Depressive Disorder, Single Episode, Unspecified	F32.9	Major depressive disorder, single episode, unspecified
296.21	Major Depressive Disorder, Single Episode, Mild	F32.0	Major depressive disorder, single episode, mild
296.22	Major Depressive Disorder, Single Episode, Moderate	F32.1	Major depressive disorder, single episode, moderate
296.23	Major Depressive Disorder, Single Episode, Severe Without Psychotic Features	F32.2	Major depressv disord, single epsd, sev w/o psych features
296.24	Major Depressive Disorder, Single Episode, Severe With Psychotic Features	F32.3	Major depressv disord, single epsd, severe w psych features

	Included Diagnoses from the Contract Between DHCS and the MHPs	**Outpatient Diagnosis**	**ICD-10 Mapping**
ICD-9 CM	**Description**	**ICD-10**	**Description**
296.25	Major Depressive Disorder, Single Episode, In Partial Remission	F32.4	Major depressv disorder, single episode, in partial remis
296.26	Major Depressive Disorder, Single Episode, In Full Remission	F32.5	Major depressive disorder, single episode, in full remission
296.30	Major Depressive Disorder, Recurrent, Unspecified	F33.40	Major depressive disorder, recurrent, in remission, unsp
		F33.9	Major depressive disorder, recurrent, unspecified
296.31	Major Depressive Disorder, Recurrent, Mild	F33.0	Major depressive disorder, recurrent, mild
296.32	Major Depressive Disorder, Recurrent, Moderate	F33.1	Major depressive disorder, recurrent, moderate
296.33	Major Depressive Disorder, Recurrent, Severe Without Psychotic Features	F33.2	Major depressv disorder, recurrent severe w/o psych features
296.34	Major Depressive Disorder, Recurrent, Severe With Psychotic Features	F33.3	Major depressv disorder, recurrent, severe w psych symptoms
296.35	Major Depressive Disorder, Recurrent, In Partial Remission	F33.41	Major depressive disorder, recurrent, in partial remission
296.36	Major Depressive Disorder, Recurrent, In Full Remission	F33.42	Major depressive disorder, recurrent, in full remission
296.40	Bipolar I Disorder, Most Recent Episode Hypomanic	F31.89	Other bipolar disorder
296.40	Bipolar I Disorder, Most Recent Episode Manic	F31.10	Bipolar disord, crnt episode manic w/o psych features, unsp
296.41	Bipolar I Disorder, Most Recent Episode Manic, Mild	F31.11	Bipolar disord, crnt episode manic w/o psych features, mild
296.42	Bipolar I Disorder, Most Recent Episode Manic, Moderate	F31.12	Bipolar disord, crnt episode manic w/o psych features, mod
296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features	F31.13	Bipolar disord, crnt epsd manic w/o psych features, severe
296.44	Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features	F31.2	Bipolar disord, crnt episode manic severe w psych features
296.45	Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission	F31.73	Bipolar disord, in partial remis, most recent episode manic
296.46	Bipolar I Disorder, Most Recent Episode Manic, In Full Remission	F31.74	Bipolar disorder, in full remis, most recent episode manic

	Included Diagnoses from the Contract Between DHCS and the MHPs	**Outpatient Diagnosis**	**ICD-10 Mapping**
ICD-9 CM	**Description**	**ICD-10**	**Description**
296.50	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified	F31.30	Bipolar disord, crnt epsd depress, mild or mod severt, unsp
296.51	Bipolar I Disorder, Most Recent Episode Depressed, Mild	F31.31	Bipolar disorder, current episode depressed, mild
296.52	Bipolar I Disorder, Most Recent Episode Depressed, Moderate	F31.32	Bipolar disorder, current episode depressed, moderate
296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features	F31.4	Bipolar disord, crnt epsd depress, sev, w/o psych features
296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features	F31.5	Bipolar disord, crnt epsd depress, severe, w psych features
296.55	Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission	F31.75	Bipolar disord, in partial remis, most recent epsd depress
296.56	Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission	F31.76	Bipolar disorder, in full remis, most recent episode depress
296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified	F31.60	Bipolar disorder, current episode mixed, unspecified
296.61	Bipolar I Disorder, Most Recent Episode Mixed, Mild	F31.61	Bipolar disorder, current episode mixed, mild
296.62	Bipolar I Disorder, Most Recent Episode Mixed, Moderate	F31.62	Bipolar disorder, current episode mixed, moderate
296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features	F31.63	Bipolar disord, crnt epsd mixed, severe, w/o psych features
296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features	F31.64	Bipolar disord, crnt episode mixed, severe, w psych features
296.65	Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission	F31.77	Bipolar disord, in partial remis, most recent episode mixed
296.66	Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission	F31.78	Bipolar disorder, in full remis, most recent episode mixed
296.7	Bipolar I Disorder, Most Recent Episode Unspecified	F31.9	Bipolar disorder, unspecified
296.80	Bipolar Disorder NOS	F31.9	Bipolar disorder, unspecified
		F30.8	Other manic episodes
		F32.8	Other depressive episodes
296.89	Bipolar II Disorder	F31.81	Bipolar II disorder

	Included Diagnoses from the Contract Between DHCS and the MHPs	**Outpatient Diagnosis**	**ICD-10 Mapping**
ICD-9 CM	**Description**	**ICD-10**	**Description**
296.90	Mood Disorder NOS	F39	Unspecified mood [affective] disorder
		F33.8	Other recurrent depressive disorders
		F34.8	Other persistent mood [affective] disorders
		F34.9	Persistent mood [affective] disorder, unspecified
297.1	Delusional Disorder	F22	Delusional disorders
297.3	Shared Psychotic Disorder	F24	Shared psychotic disorder
298.8	Brief Psychotic Disorder	F23	Brief psychotic disorder
298.9	Psychotic Disorder NOS	F28	Oth psych disorder not due to a sub or known physiol cond
		F29	Unsp psychosis not due to a substance or known physiol cond
299.10	Childhood Disintegrative Disorder	F84.3	Other childhood disintegrative disorder
299.80	Asperger's Disorder	F84.5	Asperger's syndrome
	Pervasive Developmental Disorder NOS	F84.8	Other pervasive developmental disorders
		F84.9	Pervasive developmental disorder, unspecified
	Rett's Disorder	F84.2	Rett's syndrome
300.00	Anxiety Disorder NOS	F41.9	Anxiety disorder, unspecified
300.01	Panic Disorder Without Agoraphobia	F41.0	Panic disorder without agoraphobia
300.02	Generalized Anxiety Disorder	F41.1	Generalized anxiety disorder
		F41.3	Other mixed anxiety disorders
		F41.8	Other specified anxiety disorders
300.11	Conversion Disorder	F44.4	Conversion disorder with motor symptom or deficit
		F44.5	Conversion disorder with seizures or convulsions
		F44.6	Conversion disorder with sensory symptom or deficit
		F44.7	Conversion disorder with mixed symptom presentation
300.12	Dissociative Amnesia	F44.0	Dissociative amnesia
300.13	Dissociative Fugue	F44.1	Dissociative fugue
300.14	Dissociative Identity Disorder	F44.81	Dissociative identity disorder
300.15	Dissociative Disorder NOS	F44.9	Dissociative and conversion disorder, unspecified
300.16	Factitious Disorders with Predominantly Psychological Signs and Symptoms	F68.11	Factitious disorder with predominantly psychological signs and symptoms

	Included Diagnoses from the Contract Between DHCS and the MHPs	**Outpatient Diagnosis**	**ICD-10 Mapping**
ICD-9 CM	**Description**	**ICD-10**	**Description**
300.19	Factitious Disorder NOS	F68.10	Factitious disorder, unspecified
	Factitious Disorder NOS With Combined Psychological and Physical Signs and Symptoms	F68.13	Factitious disorder with combined psychological and physical signs and symptoms
	Factitious Disorder With Predominantly Physical Signs and Symptoms	F68.12	Factitious disorder with predominantly physical signs and symptoms
300.21	Panic Disorder With Agoraphobia	F40.01	Agoraphobia with panic disorder
300.22	Agoraphobia Without History of Panic Disorder	F40.00	Agoraphobia, unspecified
		F40.02	Agoraphobia without panic disorder
300.23	Social Phobia	F40.10	Social phobia, unspecified
		F40.11	Social phobia, generalized
300.29	Specific Phobia	F40.210	Arachnophobia
		F40.218	Other animal type phobia
		F40.220	Fear of thunderstorms
		F40.228	Other natural environment type phobia
		F40.230	Fear of blood
		F40.231	Fear of injections and transfusions
		F40.232	Fear of other medical care
		F40.233	Fear of injury
		F40.240	Claustrophobia
		F40.241	Acrophobia
		F40.242	Fear of bridges
		F40.243	Fear of flying
		F40.248	Other situational type phobia
		F40.290	Androphobia
		F40.291	Gynephobia
		F40.298	Other specified phobia
		F40.8	Other phobic anxiety disorders
300.3	Obsessive-Compulsive Disorder	F42	Obsessive-compulsive disorder
300.4	Dysthymic Disorder	F34.1	Dysthymic disorder
300.6	Depersonalization Disorder	F48.1	Depersonalization-derealization syndrome
300.7	Body Dysmorphic Disorder	F45.22	Body dysmorphic disorder
300.81	Somatization Disorder	F45.0	Somatization disorder
300.82	Somatization Disorder NOS	F45.8	Other somatoform disorders
	Undifferentiated Somatoform Disorder	F45.1	Undifferentiated somatoform disorder
		F45.8	Other somatoform disorders
301.0	Paranoid Personality Disorder	F60.0	Paranoid personality disorder
301.13	Cyclothymic Disorder	F34.0	Cyclothymic disorder

	Included Diagnoses from the Contract Between DHCS and the MHPs	**Outpatient Diagnosis**	**ICD-10 Mapping**
ICD-9 CM	**Description**	**ICD-10**	**Description**
301.20	Schizoid Personality Disorder	F60.1	Schizoid personality disorder
301.22	Schizotypal Personality Disorder	F21	Schizotypal disorder
301.4	Obsessive-Compulsive Disorder	F60.5	Obsessive-compulsive personality disorder
301.50	Histrionic Personality Disorder	F60.4	Histrionic personality disorder
301.6	Dependent Personality Disorder	F60.7	Dependent personality disorder
301.81	Narcissistic Personality Disorder	F60.81	Narcissistic personality disorder
301.82	Avoidant Personality Disorder	F60.6	Avoidant personality disorder
301.83	Borderline Personality Disorder	F60.3	Borderline personality disorder
301.9	Personality Disorder NOS	F60.9	Personality disorder, unspecified
302.2	Pedophilia	F65.4	Pedophilia
302.3	Transvestic Fetishism	F65.1	Transvestic fetishism
302.4	Exhibitionism	F65.2	Exhibitionism
302.6	Gender Identity Disorder in Children	F64.2	Gender identity disorder of childhood
	Gender Identity Disorder NOS	F64.9	Gender identity disorder, unspecified
302.81	Fetishism	F65.0	Fetishism
302.82	Voyeurism	F65.3	Voyeurism
302.83	Sexual Masochism	F65.51	Sexual masochism
302.84	Sexual Sadism	F65.50	Sadomasochism, unspecified
		F65.52	Sexual sadism
302.85	Gender Identity Disorder in Adolescents or Adults	F64.1	Gender identity disorder in adolescence and adulthood
302.89	Frotteurism	F65.81	Frotteurism
302.9	Paraphilia NOS	F65.9	Paraphilia, unspecified
	Sexual Disorder NOS	F65.9	Paraphilia, unspecified
307.1	Anorexia Nervosa	F50.00	Anorexia nervosa, unspecified
		F50.01	Anorexia nervosa, restricting type
		F50.02	Anorexia nervosa, binge eating/purging type
307.3	Stereotypic Movement Disorder	F98.4	Stereotyped movement disorders
307.50	Eating Disorder NOS	F50.9	Eating disorder, unspecified
307.51	Bulimia Nervosa	F50.2	Bulimia nervosa
307.52	Pica	F98.3	Pica of infancy and childhood
307.53	Rumination Disorder	F98.21	Rumination disorder of infancy
307.59	Feeding Disorder of Infancy or Early Childhood	F98.29	Other feeding disorders of infancy and early childhood
307.6	Enuresis (Not Due to a General Medical Condition)	F98.0	Enuresis not due to a substance or known physiological condition
307.7	Encopresis, Without Constipation and Overflow Incontinence	F98.1	Encopresis not due to a substance or known physiological condition
307.80	Pain Disorder Associated With Psychological Factors	F45.41	Pain disorder exclusively related to psychological factors

	Included Diagnoses from the Contract Between DHCS and the MHPs	**Outpatient Diagnosis**	**ICD-10 Mapping**
ICD-9 CM	**Description**	**ICD-10**	**Description**
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition	F45.42	Pain disorder with related psychological factors
308.3	Acute Stress Disorder	F43.0	Acute stress reaction
309.0	Adjustment Disorder With Depressed Mood	F43.21	Adjustment disorder with depressed mood
309.21	Separation Anxiety Disorder	F93.0	Separation anxiety disorder of childhood
309.24	Adjustment Disorder With Anxiety	F43.22	Adjustment disorder with anxiety
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	F43.23	Adjustment disorder with mixed anxiety and depressed mood
309.3	Adjustment Disorder With Disturbance of Conduct	F43.24	Adjustment disorder with disturbance of conduct
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	F43.25	Adjustment disorder w mixed disturb of emotions and conduct
309.81	Posttraumatic Stress Disorder	F43.10	Post-traumatic stress disorder, unspecified
		F43.11	Post-traumatic stress disorder, acute
		F43.12	Post-traumatic stress disorder, chronic
309.9	Adjustment Disorder Unspecified	F43.20	Adjustment disorder, unspecified
311	Depressive Disorder NOS	F39	Unspecified Mood Disorder
312.30	Impulse Control Disorder NOS	F63.9	Impulse disorder, unspecified
312.31	Pathological Gambling	F63.0	Pathological gambling
312.32	Kleptomania	F63.2	Kleptomania
312.33	Pyromania	F63.1	Pyromania
312.34	Intermittent Explosive Disorder	F63.81	Intermittent explosive disorder
312.39	Trichotillomania	F63.3	Trichotillomania
312.81	Conduct Disorder, Childhood-Onset Type	F91.1	Conduct disorder, childhood-onset type
312.82	Conduct Disorder, Adolescent-Onset Type	F91.2	Conduct disorder, adolescent-onset type
312.89	Conduct Disorder, Unspecified Onset	F91.9	Conduct disorder, unspecified
312.9	Disruptive Behavior Disorder NOS	F91.9	Conduct disorder, unspecified
313.23	Selective Mutism	F94.0	Selective mutism
313.81	Oppositional Defiant Disorder	F91.3	Oppositional defiant disorder
313.82	Identity Problem	F93.8	Other childhood emotional disorders
313.89	Reactive Attachment Disorder of Infancy or Early Childhood	F94.1	Reactive attachment disorder of childhood
313.9	Disorder of Infancy, Childhood, or Adolescence NOS	F93.9	Childhood emotional disorder, unspecified
314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type	F90.0	Attention-deficit/hyperactivity disorder, predominantly inattentive type

EXHIBIT K

Specialty Mental Health Services
ICD-10 Outpatient Diagnosis Table

Enclosure 3

	Included Diagnoses from the Contract Between DHCS and the MHPs	**Outpatient Diagnosis**	**ICD-10 Mapping**
ICD-9 CM	**Description**	**ICD-10**	**Description**
314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type	F90.2	Attention-deficit/hyperactivity disorder, combined type
	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type	F90.1	Attention-deficit/hyperactivity disorder, Predominantly Hyperactive Type
314.9	Attention-Deficit/Hyperactivity Disorder NOS	F90.9	Attention-deficit/hyperactivity disorder, Unspecified Type
332.1	Neuroleptic-Induced Parkinsonism	G21.11	Neuroleptic induced parkinsonism
333.1	Medication-Induced Postural Tremor	G25.1	Drug-induced tremor
333.7	Neuroleptic-Induced Acute Dystonia	G25.9	Extrapyramidal and movement disorder, unspecified
333.82	Neuroleptic-Induced Tardive Dyskinesia	G24.4	Idiopathic orofacial dystonia
333.90	Medication-Induced Movement Disorder NOS	G25.9	Extrapyramidal and movement disorder, unspecified
		G25.70	Drug induced movement disorder, unspecified
333.92	Neuroleptic Malignant Syndrome	G21.0	Neuroleptic malignant syndrome
333.99	Neuroleptic-Induced Acute Akathisia	G25.71	Medication-Induced Acute Akathisia
787.6	Encopresis, With Constipation and Overflow Incontinence	R15.9	Full incontinence of feces
		R150	Incomplete defecation
V71.09	Assessment Period: Observation of Other Suspected Mental Condition.	Z0389	No diagnosis
DSM 4: 799.90	Used at the end of that assessment when no diagnosis can be found; Illness unspecified	R69	Diagnosis deferred

EXHIBIT L

BID NO.: 952-5481 **DATE:** 8/3/2016

Primary Care Integration

DESCRIPTION OF BID

- [ ] JOB SITE INSPECTION
- [x] VENDOR CONFERENCE
- [ ] BID OPENING

BID DUE DATE:

BUYER: NC

Comm. Reg. Med. CTR. Amb
COMPANY NAME
Sherry Hughes, Director
COMPANY REPRESENTATIVE
290 N. Wayte Lane
COMPANY ADDRESS
Fresno, CA 93701
CITY/STATE/ZIP
Shhughes@communitymedical.org
E-MAIL ADDRESS
559-459-3861
PHONE NUMBER
559-459-3867
FAX NUMBER

United Health Centers
COMPANY NAME
Jesus Maldonado
COMPANY REPRESENTATIVE
650 Zediker Ave. Parlier
COMPANY ADDRESS
CITY/STATE/ZIP
~~Jesus~~ Maldonadoj@unitedhealthcenters.org
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

Mental Health Systems
COMPANY NAME
Carrie L. Smithson
COMPANY REPRESENTATIVE
COMPANY ADDRESS
San Diego CA
CITY/STATE/ZIP
CSmithson@mhsinc.org
E-MAIL ADDRESS
559 647-9657
PHONE NUMBER
FAX NUMBER

County of Fresno - DBH
COMPANY NAME
Ken Her
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

TURNING POINT OF CENTRAL CA. Inc
COMPANY NAME
RAYMOND BANKS
COMPANY REPRESENTATIVE
P.O. Box 7447
COMPANY ADDRESS
VISALIA, CA, 93290-7447
CITY/STATE/ZIP
RBANKS@TPCC.ORG
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

Clinica Sierra Vista
COMPANY NAME
Ruben Chavez
COMPANY REPRESENTATIVE
1945 N. Fine Ave.
COMPANY ADDRESS
Fresno, CA ~~93~~ 93727
CITY/STATE/ZIP
ruben.chavez@clinicasierravista.org
E-MAIL ADDRESS
(559) 457-5860
PHONE NUMBER
(559) 457-5844
FAX NUMBER

Clinica Sierra Vista
COMPANY NAME
Reyna Villalobos
COMPANY REPRESENTATIVE
1945 N. Fine St.
COMPANY ADDRESS
Fresno, CA 93727
CITY/STATE/ZIP
Reyna.Villalobos@ClinicaSierraVista.org
E-MAIL ADDRESS
(559) 457-5838
PHONE NUMBER
FAX NUMBER

Valley Health Team
COMPANY NAME
Sharon Johnson
COMPANY REPRESENTATIVE
PO Box 757
COMPANY ADDRESS
San Joaquin, CA 93660
CITY/STATE/ZIP
SJohnson@VHT.org
E-MAIL ADDRESS
559 364 2931
PHONE NUMBER
FAX NUMBER

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TURNING POINT OF CENTRAL CALIFORNIA, INC.	UCSF FRESNO / CRMC.
COMPANY NAME	COMPANY NAME
DOUG SCHORLING	ANDREW GODDARD, MD
COMPANY REPRESENTATIVE	COMPANY REPRESENTATIVE
PO BOX 7447	155 N FRESNO ST #335
COMPANY ADDRESS	COMPANY ADDRESS
VISALIA, CA 93290	FRESNO CA
CITY/STATE/ZIP	CITY/STATE/ZIP
dschorling@tpocc.org	AGoddard@fresno.ucsf.edu
E-MAIL ADDRESS	E-MAIL ADDRESS
559-732-8086 / 559-627-2376	#559-499-6585
PHONE NUMBER / FAX NUMBER	PHONE NUMBER / FAX NUMBER
Central CA Faculty Med Grp	
COMPANY NAME	COMPANY NAME
Stephanie Crockett	
COMPANY REPRESENTATIVE	COMPANY REPRESENTATIVE
2625 E Divisadero	
COMPANY ADDRESS	COMPANY ADDRESS
Fresno CA 93721	
CITY/STATE/ZIP	CITY/STATE/ZIP
Stephanie.Crockett@cafmg.org	
E-MAIL ADDRESS	E-MAIL ADDRESS
453-5200 / 256-9610	
PHONE NUMBER / FAX NUMBER	PHONE NUMBER / FAX NUMBER
Valley Health team	
COMPANY NAME	COMPANY NAME
Dr. Nichole Flores	
COMPANY REPRESENTATIVE	COMPANY REPRESENTATIVE
702 S 8th Street	
COMPANY ADDRESS	COMPANY ADDRESS
Kerman 93630	
CITY/STATE/ZIP	CITY/STATE/ZIP
nflores@vhtf-org	
E-MAIL ADDRESS	E-MAIL ADDRESS
(559) 567-3911	
PHONE NUMBER / FAX NUMBER	PHONE NUMBER / FAX NUMBER
Clinica Sierra Vista	
COMPANY NAME	COMPANY NAME
Jennifer L. Torres	
COMPANY REPRESENTATIVE	COMPANY REPRESENTATIVE
1945 N. Fine St.	
COMPANY ADDRESS	COMPANY ADDRESS
Fresno, CA	
CITY/STATE/ZIP	CITY/STATE/ZIP
jennifer.torres@clinicasierravista.org	
E-MAIL ADDRESS	E-MAIL ADDRESS
(559) 457-5200	
PHONE NUMBER / FAX NUMBER	PHONE NUMBER / FAX NUMBER

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BID DUE DATE:

BUYER: NC

Fresno County Dept. Behavioral Health
COMPANY NAME
Robert Johnson Sr. SAS
COMPANY REPRESENTATIVE
3133 N Millbrook
COMPANY ADDRESS
Fresno, CA 93703
CITY/STATE/ZIP
robjohnson@co.fresno.ca.us
E-MAIL ADDRESS
600-6051
PHONE NUMBER
FAX NUMBER

Fresno County DBH
COMPANY NAME
Lindsey Sorondo
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

CCFMG / UCSFF / CMRC
COMPANY NAME
Shawn Hersevoort MD MPH
COMPANY REPRESENTATIVE
290 N. Wayle Lane
COMPANY ADDRESS
Fresno, CA 93710
CITY/STATE/ZIP
shersevoort@fresno.ucsf.edu
E-MAIL ADDRESS
(415)225-7883
PHONE NUMBER
(559)459-3867
FAX NUMBER

FRESNO COUNTY DBH
COMPANY NAME
ESTEVAN GONZALEZ
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

Fresno County
COMPANY NAME
Preet Sarkaria
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

United Health Centers
COMPANY NAME
Nancy Kay
COMPANY REPRESENTATIVE
2503 N. Shaw Ave #102
COMPANY ADDRESS
Fresno, CA 93705
CITY/STATE/ZIP
nkay@kaywritingconcepts.com
E-MAIL ADDRESS
559-249-0262
PHONE NUMBER
FAX NUMBER

DBH
COMPANY NAME
MEE XIONG
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
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FAX NUMBER

EXHIBIT L

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BID DUE DATE:

BUYER: NC

DBH
COMPANY NAME
Joseph [illegible]
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER FAX NUMBER

DBH
COMPANY NAME
Paula Zapata
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER FAX NUMBER

DBH
COMPANY NAME
Yeng Lee
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER FAX NUMBER

COMPANY NAME
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