

COUNTY OF FRESNO

ADDENDUM NUMBER: THREE (3)

RFP NUMBER: 962-5212

CO-OCCURRING DISORDERS MENTAL HEALTH SERVICES

October 24, 2013

PURCHASING USE

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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 NOVEMBER 8, 2013.

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

Proposals will be opened and publicly read at that time. All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Brian D. Tamblin, phone (559) 600-7110,**
e-mail CountyPurchasing@co.fresno.ca.us, **FAX (559) 600-7126.**

NOTE THE ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 962-5212 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.

ACKNOWLEDGMENT OF ADDENDUM NUMBER THREE (3) TO RFP 962-5212

COMPANY NAME: _____
(PRINT)

SIGNATURE: _____

NAME & TITLE: _____
(PRINT)

QUESTIONS AND ANSWERS

Q1. Can the County please make an Excel version of the budget template available?

A1. See 962-5212 Add 3 Budget Template file attached.

Q2. What is the estimated Medi-Cal population that will be served through this contract?

A2. Medi-Cal billing is estimated at about 35%, meaning 35% of clients served by the Co-Occurring Disorders Program will be eligible for Medi-Cal. However, given the new Medi-Cal eligibility requirements under the Affordable Care Act (ACA), it is possible that many of those previously not Medi-Cal eligible will become eligible. Bidder's may estimate about 35%, but this percentage may be adjusted in contract negotiations (for the awarded bidder) to reflect actual increases in Medi-Cal eligibility resulting from implementation of the ACA.

Q3. What is the current breakdown of Medi-Cal, and other (MHSA) reimbursements?

A3. Co-Occurring Disorder Funding Breakdown for FY 2012-13 (July 1, 2012 – June 30, 2013) was contracted as follows:

Client Rents Revenue	\$15,000
Medi-Cal FFP Revenue	\$198,364
MHSA CSS Funds	\$1,140,635
Total Funding	\$1,353,999

Actual Co-Occurring Disorder revenues and expenses for FY 2012-13 (July 1, 2012 – June 30, 2013) were as follows:

Client Rents Revenue	\$22,317.07	(Actual)
Medi-Cal FFP Revenue	\$452,537	(Est 50% of Cost of Service Below)
MHSA CSS Funds	\$879,145	(Estimated)
Total	\$1,353,999	

FY 2012-13 Medi-Cal

Count of Services: 7,594	Sum of Units: 302,483
Count of Unique Clients: 97	Sum of Cost of Service: \$905,073.56

Co-Occurring Disorder Funding Breakdown for FY 2013-14 (July 1, 2013 – June 30, 2014) is contracted as follows:

Client Rents Revenue	\$6,000
Medi-Cal FFP Revenue	\$198,364
MHSA CSS Funds	\$1,540,622
Total Funding	\$1,744,986

Q4. What are the ages of the current demographic being served?

A4. Per the Contract and RFP: Adults age 18+

Q5. Are the Minimum Requirements to be addressed in their entirety as their own component of the Scope of Work (SOW) or are they only to be used to guide the writing of the SOW?

A5. The Scope of Work is a summary of the services to be provided and a guide to the proposal writer. The proposal should clearly explain your agency's experience relative to the requirements and how your agency will meet or exceed each of the required components presented in the RFP.

Q6. RFP page 36 states "Vendor shall hire Mental Health Workers/Advocates/Peer Specialist/Parent Partner of which all positions will be occupied by clients/family members." Are all of these staff positions at the same level, or is the mental health worker on a different level from the peer specialist/parent partner?

A6. The positions of Mental Health Worker, Advocate, Peer Specialists and Parent Partner do not all have to be at the same level. The only requirement with regards to these positions is that some of these positions be filled with clients/family members.

Q7. RFP 962-5212 references "on call" physicians. As that level of service is usually only provided for ER or inpatient level-of-care, not for an outpatient model, is the MD really meant to be "on-call"? Can the County please define "on call" in the context of this RFP's requirements?

A7. "On call" for this RFP means that the Full Service Partnership (FSP) Co-Occurring Team, including Psychiatrist and Psychiatric Nurse Practitioner shall be available during normal business hours and on-call, as needed, during off-hours. Co-Occurring services are to be provided 24 hours per day, 7 days per week as necessary to stabilize and care for a client in crisis, including but not limited to psychiatric assessments, prescribing necessary medications, monitoring the effects of medications, etc. The objective is to prevent unnecessary (or pro-longed) re-admissions to Institutes for Mental Disease (IMD's), acute inpatient, jail, detoxification, emergency rooms, or other higher levels of care.