



**ALAMEDA COUNTY HEALTH, BEHAVIORAL HEALTH DEPARTMENT (ACBHD)
ADDENDUM NO. 1 WITH QUESTIONS AND ANSWERS
TO
REQUEST FOR PROPOSAL (RFP) 26-01
SPECIFICATIONS, TERMS & CONDITIONS
FOR
*SOBERING CARE AND WITHDRAWAL MANAGEMENT SERVICES***

This County of Alameda RFP Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County's Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP Addendum will also be posted on the GSA Contracting Opportunities website located at https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp

The following Sections have been modified to read as shown below. Changes made to the original RFP document are in **bold** print and **highlighted**, and deletions made have a strike through.

CLARIFICATIONS & CORRECTIONS/CHANGES THAT PERTAIN TO THE FOLLOWING:

Bid Response Packet

Bid Response Packet has been revised and replaced by “RFP 26-01 Sobering Care and Withdrawal Management Services Bid Response Packet_Revised”.

Request For Proposal

Section D. BIDDER MINIMUM QUALIFICATIONS

- Have at least ten years of experience providing behavioral health and medical services to the priority population within the last fifteen years;
- Have a minimum of three years demonstrated experience prescribing MAT (medication assisted Treatment) services and/or effectively connecting individuals to MAT services over the past five years; and
- Have at least ten years of experience billing Drug Medi-Cal **and/or Medi-Cal** within the last fifteen years.

RESPONSES TO BIDDER'S QUESTIONS

PROGRAM SERVICES

Q1. Noting that EMS and law enforcement drop-offs are required, please share the additional anticipated referral sources for this program.

A1. Emergency Medical Services (EMS) and law enforcement will serve as the top referral resources. However, there will also be referrals from the ACBHD ACCESS line, Community Based Organizations, street medicine teams, and client self-referrals (considered walk-ins).

Q2. What is the percentage of referrals received from EMS and law enforcement vs other sources?

A2. Currently, ACBHD does not have data on these referral sources. Additionally, the current program model in operation is not able to receive referrals from EMS due to their staffing composition. The receipt of EMS referrals requires the presence of a Registered Nurse (RN) or a paramedic, per California regulations.

Q3. Please provide the historical data regarding the number of clients served who required incidental medical services.

A3. The data on historical services at Cherry Hill is not complete, and ACBHD declines to share it at this time.

Q4. We understand that the Short-term Sobering (≤23.99 hours) should support services to an average of 43 individuals per day and withdrawal management (ASAM 3.2): should serve an average of 27 clients at any point in time. What is the historical data regarding the average number of clients served in the short-term sobering and the average number clients typically served in the withdrawal management?

A4. ACBHD declines to share any historical data for this program, as it does align with the redesign of the funding and staffing requirements of the program.

Q5. Is a Nurse call system required? If so, is there a Nurse call system available in current setting?

A5. A nurse call system is not required, and there is currently none in place.

Q6. Is awardee responsible to deploy Biomed equipment for these beds? If so, what type of equipment is needed?

A6. Biomed equipment will be needed. Please refer to Section I.F.2 (pp 8-9) of the RFP for specific information on the medical needs to be monitored during a client treatment stay.

Q7. How does the County plan to address the funding and services as outlined in this contract after the upcoming 4th edition ASAM changes, especially with 3.2 being removed as a distinct service category in July 2027?

A7. At present, ACBHD does not have clarification from the State on how and when these changes will occur for 3.2 level of care.

STAFFING

Q8. Are community health workers (CHWs) acceptable alternatives to the substance use navigator (SUN) positions outlined in the Sobering Center component?

A8. Yes, ACBHD would consider a CHW to be equivalent to a SUN.

Q9. Can we hire new staff to fulfill the minimum staffing requirements? Or are we expected to already have the available staff hired by the time of the submitted proposal?

A9. Bidders are not expected to have all staff hired at the time of proposal submission; however, the awarded Contractor will be expected to be fully staffed, in line with their proposed staffing structure, by the end of the start-up period. Further, the awarded Contractor will not be allowed to make any changes to the budget submitted with their bid, post-award.

BUDGET/BILLING

Q10. Once operational, would the operator of the services be required to bill for Drug Medi-Cal services, or would Alameda County bill for DMC services?

A10. ACBHD will bill Drug Medi-Cal for services, based on the claims submitted by the awarded Contractor.

Q11. This contract is based on a bed-day rate, and NOT cost settlement, correct?

A11. The withdrawal management and other Medi-Cal treatment services are based on a bed-day, or unit, rate. Non Medi-Cal treatment components will be settled to cost.

Q12. Will rates be based on a non-ASAM category (ie Sobering, Detox)?

A12. Contract rates will be based upon submitted budgets and expected occupancy.

PROPOSAL SUBMISSION/RFP PROCESS

Q13. Page 6 of the RFP notes that ACBHD will disqualify proposals that are “Submitted with subcontractors performing any portion of the clinical services described in the

RFP.” Regarding the SLEB subcontracting requirement, Page 6 of the RFP notes that additional information on SLEB exemption and waiver are included in Section II.C. However, after reviewing that section, we are unsure of how to request an exemption or waiver (historically this has been the case for clinical services). Please provide guidance on how a bidder may request a SLEB requirements waiver and how they should notate this on their SLEB Partnering and Information Sheet.

A13. ACBHD requests the waiver as part of the board letter process. Bidders who are not SLEB certified and do not meet any of the exemptions should check the “Other” box on the SLEB Partnering and Information Sheet, and should note that they would like a waiver of the SLEB requirements.

Q14. Is cover page along with table of contents count towards the page limit maximum?

A14. No, a cover page or table of contents would not count towards the page limit maximum.

Q15. Please confirm that the cover page and table of contents do not count towards the maximum page limit?

A15. Please see above answer to Q14.

Q16. Will oral interviews be held virtually or in-person?

A16. Oral interviews will be held virtually via Zoom or other teleconferencing platform.

MINIMUM QUALIFICATIONS

Q17. Regarding the 10-year Drug Medi-Cal billing requirement; must the bidding entity itself have this billing history under its own entity, or can experience from affiliated entities be attributed to the bidder?

A17. Please see revision to Section D. Bidder Minimum Qualification above. Experience from affiliated entities may qualify, and how such experience would qualify should be described in bidders’ proposals.

Q18. Can ACBHD clarify whether the 10-year Drug Medi-Cal billing requirement would be met if a bidder has extensive Medi-Cal billing experience but primarily through Short-Doyle/Mental Health Medi-Cal rather than Drug Medi-Cal?

A18. Please see revision to Section D. Bidder Minimum Qualification above. Medi-Cal billing experience for Specialty Mental Health Service (SMHS) would qualify.

Q19. Is the County open to revising the Bidder Minimum Qualification regarding billing Drug Medi-Cal to allow bidders with at least five years of experience of Drug Medi-Cal licensure within the last ten years to apply?

A19. No, the minimum number of years of experience remains ten; however, this Minimum Qualification has been revised to include billing Medi-Cal for SMHS.

Q20. May the Bidder Minimum Qualification minimum years of experience requirement be met through cumulative years of experience across more than one program?

A20. Yes, Minimum Qualification years of experience may be met cumulatively, across more than one program. Bidders should describe how they meet the Minimum Qualifications in their bid.

MISCELLANEOUS

Q21. May bidders have the opportunity to visit the County-owned Cherry Hill facility in San Leandro prior to proposal submission to help inform program design and start-up costs?

A21. Unfortunately, a site visit is not possible at this time. However, attached to this addendum are the floor plans of the Cherry Hill facility for bidders' information.

Q22. Could the County please provide photos of the inside of the facility and/or a floorplan of the current facility?

A22. Please see above answer to Q21. Cherry Hill floor plans are attached to this addendum.

Q23. Horizon is the incumbent. What are the county's pain points with their service, (or is this RFP more of a formality)?

A23. This RFP is the result of a program re-design. Alameda County procurement policies require a program that is significantly changed to be competitively bid.

Q24. Curious to understand the intent of the RFP. As Jaimie C said horizon services currently operates cherry hill, so why the new RFP. Is it equal competition? Is the issuance of the RFP because the horizon contract is ending? Are other orgs at a disadvantage because Horizon has the history of providing this exact service?

A24. Please see above answer to Q23. Alameda County procurement procedures are carefully designed such that no one bidder has an advantage.

Q25. What are the terms of the current building lease and will they be negotiable? What will be the maintenance responsibility of the awardee versus that of the County?

A25. The Cherry Hill facility is County-owned, and therefore there will be no lease agreement between the County and the awarded Contractor. There will be a Memorandum

of Understanding regarding the facility and its use. Maintenance will largely be the responsibility of the County.

Q26. Where a bidder is part of a multi-entity system with separately licensed facilities, and/or separate medical groups, and/or distinct legal subsidiaries; if clinical staff delivering services at Cherry Hill are employed by or credentialed through an entity other than the entity that holds the ACBH contract for Cherry Hill, does ACBHD consider that subcontracting of clinical services under Section D, and therefore at risk of disqualification?

A26. Bidders must be a single legal entity under one tax ID. A specific proposal for Medi-Cal services must have all Medi-Cal billable staffing and services under the primary legal entity. However, bidders providing Medi-Cal services may propose contracted staff (e.g. individual prescriber contracted by the legal entity) to support the Medi-Cal services.

Q27. Regarding the Section D – Qualifications statement: “Program funding includes revenue from Medi-Cal; as such, ACBHD shall disqualify proposals submitted with subcontractors performing any portion of the clinical services described in this RFP,” can you confirm as to whether MD contractors who may at times cover MAT prescribing in the absence of the NP/PA are permissible?

A27. See above answer to Q26. Bidders may include contracted staff, such as a prescriber, to support Medi-Cal billable services.

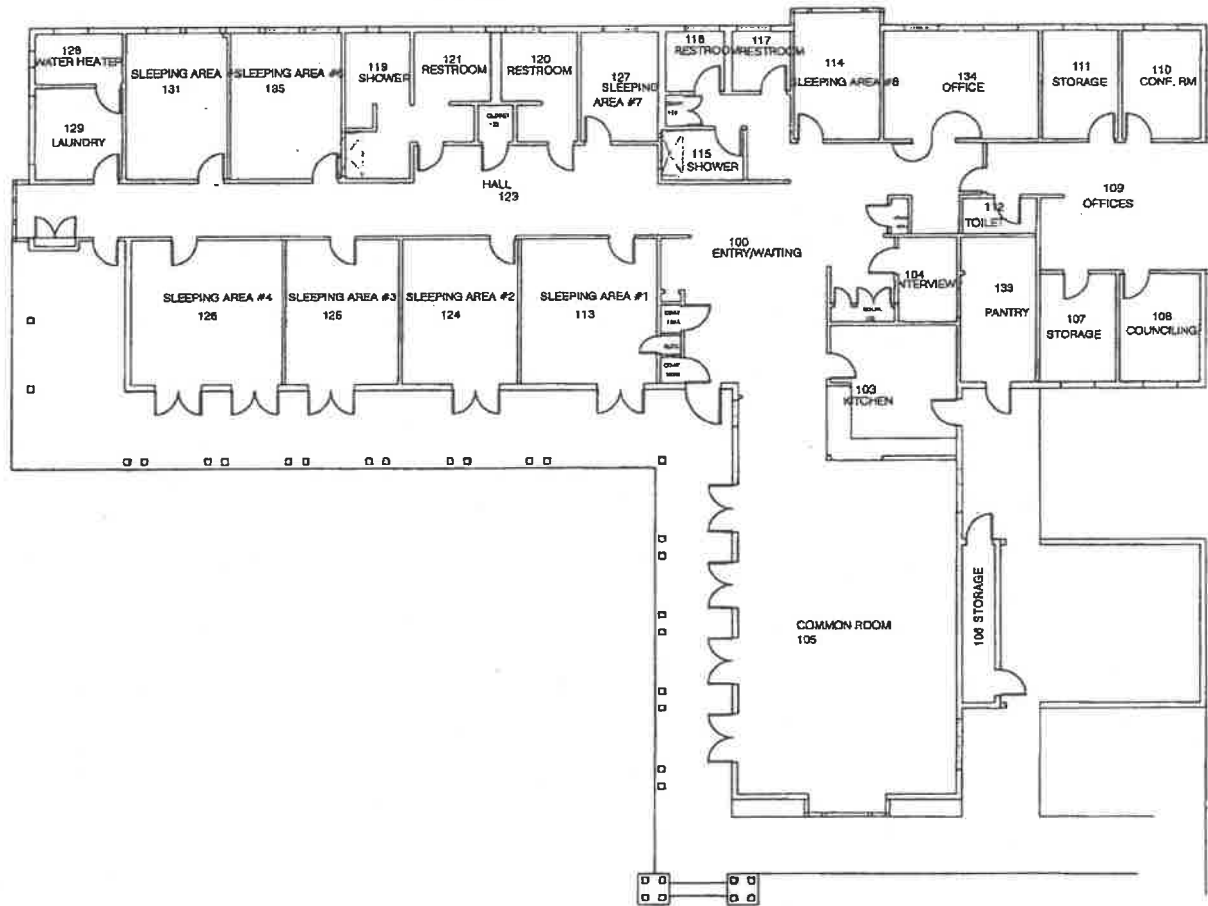
The following participants attended the bidder's conference meetings

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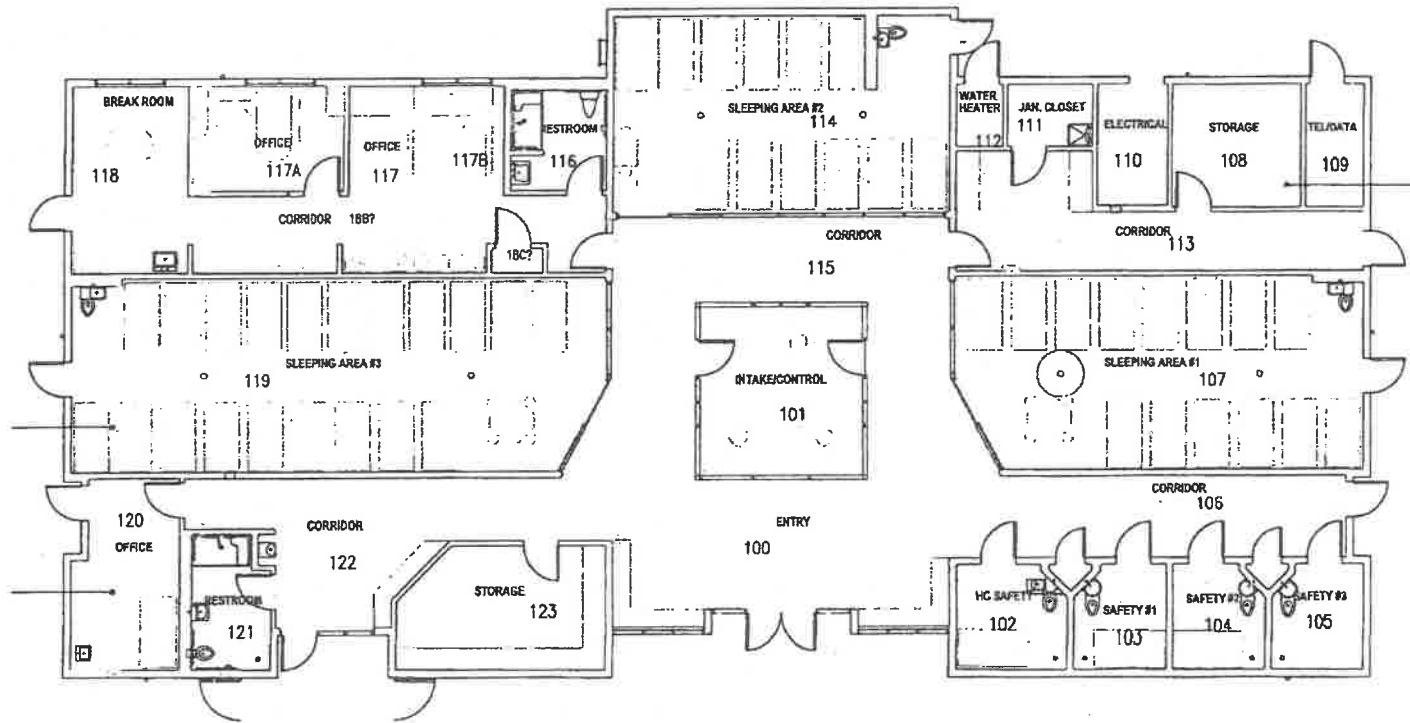
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EXHIBIT A-2



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EXHIBIT A-1



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