



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
AARON CHAPMAN, M.D., INTERIM DIRECTOR

Network Office
1900 Embarcadero Cove, Suite 205
Oakland, California 94606
510. 567.8296

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
REQUEST FOR PROPOSAL (RFP) # R14-02
SPECIFICATIONS, TERMS & CONDITIONS
for
MEDICATION SUPPORT**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Friday, August 29, 2014	9:30 am – 11:30 am	Alameda County Behavioral Health Care Services Agency 1900 Embarcadero Cove, Ste 205, Oakland (Wildcat Canyon Room)
Friday, August 29, 2014	1:30 pm – 3:30 pm	Alameda County Public Works Agency 951 Turner Ct, Hayward (Conference Room 230 ABC)

PROPOSALS DUE

**Friday, October 10, 2014
by 2:00 pm**

to

**RFP #14-02 c/o Edilyn Dumapias
1900 Embarcadero Cove Suite 205
Oakland, CA 94606**

Proposals received after this date/time will NOT be accepted

Contact: Edilyn Dumapias

Email: edumapias@acbhcs.org Phone: 510.383.2873

TABLE OF CONTENTS & EXHIBITS

I. STATEMENT OF WORK	3
A. INTENT	3
B. BACKGROUND.....	4
C. SCOPE.....	4
D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS.....	5
E. SPECIFIC REQUIREMENTS	6
F. BIDDER EXPERIENCE, ABILITY AND PLAN	7
II. INSTRUCTIONS TO BIDDERS	11
A. COUNTY CONTACTS.....	11
B. CALENDAR OF EVENTS.....	12
D. BIDDERS' CONFERENCES	13
E. SUBMITTAL OF PROPOSALS/BIDS	14
F. RESPONSE FORMAT/PROPOSAL RESPONSES	15
G. EVALUATION CRITERIA/SELECTION COMMITTEE	20
H. EVALUATION AND ASSESSMENT	27
I. AWARD.....	27
J. INVOICING	28
K. NOTICE OF AWARD.....	28
III. APPENDICES	29
A. GLOSSARY & ACRONYM LIST.....	29
B. BHCS LEVELS OF SERVICE	32

I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms and conditions for Alameda County Behavioral Health Care Services (hereafter BHCS or County) to seek proposals for the provision of medication support services to: Alameda County adults and older adults with serious and persistent mental illness (SPMI) who are stabilized, and individuals with moderate to severe mental disorders who do not require high intensity of care.

BHCS will use this Request for Proposals (RFP) to establish a new contract with a provider(s) to continue the delivery of medication support and provide quality care that promotes recovery and overall health through linkages to primary care.

BHCS shall notify contract awardees should it be necessary to adjust the amount of funding available for the contract. Any contracts that result from this RFP process will be rate-based and pro-rated for the fiscal year at the contract start date.

Proposals shall form the basis for any subsequent awarded contracts. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. BHCS reserves the right to dissolve a contract if/when Contractor materially alters staff, budgets, deliverables and outcomes any time after the contract award.

The County is not obligated to award any contracts as a result of this RFP process. The County may, but is not obligated to renew any awarded contracts. Any renewal of awarded contracts shall be contingent on the availability of funds, Contractor performance, continued prioritization of the activities and priority populations, as defined and determined by BHCS.

BHCS anticipates that the program will cost approximately two and a half million dollars to run. The total amount is inclusive of \$655,593 in Contractor generated Medicare dollars. BHCS intends to allocate a maximum of \$1,844,407 to either one provider that has an office location in both North and South County or to two providers that have a physical location in North County and South County. The needs of the clients in the East County are adequately met with current services.

For the purposes of this RFP, County regions are defined as:

County Region	Defined as	Maximum BHCS Contract Amount	Anticipated Medicare Revenue
North County	Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont, Unincorporated areas of Ashland, Castro Valley, Cherryland, San Leandro, San Lorenzo and Cities of Hayward	\$1,475,523	\$458,914
South County	Fremont, Newark and Union City	\$368,884	\$196,679
Total		1,844,407	\$655,593

Historically, clients living in Hayward access services in either a North or South county located office and shall be determined by ACCESS which is the single point of referral. The split in the allocation above already takes into account this flexibility should there be two winning Bidders to serve the North and South County.

B. BACKGROUND

BHCS determined population needs by analyzing data from its current medication support services for Level III clients. The analysis shows that 2,500 to 3,200 clients either live with SPMI who have stabilized in higher level of care settings or those with moderate to severe mental illness (SMI) that require psychiatric consultation beyond primary care's responsibility, but do not need the intensity of Level I or II care.

The data available to BHCS shows the following client demographics:

- Age range
 - Adults (25-59 years old) – 81%
 - Older adults (60 years old and over) – 13%
- Ethnicity
 - African American – 42%
 - Caucasian – 28%
 - Asian/Pacific Islander – 10%
 - Latino – 7%
 - Other/Unknown – 13%
- Health Coverage
 - Medi-Cal only – 61%
 - Medical/Medicare (Medi/Medi) – 38%
 - HealthPac – 1%

Contractors may serve Medicare only and private pay insurance without impacting the contracted deliverables funded by BHCS.

Medication support services play a critical role in the BHCS continuum of care. The services increase appropriate use of medications and promote recovery and transition to primary care, thereby resulting in lower recidivism for hospitalization, psychiatric emergency services and the criminal justice system.

C. SCOPE

Medication support may include activities such as, but are not limited to, evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of clients.¹

Contracts awarded through this RFP shall be used to provide medication support services, which include medication prescribing, evaluation and monitoring, to the priority populations described below.

The functions noted above include numerous tasks that must be performed consistently and expertly, including, but not limited to the following:

¹ California Code of Regulations (CCR), Title 9, Div. 1, Chapter 11, Subchapter 1, Article 2, §1810.225.
See glossary for definitions of Levels of Care

Medication Prescribing

- Issuing prescription(s) for the right drug therapy for client.

Evaluation and Monitoring

- This includes any possible drug interactions, contraindications, adverse effects, therapeutic alternatives, allergies, over/under dosing, poly-pharmacy, side effects, adverse effects, dietary conflicts or any other medication related issues.
- Consultations with physicians, clients and family members as authorized by the client.

Although medication dispensing is not part of the scope of work of this RFP, Bidders shall have established protocols for storage and security of sample medications given out to clients.

BHCS is seeking proposals that demonstrate the Bidder's capability in providing services that are culturally and linguistically responsive, client-centered, and clearly grounded in well-matched, feasible, evidence-based or promising practice models.

Any awarded contract must be self-sustaining, meaning that the program must generate enough revenue to cover the costs of the program. Bidders must have demonstrated success in documenting and billing to SD/MC² standards and preferential points shall be given to a current Medicare provider.

D. BIDDER MINIMUM QUALIFICATIONS AND DISQUALIFICATIONS

To be eligible to participate in this RFP, Bidders must successfully demonstrate in their proposal how they meet all of the following Bidder Minimum Qualifications:

- a. Have at least two years of organizational experience providing services to the priority population(s) within the last five years;
- b. Have at least two years of experience billing Medi-Cal through the County within the last three years; and
- c. Have no current open Quality Assurance (QA) investigations and/or Plan of Correction with BHCS.

BHCS shall disqualify proposals submitted that subcontracts for clinical services with an organization that settles to cost for Medi-Cal services anywhere in California.

Proposals that exceed the contract maximum amounts and the County maximum rate or are unreasonable and/or unrealistic in terms of budget, as solely determined by BHCS, shall be disqualified from moving forward in the evaluation process.

Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. BHCS will disqualify proposals that do not demonstrate that Bidder meets the specified Bidder Minimum Qualifications, and these disqualified proposals will not be evaluated by the County Selection Committee (CSC)/Evaluation Panel and will not be eligible for contract award under this RFP.

² Short-Doyle billing experience is defined as meeting all of the following:

- At least two years' experience settling to cost;
- Direct entry of provider data into INSYST or alternative system; and
- Demonstrated experience following/complying with Medi-Cal Quality Assurance guidelines

E. SPECIFIC REQUIREMENTS

The scope of work for contracts awarded from this RFP will include compliance with all of the following:

- Plan for and implement continuous training and quality improvement on cultural and linguistic responsiveness;
- Verify Medi-Cal eligibility on a monthly basis;
- Have sufficient clinical supervision to ensure compliance with Medi-Cal documentation requirements and the quality of care to clients;
- Have sufficient quality assurance infrastructure;
- Enter data in a timely manner, as instructed, into the County's electronic information management and claiming system (currently InSYST).

Medi-Cal Billing Requirements

To successfully implement these services, providers shall demonstrate and have the capability to conduct all of the activities listed below. Bidders that are not currently certified to provide Medi-Cal billable services agree, by submittal of proposal(s) that they will comply with all of the following if awarded any contract(s):

- Independently adhere to all Medi-Cal documentation standards, including Assessment, Treatment Plans and Progress Notes, which are in compliance with the standards set forth by Medicare and Medi-Cal, as well as the policies of BHCS.
 - The format of the Assessment shall establish medical necessity.
 - It shall also incorporate all of the items of the current QA Regulatory Compliance Tool.
 - Providers must stay current with all changes in Assessment requirements and adopt those changes.
 - The format of the Treatment Plan shall be structured in a manner that allows for client-driven goals, objectives and interventions.
 - It must also incorporate all of the items of the current QA Regulatory Compliance Tool: See the QA website for more information: <http://www.acbhcs.org/providers/QA/QA.htm> and the Memo: http://www.acbhcs.org/providers/QA/docs/2012/Master_Contract_Provider_Memo_Changes_New_Requirements.pdf
 - In addition, Contractor must stay current with all changes in Treatment Plan requirements and adopt those changes.
 - The format of a Progress Note shall provide a structure in compliance with Medi-Cal documentation standards.
 - The format of the Progress Notes must allow for the documentation of services in a manner that meets the criteria to submit claims to Medicare and Medi-Cal. See Memo for more information: http://www.acbhcs.org/providers/QA/General/Progress_Note_Memo.pdf
- Record services in case notes and in the BHCS data system with the correct procedure codes.
 - A Contractor that is new to Alameda County will be provided with introductory training on the use of these codes. Contractors shall deepen their understanding and use of these codes through outside trainings and/or study.
- Attend all required scope of practice training and documentation activities in order to appropriately and successfully bill to Medi-Cal.
- Demonstrate understanding of the administrative requirements for Medi-Cal funded services and plan for providing them. These activities include, but are not limited to, the following:

- Obtaining a current and valid fire clearance from the local fire department for the program site address or obtaining a copy of the current and valid fire clearance from the program location's property manager/owner;
- Meeting the minimum requirements for a program site as set forth in CCR, Title 9. All contracted program sites must be certified in accordance with the mental health Medi-Cal Program Site Certification Protocol. Contractors are responsible for preparing all materials required for a Medi-Cal Program Site Certification: http://www.acbhcs.org/providers/network/docs/2013/MH_Medi-cal_Program_Certification_protocol.pdf;
- Attending all BHCS sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements here: [Medi-Cal Requirements](#);
- Follow all QA policies and procedures: and documentation standards: <http://www.acbhcs.org/providers/QA/QA.htm>;
- Attending the monthly Clinical Quality Review Team (CQRT) group meetings for the first year of contract. CQRT requires one Licensed Practitioner of the Healing Arts (LPHA) to attend for every seven charts that are reviewed. Find the updated CQRT manual here: <http://www.acbhcs.org/Docs/docs.htm#RFP>.

Medicare Billing Requirements

It is estimated that 38 percent of the current population are Medi-Medi (dually enrolled in Medi-Cal and Medicare). The total program budget accounts for Medicare revenue generation, therefore, any awarded Contractor shall manage accurate and timely billing to meet this expectation. Bidders who currently contract with the federal government as a Medicare provider shall receive additional points for meeting this requirement. Bidders who are not currently contracted as a Medicare provider can still submit a proposal and will not be automatically disqualified. If awarded, Contractor must apply to become a Medicare provider agency and bill Medicare for Medi-Medi clients. BHCS' Provider Relations will provide the Contractor with information on the application process to become a Medicare provider and provide technical assistance to ensure adherence to Medicare billing rules.

The Dual Eligible pilot is scheduled to begin in Alameda County effective July 1, 2015. Beacon Health Corporation will manage the pilot program upon implementation, the details of which are not known at this time. BHCS will work with the awarded Contractor on the provision of services to the Medi-Medi clients should there be a change from the current program design included in this RFP.

Bidders shall demonstrate their capability to fulfill the above requirements and ability to adhere and comply with all standards to implement these programs.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. Experience with Priority Population Needs and Service Delivery Approach

The scope of work requires that services be provided to consumers with SPMI who have stabilized in settings providing a higher level of care and who no longer require that intensity of care. Medication support will also be a primary referral for consumers with moderate to severe disorders who do not require Level I or II services (see Appendix B for BHCS definition of Levels of Service) and who upon stable medication management can be transitioned to primary care.

Bidders shall have experience with a service delivery approach that is effective in working with the priority population. The program design should reflect plans to link

with, and transition consumers to primary care to promote wellness, reduce consumer stigmatization and to promote efficient use of service capacity within the system of care.

The clients discharged from John George Psychiatric Hospital (JGPH) are high utilizers of this level of service. Generally, clients discharged from JGPH receive a 30-day prescription that they need to fill after leaving the facility. A subset of these clients end up at the Sausal Creek Clinic for a few days of bridge medication when they cannot get a medication appointment before their prescription runs out. Ideally, consumers exiting JGPH would transition to the Contractor's services with no interruption in care.

There is also a small group of clients who may come in with more than one antipsychotic medication prescribed at once. The program design needs to reflect consideration of issues with polypharmacy and latency from hospitalization to service engagement.

The priority population has a persistent no show rate of 50 percent which is non-reimbursable. BHCS seeks a service delivery approach that will decrease the no-show rate to 20 percent.

Services shall include identification, implementation and utilization of evidence-based or promising practice models. The model shall clearly match the needs, risk factors and characteristics of the priority population. Evidence-based models are defined as models or practices with well-documented effectiveness. Promising practices are defined as a body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.

Discharge from the program shall be based on any of the following factors:

- Individual's symptomatology and level of functioning - social, familial, occupational and vocational shall have improved in such a way that psychopharmacological interventions are not required or can be managed in a primary care setting.
- Individual's clinical condition requires a more intense level of care than can be delivered in an outpatient setting.

Bidders must also demonstrate capacity to provide services that are culturally and linguistically responsive. ACBHCS' current language thresholds are Spanish, Cantonese, Mandarin, Farsi, and Vietnamese. Expenses related to interpretation service must be included in the submitted budget.

2. Planned Organizational Infrastructure and Staffing

The scope of work requires that services be provided by a team who can meet the demand of an active caseload as follows:

- 3,000-3,300 clients per year
- 16,000 visits per year
- 225 client visits per month per prescriber
- Up to 5 client visits per year

The client visits per year is an estimate based on the assumption that if a client is referred to a Level III service that that client is stable on a dose of medication or is on a particular medication regimen that could be served once per quarter. As stated above, some individuals arrive in a less stable state which may require additional

visits in the beginning. BHCS expects that over time, these individuals can get on track towards medication visits once per quarter. It also accounts for those clients who enter into treatment and drop out early.

In addition to the clinical team who will have the primary task of prescribing and evaluating medications, program staff shall also include care extenders who will facilitate and support linkages to primary care.

The following service modalities shall be provided based on acuity of needs that will lend to successful transition to primary care for most clients:

1. Medication Support
 - 1-1/2 hour Initial Assessment³ and 1/2 hour Follow-up Assessment thereafter
 - Evaluation (face-to-face)
2. Mental Health Services
 - Collateral
3. Brokerage

ACCESS shall be the only source of referral and responsible for making assignments for new clients who meet medical necessity for specialty mental health. If it is established in the course of providing treatment that the client needs a higher level of care, the awarded Contractor shall call ACCESS. Initial authorization is for 3 months from the date of ACCESS referral. Reauthorization from BHCS is required for service beyond 12 months.

The successful Bidder will have an office location(s) that is centrally located and accessible to public transportation for serving consumers in the two geographic county regions identified in this RFP. The office location must especially account for the heavy concentration of the targeted population in the areas of East Oakland, San Leandro, Hayward and Fremont.

The successful Bidder(s) will be an organization that demonstrates adequate infrastructure to deliver the proposed program model. Appropriate infrastructure includes:

- Organizational capacity for billing Medi-Cal and Medicare and for managing operations in a manner that maximizes revenue generation while maintaining quality of care;
- Recruiting, hiring and retaining staff who are appropriately skilled, experienced and credentialed for the services being delivered;
- Providing clinical supervision to ensure that each staff and any pre-licensed staff have appropriate and regular supervision with a seasoned licensed supervisor;
- Monitoring of clinicians' credentials to the Office of Inspector General's requirements for delivering Medi-Cal services;
- Liaising with BHCS for the authorization of services;

³ Initial Assessment varies from County to County. The maximum in Alameda County is 90 minutes which includes collection of client history, assessment of current status, client engagement, prescribing, ordering appropriate laboratory tests, dealing with pharmacy-related issues if treatment authorization is required, completing compliance documentation, etc.
See glossary for definitions of Levels of Care

- Maintaining quality assurance of Medi-Cal and Medicare documentation standards; and
- Developing and maintaining the technology and staff support to collect and analyze data (i.e., no shows, transition to primary care, etc.) outside a BHCS-approved data collection and claiming system.

The successful Bidder(s) shall have the capability to identify and address barriers to service delivery, track intervention success, and work with BHCS to determine outcomes that may be used to evaluate contractor performance and for the purpose of reporting and continuous quality improvement of services.

3. Forming Partnerships and Collaboration

Should this RFP process result in a change of Contractor for this service, BHCS will assign a Project Manager to work with the contract awardee on the transition of client care, which includes but not limited to the following:

- Assessing for clients who are mild to moderate and facilitating transition to their Managed Care Plan;
- Evaluating clients who are ready to step-down to primary care; and
- Transfer of client files for those clients who will continue to receive medication support services.

At this time, BHCS anticipates that any such transition of consumers will be staged in a manner that appropriately addresses the clinical needs of current and newly referred consumers.

The Contractor shall work collaboratively with the BHCS ACCESS Unit who will be the sole source for Level III medication referrals in the identified geographic areas. The ultimate goal of the program is to transition clients to primary care. To that end, the existence of an established partnership or an ability to cultivate strong relationships with primary care clinics and community-based physicians is an expectation from the awarded Contractor.

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTACTS

All contact during the competitive RFP process shall be through the RFP contact, only.

The BHCS website <http://www.acbhcs.org/Docs/docs.htm#RFP> and the General Services Agency (GSA) website http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp#goods are the official notification and posting places for this RFP and any Addenda.

The evaluation phase of the competitive process shall begin upon receipt of proposals until contract award. Bidders shall not contact or lobby CSC/Evaluation Panelists during the evaluation process. Attempts by Bidders to contact CSC/Evaluation Panelists may result in disqualification of the Bidder's proposal.

All questions regarding these specifications, terms and conditions shall be submitted in writing, preferably via e-mail, as specified in the Calendar of Events to:

Edilyn Dumapias
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: edumapias@acbhcs.org

B. CALENDAR OF EVENTS

Event	Date/Location	
Request for Proposals (RFP) Issued	Friday, August 15, 2014	
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – BHCS strongly encourages Bidders to submit written questions earlier.	
1 st Bidders' Conference	Friday August 29, 2014	9:30 am – 11:30 am 1900 Embarcadero Cove, Ste 205, 2 nd flr (Wildcat Canyon Room)
2 nd Bidders' Conference	Friday August 29, 2014	1:30 pm – 3:30 pm 951 Turner Ct, Hayward (Conference Rm 230 ABC)
Addendum Issued	Friday, September 5, 2014	
Proposals Due	Friday, October 10, 2014 by 2:00 pm	
Review/Evaluation Period	October 13, 2014 through October 24, 2014	
Oral Interviews (as needed)	October 27, 2014	
Award Recommendation Letters Issued	November 3, 2014	
Board Agenda Date	February 2014	
Contract Start Date	February 1, 2015	

Note: Award Recommendation, Board Agenda and Contract Start dates are approximate. Other dates are subject to change. Bidders will be notified of any changes via email. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions. By submission of a proposal, Bidder certifies that if awarded a contract Bidder shall make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

C. LOCAL AND SLEB PREFERENCE POINTS

1. Preference for Local Products and Bidders:

A five percent (5%) preference shall be granted to Alameda County products or Alameda County Bidders on all sealed bids on contracts except with respect to those contracts which state law requires be granted to the lowest responsible bidder. An Alameda County Bidder is a firm or dealer with fixed offices and having a street address within the County for at least six (6) months prior to the issue date of this RFP; and which holds a valid business license issued by the County or a city within the County. Alameda County products are those which are grown, mined, fabricated, manufactured, processed or produced within the County. Locality must be maintained for the term of the contract. Evidence of locality shall be provided immediately upon request and at any time during the term of any contract that may be awarded to Contractor pursuant to this RFP.

2. Small Local Emerging Business (SLEB)

The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's SLEB requirements in order to be considered for the contract award. These requirements can be found online at:

<http://acgov.org/auditor/sleb/overview.htm>

For purposes of this proposal, applicable industries include, but are not limited to, the following NAICS Code(s): 541990 as having no more than \$15,000,000 in average annual gross receipts over the last three (3) years.

The following provisions shall apply to this RFP:

- a. If Bidder is certified by the County as either a small and local or an emerging and local business, the County will provide a five percent (5%) bid preference, in addition to that set forth in paragraph 1. above, for a total bid preference of ten percent (10%). However, a bid preference cannot override a State law, which requires the granting of an award to the lowest responsible bidder.
- b. The County reserves the right to waive these small/emerging local business participation requirements in this RFP, if the additional estimated cost to the County, which may result from inclusion of these requirements, exceeds five percent (5%) of the total estimated contract amount or ten thousand dollars (\$10,000), whichever is less.
- c. The following entities are exempt from the SLEB requirements for contracting, but not for procurement, as described above and are not required to subcontract with a SLEB:
 - i. Non-profit community based organizations (CBOs) that are providing services on behalf of the County directly to County clients/residents;
 - ii. Non-profit churches or non-profit religious organizations (NPO);
 - iii. Public schools; and universities; and
 - iv. Government agencies

Non-profits must provide proof of their tax exempt status. These are defined as organizations that are certified by the U.S. Internal Revenue Service as 501(c)3.

If additional information is needed regarding this requirement, please contact the Auditor-Controller's Office of Contract Compliance (OCC) located at 1221 Oak Street, Room 249, Oakland, CA 94612 at Tel: (510) 891-5500, Fax: (510) 272-6502 or via E-mail at ACSLEBcompliance@acgov.org.

D. BIDDERS' CONFERENCES

BHCS strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences. BHCS shall hold two Bidders' Conferences. Bidders' Conferences shall:

- Provide an opportunity for Bidders to ask specific questions about the priority program(s) and request RFP clarification; and
- Provide the County with an opportunity to receive feedback regarding the priority program(s) and RFP.

BHCS shall respond to written questions submitted prior to the Bidders' Conferences, in accordance with the Calendar of Events and verbal questions received at the Bidders' Conferences, whenever possible at the Bidders' Conferences. BHCS shall address all

questions and include the list of Bidders' Conferences attendees in an Addendum following the Bidders Conferences in accordance with the Calendar of Events section of this RFP.

Bidders are not required to attend the Bidders' Conferences. However, attendance at least one Bidders' Conference is strongly encouraged in order to receive information to assist Bidders in formulating proposals.

Failure to participate in a Bidders' Conference shall in no way relieve the Bidder from furnishing program and services requirements in accordance with these specifications, terms and conditions and those released in any Addenda.

E. SUBMITTAL OF PROPOSALS/BIDS

1. All proposals must be SEALED and received by BHCS **no later than 2:00 pm on the due date and location specified on the RFP cover and Calendar of Events in this RFP**. BHCS cannot accept late and/or unsealed proposals. If hand delivering proposals, please allow time for parking and entry into building.

BHCS shall only accept proposals at the address and by the time indicated on the RFP cover and in the Calendar of Events. Any proposals received after said time and/or date or at a place other than the stated address cannot be considered and shall be returned to the Bidder unread/unopened.

All proposals, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated delivery address prior to the time designated. BHCS' timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Bidders must submit proposals which clearly state Bidder and RFP names, specifying the County Region(s) for which Bidder is applying on the first page of the proposal. Proposals shall include:
 - a. One original hard copy proposal in a three-ring binder, with original ink signatures. Original proposal is to be clearly marked on the cover (it should be clear who the Bidder is and to which priority program category for which Bidder is proposing to serve on the front of the binder);
 - The original proposal must include evidence that the person(s) who signed the proposal is/are authorized to execute the proposal on behalf of the Bidder.
 - b. Seven copies of proposal. Copies must be unbound without a three-ring binder.
 - c. Enclosed with the hard copy include, a USB flash drive clearly marked with the Bidder and RFP names, specifying the County Region(s) for which Bidder is applying with the following saved on it:
 - An electronic copy of the proposal, saved with Bidder's name;
 - An electronic copy of the completed Exhibit B-1 Program Budget, saved with the Bidder's name.

The County requests that all proposals submitted shall be printed double-sided and on minimum thirty percent post-consumer recycled content paper.⁴

Bidders shall use the Fillable Forms Template for submittal of proposals to ensure that proposals are:

- Single spaced;
- Use 12-point Times New Roman font and

⁴ Inability to comply with this recommendation will have no impact on the evaluation and scoring of proposals.
See glossary for definitions of Levels of Care

- Conform to the maximum page limits.
3. The County will not consider telegraphic, electronic or facsimile proposals.
 4. Bidder agrees and acknowledges all RFP specifications, terms and conditions and indicates ability to perform by submission of proposal.
 5. Submitted proposals shall be valid for a minimum period of eighteen months.
 6. All costs required for the preparation and submission of a proposal shall be borne by Bidder.
 7. The County shall only accept one proposal from any one person, partnership, corporation or other entity; however, several alternatives may be included in one response. For purposes of this requirement, "partnership" shall mean and is limited to, a legal partnership formed under one or more of the provisions of the California or other state's Corporations Code or an equivalent statute.
 8. Proprietary or Confidential Information: No part of any proposal response is to be marked as confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Additionally, all proposals shall become the property of County. County reserves the right to make use of any information or ideas contained in submitted proposals. This provision is not intended to require the disclosure of records that are exempt from disclosure under the California Public Records Act (Government Code Section 6250, et seq.) or of "trade secrets" protected by the Uniform Trade Secrets Act (Civil Code Section 3426, et seq.).
 9. All other information regarding proposals shall be held as confidential until such time as the County Selection Committee/Evaluation Panel has completed their evaluation, notification of recommended award has been made and the contract has been fully negotiated with the recommended awardees named in the intent to recommend award/non-award notification. The submitted proposals shall be made available upon request no later than five business days before approval of the award and contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, shall receive mailed intent to recommend award/non-award notification, which shall include the name of the Bidder(s) recommended for award of this service. In addition, recommended award information will be posted on the BHCS website.
 10. Each proposal received, with the name of the Bidder, shall be entered on a record, and each record with the successful proposal indicated thereon shall, after the negotiations and award of the order or contract, be open to public inspection.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders shall use the **Fillable Forms Template (posted on the BHCS and GSA websites)** to submit proposals. This section provides the point system that the CSC/Evaluation Panel will use to evaluate proposals. BHCS encourages Bidders to reference that section when responding to this RFP.

The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements. Bidders cannot submit non-material

documents after the proposal due date, in order to complete their proposal. Proposals with any missing items of submittals as outlined in the RFP and any Addenda shall be deemed incomplete and may be rejected.

Proposals shall be complete, substantiated, concise and specific to the information requested. Any material deviation from the requirements may be cause for rejection of the proposal, as determined at BHCS' sole discretion.

The proposal sections, instructions and page maximums are contained in Table 1.

Table 1

Section	Instructions	Page Max.
1. TITLE PAGE	Use the Fillable Forms Template to complete and submit the requested information.	One
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Use the Fillable Forms Template to complete and submit the requested information.	One
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Use the Fillable Forms Template to complete and submit a synopsis of the highlights and benefits of each proposal.	One
4. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	Use the Fillable Forms Template to describe and demonstrate how Bidder meets all of the following criteria.	Three total
	a. Have at least two years' experience providing medication support services to adults with moderate to serious mental illness;	One
	b. Experience in billing Medi-Cal services through the County at least two years within the last five years; and	One
	c. Experience in providing services to Medicare recipients and claiming them to the federal government at least two years within the last five years.	One
5. ORGANIZATIONAL CAPACITY AND REFERENCE	<u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u>	N/A
	<u>Debarment and Suspension</u> Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov	N/A
	a. Audited Financial Statements for the past three years and include as ATTACHMENT 1A.	N/A
	b. References Use the Fillable Forms Template to provide three current and three former references	Two

Section	Instructions	Page Max.
	<p>that Bidder worked with on a similar scope, volume and requirements to those outlined in this RFP. Bidders must verify that the contact information for all references provided is current and valid. Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.</p> <p>The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the proposal and to use the information gained from them in the evaluation process.</p>	
6. BIDDER EXPERIENCE, ABILITY AND PLAN	Use the Fillable Forms Template to complete and submit the information below.	15 total
	a. Describe, in detail, Bidder's <i>Experience with the Priority Population Needs and the Service Delivery Approach</i>, including:	Five
	i. Bidder's clinical understanding of the priority population including types of mental health issues and concomitant medical or social issues.	
	ii. Bidder's plan for managing appointments and service demand, including: <ol style="list-style-type: none"> 1) Describe the office hours and days that will best serve the population; 2) Bidder's plan for managing no shows, drop-ins and wait times to maximize client clinical effectiveness; and 3) Bidders plan for meeting the clients' need for urgent prescription. 	
	iii. Bidder's clinical understanding of the client flow for this priority population, including: <ol style="list-style-type: none"> 1) The intake process; 2) The time for initial assessment and what it entails; 3) Anticipated client issues that need to be addressed between intake and assessment; and 4) Bidder's plan for transitioning clients to primary care. 	
	iv. Bidder's philosophy on polypharmacy which includes: <ol style="list-style-type: none"> 1) Managing clients who present with multiple medications; and 2) An example of a client who presented with this issue and how it was addressed. 	
v. The best evidence-based model that will work		

Section	Instructions	Page Max.
	best in dealing with the priority population and the Bidder's plan for monitoring and maintaining fidelity to this model	
	b. Describe, in detail, Bidder's <i>Planned Organization Infrastructure and Staffing</i>, including:	9
	i. Bidder's planned physical facility including: <ol style="list-style-type: none"> 1) What facility the Bidder currently has; 2) What needs to be developed and the time needed; 3) How clients will access the clinic by public transportation; 4) A description of the reception and Doctor's office; and 5) The Bidder's plan for making their services culturally and linguistically accessible. 	
	ii. Bidder's planned staffing structure, including: <ol style="list-style-type: none"> 1) The roles of direct and non-direct service staff, licensed and non-licensed staff, roles and responsibilities of all staff which illustrates the Bidder's planned clinical capacity for this type of work. Include in your response your plan for recruiting, training and retaining staff who are culturally and linguistically responsive; 2) Include a one-page copy of Bidder's current organizational chart as ATTACHMENT 2A; and 3) Include a one-page copy of Bidder's proposed program chart, including staff names and lines of supervision, as ATTACHMENT 2B. 	
	iii. Bidder's capacity for Quality Assurance, including: <ol style="list-style-type: none"> 1) Bidder's current FTE staff that functions as QA and their experience with Medi-Cal documentation; 2) The frequency of chart reviews and elements being reviewed; 3) Bidder's mechanism for providing feedback to clinicians; and 4) Bidder's documentation training – its frequency and the areas it covers. 	
	iv. Bidder's plan for meeting the billing and revenue maximization required for this RFP, including: <ol style="list-style-type: none"> 1) Bidder's current capacity; 2) Bidder's plan for managing client appointments to maximize revenue (including minimizing no shows); 3) Bidder's anticipated number of staff 	

Section	Instructions	Page Max.
	<p>needed to perform billing; and</p> <p>4) Bidder's plan for managing accurate and valid claim submissions.</p>	
	<p>v. Bidder's plan for collecting data specified in this RFP and tracking outcomes for quality improvement.</p>	
	<p>c. Describe, in detail, Bidder's ability and experience Forming Partnerships and Collaboration, including:</p>	One
	<p>i. Bidder's experience forming collaborations and partnerships including:</p> <ol style="list-style-type: none"> 1) Bidder's experience receiving referrals from a single point of contact; 2) Bidder's experience cultivating relationships with primary care and other adjunct providers; and 3) Bidder's plan for transition to primary care. 	
7. COST	<p>Use the EXHIBIT B-1: BUDGET WORKBOOK and to complete and submit an EXHIBIT B-1: BUDGET WORKBOOK for each location that Bidder is proposing to serve to complete and submit all of the following:</p>	Two total not including Exhibit B-1: Budget Workbook
	<p>a. Cost-Coefficient – Bidder does not need to submit anything additional for this.</p>	N/A
	<p>b. Complete and submit one EXHIBIT B-1: BUDGET WORKBOOK for each location.</p> <p>See EXHIBIT B-1: BUDGET WORKBOOK INSTRUCTIONS in the Fillable Forms Template for detailed instructions. Complete and submit all worksheets in the Workbook.</p>	
	<p>c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK.</p>	Two
8. IMPLEMENTATION SCHEDULE AND PLAN	<p>Use the Fillable Forms Template to complete and submit the following:</p>	Three total
	<p>a. Bidder's Implementation Schedule and Plan with activities, responsible persons, milestones and due dates</p>	Two
	<p>b. Bidder's identification and strategies for mitigation of risks and barriers, which may adversely affect the program's implementation</p>	One
EXHIBITS	<p>Using the Fillable Forms Template complete and submit the following:</p>	N/A
	<p>EXHIBIT C: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS</p>	
	<p>EXHIBIT D: INSURANCE REQUIREMENTS</p>	

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that meet the Bidder Minimum Qualifications shall be evaluated by a County Selection Committee (CSC)/Evaluation Panel. The CSC/Evaluation Panel may be composed of County staff and other individuals who may have expertise or experience in the RFP content. The CSC/Evaluation Panel shall score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP. The evaluation of the proposals for recommendation shall be within the sole judgment and discretion of the CSC/Evaluation Panel.

All contact during the evaluation phase shall be through the BHCS contact person only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC/Evaluation Panel may result in disqualification of Bidder.

Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, shall be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

As a result of this RFP, the County intends to award a contract to the responsible Bidder(s) whose response conforms to the RFP and whose proposal presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the Bidder(s) that demonstrates the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced proposal.

The basic information that each proposal section should contain is specified in section II. F. These specifications should be considered as requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed in II. F. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the services being solicited.

Each of the Evaluation Criteria below shall be used in ranking and determining the quality of proposals. Proposals shall be evaluated according to each Evaluation Criteria and scored on a five-point scale shown in Table 3. The scores for all the Evaluation Criteria shall be added according to their assigned weight, as shown in Table 5, to arrive at a weighted score for each proposal. A proposal with a high weighted total shall be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any program is five hundred fifty (550) points including the possible fifty (50) points for local and small, local and emerging, or local preference points (maximum 10% of final score).

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of bidders that will continue to the final stage of oral presentation and interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, oral presentation and interview.

If the two-stage approach is used, the three Bidders that receive the highest preliminary scores and with at least 200 points shall be invited to participate in an oral interview. Only

the Bidders meeting the short list criteria shall proceed to the next stage. All other Bidders shall be deemed eliminated from the process. All Bidders shall be notified of the short list participants; however, the preliminary scores at that time shall not be communicated to Bidders.

The zero to five-point scale range is defined in Table 2:

Table 2

Score	Label	Description
0	Not Acceptable	Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score shall result in disqualification of proposal.
1	Poor	Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP.
2	Fair	Has a reasonable probability of success, however, some objectives may not be met.
3	Average	Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This shall be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members.
4	Above Average/ Good	Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.
5	Excellent/ Exceptional	Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification.

The evaluation criteria and respective weights for this RFP are contained in Table 3.

Table 3

Section	Evaluation Method	Evaluation Criteria	Weight
1. TITLE PAGE	Reviewed for completeness	Complete/Incomplete Meets/Fails Minimum Qualifications Meets/Fails to Specific Requirements	Pass/Fail
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY			
4. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	a. Two Years' Experience with Medication Support Reviewed to determine whether the Bidder had demonstrated that they meet all Bidder Minimum Qualifications	<ul style="list-style-type: none"> • Does the provider currently contract with the federal government as a Medicare provider? • Does the provider have an experience providing and billing for Medicare services? • How well does Bidder manage and resolve Medicare claiming issues? 	3
	b. Medi-Cal Billing Reviewed to determine whether the Bidder had demonstrated that they meet all Bidder Specific Requirements		
	c. Medicare Billing Reviewed to determine whether the Bidder had demonstrated that they meet Bidder Specific Requirements		
5. ORGANIZATIONAL CAPACITY AND REFERENCE	a. Fiscal Management Capacity Reviewed for completeness and organization's financial stability.	To be considered for contract award, Bidder's audited financial statements must be satisfactory, as deemed solely by the County. BHCS reserves the right to disqualify proposals with unsatisfactory audited financial statements.	Pass/Fail

Section	Evaluation Method	Evaluation Criteria	Weight
	b. Debarment and Suspension	To be considered for contract award, Bidders, its principal and named subcontractors are not identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov .	
	c. BHCS will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.	How well does the Bidder's references demonstrate the following: <ul style="list-style-type: none"> • Performed the services as stated; • Highlight areas in which the Bidder did well; • Highlight areas in which the Bidder could have improved; • Rate project management, technical ability, availability, training, documentation and reliability on a scale of one to five; • Whether the project was completed on time and on budget; • Responsiveness to clients • Usefulness of Bidder's product; • Understanding of the project and need; • References' overall satisfaction with Bidder; • References' comfort with recommending the Bidder to Alameda County; • Whether the Bidder would be used again by Reference; • Any other information that would assist in Alameda County's work with the Bidder. 	3
6. BIDDER EXPERIENCE, ABILITY AND PLAN	a. The Evaluation Panel will read and assign a score to the Experience with Priority Population Needs and Service Delivery Approach	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How well does Bidder understand the priority population in terms of mental health issues and any co-occurring medical or substance use issues? • How responsive is the program design to the priority population(s) in terms of race/ethnicity, culture and language and the specific needs of the priority population(s)? • How explicit is Bidder regarding providing culturally and linguistically responsive services? 	26

Section	Evaluation Method	Evaluation Criteria	Weight
		<ul style="list-style-type: none"> • How well will the physical environment welcome and engage consumers? • How clear and well developed is Bidder’s program design from intake to discharge? • How well-matched is Bidder’s program design to the RFP requirements? <ul style="list-style-type: none"> ○ No shows, wait time • How well-matched is Bidder’s model(s) to the priority population(s) and RFP requirements? <ul style="list-style-type: none"> ○ Does the proposal include an acceptable evidence-based model or promising practice? ○ Does the proposed model align with the BHCS program goals? ○ Will the model address the needs of the priority population(s)? • How well did the Bidder plan for client flow? • How well did Bidder respond to polypharmacy and urgent prescription need of clients? 	
	<p>b. The Evaluation Panel will read and assign a score to the <i>Planned Organizational Infrastructure and Staffing</i></p>	<ul style="list-style-type: none"> • How detailed and specific is Bidder’s response? • How accessible to clients the proposed service location(s)? • How thoughtful and well-matched to the RFP requirements is Bidder’s staffing plan to maximize revenue generation? • How well does the proposed program fit into Bidder’s organizational structure? • Is there sufficient oversight to ensure success? • How well has Bidder resourced clinical supervision and quality assurance? <ul style="list-style-type: none"> ○ Have sufficient resources been allocated to ensure the quality of care and the prevention of audit findings? • How realistic and feasible is the Bidder’s experience, plan and capability to adhere to Medi-Cal documentation standards and requirements? • How well is Bidder prepared to do Medicare billing? • How thorough, thoughtful and relevant is Bidder’s plan to 	20

Section	Evaluation Method	Evaluation Criteria	Weight
	<p>c. The Evaluation Panel will read and assign a score to the Forming Collaboration and Partnerships</p>	<p>collect data to monitor the proposed program?</p> <ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How specific are Bidder's plans to partner and collaborate? • How realistic is Bidder's plan to collaborate with primary care and adjunct providers? 	8
7. COST	<p>a. Cost Co-efficient</p>	<ul style="list-style-type: none"> • Low bid divided by low bid x 5 x weight = points <ul style="list-style-type: none"> ◦ $\\$100,000 / \\$100,000 = 1 \times 5 \times \text{weight} = \text{points}$ • Low bid divided by second lowest bid x 5 x weight = points • Low bid divided by third lowest bid x 5 x weight = points • Low bid divided by fourth lowest bid x 5 x weight = points 	10
	<p>b. The Evaluation Panel will read and assign a score to EXHIBIT B-1: WORKBOOK</p>	<ul style="list-style-type: none"> • How well-matched is Bidder's budget to the proposed program? • How well does the budget capture all activities and staff proposed in the Budget? • How well does the Bidder allocate staff and resources? • How appropriate are the staffing and other costs? • How well-matched are the budgeted staff and supervision times to the RFP requirements? • How much value does the proposal add considering the cost of the program and expected outcomes and the number of clients served? 	10
	<p>c. Bidder's detailed Budget Narrative to explain the costs and calculations in the B-1: BUDGET WORKBOOK</p>	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How clear is the narrative? • How well does the narrative detail how Bidder arrived at particular calculations? • How well does Bidder "show the work"? 	5
8. IMPLEMENTATION SCHEDULE AND PLAN	<p>a. Bidder's Implementation Schedule and Plan with activities, milestones, responsible persons and due dates.</p>	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How thorough, thoughtful and realistic is Bidder's plan in managing the high volume of client caseload? • How well does Bidder account for BHCS 'and other timelines? 	5
	<p>b. Bidder's identification and strategies for mitigation of</p>	<ul style="list-style-type: none"> • How detailed and specific is Bidder's response? • How thorough, thoughtful and realistic is Bidder's 	

Section	Evaluation Method	Evaluation Criteria	Weight
	risks and barriers, which may adversely affect the program's implementation.	identification of challenges and barrier mitigation strategies? <ul style="list-style-type: none"> • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder's strategies? 	
EXHIBITS	EXHIBIT I: EXCEPTIONS, CLARIFICATIONS AND AMENDMENTS	Reviewed for completeness: Complete/Incomplete and Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
ORAL INTERVIEW	Criteria are created with the ASOC/Evaluation Panel.		10
PREFERENCE POINTS, IF APPLICABLE			% of Subtotal of Points
	SLEB		5%
	Local		5%

H. EVALUATION AND ASSESSMENT

During the initial sixty (60) day period of any contract, which may be awarded to a successful Bidder (“Contractor”), the CSC and/or other persons designated by the County may meet with the Contractor to evaluate the performance and to identify any issues or potential problems.

The County reserves the right to determine, in its sole discretion, (a) whether Contractor has complied with all terms of this RFP and (b) whether any problems or potential problems are evidenced which make it unlikely (even with possible modifications) that the proposed program and services will meet the County requirements. If, as a result of such determination the County concludes that it is not satisfied with Contractor, Contractors’ performance under any awarded contract as contracted for therein, the Contractor shall be notified of contract termination effective forty-five (45) days following notice. The County shall have the right to invite the next highest ranked Bidder to enter into a contract.

The County also reserves the right to re-bid these programs if it is determined to be in its best interest to do so.

I. AWARD

1. Proposals evaluated by the County Selection Committee/Evaluation Panel (CSC) shall be ranked in accordance with the RFP section II.G. of this RFP.
2. The CSC shall recommend award of each contract to the Bidder who, in its opinion, has submitted the proposal that conforms to the RFP and best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be recommended or made to the Bidder with the lowest price.
3. The County reserves the right to reject any or all proposals that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for Bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
4. The County reserves the right to award to a single or multiple Contractors.
5. The County has the right to decline to award these contracts in whole or any part thereof for any reason.
6. Board of Supervisors (BOS) approval to award a contract is required.
7. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.
8. Final terms and conditions shall be negotiated with the Bidder(s) recommended for award. Bidders may request a copy of the Master Agreement template from the BHCS contact. The template contains the agreement boilerplate language only.
9. The RFP specifications, terms, conditions, Exhibits, Addenda and Bidder’s proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

J. INVOICING

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. Payment will be made within thirty (30) days following receipt of invoice and upon complete satisfactory receipt of product and performance of services.
3. County shall notify Contractor of any adjustments required to invoice.
4. Invoices shall contain County PO number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.
5. Contractor shall utilize standardized invoice upon request.
6. Invoices shall only be issued by the Contractor who is awarded a contract.
7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the POs.

K. NOTICE OF AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process"), all Bidders shall be notified in writing by e-mail and certified mail, of the contract award recommendation(s), if any, by BHCS. The document providing this notification is the Notice of Intent to Recommend Award.

The Notice of Intent to Recommend Award shall provide the following information:

- The name of the Bidder(s) being recommended for contract award; and
- The names of all other Bidders that submitted proposals.

At the conclusion of the RFP process, debriefings for unsuccessful Bidders may be scheduled and shall be restricted to discussion of the unsuccessful Bidder's proposal.

- Under no circumstances shall any discussion be conducted with regard to contract negotiations with the recommended /successful Bidder;
- Debriefing may include review of the recommended/successful Bidder's proposal with redactions as appropriate.

All submitted proposals shall be made available upon request no later than five (5) business days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

ACCESS	Acute Crisis Care and Evaluation for System-wide Services. The point of contact for the Alameda County Behavioral Health Care Services-Behavioral Health Plan (BHP). Members of the BHP, their families and other individuals in the member's support system contact ACCESS to request referrals for behavioral health services.
Agreement	The formal contract between BHCS and the Contractor. Also referred to as Contract
Assessment	A service that is based on a method of interview, observation, and testing. This service may include a clinical analysis of the history and current status of a client or patient's mental, emotional, or behavior disorder, relevant cultural issues and history, diagnosis, and the use of testing procedures.
Best Practice	A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.
BHCS	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency
Bid	A Bidders' response to this Request; used interchangeably with proposal
Bidder	The specific person or entity responding to this RFP
Board	Shall refer to the County of Alameda Board of Supervisors
California Code of Regulations (CCR)	The official compilation and publication of the regulations adopted, amended or repealed by state agencies pursuant to the Administrative Procedure Act (APA).
Case Management/Brokerage	Services that assist a beneficiary to access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.
Client	The recipient of services; used interchangeably with beneficiary and consumer
Collateral	Contact with one or more significant support persons in the life of the Individual which may include consultation and training to assist in better utilization of services and understanding mental illness. Services include, but are not limited to, helping significant support persons to understand and accept the Individual's condition and involving them in service planning and implementation of service plan(s). Family counseling or therapy which is provided on behalf of the Individual is considered collateral.
Community Collaboration	The process by which various stakeholders (which may include consumers, families, citizens, agencies, organizations, and businesses) work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility.
Community-Based Organization	A non-governmental organization that provides direct services to beneficiaries
Contractor	When capitalized, shall refer to selected bidder that is awarded a contract
County	When capitalized, shall refer to the County of Alameda
Culturally Responsiveness	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and

	their families/support systems relative to their care
Culture	Refers to a group's pattern of communications, actions, customs, beliefs, values and institutions of racial, ethnic or social groups
Evidence based practice	Evidence based practices are well-defined and have been demonstrated to be effective through multiple research studies
Federal	Refers to United States Federal Government, its departments and/or agencies
Full Time Equivalent (FTE)	A budgetary term used to describe the number of total hours worked divided by the maximum number of compensable hours in a full-time schedule as defined by law. For example, if the normal schedule for a staff person is 40 hours per week (40*52 weeks-4 weeks for vacation=1,920). Someone working 1,440 hours during the year represents 1,440/1,920=.75 FTE
HealthPac	A program created by the County to provide affordable health care to uninsured people living in Alameda County.
Inappropriately Served	Groups that exhibit poor outcomes despite receiving a disproportionately high rate of mental health services. The mental health services being received by this group may not be culturally appropriate for addressing their needs.
John George Psychiatric Hospital (JGPH)	A facility that provides psychiatric emergency and acute care services to adults experiencing severe and disabling mental illnesses.
Licensed Practitioner of the Healing Arts (LPHA)	Licensed clinical staff (MD, PhD, MFT, LCSW) and staff who are registered with the California Board of Behavioral Sciences, usually registered MFT/ASW interns; psychologists who are waived by the State to provide services; and Master's level clinical nurse specialists who have national or state license to practice independently.
Linguistic Responsiveness	Providing readily available, culturally appropriate oral and written language to Limited English Proficiency individuals through such means as bilingual, bicultural staff, trained medical interpreters and qualified translators
Medi-Cal	California's Medicaid program, which provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government and administered by the California Department of Health Services
Medicare	A national social insurance program administered by the U.S. federal government that provides health insurance to Americans aged 65 or older and younger people determined to have permanent disabilities.
Medi-Medi	Refers to clients who have dual eligibility for both Medi-Cal and Medicare programs.
Medical Necessity	A service or treatment which is appropriate for a client's diagnosis, and which if not rendered, would adversely affect the patient's condition; Medi-Cal covers only medically necessary services
Mental Health Services	Individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency
Outcomes	The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes
Plan Development	Any or all of the following: development of coordination plans and/or individual service plans, approval of plans, verification of medical or service necessity, and

	monitoring of the Individual's progress.
Polypharmacy	ACBHCS defines this as the use of more than one psychotropic medication within the same class at the same time, other than for cross-tapering purposes
Proposal	Shall mean Bidder response to this RFP; used interchangeably with bid
Qualified	Competent by training and experience to be in compliance with specified requirements
Quality Assurance (QA)	The QA Office oversees the quality of services delivered to beneficiaries of the Mental Health Plan. The primary responsibility of the QA Office is to ensure that state and federal laws and regulations, and BHCS policies are met by all BHCS providers. Examples of this Office's responsibilities relating to delivery of services are to establish and monitor standards of clinical record documentation, notification to beneficiaries of their rights, etc.
Rate-based	A monthly reimbursement method for the contract period on either a set negotiated rate or provisional rate.
Request for Proposal (RFP)	Shall mean this document, which is the County of Alameda's request for proposal to provide the services being solicited herein; also referred herein as RFP
Response	Shall refer to Bidder's proposal submitted in reply to RFP
Sausal Creek	An outpatient stabilization clinic that provides services to people in acute distress or discomfort as a result of mental illness, difficulty with medications, or personal/family crisis.
Serious Mental Illness (SMI)	BHCS defines a Serious Mental Illness to be a condition associated with a diagnosis within the DSM-IV-TR (or latest authorized and required version of the DSM) that meets the medical necessity criteria as specified in the California Code of Regulations, Title 9, Chapter 11, Sections 1820.205(a)(1) for Psychiatric Inpatient Hospital Services and 1830.205(b)(1) for Specialty Mental Health Services. Same definition as Major Mental Disorder.
Serious and Persistent Mental Illness (SPMI)	BHCS defines SPMI as significant functional impairment resulting in an inability to manage activities of daily living and may include high risk for harm to self or others. The sometimes chronic nature of the severe mental illness is often demonstrated by multiple and lengthy hospital stays.
Service Provider	Individuals, groups, and organizations, including CBO and County-operated programs that deliver services to participants and patients under an agreement or contract with BHCS
State	Refers to State of California, its departments and/or agencies
System Of Care	For the purposes of this RFP, SOC refers to Children's SOC, which is responsible for administering Alameda County Behavioral Health Care Services (BHCS) for children age zero to twenty-one. The TAY SOC will oversee the program at Santa Rita Jail.
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments
Unserved or Underserved	Groups that have received no services or are receiving inadequate services to meet their needs. These groups include populations defined by race/ethnicity, linguistic backgrounds, gender, age, sexual identity, geographic location, ability status and veteran's status.

B. BHCS LEVELS OF SERVICE

Levels of Service: An Introduction to the Service Structure of the Alameda County Behavioral Health Care Services Department

Levels of service or care are used to describe HealthPAC benefits and the procedures for accessing different kinds of specialty mental health services from the Alameda County Behavioral Health Care Services Department (ACBHCS). In general this refers to the intensity and complexity of outpatient services required by adults who are evaluated for the functional impairments associated with a diagnosed mental health condition.

Levels of service range from the most intensive and wraparound services of Level I to the non-clinical supportive services and information provided in Level V. The evaluation of service need or level is made by ACBHCS clinicians in our “Front Door” service portals, our centralized **ACCESS** telephone information, evaluation and referral center and our **Crisis Response Programs**, distributed in six locations throughout the county.

The following descriptions of our Levels of Service are highly condensed and abbreviated. They nevertheless convey the kind of diagnostic and functional criteria that help us match an individual's condition and needs with an appropriate kind and amount of service.

Level I *Must meet Medi-Cal medical necessity for specialty mental health*

Severe and persistent mental illness (SPMI) including significant functional impairment resulting in an inability to manage activities of daily living. May also include high risk for harm to self or others. May or may not have co-occurrence of substance use disorder but clear history supports presence of SPMI. The chronic nature of the severe mental illness is often demonstrated by multiple and lengthy hospital stays. Individuals need frequent and varied mental health services, including on-going case management, crisis intervention and medication support, to avoid repeated acute hospitalizations as they move toward recovery.

Examples of Diagnoses included in this group are Schizophrenia, Schizoaffective Disorder, and severe Bipolar I and Major Depressive Disorders, often with psychotic features.

(Authorized BHCS “single point of responsibility” service types: MH Service Teams, MHSA Full Service Partnership and ACT teams)

Level II *Must meet Medi-Cal medical necessity for specialty mental health*

Individuals with a moderate to severe mental illness with or without co-occurring substance use disorder (SUD) and who continue to have impairment in life functioning are generally accepted as meeting ACBHCS-specialty mental health criteria. These individuals often have episodic use of acute services that require stabilization with psychiatric medication due to high-risk for harm to self or others.

Examples of Diagnoses include all of the above in Level I if individual has had a significant period of stability, Bipolar II, Major Depressive Disorder moderate-severe without psychosis, severe OCD, severe PTSD, Psychosis NOS, severe Personality Disorder (except Anti-Social) if risk of harm is present. Also include Co-occurring disorders where active and significant substance use is a focus of treatment but diagnosable mental illness is also present. May also include those with high-risk for harm to self or others. This is a time limited service of between 9-18 months designed to facilitate movement to even lower levels of care.

Individuals currently abusing substances, unless they are diagnosed as concurrently having a treatable moderate to severe presentation of an included mental disorder, are not accepted as meeting ACBHCS-MH criteria.

Level II services included Medication Stabilization and Support, Targeted Case Management including brokerage, Brief Therapy, Crisis Intervention, and Substance Abuse Services. This level of services may also include a variety of additional services to promote recovery such as vocational, housing support, and benefits management. This is a time limited level of service authorized for between 6-18 months and designed to facilitate movement to even lower levels of care.

(Authorized BHCS Service Types: e.g. Casa Maria, Changes, The Hume Center and other Temporary Case Management & Treatment Services –TCMS)

Level III *Must meet Medi-Cal medical necessity for specialty mental health*

Generally moderate-to-severe presentation of mental illness with at least one significant impairment in an important area of life functioning (work, relationships, etc.). Level III clients often have difficulty keeping appointments, managing daily routines and have limited social support. They are inconsistent in following their psychotropic and/or other medications. Level III services may include weekly outpatient psychotherapy as a first-line treatment or as an adjunct to psychiatric medication evaluation and support. In addition, follow through with medical treatment for co-occurring chronic physical conditions and/or co-occurring SUD may be helped by adjunctive outpatient psychotherapy. It is recommended that concurrent supportive SUD services be utilized for those individuals with co-occurring substance use disorders to benefit most fully from the mental health services. Consumers who present with a complex psychiatric medication regimen or whose psychiatric symptoms have not improved from previous primary care based interventions may warrant regular access to an outpatient psychiatrist or therapist. Many consumers are able to utilize Level III services upon discharge from Acute Psychiatric care to prevent decompensation and continue the stabilization process. Upon demonstrating stability, Level III individuals may eventually move to a primary care setting. (Level IV).

(Level III includes all “included” DSM IV-TR diagnoses; Authorized BHCS Service Types: e.g. Pathways to Wellness, other specialty providers for therapy MFT/LCSW may be onsite or located elsewhere but all service is office based.)

Level IV

Mild to moderate presentation of symptoms which may at times interfere with activities of daily life and/or adherence to treatment of chronic medical conditions. This outpatient education and treatment is based in a primary care setting. Individuals are encouraged to consider various forms of intervention which may or may not include prescription of psychotropic medications. Primary care behaviorists on site can provide direct services including evaluations, brief treatment, psycho education, connection to specialty behavioral health services and information and referral to other appropriate resources. **Diagnoses** typically are mild to moderate anxiety and depression, situational and relational problems that exacerbate mood component. The individual may have at times had more moderate-severe symptoms but has not needed acute services often if ever. However, Primary Care settings may also serve as “home” for those with a more serious mental illness (MI) who are well into recovery and can manage without specialty BHCS services as long as they can receive psychotropic medication from the primary care clinic.

(Primary Care Clinic, e.g. Lifelong Downtown Oakland, TriCity Health Center; BHCS authorized non specialty services may include transitional exit resources such as the five BACS Wellness Centers)

Level V

This level identifies the need for information and referral services *only*, for individuals who seek various resources and supports but generally function well in activities of daily life. Examples of such supportive services include Eden I & R, Family Education Resource Center (FERC), educational materials, domestic violence resources and primary prevention services.