

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (ACBH)
REQUEST FOR PROPOSAL (RFP) 20-04
SPECIFICATIONS, TERMS & CONDITIONS
FOR
WILLOW ROCK CENTER**

INFORMATIONAL MEETING/ BIDDERS' CONFERENCES

Date	Time	Location
Tuesday, June 16, 2020	10:30 am to 12:00 pm	Online Webinar: https://www.gotomeet.me/MH_Fiscal_Team/rfp-20-04-willow-rock-center-bidders-conference1
Wednesday, June 17, 2020	2:00 pm to 3:30 pm	Online Webinar: https://www.gotomeet.me/MH_Fiscal_Team/rfp-20-04-willow-rock-center-bidders-conference2

PROPOSALS DUE
by 2:00 pm on Friday, August 7, 2020
to
RFP #20-04 c/o Elizabeth Delph
1900 Embarcadero Cove Suite 205
Oakland, CA 94606
Proposals received after this date/time will NOT be accepted
Contact: Elizabeth Delph
Email: elizabeth.delph@acgov.org Phone: 510-777-2146

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I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms, and conditions for Alameda County Behavioral Health Care Services (hereafter ACBH or County) to seek proposals to operate the Willow Rock Psychiatric Health Facility (PHF), Crisis Stabilization Unit (CSU), and outpatient services for Alameda County adolescents, age 12 to 17.

ACBH intends to award up to two contracts to the Bidder(s) selected as the most responsible bidder(s) whose response conforms to the Request for Proposal (RFP) and meets the County requirements.

At this time, ACBH has allocated a total of \$10,830,774 as follows:

Service	Maximum contract amount
PHF	\$5,532,895
CSU	\$5,253,599
Outpatient services	\$44,280
TOTAL	\$10,830,774

Any contracts that result from this RFP process will be prorated for the fiscal year at the contract start date and will be reimbursed on a rate basis for services that meet Medi-Cal necessity to maximize revenue generation and improve beneficiary access to care and the quality of service.

ACBH will administer two separate processes under this RFP. Bidders may submit a bid for one service or two separate bids if applying for both PHF and the bundled CSU and outpatient services. Proposals shall form the basis for any subsequent awarded contract. Staffing levels and operating costs must accurately reflect the Bidder's costs for the program. ACBH reserves the right to dissolve a contract if/when awarded Contractor materially alters staff, budgets, deliverables and outcomes any time after the contract award.

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

B. BACKGROUND

The Willow Rock Center (WRC), located in San Leandro, opened in July 2007 for Alameda County adolescents experiencing high levels of distress who can benefit from a structured, safe environment. It is the only Alameda County-operated PHF and CSU for adolescents aged 12 to 17. This facility meets the requirements under California Welfare and Institutions Code (WIC) 5585 as a receiving center for minors experiencing psychiatric emergencies, and accepts referrals and walk-ins 24 hours a day, seven days a week. WRC is a County-owned facility and building maintenance is covered under a Memorandum of Understanding between Alameda County General Services Agency (GSA) and Alameda County Health Care Services Agency (HCSA).

WRC is currently operated by two separate community-based mental health providers: one provider operates the PHF, and the other the CSU and outpatient services. Through this RFP process, ACBH may continue to contract with two separate providers, or may contract with one unique provider for all services.

C. SCOPE/PURPOSE

The programs at WRC are designed to divert adolescents from unnecessary psychiatric hospitalization and assist in smooth transfers to needed in-patient hospitalization and back into the community from more intensive treatment. The goals of these programs are to:

- Improve the ability of clients to achieve and maintain an optimal level of functioning and recovery;
- Reduce psychiatric hospitalization; and
- Help clients replace maladaptive behaviors with more appropriate and beneficial behaviors.

The priority population for these services are Alameda County adolescent Medi-Cal beneficiaries,¹ between the ages of 12 and 17, who meet the requirement for either a voluntary or involuntary admission to the PHF and require inpatient psychiatric care, or who have serious emotional disturbance (SED) or serious mental illness (SMI) and require crisis stabilization.

WRC offers short-term programs designed to reduce and stabilize acute psychiatric symptoms with an emphasis on the recovery process as a means of returning to the community. The facility includes a CSU, serving approximately 900 clients annually, and an acute in-patient PHF, serving approximately 300 clients annually.

¹ A small number of clients may be uninsured.

Clients for both PHF and CSU are typically referred to services by their family, their school, law enforcement, or emergency service providers. Clients are referred to outpatient services upon discharge of either the PHF or the CSU. Upon discharge, the awarded Contractor will work closely with partners, including schools, to ensure a smooth transition back into the client's community.

D. BIDDER MINIMUM QUALIFICATIONS

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

- Have at least three years of experience providing services to the priority population and similar demographics; and
- Have at least three years of experience providing services in acute and sub-acute settings.

Proposals that exceed the contract maximum amount and the County Contract Maximum Rate (CCMR), as listed in the budget template or are unreasonable and/or unrealistic in terms of budget, as solely determined by ACBH, shall be disqualified from moving forward in the evaluation process.

ACBH shall disqualify proposals submitted with subcontractors performing any portion of the services described in this RFP.

Bidders are eligible to participate in the RFP process if they meet the Bidder Minimum Qualifications. ACBH 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 Evaluation Panel and will not be eligible for contract award under this RFP. ACBH has the right to accept all or part of the proposed program model at its discretion.

E. SPECIFIC REQUIREMENTS

The scope of work for awarded contracts from this RFP will include conformance with all of the following throughout the program period, as needed:

- Provide PHF services, crisis stabilization, and outpatient services including:
 - Mental Health Services
 - Crisis Intervention and Stabilization
 - Assessment
 - Individual Therapy
 - Case management/brokerage
 - Plan Development
 - Family Engagement

- Medication support, including medication dispensing²;
- *For PHF services:* maintain California Department of Health Care Services (DHCS) PHF license requirements³;
- Manage and retain qualified staffing team that includes the minimum staffing for each program model as detailed in Section I.F.3. Planned Staffing and Organizational Capacity;
- Coordinate closely with partners, including Alameda County Juvenile Justice Center (JJC) and schools, to ensure a smooth referrals and post-discharge transition back into client's community;
- Conduct ongoing monitoring to ensure that staff who are providing clinical services has a valid license and has no restrictions;
- Plan for and implement continuous training and quality improvement on cultural and linguistic responsiveness;
- Ensure cultural competence and multi-culturalism using Culturally and Linguistically Appropriate Services (CLAS)⁴;
- Data entry in a timely manner, as instructed, using the County's electronic information management and claiming system (currently InSYST) and client progress notes (currently Clinician's Gateway);
- Complete trainings required to access County's electronic information management and claiming system;
- Complete other trainings as required or requested by the County;
- Report in a timely manner, as instructed;
- Timely administration and update of age-appropriate Child Assessment of Needs and Strengths (CANS) for all clients;
- Contractor shall submit an attestation that they have verified the above items for all staff. If there are issues, ACBH may not contract with the awarded organization; and
- Adhere to the following Medi-Cal, state and federal requirements, as outlined in the following section:

1. Medi-Cal Billing, Clinical and Quality Assurance Requirements

To implement these services successfully, providers shall demonstrate and have the capability to conduct all of the activities listed below. Bidders agree by submittal of proposal(s) that they will comply with all of the following if awarded a contract(s):

- Independently adhere to all Medi-Cal documentation standards, including, but not limited to, Assessments, Treatment Plans and Progress Notes that are in compliance with Medi-Cal standards as set forth by Federal and State regulation, as well as the policies of ACBHCS "Clinical Documentation Standards" manual which may be found

² Outpatient services do not include medication dispensing.

³ https://www.dhcs.ca.gov/services/MH/Documents/LicReqPHF_Article3.pdf

⁴ <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf>

here: http://www.acbhcs.org/providers/QA/docs/qa_manual/7-1_CLINICAL_DOCUMENTATION_STANDARDS.pdf

- Attend all required scope of practice training and documentation training activities in order to appropriately and successfully bill to Medi-Cal.
- Obtain and maintain a valid fire clearance from the local fire department for the program site address OR obtain a copy of the current and valid fire clearance from the program location's property manager/owner. Upon expiration of a fire clearance, contractor shall send a copy of a new fire clearance certificate to the ACBH Quality Assurance (QA) Office. Awarded Contractor understands that they may not operate at a site without a valid fire clearance.
- Meet minimum requirements for a program site as set forth in CCR, Title 9, Section 1810.435. 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
- Attend all ACBH sponsored trainings related to start-up and maintenance of Medi-Cal billing – see the full list of requirements in Appendix B: Medi-Cal Requirements for Service Providers and Appendix C: Setting-up Services at a New Mental Health Site;
- Follow all ACBH policies and procedures in the ACBH QA Manual: http://www.acbhcs.org/providers/QA/qa_manual.htm
- Attend the monthly ACBH Clinical Quality Review Team (CQRT) group meetings for the first year of contract regardless of whether Bidder is already billing SD/MC. ACBH QA office will determine if an awarded Contractor will be exempt from CQRT requirements. 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/providers/QA/docs/qa_manual/9-1_CQRT_MANUAL.pdf

See the QA website for more information: <http://www.acbhcs.org/providers/QA/QA.htm>

2. Credentialing, Re-credentialing and Continuous Monitoring of Licenses

Contractor shall be responsible for verifying the credentials and licensing of their staff and employees as contained in ACBH, state and federal requirements. Waivers for certain clinical staff are required in order to bill Medi-Cal and Contractor shall familiarize themselves and comply with the waiver requirements posted in the ACBH QA Manual. ACBH has the right to request Contractors credential log or records and Contractor's personnel record files to verify Contractor's credentialing process and applicable credentials of staff.

ACBH does not discriminate against particular Bidders that serve high-risk populations or specialize in conditions that require costly treatment. Further, the County does not discriminate in the selection, reimbursement, or indemnification of any provider who is

acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification.⁵

3. Office of the Inspector General (OIG) and Other Exclusion List Background Checks – Monitoring, Oversight and Reporting

In accordance with ACBH's Policy and Procedure #1703—2-1 on OIG and Exclusion List Background Checks – Monitoring, Oversight and Reporting and prior to contract execution, Contractor will check and verify all licensed staff for:

- NPPES
- Licenses verified no restrictions
- OIG/LEIE database
- SAM/EPLS data base
- Medi-Cal and S&I database
- Social Security Death Master File

Contractor shall submit an attestation that they have verified the above items for all staff. If there are issues, ACBH may not contract with the awarded organization.

More details regarding this policy and procedure can be found on ACBH QA website:
<http://www.acbhcs.org/providers/QA/memos.htm>

4. Provider Enrollment

Upon contract award, and every three years following, providers will be screened for the following requirements:

- Verification of provider specific enrollment requirements (accreditation, surety bonds etc.)
- Social security administration
- National plan and provider enumeration system
- National provider identifier (NPI) database
- Taxpayer identification number
- Death of individual practitioners (Social security administration death master file including all eligible professionals)
- Criminal background checks
- Unscheduled or unannounced site visits (pre and post enrollment)

At minimum, on a monthly basis, providers will be rescreened to validate:

- State license validation, debarment, sanctions and disciplinary actions
- Out-of-State exclusion lists
- Health and Human Services OIG exclusion list
- Checks against the General Service Administration's Excluded Parties List System

⁵ In compliance with 42 CFR § 438.214 as a Prepaid Inpatient Health Plan (PIHP).

- Checks against the Medicare Suspended and Ineligible Provider List

The County may terminate or deny enrollment if a provider or any person with 5 percent or greater ownership interest:

- Has been convicted of criminal offense in Medicare, Medicaid or CHIP within the past 10 years,
- Failed to comply with the new screening requirements (including background checks or failure to cooperate with required site visits),
- Did not submit accurate and timely information,
- Terminated from any Medicare, Medicaid or CHIP program after January 1, 2011,
- Falsifies information, and/or
- The County cannot verify enrollment information.

F. BIDDER EXPERIENCE, ABILITY AND PLAN

1. *Understanding of and Experience with Priority Population Needs*

The facility serves Alameda County youth ages 12 to 17 in need of acute and/or crisis mental health services. The priority population is adolescents who meet the requirement for either a voluntary or involuntary admission to the PHF and require inpatient psychiatric care, or who have serious emotional disturbance (SED) or serious mental illness (SMI) and require crisis stabilization.

Services shall be culturally responsive and reflect the diversity of Alameda County. Below is the demographic breakdown of Alameda County compared to clients served at the WRC CSU and PHF in Fiscal Year 2017-2018.

	Alameda County Demographics⁶	WRC CSU clients served FY 17/18⁷	WRC PHF clients served FY 17/18⁸
<i>Asian</i>	32%	15%	10%
<i>African American</i>	11%	19%	26%
<i>Latino</i>	22%	22%	36%
<i>Caucasian/ White</i>	31%	26%	11%
<i>Other/ Unknown</i>	4%	18%	17%
<i>Male</i>	49%	42%	44%
<i>Female</i>	51%	58%	56%

The common risk factors for adolescents who qualify for CSU services include the criteria for a 5585 hold, which are:

⁶ <https://www.census.gov/quickfacts/fact/table/alamedacountycalifornia/PST045218>

⁷ Data from ACBH InSyst and Clinician’s Gateway.

⁸ Ibid.

- A danger to others;
- A danger to self (not limited to suicidal behavior); and/or
- Gravely disabled (unable to take care of food, clothing, and housing needs).

These youth are at risk of suicide, community violence (as a victim or a perpetrator), incarceration, academic performance issues, and long term serious mental illness.

WRC does not serve adolescents with complex medical (physical health) problems requiring hospitalization, or those who have drug and alcohol abuse or eating disorder as a primary diagnosis. The majority of clients will be covered by Medi-Cal. However, some clients may be uninsured.

Successful Bidders will demonstrate knowledge, experience, and understanding of the needs, issues and challenges faced by the priority population. Bidders should identify strategies to address barriers faced by clients and demonstrate experience in supporting the priority population. The awarded Contractor(s) shall also demonstrate the cultural competency required to successfully serve the priority population.

2. Service Delivery Approach

Psychiatric Health Facility

The PHF provides acute and inpatient mental health services with an average length of stay of three to seven days, based on severity. Contractor shall serve individuals who are admitted on a 72-hour hold or 14-day certification, temporary or ongoing conservatorship, or who are admitted voluntarily.

As defined in the California Code of Regulations (CCR),⁹ a PHF is a facility licensed by DHCS under the provisions of Chapter 9, Division 5 of Title 22, beginning with Section 77001. PHF services include therapeutic and/or rehabilitative services on an inpatient basis to beneficiaries who need acute care that meets the criteria of Section 1820.205.¹⁰ Key components of the program include comprehensive assessments, multidisciplinary recovery planning, symptom stabilization, short-term treatment, and discharge planning (including integration back into school settings).

Referrals must meet medical necessity and re-authorization is based on ACBH approval and coordination of care needs. Clients are referred to the PHF through the CSU,¹¹

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[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I10ACFCC0D45311DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I10ACFCC0D45311DEB97CF67CD0B99467&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

¹⁰ Article 2. Section 1810.236-237

¹¹ Each individual referred through the CSU must first be evaluated at the CSU for assessment triage, possible stabilization, and discharge. If stabilization is not possible or appropriate, the client shall be admitted on a voluntary hold or a 72-hour hold.

Alameda County Probation Department (ACPD) Juvenile Hall,¹² and the Kaiser Permanente call center. The awarded PHF Contractor shall develop and implement an interdisciplinary treatment plan for each patient within 72 hours of admission, to be reviewed on a weekly basis with an ACBH assignee, at a minimum.

The awarded PHF Contractor will offer 16 PHF beds. The PHF shall maintain programmatic capacity for a standard occupancy rate of 85 percent or above (based on a maximum capacity of 16 beds). The awarded Contractor shall make efforts to ensure available capacity for new placements, including continuous review to ensure that stabilization goals are reached and youth are returned to community and/or appropriate alternative placement.

Crisis Stabilization and Outpatient Services

The awarded CSU Contractor shall provide crisis stabilization services upon intake at the PHF, primarily individualized interventions directed toward resolution of the presenting, psychiatric episode. The CSU treatment team triages youth who have acute psychiatric issues, and provides mental health interventions to divert clients who may be safely discharged to the community from hospitalization. As defined in the CCR, crisis stabilization is a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include assessment, collateral and therapy.¹³

Outpatient services within the CSU include short-term services that last less than 60 days and focus on linking adolescents to long-term services in the community, while also providing needed therapeutic and medication management support in the interim. Program staff provide safety assessments, coping skills development and support, and referrals in order to promote continued stabilization of mental health status, ensure continuity of services, and prevent further crisis events and/or re-hospitalization. Interactive complexity services are also available as needed.

All Services

Both the CSU and PHF services are subject to lockouts, and cannot be billed when other Specialty Mental Health Services are provided at the same time.¹⁴

In addition to PHF, crisis stabilization, and outpatient mental health services, the awarded Contractor(s) will provide comprehensive assessments, multidisciplinary recovery planning, symptom stabilization, short-term treatment, and discharge planning.

¹² Individuals referred by ACPD under juvenile court jurisdiction may be referred directly to the PHF on a case-by-case basis in collaboration with ACBH.

¹³ Article 2. Section 1810.210

¹⁴ See ACBH Mental Health Medi-Cal Lockout Grid:
http://www.acbhcs.org/providers/QA/docs/training/MH_Lockout_Grid.pdf

Discharge planning shall begin at intake. The awarded Contractor(s) shall provide a written aftercare plan, including referrals to and education about community resources, for the client and their families/guardians to utilize after discharge.¹⁵ The awarded Contractor(s) shall also liaise with community partners, including schools to coordinate post-discharge care and management.

Bidders shall propose any Evidence Based Practices (EBPs), promising practices, and/or community defined approaches, and how they will support the goals of the programs.

Bidders shall describe the plan for providing follow-up resources or services, and the coordination, if appropriate, with client’s family members or supports. Bidders shall also propose safety protocols and containment strategies to mitigate the risk of self-harm and staff assaults.

Services are provided on-site at 2050 Fairmont Drive, San Leandro, CA 94578, and shall be available 24 hours per day, seven days per week for the CSU and PHF. Bidders shall propose hours for the outpatient services and visiting hours, with rationale.

3. Planned Staffing and Organizational Capacity

Bidders shall include a staffing structure that is well matched to program services. Bidders shall demonstrate how their current and planned organizational infrastructure will successfully implement the required activities.

At a minimum, bidders shall include the following full-time employees (FTE) in their proposed staffing plan:

PHF (per ten youth, over a 24-hour period) ¹⁶	CSU (over a 23-hour and 59-minute period) ¹⁷
<ul style="list-style-type: none"> • 1.0 FTE Clinician • 3.0 FTE Mental Health Rehabilitation Specialist (MHRS) • 4.0 FTE Nursing Staff 	<ul style="list-style-type: none"> • 1.0 FTE Clinician per four youth • 2.0 FTE MHRS • 2.0 FTE Nursing Staff

The facility must have a licensed and qualified clinical director. For the PHF, a physician shall be available on-call 24 hours per day, seven days per week, and additional teams

¹⁵ In accordance with Health and Safety Code Section 1262 and Welfare and Institutions Code Sections 5622 and 5768.5

¹⁶ Refer to https://www.dhcs.ca.gov/services/MH/Documents/LicReqPHF_Article3.pdf for detailed PHF staffing requirements.

¹⁷ Refer to California Code of Regulations Title 9, Section 1840-348 ([https://govt.westlaw.com/calregs/Document/IFA051AD0DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)_for](https://govt.westlaw.com/calregs/Document/IFA051AD0DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)_for) detailed CSU staffing requirements.

shall be available as needed, depending on census. Medication support must be available. PHF staff must be separate and distinct from CSU staff, if bidding on both service categories.

In the event of a transition of Contractors, the awarded Contractor(s) will have up to three months for program start up to hire and train staff, obtain the appropriate certifications and/or licensure to provide and bill for services, and work with the current provider to transition clients as needed. ACBH will facilitate the transition of clients between the current provider and awarded Contractor as appropriate.

Bidders will be evaluated based on their description of their staffing plan and organizational capacity to provide the services described in this RFP. Bidders shall demonstrate their current and planned organizational infrastructure to successfully implement the program. Services shall be provided by an organization with thoughtful and appropriate operations in terms of capacity, infrastructure, staffing and hiring, with staffing practices that emphasize the ability to relate to and engage with the priority population and with their parents/guardians.

Appropriate infrastructure, staffing and hiring includes:

- Plan for hiring, training, and supporting program staff;
- Plan for providing appropriate and regular clinical supervision to program staff;
- Organizational capacity to support student-clients to meet their treatment goals;
- Organizational capacity to track and enter data into the County's electronic information management and claiming system (currently Clinician's Gateway and InSYST, respectively); and
- Organizational capacity or plan to build organizational capacity to meet Federal, State, and Medi-Cal billing, clinical, and quality assurance requirements.

Bidders must also include in their proposal their overall organizational chart and where the program will sit within the agency that demonstrates the agency's infrastructure to ensure there is necessary oversight, supervision, and support to comply with the program requirements.

4. Forming Partnerships and Collaboration

The awarded Contractor(s) will be required to consult and collaborate with other entities regarding client intake, discharge, and transition to a more appropriate community or rehabilitation setting. These entities include the Expanded ACBH Mobile Crisis Unit, other health care providers, such as the Behavioral Emergency Response Team (BERT) at USCF Benioff Children's Hospital, Kaiser Permanente, schools, Alameda County Social Services Agency (SSA), Alameda County Probation Department's (ACPD) Juvenile Hall, and potentially, the co-provider of services at the facility. The awarded Contractor(s) will need to establish strong systems of collaboration with referring agencies.

To strengthen service linkages, the awarded Contractor(s) will use existing partnerships and identify additional collaborative partnerships. Bidders shall demonstrate their experience with and capability to form partnerships and collaborations to implement this program successfully. Bidders will propose their plan for building on existing and establishing new partnerships to support clients in meeting their needs.

5. Ability to Track Data

The awarded Contractor(s) shall track data and outcomes for the purpose of reporting and for continuous quality improvement of services.

The awarded Contractor(s) will conduct annual program evaluations and report results to ACBH using an ACBH-approved template. ACBH reserves the right to determine and evaluate program measures and outcomes, and to work with the awarded Contractor(s) to alter their program and outcome measures in subsequent years.

Bidders will be evaluated based on their plan for meeting program outcomes as well as their ability to track client progress.

II. INSTRUCTIONS TO BIDDERS

A. COUNTY CONTRACTS

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

The ACBH website <http://www.acbhcs.org/Docs/docs.htm#RFP> and the General Services Agency (GSA) website https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp 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:

Elizabeth Delph
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606
Email: elizabeth.delph@acgov.org

B. CALENDAR OF EVENTS

Event	Date/Location
Request for Proposals (RFP) Issued	Wednesday, May 20, 2020
Bidder's Written Questions Due	By 5:00 pm on the day of 2 nd Bidder's Conference – ACBH strongly encourages Bidders to submit written questions earlier.
1 st Bidders' Conference	<p>Tuesday, June 16, 2020 10:30am – 12:00pm</p> <p>https://www.gotomeet.me/MH_Fiscal_Team/rfp-20-04-willow-rock-center-bidders-conference1</p> <p>United States (Toll Free): 1 866 899 4679 United States: +1 (646) 749-3117</p> <p>Access Code: 380-112-205</p>
2 nd Bidders' Conference	<p>Wednesday, June 17, 2020 2:00pm – 3:30pm</p> <p>https://www.gotomeet.me/MH_Fiscal_Team/rfp-20-04-willow-rock-center-bidders-conference2</p> <p>You can also dial in using your phone. United States (Toll Free): 1 877 309 2073 United States: +1 (312) 757-3129</p> <p>Access Code: 852-404-445</p>
Addendum Issued	Wednesday, June 24, 2020
Proposals Due	Friday, August 7, 2020 by 2:00pm
Review/Evaluation Period	Monday, August 10, 2020 to Thursday, October 8, 2020
Oral Interviews (as needed)	Thursday, October 8, 2020
Award Recommendation Letters Issued	Thursday, October 15, 2020
Board Agenda Date	January 2021
Contract Start Date	January 2021

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. SMALL LOCAL EMERGING BUSINESS (SLEB) PREFERENCE POINTS

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 North American Industry Classification System (NAICS) Codes 621420 and 622210.

A small business is defined by the [United States Small Business Administration](#) (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

D. BIDDERS' CONFERENCES

ACBH strongly recommends that Bidders thoroughly read the RFP prior to attending any Bidders' Conferences. ACBH shall hold two Bidders' Conferences. Bidders' Conferences will be held to:

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

ACBH 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. ACBH 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 to 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 ACBH **no later than 2:00 pm on the due date and location specified on the RFP cover and Calendar of Events in this RFP.** ACBH

cannot accept late and/or unsealed proposals. If hand delivering proposals, please allow time for parking and entry into building.

ACBH 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. ACBH's 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, RFP name, and Service(s) applying for. 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 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. A signed statement by either the Executive Director or the Board President on an agency letterhead will meet this requirement.
 - 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 name with the following saved on it:
 - An electronic copy of the proposal, saved with Bidder's name;
 - An electronic Excel 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.¹⁸

Bidders shall ensure that proposals are:

- Single spaced
- Maximum 1 inch margins
- 11-point Arial font
- Conform to the maximum page limits

3. The County will not consider telegraphic, electronic or facsimile proposals.

¹⁸ Inability to comply with this recommendation will have no impact on the evaluation and scoring of 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. 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.).
8. All other information regarding proposals shall be held as confidential until such time as the CSC/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 award/non-award notification. The submitted proposals shall be made available upon request no later than five calendar 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 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 ACBH website.
9. 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.
10. California Government Code Section 4552: In submitting a bid to a public purchasing body, the Bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the Bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the Bidder.
11. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms "claim" and "knowingly" are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.

12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
14. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of 180 days, unless otherwise specified in the Bid Documents.

F. RESPONSE FORMAT/PROPOSAL RESPONSES

Bidders may use the provided MS Word Bid Response Template to address and complete your proposals. The person(s) administering the competitive process will review each proposal for completeness against the RFP requirements and ensure that responses conform to a **total page maximum of twenty-two (22)**. 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 superfluous and unrequested material submitted with the bid will be removed and will not be viewed by the Evaluation Panel. Any material deviation from the requirements may be cause for rejection of the proposal, as determined at ACBH' sole discretion.

Table 1
The proposal sections, instructions and page maximums are contained in Table 1. **Proposal shall not exceed twenty-two (22) pages excluding Exhibits and Attachments.**

Section	Instructions	Suggested Page Max.
1. TITLE AND TABLE OF CONTENTS	Include a table of contents with page numbers indicating the location of each section in the bid.	N/A
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE	Review, complete, and submit the requested information included as Exhibit A Bidder Information and Acceptance form with your bid.	N/A
3. SLEB PARTNERING SHEET	Every Bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Bid Template, indicating their SLEB certification status.	N/A
4. ORGANIZATIONAL CAPACITY AND REFERENCES	<u>Supply Organizational Capacity and Reference sections a. and b. in the original proposal only.</u>	N/A
	a. Debarment and Suspension Bidders, its principal and named subcontractors must not be identified on the list of Federally debarred, suspended or other excluded parties located at the following databases: <ul style="list-style-type: none"> • https://www.sam.gov/portal/SAM/#1 • https://exclusions.oig.hhs.gov/ • https://files.medical.ca.gov/pubsdoco/Sandllanding.asp • https://dmf.ntis.gov/ 	
	b. References Provide three current and three former references 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	

Section	Instructions	Suggested Page Max.
	<p>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> <p>Do not include ACBH staff as references. Provide a list of <u>six (6)</u> total references – three (3) current and three (3) former, please provide the following;</p> <ul style="list-style-type: none"> • Company Name • Reference Name • Address • Phone number • E-mail address • Services Provided/Date(s) of Service 	
EXHIBIT D: EXCEPTIONS, CLARIFICATIONS, AMENDMENTS	Indicate all of Bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP.	N/A
5. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY	Complete and submit a synopsis of the highlights and benefits of each proposal including total funding request and staffing overview.	1
6. BIDDER MINIMUM QUALIFICATIONS AND SPECIFIC REQUIREMENTS	Bid Template may be used to describe and demonstrate how Bidder meets all of the criteria:	2

Section	Instructions	Suggested Page Max.
	<ul style="list-style-type: none"> • Have at least three years of experience providing services to the priority population and similar demographics since; and • Have at least three years of experience providing services in acute and sub-acute settings. 	
7. BIDDER EXPERIENCE, ABILITY AND PLAN	Use the Bid Template to complete and submit the information below.	N/A
	a. Describe, in detail, Bidder’s Understanding of and Experience with the Priority Population Needs including:	(3)
	i. Bidder’s understanding of the priority population, including: <ol style="list-style-type: none"> 1. Needs, risk factors, strengths, and protective factors; 2. Challenges with accessing and engaging in PHF and CSU services; and 3. Identified gaps in County demographics and clients served. 	1
	ii. Bidder’s experience working with the priority population, including: <ol style="list-style-type: none"> 1. Providing services to the priority population; 2. Developing and implementing successful strategies to address barriers faced by clients; 3. Identifying and building on existing client protective factors; and 4. Developing culturally competent services. 	2
	b. Describe in detail, Bidder’s Service Delivery Approach , including:	(6)
	i. Bidder’s plan to receive and process referrals: <ol style="list-style-type: none"> 1. Proposed referral and intake processes, including specific strategies to manage referrals and respond in a timely manner. 	1

Section	Instructions	Suggested Page Max.
	<p>ii. Bidder’s plan to provide services:</p> <ol style="list-style-type: none"> 1. Proposed plan to work with ACBH and existing Contractor to transition clients and services, if needed; 2. Plan to provide services, including what a typical client day in the PHF or CSU might look like; 3. Proposed Evidence Based Practices (EBPs), promising practices, and/or community defined approaches to be used, including rationale; 4. Plan to ensure client and staff safety; 5. If applying for PHF services, plan to maintain and maximize the number of beds available to clients, including strategies to maintain 85 percent occupancy rate; and 6. If applying for CSU and outpatient services: Proposed outpatient service hours (if bidding on these services) and visiting hours, with rationale. 	3
	<p>iii. Bidder’s plan to discharge, provide referrals and linkages, and follow up as needed, including:</p> <ol style="list-style-type: none"> 1. Plan for a collaborative client discharge; 2. Proposed strategies for discharge planning and transitioning clients to more appropriate level of care and/or services; 3. Proposed strategies to refer and link clients with additional services as needed; and 4. Plan for providing follow up resources or services and coordinating with client’s family, school, and/or other community supports. 	2
	<p>c. Describe, in detail, Bidder’s Planned Staffing and Organizational Capacity, including:</p>	(3)

Section	Instructions	Suggested Page Max.
	<p>i. Roles and responsibilities of program staff, including:</p> <ol style="list-style-type: none"> 1. Program staffing plan which includes staff titles and FTE, language capacity, roles, responsibilities, and supervision structure. Include tasks necessary to provide program services and how they will be assigned to staff; and 2. Plan for hiring, training, supervising, and retaining staff. Include how staff will reflect the priority population and language profiles. 	2
	<p>ii. Bidder's planned organizational infrastructure, including:</p> <ol style="list-style-type: none"> 1. Description of how program services will be integrated into Bidder's existing organizational structure and services. Include program chart (Attachment 1A) and organizational chart that illustrates where the program will sit within the organization (Attachment 1B); 2. Organizational experience or proposed plan to build organizational capacity to meet Medi-Cal billing, clinical, and Quality Assurance requirements; and 3. Experience and/or capacity to utilize County's electronic information management and claiming systems (Clinician's Gateway and InSYST). 	1
	<p>d. Describe, in detail, Bidder's experience in Forming Partnerships and Collaboration, including:</p>	(2)
	<ol style="list-style-type: none"> 1. Experience collaborating or working with Expanded ACBH Mobile Crisis Unit, USCF Benioff Children's Hospital BERT, Kaiser, schools, SSA, ACPD, and other providers; and 2. Describe existing program partnerships and collaborations. Include any results or successes from these collaborative efforts. 	2

Section	Instructions	Suggested Page Max.
	<p>e. Describe, in detail, Bidder’s Experience and Plan to Track Data and Outcomes, including Bidder’s plan for collecting data specified in this RFP and tracking outcomes for quality improvement, including:</p> <ul style="list-style-type: none"> i. Experience with data collection, tracking, and reporting including data tracking tools or systems. Include examples of how data and outcomes information has been used for quality and performance improvement; and ii. Plan for monitoring program outcomes and tracking client progress. 	(1)
	<ul style="list-style-type: none"> i. Experience with data collection, tracking, and reporting including data tracking tools or systems. Include examples of how data and outcomes information has been used for quality and performance improvement; and ii. Plan for monitoring program outcomes and tracking client progress. 	1
8. IMPLEMENTATION SCHEDULE AND PLAN	<p>a. Bidder’s Implementation Schedule and Plan with due dates around the following activities:</p> <ol style="list-style-type: none"> 1. Staff hiring, training, and supervision; 2. Applying for fire clearance and appropriate certifications and licensures; 3. Obtaining appropriate certifications and licensures; 4. Transition between current provider and awarded Contractor, if applicable; and 5. Service delivery. <p>b. Bidder’s identification and strategies for mitigation of risks and barriers, which may adversely affect program implementation.</p>	2
	Budget and Budget Narrative	(2)
9. COST	<p>Budget</p> <p>a. Cost-Coefficient – Bidder does not need to submit anything additional for this.</p> <p>b. Complete and submit one BUDGET WORKBOOK (saved in Excel). See Budget Instructions tab. Complete and submit all worksheets in the Workbook.</p>	
	<p>c. Provide a detailed Budget Narrative to explain the costs and calculations in the budget. The narrative must match the budget, and be aligned with the</p>	2

Section	Instructions	Suggested Page Max.
	requirements of this RFP. Narrative should explain how calculations were made on the following and provide explanation on any variances in costs: <ol style="list-style-type: none">1. Required Staffing2. Salaries and Benefits3. Operating Expenses4. Administrative and/or Indirect Costs	

G. EVALUATION CRITERIA/SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Bidder Minimum Qualifications, Completeness of Response, Conformance to Page Limitations, and Debarment and Suspension) shall be evaluated by the 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 ACBH 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.

The CSC will evaluate each proposal meeting the minimum qualifications and requirements set forth in this RFP. 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.

ACBH will hold two separate County Selection Committees (CSC)/Evaluation Panel processes; one for each service. All bids under each service will be evaluated as separate processes.

As a result of this RFP, the County intends to award up to two contracts to responsible Bidders 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 Bidders that demonstrate 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 zero to five-point scale shown in Table 2. The scores for all the Evaluation Criteria shall be added

according to their assigned weight, as shown in Table 3, 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 interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references, and oral 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

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
1. TITLE PAGE	Reviewed for completeness	Complete/Incomplete	Pass/Fail
2. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
3. LETTER OF TRANSMITTAL/ EXECUTIVE SUMMARY			
4. BIDDER MINIMUM QUALIFICATIONS	<ul style="list-style-type: none"> Have at least three years of experience providing services to the priority population and similar demographics since; and Have at least three years of experience providing services in acute and sub-acute settings. 	<p>Meets/Does Not Meet Minimum Qualification</p> <p>Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete. Additionally, bid responses that do not conform to the page limitations in Table 1, will be rated a Fail in the Evaluation Criteria and will receive no further consideration.</p>	
5. ORGANIZATIONAL CAPACITY AND REFERENCES	<p>a. Debarment and Suspension</p>	<p>To be considered for contract award, the Bidder and its principal may not be identified on the list of Federally debarred, suspended or other excluded parties located in the following databases:</p> <ul style="list-style-type: none"> https://www.sam.gov/portal/SAM/#1 https://exclusions.oig.hhs.gov/ https://files.medical.ca.gov/pubsdoco/Sandllanding.asp https://www.ssdmf.com 	Pass/Fail

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>b. ACBH will accept only non-ACBH references. ACBH will check references for Bidders placed on the shortlist and ask the references standard questions, which will be evaluated by the Evaluation Panel.</p>	<p>How do the Bidder's references respond to the following:</p> <ul style="list-style-type: none"> • Bidder's capacity to perform the services as stated; • Areas in which Bidder did well and areas in which bidder could have improved (if applicable); • Experience providing services to adolescents; • Communication and responsiveness, responding to and processing referrals, reporting and invoicing, training, customer service, compliance with program, legal, and/or funding requirements, documentation and reliability on a scale of one to five; • Whether the project was completed on time and on budget; • Capacity and ability to meet program or contract deliverables; • Understanding of the project and need; • References' overall satisfaction with Bidder; • References' comfort with recommending the Bidder to Alameda County; • Whether Bidder would be used again by Reference; and • Any other information that would assist in Alameda County's work with the Bidder. 	6
6. BIDDER EXPERIENCE, ABILITY AND PLAN	<p>a. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the <i>Understanding of and Experience with the Priority Population Needs.</i></p>		(14) Section Subtotal
	i. Understanding of the Priority Population	<p>How well does Bidder demonstrate understanding of the priority population including:</p> <ul style="list-style-type: none"> • Needs, risk factors, strengths, and protective factors; 	7

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> • Challenges with accessing and engaging in PHF and CSU services; and • Identified gaps in County demographics and clients served? 	
	<p>ii. Experience with Priority Population</p>	<p>How well does Bidder demonstrate experience working with the priority population including:</p> <ul style="list-style-type: none"> • Providing services to the priority population; • Developing and implementing successful strategies to address barriers faced by clients; • Identifying and building on existing client protective factors; and • Developing culturally competent services? 	7
	<p>b. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under the <i>Service Delivery Approach.</i></p>		(24) Section Subtotal
	<p>i. Plan to Receive and Process Referrals</p>	<p>How well-matched is Bidder’s plan to receive and process referrals, including:</p> <ul style="list-style-type: none"> • Proposed referral and intake processes, including specific strategies to manage referrals and respond in a timely manner? 	8
	<p>ii. Plan to Provide Services</p>	<p>How well-matched is Bidder’s plan to provide services, including:</p> <ul style="list-style-type: none"> • Proposed plan to work with ACBH and existing Contractor to transition clients and services, if needed; • Plan to provide PHF and CSU services, including what a typical client day in the PHF or CSU might look like; • Proposed EBPs, promising practices, and/or community defined approaches to be used, including rationale; • Plan to ensure client and staff safety; 	8

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
		<ul style="list-style-type: none"> • If applying for PHF services, plan to maintain and maximize the number of beds available to clients, including strategies to maintain 85 percent occupancy rate; and • If applying for CSU and outpatient services: Proposed outpatient service hours (if bidding on these services) and visiting hours, with rationale? 	
	<p>iii. Discharge, Linkages, and Follow-up</p>	<p>How well-matched is Bidder's plan to discharge, provide referrals and linkages, and follow up as needed, including:</p> <ul style="list-style-type: none"> • Plan for a collaborative client discharge; • Proposed strategies for discharge planning and transitioning clients to more appropriate level of care and/or services; • Proposed strategies to refer and link clients with additional services as needed; and • Plan for providing follow up resources or services and coordinating with client's family, school, and/or other community supports? 	<p>8</p>
	<p>c. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under the <i>Planned Staffing and Organizational Capacity.</i></p>		<p>(12) Section subtotal</p>

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>i. Planned Staffing Structure</p>	<p>How well-matched is Bidder’s staffing plan, including:</p> <ul style="list-style-type: none"> • How appropriate is proposed plan for program staffing including staff positions, staff education and/or experience, language capacity, roles, responsibilities, and supervision structure; • How well does Bidder identify tasks necessary to provide program services? How well does Bidder describe how tasks will be assigned to staff; • How well matched is Bidder’s plan for hiring, training, supervising, and retaining staff? How well do staff reflect the priority population and language profiles; and • How appropriate is Bidder’s plan for supervision and oversight of proposed program components? 	6
	<p>ii. Capacity and Organizational Infrastructure</p>	<p>How well does Bidder describe its organizational infrastructure, and how well-matched to the proposed services is this infrastructure, including:</p> <ul style="list-style-type: none"> • How well does Bidder describe how program services will be integrated into Bidder’s existing organizational structure and services (Attachments 1A and 1B); • Organizational experience or proposed plan to build organizational capacity to meet Medi-Cal billing, clinical, and Quality Assurance requirements; and • Experience and/or capacity to utilize County’s electronic information management and claiming systems (Clinician’s Gateway and InSYST)? 	6
	<p>d. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder’s response to following questions which will become the total score under Forming Partnerships and Collaboration</p>		(6) Section subtotal

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	i. Partnerships and Collaboration	<ul style="list-style-type: none"> How appropriate is Bidder's experience collaborating or working with other providers serving the same population? How appropriate are Bidder's existing program partnerships and collaborations, including any results or successes from these collaborative efforts? 	6
	e. The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under Tracking Data and Outcomes .		(6) Section subtotal
	ii. Track Data and Outcomes	<ul style="list-style-type: none"> How appropriate is Bidder's plan for tracking deliverables, client level data? How well does Bidder demonstrate experience with data collection and electronic data and/or tracking systems? 	6
7. IMPLEMENTATION SCHEDULE AND PLAN	The Evaluation Panel will read and assign a score based on how detailed and specific the Bidder's response to following questions which will become the total score under Implementation Plan and Schedule .		(12)
	i. Implementation Plan	<ul style="list-style-type: none"> How detailed and specific is Bidder's response? How realistic does Bidder account for timeline to complete each specified milestone? Milestones include: <ol style="list-style-type: none"> Staff hiring, training, and supervision; Applying for fire clearance and appropriate certifications and licensures; Obtaining appropriate certifications and licensures; Transition between current provider and awarded Contractor, if applicable; and Service delivery. 	6

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
	<p>ii. Identification and Strategies for Mitigation of Risks and Barriers</p>	<ul style="list-style-type: none"> • How thorough, thoughtful, and realistic is Bidder’s identification of challenges and barrier mitigation strategies? • How well does Bidder assess barriers? • How creative and solution-oriented are Bidder’s strategies? 	6
<p>8. COST</p>	<p>The Evaluation Panel will review the Exhibit B-1 Budget Workbook and the Budget Narrative and assign a score based on how Bidder’s proposed program budget aligns with the requirements of the RFP which will become the total score under the Cost. The Cost-Coefficient is scored by applying the standard County formula.</p>		(10)
	<p>i. Cost Co-Efficient</p>	<ul style="list-style-type: none"> • Low bid divided by low bid x 5 x weight = points <i>For example:</i> $\\$100,000 / \\$100,000 = 1 \times 5 \times 5 = 25 \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 	2
	<p>ii. Budget iii. Budget Narrative</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 Bidder allocate staff and resources? • How appropriate are the staffing and other costs? • How much value does the proposal add considering the cost of the program, expected outcomes and the number of clients served? • How well does the narrative detail how Bidder arrived at particular calculations? • How well does Bidder “show the work”? 	8

RFP SECTION	EVALUATION METHOD	EVALUATION CRITERIA	WEIGHT
EXHIBITS	Exceptions, Clarifications and Amendments	Complete/Incomplete Meets Minimum Requirements/ Fails to Meet Minimum Requirements	N/A
ORAL INTERVIEW, IF APPLICABLE	Criteria are created with the CSC/Evaluation Panel.		10
PREFERENCE POINTS, IF APPLICABLE	SLEB	Five Percent (5%)	
	Local (not SLEB certified)	Five Percent (5%)	

H. CONTRACT 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 CSC/Evaluation Panel 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 best 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. Any proposal that contains false or misleading information may be disqualified by the County.
5. The County reserves the right to award to a single or multiple Contractors.
6. The County has the right to decline to award a contract in whole or any part thereof for any reason.
7. BOS approval to award a contract is required.

8. A contract must be negotiated, finalized, and signed by the intended awardee prior to BOS approval.
9. Final terms and conditions shall be negotiated with the Bidder recommended for award. The successful Bidder may request a copy of the Master Agreement template from the ACBH RFP contact. The template contains the agreement boilerplate language only.
10. 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. PRICING

Federal and State minimum wage laws apply. The County has no requirements for living wages. The County is not imposing any additional requirements regarding wages.

K. 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 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 purchase order (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.

L. NOTICE OF INTENT TO AWARD

At the conclusion of the proposal evaluation process ("Evaluation Process"), all Bidders will be notified in writing by e-mail, fax, or US Postal Services mail of the contract award

recommendation, if any, by ACBH. The document providing this notification is the Notice of Intent to Award.

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

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

At the conclusion of the RFP response evaluation process and negotiations, debriefings for unsuccessful Bidders will be scheduled and provided upon written request and will 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/s with redactions as appropriate.

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

M. TERM/TERMINATION/RENEWAL

The term of the contract, which may be awarded pursuant to this RFP, will be one year and may be renewed thereafter, contingent on the availability of funds, Contractor's performance, continued prioritization of the activities and priority populations, as defined and determined by ACBH.

III. APPENDICES

A. GLOSSARY & ACRONYM LIST

Agreement	The formal contract between ACBHCS and Contractor.
ACBH	Alameda County Behavioral Health Care Services, a department of the Alameda County Health Care Services Agency.
ACPD	Alameda County Probation Department
Adolescents	Youth from age twelve through their 18 th birthday.
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.
Bid	A Bidders' response to this Request; used interchangeably with proposal.
Bidder	The specific person or entity responding to this RFP.
Board	County of Alameda Board of Supervisors.
Client	The recipient of services; used interchangeably with beneficiary and consumer.
Collateral	A service that focuses on individuals that are involved in the client's life, with the intent of improving or maintaining the mental health of the client.
Community-Based Organization (CBO)	A non-governmental organization that provides direct services to beneficiaries.
Community defined approaches	A partnership with persons of concern during all stages of the program cycle. It recognizes the resilience, capacities, skills and resources of persons of concern, builds on these to deliver protection and solutions, and supports the community's own goals.
Conservatorship	A legal status under which an individual who is seriously mentally ill and unable to ensure their own basic needs is provided with treatment, supervision, and living arrangements.
Consumer	The recipient of services; used interchangeable with beneficiary and consumer.
Contractor	When capitalized, shall refer to selected Bidder that is awarded a contract.
County	When capitalized, shall refer to the County of Alameda.
CCMR	County Contract Maximum Rate
CSC	County Selection Committee, or Evaluation Panel
Crisis Stabilization Unit (CSU)	A facility that provides short-term residential stabilization services for individuals with psychiatric disorders.
Evidence Based Practices (EBPs)	Well-defined practices that 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.
Interactive Complexity	Communication difficulties during the psychiatric procedure.
Juvenile Justice Center (JJC)	The location of juvenile justice administration in Alameda County.
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.
Mental Health Services	Individual, family or group services or interventions that are designed to provide information on mental health issues, reduction of mental disability and/or improvement or maintenance of functioning.
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.
Outpatient services	A broad term incorporating mental health, case management, crisis intervention, and medication management services.
Promising Practice	An intervention, program, service, strategy, or policy that shows potential or promise for developing into a best practice.
Proposal	Bidder's response to this RFP; used interchangeably with bid.
Psychiatric Health Facility (PHF)	A facility that provides acute short-term treatment in a nonhospital setting.
Qualified	Competent by training and experience to be in compliance with specified requirements.
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.
Sections 5150/5585	Sections of the California Welfare and Institutions Code which allow for a person experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to

	be a danger to others or to themselves, or gravely disabled. Section 5150 applies to adults, and section 5585 to minors.
Serious Emotional Disturbance (SED)	A group of psychiatric disorders in children and adolescents which cause severe disturbances in behavior, thinking and feeling. Generally, children and adolescents have two to four diagnoses.
SLEB	Small Local Emerging Business
Serious Mental Illness (SMI)	A group of psychiatric disorders in children and adolescents which cause severe disturbances in behavior, thinking and feeling. Generally, children and adolescents have two to four diagnoses.
SSA	Social Services Agency
State	Refers to State of California, its departments and/or agencies.
Therapy	A service activity, which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.
Willow Rock Center (WRC)	Adolescent PHF and CSU facility located at 2050 Fairmont Drive, San Leandro, CA 94578.

B. BID SUBMISSION CHECKLIST

BID SUBMISSION CHECKLIST

All of the documentation listed below is required to be submitted with the Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation in the order listed below and clearly labeled.

1. Table of Contents

- 2. Bid Response:** Bidder may use the ACBH-issued Bid Response Template in MS Word but is not required to, as long as the Bid Response is complete per this Bid Submission Checklist. If using the Bid Response Template, Bidders may delete questions prompts as desired. Proposal Narrative **must not** collectively exceed the maximum page limit of **22 pages**. The suggested page maximum is provided after each prompt in parentheses.

Proposal Supporting Documentation

a) Exhibit A: Bidder Information and Acceptance:

Bidders must select one box under Item 10 of Exhibit A Bidder Information and Acceptance Form and must fill out and submit a **signed** page of Exhibit A.

b) SLEB Partnering Information Sheet:

Every Bidder must fill out and submit a signed SLEB Partnering Information Sheet in the Bid Response Template, indicating their SLEB certification status. If Bidder is not certified, the name, identification information, and goods/services to be provided by the named CERTIFIED SLEB partner(s) with whom the Bidder will subcontract to meet the County SLEB participation requirement must be stated. Any CERTIFIED SLEB subcontractor(s) named, the Exhibit must be signed by the CERTIFIED SLEB(s) according to the instructions. All named SLEB subcontractor(s) must be certified by the time of bid submittal.

c) References:

Bidders are to provide a list of three current and three former references. If unable to provide the stated number of references, include justification in your bid submission as a separate attachment. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.

d) Exhibit D: Exceptions, Clarifications, Amendments:

Indicate all of Bidder exceptions to the County's requirements, conditions and specifications as stated within this RFP. This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents. THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

Proposal Narrative (must not exceed 22 pages)

e) Letter of Transmittal/Executive Summary:

Bidders should use this document to provide a synopsis of the highlights and benefits of their bid, clearly indicating the proposed Service(s).

f) Bidder Minimum Qualifications:

Bidders must demonstrate how they meet all of the criteria.

g) Bidder Experience, Ability and Plan:

Bidders must respond to all questions in this section of the narrative proposal.

h) Implementation Schedule and Plan:

Bidders must respond to all questions in this section of the narrative proposal.

i) Budget Narrative:

Budget narrative must match Exhibit B-1 Budget.

3. Exhibit B-1: Budget:

Bidders must complete all tabs in the budget workbook.

4. Attachments:

Bidders must submit all attachments as part of their bid packet.

- a) Attachment 1A: Program Chart
- b) Attachment 1B: Organizational Chart

A complete Bid Response Packet must include:

- Original Proposal:**
One original hard copy of the proposal in a three-ring binder with original signatures. Original proposal is to be clearly marked on the cover.
- Copies of Proposal:**
Seven copies of the proposal. Copies must be unbound without a three-ring binder.
- Electronic copy of Proposal:**
Enclosed with the hardcopy of the proposal, include a USB flash drive clearly marked with the Bidder and RFP name and with the following saved on it:
 - An electronic copy of the proposal, saved with the Bidder's name;
 - An electronic copy of the completed Exhibit B-1 Program Budget, saved in MS Excel with the Bidder's name.

C. EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE

Bidder Information and Acceptance

1. The undersigned declares that the proposal documents, including, without limitation, the RFP, Addenda and Exhibits have been read and accepted.
2. The undersigned declares that he/she is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the RFP's specifications, terms & conditions.
3. The undersigned has reviewed the proposal documents and fully understands the requirements in this proposal including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime contractor, not a subcontractor, to the County, and agrees that its proposal, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the proposal.
4. The undersigned also agrees to follow the Bid Protests / Appeals Process.

Alameda County prides itself on the establishment of fair and competitive contracting procedures and the commitment made to follow those procedures. The following is provided in the event that Bidders wish to protest the proposal process or the recommendation to award a contract for these programs once the Notices of Intent to Award/Non-Award have been issued.

The following describes two separate processes: Bid Protests and Appeals. Bid Protests submitted prior to issuance of the Notices of Intent to Award/Non-Award shall not be accepted by the County.

Bid Protests from any Bidder related to this RFP must be submitted in writing to the ACBH Director located at 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606 Fax: 510.567.8180, before 5:00 p.m. of the **fifth (5th)** business day **following the date of issuance of the Notice of Intent to Award/Non-Award, not the date it is received by the Bidder**. Any Bid Protest received after 5:00 p.m. shall be considered received as of the next business day.

- The Bid Protest must contain a complete statement of the reasons and facts for the protest.
- The Bid Protest shall refer to the specific portions of documents that form the basis for the protest.
- The Bid Protest shall include the name, address, email address, fax number and telephone number of the person representing the protesting party.
- ACBH shall transmit a copy of the Bid Protest to all Bidders as soon as possible after receipt of the protest.

Upon receipt of written Bid Protest, the ACBH Director, or designee shall review and evaluate the protest and issue a written decision. The ACBH Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the

protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as determined appropriate by the ACBH Director) to discuss the Bid Protest. The decision on the proposal protest shall be issued at least ten (10) business days prior to the date the Board is considering the recommendation and award of contract.

The decision on the Bid Protest shall be communicated by e-mail, fax, or US Postal Service mail, and shall inform the Bidder whether or not the recommendation to the Board of Supervisors as stated in the Notice of Intent to Award is going to change. A copy of the decision shall be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid Protest if a decision on the Bid Protest could have resulted in the Bidder not being the recommended successful Bidder on the RFP.

The decision of the ACBH Director on the Bid Protest may be appealed to the Auditor-Controller's Office of Contract Compliance & Reporting (OCCR) located at 1221 Oak St., Rm. 249, Oakland, CA 94612, Fax: 510.272.6502 unless the OCCR determines that it has a conflict of interest in which case an alternate will be identified to hear the appeal and all steps to be taken by OCCR will be performed by the alternate. The Bidder whose proposal is the subject of the Bid Protest, all Bidders affected by the ACBH Director's decision on the Bid Protest, and the protesting Bidder have the right to appeal if not satisfied with the ACBH Director's Bid Protest decision. **All Appeals to the Auditor-Controller's OCCR shall be in writing and submitted within five (5) business days following the issuance of the decision by the ACBH Director, not the date received by the Bidder.** Appeals received after 5:00 p.m. is considered received as of the next business day.

- The Appeal shall specify the Bid Protest decision being appealed and all the facts and circumstances relied upon in support of the Appeal.
- In reviewing Appeals, the OCCR shall not re-judge the proposals. The appeal to the OCCR shall be limited to review of the procurement process to determine if the contracting department materially erred in following the RFP or, where appropriate, County contracting policies or other laws and regulations.
- The Appeal to the OCCR also shall be limited to the grounds raised in the original Bid Protest and the decision by the ACBH Director. As such, a Bidder is prohibited from stating new grounds for a Bid Protest in its Appeal. The Auditor-Controller (OCCR) shall only review the materials and conclusions reached by the GSA-Office of Acquisition Policy or department designee, and will determine whether to uphold or overturn the protest decision.
- The Auditor's Office may overturn the results of a bid process for ethical violations by Procurement staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest.
- The decision of the Auditor-Controller's OCCR is the final step of the Appeal process. A copy of the decision of the Auditor-Controller's OCCR shall be furnished to the protestor, the Bidder whose proposal is the subject of the Bid protest, and all Bidders affected by the decision.

The County shall complete the Bid Protest/Appeal procedures set forth in this before a recommendation to award the contract is considered by the Board of Supervisors.

The procedures and time limits set forth in this section are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder's failure to timely complete both the Bid Protest and Appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid Protest, including filing a Government Code Claim or legal proceedings.

5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:

- **Debarment / Suspension Policy:**
<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>
- **Iran Contracting Act (ICA) of 2010:**
<http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>
- **General Environmental Requirements:**
<http://www.acgov.org/gsa/departments/purchasing/policy/envIRON.htm>
- **Small Local Emerging Business Program:**
<http://acgov.org/auditor/sleb/overview.htm>
- **First Source:** <http://www.acgov.org/auditor/sleb/sourceprogram.htm>
- **Online Contract Compliance System:** <http://acgov.org/auditor/sleb/elation.htm>
- **General Requirements:**
<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>
- **Proprietary and Confidential Information:**
<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>

6. The undersigned also acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated proposal documents.

7. It is the responsibility of each Bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a proposal, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

8. Patent indemnity: Bidders who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of a nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.

9. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bidder Information and Acceptance, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

10. The undersigned also acknowledges **ONE** of the following. Please check only one box.

- Bidder is not local to Alameda County and is ineligible for any bid preference; **OR**
- Bidder is a certified SLEB and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the SLEB PARTNERING INFORMATION SHEET); **OR**
- Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:
 - Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and
 - Proof of six (6) months business residency, identifying the name of the bidder and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.

EXHIBIT A: BIDDER INFORMATION AND ACCEPTANCE			
Official Name of Bidder			
Street Address Line 1			
Street Address Line 2			
City		State	Zip
Webpage			
Type of Entity/Organizational Structure	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	
	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Non-Profit / Church	
	<input type="checkbox"/> Other		
Jurisdiction of Organizational Structure			
Date of Organizational Structure		Federal Tax ID Number	
CEO or ED Name		Title	
Phone Number		Fax Number	
Email			
Signature		Title	
Dated this	day of		20
RFP Contact		Title	
Phone Number		Email	

D. SLEB PARTNERING INFORMATION SHEET

**SMALL LOCAL EMERGING BUSINESS (SLEB)
PARTNERING INFORMATION SHEET**

In order to meet the Small Local Emerging Business (SLEB) requirements of this RFP, all bidders must complete this form as required below. Bidders not meeting the [definition of a SLEB \(http://acgov.org/auditor/sleb/overview.htm\)](http://acgov.org/auditor/sleb/overview.htm) are required to subcontract with a SLEB for at least 20% of the total estimated bid amount in order to be considered for contract award. SLEB subcontractors must be independently owned and operated from the prime Contractor with no employees of either entity working for the other. This form must be submitted for each business that bidders will work with, as evidence of a firm contractual commitment to meeting the SLEB participation goal. (Copy this form as needed.)

Bidders are encouraged to form a partnership with a SLEB that can participate directly with this contract. One of the benefits of the partnership will be economic, but this partnership will also assist the SLEB to grow and build the capacity to eventually bid as a prime on their own.

Once a contract has been awarded, bidders will not be able to substitute named subcontractors without prior written approval from the Auditor-Controller, Office of Contract Compliance & Reporting (OCCR).

County departments and the OCCR will use the web-based Elation Systems to monitor contract compliance with the SLEB program (Elation Systems: <http://www.elationsys.com/elationsys/>).

<input type="checkbox"/> BIDDER IS A CERTIFIED SLEB (sign at bottom of page) SLEB BIDDER Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ NAICS Codes Included in Certification: _____
--

<input type="checkbox"/> BIDDER IS <u>NOT</u> A CERTIFIED SLEB AND WILL SUBCONTRACT _____% WITH THE SLEB NAMED BELOW FOR THE FOLLOWING GOODS/SERVICES: _____ SLEB Subcontractor Business Name: _____ SLEB Certification #: _____ SLEB Certification Expiration Date: _____ SLEB Certification Status: <input type="checkbox"/> Small / <input type="checkbox"/> Emerging NAICS Codes Included in Certification: _____ SLEB Subcontractor Principal Name: _____ SLEB Subcontractor Principal Signature: _____ Date: _____

Upon award, prime Contractor and all SLEB subcontractors that receive contracts as a result of this bid process agree to register and use the secure web-based ELATION SYSTEMS. ELATION SYSTEMS will be used to submit SLEB subcontractor participation including, but not limited to, subcontractor contract amounts, payments made, and confirmation of payments received.

Bidder Printed Name/ Title: _____

Street Address: _____
Zip Code: _____

City: _____ State: _____

Bidder Signature: _____

Date: _____

E. EXHIBIT C: INSURANCE REQUIREMENTS

Insurance certificated are not required at the time of submission; however, by signing Exhibit A – Bidder Information and Acceptance, the Bidder agrees to meet the minimum insurance requirements state din the RFP, prior to award. This documentation must be provided to the County, prior to awards, and shall include insurance certificate and additional insured certificate, naming County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

*****SEE NEXT PAGE FOR COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS*****

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements. The County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances. If the contractor maintains broader coverage and/or higher limits than the minimums shown below, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability; Abuse, Molestation, Sexual Actions, and Assault and Battery	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$1,000,000 per accident for bodily injury or disease
D	Professional Liability/Errors & Omissions Includes endorsements of contractual liability and defense and indemnification of the County	\$1,000,000 per occurrence \$2,000,000 project aggregate

E **Endorsements and Conditions:**

1. **ADDITIONAL INSURED:** County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 if a later edition is used). Auto policy shall contain, or be endorsed to contain additional insured coverage for the County.
2. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained and evidence of insurance must be provided during the entire term of the Agreement and for at least five (5) years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. If coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of five (5) years after completion of work. Proof of workers' compensation insurance coverage is not required if contractor provides a signed Workers Compensation Written Declaration of Compliance.
3. **REDUCTION OR LIMIT OF OBLIGATION:** All insurance policies, including excess and umbrella insurance policies, shall be primary and non-contributory coverage at least as broad as ISO CG 20 10 04 13 as respects the County, its officers, officials, employees, or volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, or volunteers shall be excess of the Contractor' insurance and shall not contribute with it. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties.
4. **INSURER FINANCIAL RATING:** Insurance shall be maintained through an insurer with an A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise acceptable by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Self-insured retentions must be declared and approved. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. The policy language shall provide or be endorsed to provide, that the self –insured retention may be satisfied by either the named insured or County.
5. **SUBCONTRACTORS:** Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit.
6. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:
 - Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above.
 - Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured".
7. **CANCELLATION OF INSURANCE:** Each insurance policy required above shall provide that coverage shall not be cancelled, except with notice of cancellation provided to the County in accordance with policy terms and conditions.
1. **CERTIFICATE OF INSURANCE:** Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of insurance and applicable insurance endorsements as set forth in the provisions of this Agreement and this Exhibit C, in forms satisfactory to County, evidencing that all required insurance coverage is in effect. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The County reserves the right to require the Contractor to provide complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

F. EXHIBIT D: EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template on this page of the Exhibit A – Bid Response Packet. THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.

Bidder Name: _____

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated proposal, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for proposal disqualification.

Reference to			Description
Page No.	Section	Item No.	
p. 23	D	1.c.	Bidder takes exception to...

*Print additional pages as necessary

G. MEDI-CAL REQUIREMENTS FOR SERVICE PROVIDERS

Training Session (ACBH Unit)	Overview	Covered Topics	Who should attend from your agency
<p>Data Collection Provider Relations (800) 878-1313</p> <p>Training Available upon Request and as needed</p>	<p>This is the first training that individuals and organizational representatives should attend to learn the flow of INSYST client service data. Data Collection training provides guidelines for client data collection and data entry. It is a critical component of a provider's contract with ACBH.</p>	<ul style="list-style-type: none"> • INSYST System- Overview • Client Referrals • Verifying Client Eligibility- Overview • Client Registration • Client Episodes • Service Entry- Direct, Indirect, MAA, FSP etc. • Disallowed Claims System • CSI Information • Invoicing and Deadlines • INSYST Reports • Reference Information/Terms and Definitions 	<p>Administrative Manager Clinical Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>Medi-Cal Eligibility Verification Provider Relations (800) 878-1313</p> <p>Training Available upon request and as needed</p>	<p>This training teaches the methods and process of verifying client's eligibility. It is the responsibility of the provider to determine Medi-Cal eligibility for all clients on a monthly basis.</p>	<ul style="list-style-type: none"> • Terminology • How to Verify Medi-Cal Eligibility- Internet • How to Verify Medi-Cal Eligibility- AEVS • MMEF Process • Medi-Cal Claim Process • Error Correction Report • SOC Procedures • Provider Responsibilities and Expectations 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>
<p>INSYST Training Information Systems (510) 567-8181</p> <p>Training is scheduled on an as needed basis</p> <p>To enroll in training complete a User Authorization Form available online at: www.acbhcs.org/providers/INSYST/INSYST.htm</p>	<p>This is a hands on training for learning how to navigate and input client information into the INSYST system.</p>	<ul style="list-style-type: none"> • Navigating through INSYST • Registration • Open/ Close Episodes • Service Entry • Reports • Utilization Review 	<p>Administrative Manager Business Office Manager Data Entry Staff Front Desk Clerical</p>

Training Session (ACBH Unit)	Overview	Covered Topics	Who should attend from your agency
<p>Medi-Medi Documentation Trainings Quality Assurance (510) 567-8105</p> <p>Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm</p>	<p>This training provides information on required clinical documentation and assists providers in their Compliance efforts.</p>	<ul style="list-style-type: none"> • Clinical documentation • Coding • Timelines • Staffing 	<p>Management/ QA Staff, direct service staff, as determined by the Mental Health Plan</p>
<p>Clinical Quality Review Team (CQRT) Ongoing Training Quality Assurance (510) 567-8105</p> <p>Visit QA's website for their training schedule: http://www.acbhcs.org/providers/QA/QA.htm</p>	<p>This training provides a year-long commitment for providers. The group meets once per month for three hours, to review charts for compliance with Medi-Medi Documentation Standards, best clinical practices, and to authorize services.</p>	<ul style="list-style-type: none"> • Medical Necessity • Medi-Medi Chart Documentation Standards • Quality of Services • Service Codes 	<p>Clinical Supervisors, Quality Assurance Directors, and/or lead staff who are Licensed LPHA, Waivered, or registered LPHA.</p>

H. SETTING-UP SERVICES AT A NEW MENTAL HEALTH SITE

What are the steps involved in starting-up services at a new mental health program/site approved by ACBH?

** Providers should be informing their ACBH Contract Managers of a requested new site within their existing allocation at least 60-90 days prior to the anticipated start date of services at a new site via the Request for Program Change Request Form, which is available online at: <http://www.acbhcs.org/providers/network/cbos.htm>. New sites are subject to approval by ACBH, and services cannot start at an approved site until certain minimum requirements, such as fire clearance, are in place. Providers should contact their ACBH Contract Managers if there are any additional questions about what is needed for the start-up of mental health services for a specific new program/site approved by ACBH. **

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
1. Apply for any specialized permit, certification and/or licensure which is required for service delivery, outside of Medi-Cal Certification	<ul style="list-style-type: none"> Specialized new programs/ sites, such as residential, crisis residential and/or outpatient services in a group home setting 			Provider	<ul style="list-style-type: none"> These are generally permits, certifications and/or licensure from other bodies, including but not limited to local jurisdictions, Community Care Licensing (CCL) and the Department of Health Care Services (DHCS) The applications for these specialized permits, certifications and/or licensures can take some time (around six months for some), so it is helpful to plan for and submit these applications early in the process if they are a requirement for service delivery
2. Secure Fire Clearance and send to ACBH Contracts Unit, and also to ACBH QA for programs which will be billing to Medi-Cal	<ul style="list-style-type: none"> All new programs/sites which bill to Medi-Cal Most other new programs/sites which provide direct onsite services to clients 			Provider	<ul style="list-style-type: none"> Timeline for scheduling fire clearance can vary by jurisdiction, but it can be several months For school sites, specify that you are requesting fire clearance for an individual clinical space or classroom versus the whole school At a given location, the fire clearance must specify all suite numbers, classrooms and addresses where service delivery will occur A new fire clearance will generally be needed before moving to a new suite number or classroom, even if it is within the same building or on the same school campus When items are out of compliance, fire jurisdiction or fire inspection company may

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					<p>invoke a plan of correction and need to come back, extending the timeline</p> <ul style="list-style-type: none"> • Fire clearance must be signed, dated, include the site address and meet local fire jurisdiction requirements to be valid - Fire clearance is different than a fire sprinkler check, and a fire sprinkler check will not suffice for the purposes of fire clearance • There is a nominal cost for fire clearance, generally between \$80-100
<p>3. Apply for new organizational National Provider Identifier (NPI) Number or a change of address for an existing NPI, and report to ACBH Contracts Unit and QA</p>	<p>Providers which have no existing NPI at this site, and will be adding a new program/site which will enter services into a ACBH-approved data entry and claiming system</p>			<p>Provider</p>	<ul style="list-style-type: none"> • Timeline can vary from 72 hours to 45 days • Applying electronically on the NPPES website (https://nppes.cms.hhs.gov/NPPES/Welcome.do) is recommended as this can sometimes be faster • Record and secure your NPPES username, password and security questions as this can be important in the future • Customer Service can reset your password if needed • More information available here: http://www.acbhcs.org/providers//npi/npi.htm • Providers should only apply for change of address for an existing NPI if all programs/RUs at one site are moving to a new site (i.e., a complete move)
<p>4. Negotiate new or updated contract</p>	<p>All new programs/sites</p>			<ul style="list-style-type: none"> • ACBH Contracts Unit • Provider 	<ul style="list-style-type: none"> • ACBH Contracts Unit Contract Managers will work with internal ACBH partners to send draft Exhibit A Language for provider to respond to, and Budget Template for provider to complete • Discussion and negotiation will need to occur for any areas where the expectations are unclear or where a difference of opinion exists in what a particular expectation should be

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					<ul style="list-style-type: none"> More information about standard Exhibits and contracting is available at: http://www.acbhcs.org/providers/network/cbos.htm
5. Complete training on programmatic and fiscal contractual requirements	Providers which have not had a similar type of contracted program with ACBH, or may benefit from additional training in this area			Provider	<ul style="list-style-type: none"> Should generally occur prior to finalizing the contract, but timing can be later for some topics Contact your ACBH Contract Managers to request training, and please identify the specific types of areas you would like training around (i.e., budget; invoicing; better understanding specific Exhibit A requirements; better understanding other standard programmatic, fiscal and operating requirements in contract Exhibits outside of the Exhibit A and Budget; etc.)
6. Contact ACBH QA for Site Certification Visit and collaborate with QA on any identified follow-up items	New programs/sites which will be billing to Medi-Cal			Provider	<ul style="list-style-type: none"> Timeline can vary from 4-8 weeks QA will not schedule site visit until they have received fire clearance; policies, procedures and other requested material; and site is operational or prepared to begin providing services More information available here, under Item 16: Medi-Cal Site Certification: http://www.acbhcs.org/providers/QA/qa_manual.htm
7. Issuance of ACBH Site Certification Letter to Provider and ACBH Contracts Unit	New programs/sites which will be billing to Medi-Cal			ACBH QA	<ul style="list-style-type: none"> Timeline can vary from 2-8 weeks For new sites, the timeline will depend on how long it takes for the California Department of Health Care Services (DHCS) to assign a Provider Number once ACBH Provider Relations requests the Provider Number from DHCS QA will not issue Site Certification Letter until they have NPI and confirmation that all corrective action items have been addressed

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
8. Request of new Reporting Unit (RU) or change of address to an existing RU ¹⁹	New programs/sites which will be assigned a RU for entry of services into a ACBH-approved data entry and claiming system			ACBH Contracts Unit	<ul style="list-style-type: none"> • Timeline can vary from 14-45 days • Process cannot be initiated prior to receipt of the Medi-Cal Site Certification for new programs/sites which will be billing to Medi-Cal • Needs to be routed through multiple ACBH Units for approval and set-up
9. Notification of set-up of new RU or change of address to an existing RU	New programs/sites which will be assigned a RU for entry of services into a ACBH-approved data entry and claiming system			ACBH Provider Relations	<ul style="list-style-type: none"> • Provider will receive email notification from ACBH Provider Relations • Provider should contact ACBH Contracts Unit Fiscal Contract Manager for questions around assigned procedure codes which can be billed through new RU • Provider should contact ACBH QA for questions about appropriate use of assigned procedure codes for service delivery and documentation
10. Complete Initial Data Collection Training with ACBH Provider Relations	New programs/sites which will be assigned a RU for entry of services into a ACBH-approved data entry and claiming system, and have not had experience in this area or may benefit			Provider	<ul style="list-style-type: none"> • Should occur just before the start of services • ACBH Provider Relations will contact the identified provider liaison to set-up • Prior to the training, ACBH Provider Relations will need the provider to submit a list of staff to be trained and the role of each of these staff within the larger process (i.e., supervisors, clinical managers, intake/registration staff, and data entry staff) • This will include information on a number of topics including how to collect initial data via paper forms and how to bill for other health insurance

¹⁹ A RU is a unique BHCS program identifier at a specific site used to enter services/billing data

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
	from additional training				
11. Complete Clinical Documentation Training with ACBH QA	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> • Clinical documentation train-the-trainer trainings are offered throughout the year and are for providers lead QA staff and Executive Managers (at least two per organization) • Provider should check training schedule at http://www.acbhcs.org/providers/QA/Training.htm and be trained prior to providing services • More information available here: http://www.acbhcs.org/providers/QA/qa_manual.htm
12. Complete initial training on entering data into the electronic data entry and billing system with ACBH Information Systems (IS)	New programs/sites which will be assigned a RU for entry of services into a ACBH-approved data entry and claiming system, and have not had experience in this area or may benefit from additional training			Provider	<ul style="list-style-type: none"> • This is set-up by ACBH after the required Initial Data Collection Training when the requests are submitted for ACBH system user authorization and staff identification numbers • More information available here: http://www.acbhcs.org/providers/Insyst/Insyst.htm • New program/site should have one week of service data to enter at the time of the training
13. Complete initial training on Medi-Cal eligibility with ACBH Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may			Provider	<ul style="list-style-type: none"> • This should occur within 1-2 weeks after the required Initial Data Collection Training • This is set-up by ACBH after the required Initial Data Collection Training • This is also called the Health Information Technician (HIT) Training

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
	benefit from additional training				
14. Complete Medicare enrollment	New programs/sites which will be billing to Medi-Cal and serve adults over age 21 years and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> • This should be completed within one month of the start of services • Enroll with Medicare at: https://www.cms.gov/ • Provider Relations plays point on this on behalf of ACBH • Submit 7P10 to ACBH Provider Relations to start this process
15. Complete training on billing to other health insurance from ACBH Provider Relations	New programs/sites which will be billing to Medi-Cal and have not had experience in this area, or may benefit from additional training			Provider	<ul style="list-style-type: none"> • This should be completed within one month of the start of services • This is set-up by ACBH after the required Initial Data Collection Training
16. Participate in ACBH Continuous Quality Review Team (CQRT)/Authorization process	New providers or existing providers with new programs which will be billing to Medi-Cal			<ul style="list-style-type: none"> • Provider • ACBH QA 	<ul style="list-style-type: none"> • Contact QA 1-2 months prior to start up for TA and to schedule first CQRT meeting • If new to documenting to Medi-Cal standard, providers participate in ACBH CQRT/Authorization process (approx. 3 hours monthly) for a minimum one-year period AND until provider demonstrates proficiency in clinical documentation and the authorization process • If provider has experience documenting to Medi-Cal standards, the ACBH QA Office, after an assessment, may excuse the provider from

What needs to be completed?	Which programs does this apply to?	Does this apply?	Date complete?	Who is responsible?	Notes
					participating in ACBH' CQRT or may require participation until proficiency is demonstrated.

Who should I contact for questions/further information?

ACBH Unit	Topic	Who to Contact
IS	Entry of services into a ACBH-approved data entry and claiming system	Help desk, at: 510-567-8181 or HIS@acbhcs.org
Contracts Unit	Contract Negotiation/Contracting/Set-Up of New RUs	Assigned Contract Managers, specified online at: http://www.acbhcs.org/providers/network/docs/Contract_Management_Teams_List.pdf
Provider Relations	Initial Data Collection Training/Medi-Cal Eligibility/Medicare Enrollment/ Billing to Other Health Insurance	Contact main number, at 1-800-878-1313 to be routed appropriately
QA	Fire Clearance/Site Certification	QA Site Certification Team, at: SiteCertification@acgov.org
	Other QA/Documentation Questions	Assigned TA Contact, specified online at: http://www.acbhcs.org/providers/QA/QA.htm

I. MEDICAL NECESSITY FOR SPECIALTY MENTAL HEALTH SERVICES

STATE DEPARTMENT OF MENTAL HEALTH MEDICAL MANAGED CARE

Medical Necessity for Specialty Mental Health Services that are the Responsibility of the Mental Health Plan

Must have all, A, B, and C:

A. Diagnoses

Must have one of the following DSM IV diagnoses, which will be the focus of the intervention being provided:

Included Diagnoses:

- Pervasive Developmental Disorders, except Autistic Disorder which excluded.
- Attention Deficit and Disruptive Behavior Disorders
- Feeding & Eating Disorders of Infancy or Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia & Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders

- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions, including V-codes, that may be a focus of Clinical Attention (Except medication induced movement disorders which are included.)

A beneficiary may receive services for an included diagnosis when an excluded diagnosis is also present.

Excluded Diagnoses:

- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Communication Disorders
- Autistic Disorder (Other Pervasive Developmental Disorders are included.)
- Tic Disorders
- Delirium, Dementia and Amnestic and other Cognitive Disorders
- Mental Disorders due to a General Medical Condition
- Substance-Related Disorders

B. Impairment Criteria

Must have one of the following as a result of the mental disorder(s) identified in the diagnostic (A") criteria: Must have one, 1, 2, or 3:

1. A significant impairment in an important area of life functioning, or
2. A probability of significant deterioration in an important area of life functioning or
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated (current DHCS EPSDT regulations also apply).

C. Intervention Related Criteria

Must have all, 1, 2, and 3 below:

1. The focus of proposed intervention is to address the condition identified in impairment criteria "B" above, and
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated), and
3. The condition would be responsive to physical healthcare based treatment.

EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the substance use component. The intervention must be consistent with, and necessary to the attainment of, the specialty MH treatment goals.