March 13, 2013

ADDENDUM NUMBER 3
TO REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)
FOR SUBSTANCE USE DISORDER SERVICES

On December 28, 2012, the Los Angeles County Department of Public Health (DPH) released a RFSQ to establish a qualified pool of vendors that are able to provide as-needed Substance Use Disorder (SUD) services to adult and/or youth populations in the County of Los Angeles.

As indicated in the RFSQ, Paragraph 1.8, County Rights & Responsibilities, the County has the right to amend the RFSQ by written addendum. This Addendum Number 3 amends the RFSQ as indicated below (new or revised language is highlighted for easy reference):

1. Section 1.4, Vendor’s Minimum Qualifications, subsection 1.4.1 shall be deleted in its entirety and replaced by the following:

“1.4.1 Vendor must have four (4) years experience within the last seven (7) years providing SUD services to adult and/or youth populations (where applicable) in Los Angeles County (County), directly or in partnership with other Vendor(s) in each category for which it is attempting to qualify, and the necessary regulatory agency (including partnering agency(ies), if applicable) licenses and/or certifications in good standing or provide proof of application for such licenses and/or certifications. Category qualifications are defined as follows:

a) **Outpatient Counseling Services.** Vendor must have experience and ability to provide outpatient counseling services, and must be certified by the California Department of Alcohol and Drug (ADP) or provide proof of application for such certifications.

b) **Day Care Habilitative Program Services.** Vendor must have experience and ability to provide day-care habilitative services, and must be certified by ADP or provide proof of application for such certifications.

c) **Outpatient Narcotic Treatment Program Services.** Vendor must have experience and ability to provide Outpatient Narcotic Treatment Program Maintenance Services, and possess a valid current license from ADP to provide these services or provide proof of application for such licenses.

d) **Alcohol and Drug Free Living Centers (ADFLC).** Vendor must have experience and ability to provide ADFLC services.
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2. Section 1.4, Vendor’s Minimum Qualifications, subsection 1.4.7 shall be deleted in its entirety and replaced by the following:

“1.4.7 Vendor must have four (4) years experience within the last seven (7) years providing SUD services using one or more evidence based practices such as, but not limited to, those identified in RFSQ, Section 1.1, Scope of Work.”

3. Section 1.0, “GENERAL INFORMATION”, subsection 1.6, Master Agreement Process, paragraph 1.6.3 shall be deleted in its entirety and replaced by the following:

“1.6.3 A vendor and any partnering vendor may apply separately for any category identified in RFSQ, paragraph 1.4.1.

4. Section 1.0, “GENERAL INFORMATION”, sub section 1.6, Master Agreement Process, shall be revised to add the following new paragraph:

“1.6.4 WOS for particular SUD services will be released to all Qualified Vendors. Each WOS will require that all applicable regulatory agency licenses and/or certifications have been obtained and are in good standing and may further define the particular target population and/or geographic area to be served. Qualified Vendors (and Partners, if applicable) must meet the licensing requirement prior to responding to WOS.”

5. Section 2.0, “INSTRUCTIONS TO VENDORS”, first paragraph of subsection 2.7, Preparation and Format of the SOQ, shall be deleted in its entirety and replaced by the following:

“All SOQs must be bound and submitted in the prescribed format: no less than ten (10) point Arial font, single spaced paragraphs, single sided pages, margins of no less than one (1) inch each on all sides (top, bottom, left, right). The SOQ pages and paragraphs must be numbered sequentially throughout from beginning to end, to ensure there are no missing pages or sections and to prevent the duplicate numbering of pages or sections. Any SOQ that deviates from this format may be rejected without review at the County’s sole discretion.”

6. Section 2.0, “INSTRUCTIONS TO VENDORS”, subsection 2.7.3, Vendor’s Qualifications (Section A), fourth paragraph shall be deleted in its entirety and replaced by the following:

e) **Residential Treatment Services.** Vendor must have experience and ability to provide Residential Treatment services, and posses a valid current license from ADP and/or California Department of Social Services as appropriate, to provide these services **or provide proof of application for such licenses and/or certifications.**

f) **Medication Assisted Treatment (MAT).** Vendor must have experience and ability to provide Medication Assisted Treatment services.

g) **Residential Detoxification Services.** Vendor must have experience and ability to provide Detoxification Services, and posses a valid current license from ADP in accordance with federal and State standards **or provide proof of application for such licenses.”**
“The SOE for each desired category must: 1) not exceed 3 (three) pages; 2) include a summary of relevant background information that substantiates Vendor meets each minimum qualification stated in RFSQ, Paragraph 1.4, including years in service and experience; 3) include as an attachment, a list of the agencies and the types of service and/or relationship that Vendor has with the agency(ies); 4) include a brief descriptive paragraph that provides details such as years of experience, services provided, how the services are using or are based on specific evidence-based practice(s), adult and/or youth populations served, and service sites; and 5) include as attachments, copies of any applicable licenses/certificates/accreditations for the provision of services for each category in which they intend to qualify which includes but is not limited to: ADP and/or California Department of Social Services licenses/certifications/accreditations. Vendors (and their Partner(s), if applicable) who have submitted applications for licenses and certifications to ADP prior to the response deadline of this RFSQ, will need to provide proof of such. Acceptable documentation shall include a copy of the application(s) sent to ADP, and a timetable for obtaining licenses and certifications. The Vendor (and their Partner(s), if applicable) must satisfy this licensing and certification requirement prior to responding to Work Order Solicitations.

The 3-page limit does not include the attachments.”

7. Section 2.0, “INSTRUCTIONS TO VENDORS”, subsection 2.7.3 Vendor’s Qualifications (Section A), paragraph C. Vendor’s References (Section A.3), first paragraph shall be deleted in its entirety and replaced by the following:

“It is the Vendor’s sole responsibility to ensure that the Vendor’s firm/company name, and point of contact’s name, title and phone number for each reference is accurate. The references to be listed are those who have current or past SUD service contracts with Vendor. These references are presumed to be knowledgeable about and can therefore verify a performance contract track record of Vendor. With the exception of SAPC whose employees cannot be named as references all other Los Angeles County offices may be used by Vendor as reference for this RFSQ. The same references may be listed on both forms – Appendix A, Exhibits 7 and 8.”

8. Section 2.0, “INSTRUCTIONS TO VENDORS”, subsection 2.7.3 Vendor’s Qualifications (Section A), paragraph C. Vendor’s References (Section A.3), paragraph Number 1, Prospective Contractor References, Exhibit 7, shall be deleted in its entirety and replaced by the following:

“1. **Prospective Contractor References, Exhibit 7.** Vendor must provide at least three (3) references where SUD services(s) to adult and/or youth populations was provided.”

9. Appendix A, Exhibit 1, shall be deleted in its entirety and replaced with the attached revised Exhibit 1.

10. Appendix A, Exhibit 2, shall be deleted in its entirety and replaced with the attached revised Exhibit 2.

As indicated in the RFSQ, Paragraph 2.5, Vendor’s Questions, questions and corresponding answers received by the January 22, 2013 deadline are being issued as part of this Addendum as follows:
GENERAL

Q1: What is the RFSQ pertaining to?
A1: As stated in Section 1.0 General Information, Purpose/Objective, “The objective of this RFSQ is to secure a pool of qualified vendors that are best able to provide as-needed SUD services to the adult and/or youth populations of the County of Los Angeles. A Master Agreement will be offered to all agencies determined to be qualified. The execution of a Master Agreement does not guarantee any minimum or maximum amount of utilization of services, and Vendors may or may not be utilized, at the County’s sole discretion.”

Q2: I understood that this RFSQ was in response to the AB 109 funding but there is no mention of that in the notice. Is this in response to that or is SAPC issuing this process as part of an overall re-solicitation of all contracts?
A2: As stated in RFSQ, Section 1.6, Master Agreement Process, subsection 1.6.1 and 1.6.2 Master Agreements will be executed with all Vendors determined to be qualified by category and population. WOS will be released to the Qualified Contractors under competitive conditions for each project. DPH anticipates releasing WOS for AB109 services as well as additional SUD services.

Q3: We are presently County Contractors, however if there is a need to become registered as a County Contractor to participate with the new Work Order Solicitations, please let me know so as I may take appropriate steps towards participation.
A3: RFSQ, Section 1.10 Mandatory Requirement to Register on County’s Vendor Registration (WebVen) System, states that “Prior to executing a Master Agreement, all potential Contractors must register in the County’s WebVen. Please refer to the RFSQ for further information. Note: Registering on the WebVen does not automatically grant nor guarantee a contract or a master agreement.

To participate in the Work Order Solicitation process, please refer to RFSQ sections 1.4 and 1.6 for more detailed information on the requirements and procedure.

Q4: Are behavioral health organizations that currently have a DMH contract to provide mental health services to AB109 clients eligible to receive funds under this agreement?
A4: Agencies that have existing contracts with DMH may submit an SOQ in response to this RFSQ. Interested and qualified vendors must meet the minimum qualifications of the RFSQ. Please see RFSQ, Section 1.4 Vendors’ Minimum Qualifications for more information on the minimum requirements.

Q5: Is this RFSQ required by all County Contractors? If an agency does not submit an SOQ is our existing contract affected in any way?
A5: Agencies with an existing County Contract are not required but are encouraged to respond to this RFSQ. The RFSQ will impact procurement of future services.

SOLICITATION REQUIREMENT REVIEW REQUEST

Q6: What exactly is the Request for a Solicitation Requirements Review and is it mandatory?
A6: Pursuant to Los Angeles County Board of Supervisors Policy No. 5.055, including a Solicitation Requirements Review (SRR) process in a solicitation is mandatory but
making or submitting a SRR request is optional, i.e., a Vendor is not required to submit a SRR request if it does not see the need for one.

Please refer to RFSQ, Section 2.4 Solicitation Requirements Review for further details.

Q7: **What is it that we have to submit by January 11, 2013 in the Request for a Solicitation Requirements Review? What does this include?**
A7: Appendix B, Request for a Solicitation Requirements Review is the form that is due by January 11, 2013. The form should include attachments, documents, etc. that demonstrate the underlying ability of the vendor to submit a Statement of Qualification (SOQ) and may also include, as necessary, documents that support the reason(s) cited for the SRR request. Please see RFSQ paragraphs 2.4.1 through 2.4.4 for further details.

Q8: **What is the purpose of completing the Solicitation Requirement Review? Does every Vendor that is applying for RFSQ have to submit the solicitation requirement review in order to qualify to be a vendor?**
A8: See A6.

Q9: **What exactly does this sentence mean “a solicitation requirements review is being requested because the vendor asserts that they are being unfairly disadvantaged?”**
A9: The SRR request must clearly describe how the minimum requirements, evaluation criteria and/or business requirements unfairly disadvantage the person or entity from submitting a response to the solicitation.

Q10: **Is Appendix B required to be submitted even if we do not believe we are unfairly disadvantaged?**
A10: See A6.

**SCOPE OF WORK**

Q11: **Scope of work lists EBPs approved in December 2011. Can a provider also use the following evidence based practices: Strengthening Families, Aggression Replacement Training, Pathways and Voices. We currently use those in our Residential Treatment Program for Adolescents and we would like to continue. The funding for some of these EBPs is currently provided by DMH.**
A11: See number 2 of this Addendum (page 2). An agency can utilize evidence based programs that are not listed in the RFSQ. The Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-Based Programs and Practices (NREPP) does not provide an exhaustive list of interventions, but can be used as a guide for others not listed in the RFSQ. An agency must provide supportive information on any evidence-based program not listed in the NREPP, such as source of program, how program was determined to be evidence-based, appropriateness of program for agency’s services, etc.

Q12: **The RFSQ lists evidenced based curriculum:**
- Courage to Change
- Moral Reconation Therapy
- Matrix Model
- Prime for Life
- Prime Solutions
- Cognitive Behavior Therapy
• Motivational Interviewing
• Mapping Enhanced Counseling
• Seeking Safety
• Dialectical Behavioral Therapy (DBT)
• Brief Strengths based Case Management for Substance Abuse

Do we have to use these evidenced based curriculum or can we use other evidence based curriculum? If we can use other evidence based curriculum do they have to be on SAMSHA’s approved curriculum website?

A12: See A11.

Q13: Are the evidence based practices (EBP) listed on page 2 section number 1.1 the only ones that we can use or can we utilize others as long as we use EBP?

A13: See A11.

Q14: Is an agency able to qualify through evidence of implementation and utilization of any evidence-based practices that are not on the provided list?

A14: See A11.

Q15: Can adult residential services use NIC's Thinking for a Change curriculum? Can adult services use Best Practice curriculum, such as our Building Bridges and Emotional Cartography?

A15: See A11.

Q16: The County has not provided any RFP for DETOX service since Tarzana and BHS received their funding for such service. How can a provider provide 4 years of experience for DETOX service?

A16: As stated in RFSQ, Section 1.4, Vendors' Minimum Qualifications, subsection 1.4.1, states that vendor must have four (4) years experience within the last seven (7) years providing SUD services to adult and/or youth populations (where applicable), directly or in partnership with other Vendor(s) in each category for which it is attempting to qualify.

Agencies do not need to have a current County Detox contract, but may have federal, State or other local contracts to provide these services in Los Angeles County.

Q17: Scope of Work requires the use of comprehensive standardized assessment tools such as ASI-MV. Can another version of ASI be used for adults and ADAD2 or another comprehensive assessment for adolescents? Can TCU CESI/CEST/CTS (Client Evaluation of Self at Intake, Client Evaluation of Self and Treatment, Criminal Thinking Scales) assessments be used as well, in addition to the ASI where appropriate? Can the provider add specialized mental health, trauma, or literacy assessments?

A17: Yes, another version of the ASI or similar comprehensive assessment instruments for substance use disorders for adult and/or youth populations can be used by an agency. However, Agency must describe the standardized assessment instrument and appropriateness for the targeted population. An agency can add specialized assessments after first completing an assessment on substance use disorders.

Q18: Scope of Work – Definitions (Page 3) Outpatient Counseling Services, are those alcohol and drug treatment and recovery services which are provided in a drug-free, non-drinking environment, directed towards alleviating and/or preventing alcohol and drug problems among individuals, or participants, pregnant and
parenting women and their children, families, specific population groups, or the general community, which does not require residency at a provider's facility as part of the treatment and recovery process. Services include crisis intervention, individual/ group/ family counseling, urinalysis testing, case management, and referrals for ancillary services. Can you provide some guidance on the definition of ancillary services?

A18: Ancillary services can be any service deemed appropriate for a person's treatment and recovery. For example, the services may include referrals to health care, dental, mental health, vocational training or other educational institutions, shelter, and employment.

Q19: Can you provide an estimate of the number of annual patients expected in a) methadone assisted treatment, and; b) other types of medication assisted treatment?

A19: An estimate cannot be provided at this time. However, this information, if available, may be identified in future Work Order Solicitations. For the purpose of responding to this RFSQ, an agency will need to demonstrate capability to provide these services.

Q20: How many referrals do you anticipate per year per contract per modality?

A20: The number of referrals for each contract modality cannot be estimated at this time. However, this information, if available, may be identified in future Work Order Solicitations.

Q21: Who are the anticipated populations that will access these service contracts after HCR and the expansion of Medi-Cal? In other words, clients who previously accessed County contracted services were uninsured. With the anticipation of so many more individuals becoming insured next year (Medi-Cal beneficiaries), who will these service contracts provide funding for?

A21: The subject of beneficiaries of services under Health Care Reform is currently being discussed at the local, State, and federal levels. It is anticipated that non-Medi-Cal funding will still be available to fund these service contracts for youth and/or adult populations.

Q22: What is the expected length of services to be provided per modality? That is, how long should individuals receive outpatient services, daycare habilitative, residential services, etc? 90 days? 180 days?

A22: As stated in RFSQ, subsection 1.6.4, Work Order Solicitations for particular SUD services will be released to all Qualified Vendors. Each Work Order Solicitation may further define the particular target population and/or geographic area to be served. Work Order Solicitations will also include information regarding the length of service per modality, if deemed appropriate by the County.

VENDORS MINIMUM QUALIFICATIONS

Q23: I can't seem to find a certificate that has the wording “Good Standing”. What department does the Certificate of Good Standing with the State of California originate?

A23: A “Certificate of Good Standing” may be a “Certificate of Status” from the State certifying that the Vendor as a Contractor is in good standing. Details on how to obtain the State Certificate of Status are provided in the State website at http://www.sos.ca.gov/business/be/information-requests.htm.

Q24: We have provided residential SUD treatment for 60 years (licensed by ADP). We want to qualify to provide outpatient services as well but we are not currently
certified to do so. Are we qualified to apply for SAPC outpatient services if the application is in process? If we have a partner with a history of serving outpatient clients with SUD BUT IS NOT CURRENTLY CERTIFIED BY ADP, can we apply in collaboration with the partner? Can that partner apply separately?

A24: See number 1 and number 6 of this Addendum (page 1 and 2). Agencies can apply directly or in partnership with another agency pursuant to RFSQ, subsection 1.4.1 “Vendor must have four (4) years experience within the last seven (7) years providing SUD services to adult and/or youth populations (where applicable) in Los Angeles County (County), directly or in partnership with other Vendors(s) in each category for which it is attempting to qualify, and the necessary regulatory agency (and partnering agency, if applicable) licenses and/or certifications in good standing or provide proof of application for such licenses and/or certifications.” Either Agency may also apply separately for any service.

Any Vendor (and Partner, if applicable) that has submitted an application for licenses and certifications to ADP prior to the response deadline of this RFSQ, will need to provide proof of such. Acceptable documentation shall include a copy of the application(s) sent to ADP, and a timetable for obtaining licenses and certifications. The Vendor (and Partner, if applicable) must satisfy this licensing and certification requirement prior to responding to Work Order Solicitations.

Q25: Can our experience providing mental health day treatment to children and families be counted towards our 4 years experience within the last 7 years in the Day Care Habilitative Services category? Also, can our experience providing medication to consumers in our mental health treatment programs, (100% of adults and 50% of children receive medication in our programs), be counted towards our 4 years experience within the last 7 years in the Medication Assisted Treatment category?

A25: No, Day Care Habilitative Program Services are defined in Section 1.1.1 Scope of Work. See A26. As used in the RFSQ, Medication Assisted Treatment refers to the administration of Naltrexone (Vivitrol) and similar medications as part of treatment for opiate and alcohol abuse. No substitutions will be accepted to meet any of the minimum qualifications.

Q26: What types of medication are included in the category of Medication Assisted Treatment? Is providing psychotropic medication prescribed by psychiatrist (on staff or consulting) to clients with co-occurring disorders included in the definition of “Medication Assisted Treatment”?

A26: The Medication Assisted Treatment (MAT) refers to the administration of Naltrexone (Vivitrol) or similar medications as part of treatment for opiate and alcohol abuse. Psychotropic medications prescribed by a psychiatrist for clients with co-occurring disorders are not part of the definition for Medication Assisted Treatment.

Q27: Are only current providers of Residential Detoxification Services with at least four years of experience able to apply for this category?

A27: See A16.

Q28: Are agencies able to apply only for those categories in which they have existing experience or is it possible to also apply in other categories where the agency has an immediate interest and ability to develop these services before any potential MAWO is established?

A28: RFSQ states that Agencies must have the required experience identified in Section 1.4.1, Minimum Qualifications. Immediate interest and ability alone do not constitute meeting the minimum requirement. See A16.
Q29: Is it possible for an agency to apply in a category in which it does currently directly contract for a particular service (residential, medication-assisted treatment, etc.) but partners with an agency that provides it?
A29: See A24.

Q30: If the agency has a partnership with a residential treatment service facility are we able to apply in this category? Also, since we do not hold the license, our partner does, what information needs to be submitted in the application to evidence this?

Q31: Regards to Minimum Qualification 1.4.1, can that experience be in another state for similar services? For example, if we have an outpatient program in another state that meets the criteria, can that experience be used to demonstrate this qualification?
A31: See number 1 of this Addendum (page 1). An agency must have experience providing one or more service categories for adult and/or youth populations within Los Angeles County.

Q32: Regards to Minimum Qualification 1.4.1, can we propose to subcontract with other providers who themselves have experience in a specific category? For example, if we know of a provider who could provide medication assistance treatment, can we use their experience in this category?
A32: See A24.

Q33: Will providing evidence of provision of services from 2009-2012 satisfy the request for a minimum of four (4) years’ experience within the last seven (7) years?
A33: Yes, but only if this represents 48 months of service provision..

Q34: Page 8. Under minimum qualification 1.4., Vendor must have four (4) years experience within the last seven (7) years serving or having served County adult and/or youth populations with SUD or Co-Occurring Disorder needs: Does that mean Los Angeles County only?
A34: Yes. See number 1 of this Addendum (page 1).

Q35: If we have experience serving adults in Los Angeles County but only for residential treatment, can that experience “serving county adults with SUD…” also be used for outpatient treatment?
A35: No. Residential Treatment Services and Outpatient Counseling Services and Outpatient Narcotic Treatment Program Services are separate categories. An agency that has experience in providing only one service category (residential) can submit an SOQ for that category only.

Q36: Page 8. Under minimum qualification 1.4.6 Vendor must have a minimum of four (4) years experience within the last seven (7) years providing services under a federal, State, or local government contract. Is this also specific to modality? Meaning, if we have provided State contracts for residential treatment, can that experience also be used for outpatient treatment?
A36: An agency can demonstrate its experience for any service category for which it has received funding from the State or other government resources. An agency that receives funding for both residential treatment and outpatient must clearly describe this
experience in the SOQ. Experience as described in this qualification is service modality-specific.

Q37: **Does SAPC want letters of support or partnership with this application to demonstrate ongoing working relationships?**
A37: RFSQ, Section 2.7.3 Vendor’s Qualifications, does not require Vendors to submit letters of support or partnerships.

Q38: **What constitutes a partner agency? What is required to verify this relationship – a Memorandum of understanding? Contract? Or simply evidence of collaboration and/or cross-referrals?**
A38: A partner agency is an agency with whom Vendor has an ongoing arrangement to provide services to Vendor’s clients or clients referred by Vendor to this agency. See A37.

Q39: **Will “for-profit” organizations qualify as SUD service providers under this RFP?**
A39: No. RFSQ, subsection 1.4.3, states that Vendor must demonstrate that it is a tax-exempt, public or incorporated private non-profit 501 (c) organization (registered with the State of California). Governmental agencies, local educational agencies, institutions of higher education, and for-profit organizations, are not eligible to apply at this time.

Q40: **The RFSQ says providers must be non-profit. We are wondering if it is a real requirement or if it was just mistakenly pasted in there from another RFP? If a real requirement, why? And who decides?**
A40: In the best interest of the County, this is an RFSQ requirement. See A39.

Q41: **Section 1.4.3 states that only non-profit 501 (c)3 organizations may submit applications. Is there a possibility of a waiver, or to consider a change in this policy? Is there any possibility that this restriction will be lifted?**
A41: The County will not waive this requirement. See A40.

Q42: **Our Corporation status is a “For-Profit Corporation” If we change our status to Non-Profit 501 I(3) by deadline date and submit the (SOQ) would that effect our current contract with the County and State?**
A42: Yes. Any existing LA County contract that requires an agency to be “for-profit” may be impacted if a corporation changes its status. Vendor will need to obtain information on the funding source of their existing contract and any restrictions thereof.

Q43: **What type of verification is required to be attached to the application to establish the 4 years of experience utilizing evidence-based practices?**
A43: As stated in RFSQ, subsection 2.7.3 Vendor’s Qualifications (Section A), paragraph A, Vendor’s Background and Experience (Section A.1), third paragraph, “4) include a brief descriptive paragraph that provides details such as years of experience, services provided, how the services are using or are based on the specific evidence-based practice(s), adult and/or youth populations served, as service sites.” Additionally, as stated in RFSQ, Exhibit 2 will serve as an Affidavit that Vendor attests it meets the minimum requirements for the desired category(ies).

Q44: **What are these programs – “County’s Treatment Court Probation eXchange (TCPX) web-based data system and its Secure Identification (ID) Card system as administered by SAPC”?**
A44: These programs are part of SAPC’s automated data collection system for criminal justice related treatment services.
**MASTER AGREEMENT**

Q45: Does Master Agreement outlined in Appendix H mean that we are the lead agency and we would then sub-contract with other providers in our SPA?
A45: The RFSQ allows for a single agency to provide one or more of the required service modalities. If the agency wishes to provide more than one service modality but is not able to, it may opt to subcontract with other agencies to provide all the required service modalities with the lead agency as Master Agreement Contractor providing at least one of these modalities. The Master Agreement Contractor/lead agency shall ensure that subcontractors meet the terms and conditions of the Master Agreement including licensing, certifications, insurances, Safely Surrendered Baby Law, Jury Service Program, etc. Subcontractors must be approved in advance in writing by Director or his/her authorized designee(s). For more information on subcontracting, please see Master Agreement, Paragraph 8.55, Subcontracting.

Q46: If yes to above, are lead agencies required to have sub-contractors or can a lead agency provide all services on their own?
A46: See A45.

Q47: What is the expected term of the agreement?
A47: As stated in RFSQ, Subsection 1.7, Master Agreement Term, the Master agreement shall be for a period of five (5) years as authorized by the Los Angeles County Board of Supervisors. At the conclusion of the 5-year period, County may, at its sole discretion, extend the term from month to month for a maximum of 6 months. This means the total maximum Master Agreement term, if extended, would be 5 years and 6 months.

**FINANCE**

Q48: We are preparing these RFSQs to have a master contract with the County to then apply for funding when it becomes available. Is this for July 1, 2013 or when?
A48: The Department anticipates recommending the Master Agreements for Board approval during the first quarter of fiscal year 2013-14.

Q49: How will provider funding allocations be determined?
A49: Funding allocation(s) may be determined as part of the Work Order Solicitation (WOS) process. As needed, DPH will release a WOS to all qualified Master Agreement contractors in the category for which they are qualified for the provision of SUD services. The WOS will include a statement of work describing in detail the particular project and the work required for the performance thereof. Contractor will generally be given 30 days after the issue date to submit a proposal/bid for the project. County reserves the right to reduce the response time to meet its service needs.

Q50: Is there a cap on how much funding can be allocated to indirect or administrative costs?
A50: Funding allocation caps, if any, may be determined as part of the WOS. Budget instructions and requirements will be specific to each particular WOS.

Q51: What are the reimbursement rates for all of the modalities?
A51: Reimbursement rates will be specific to each particular WOS.
Q52: **What is the anticipated budget per modality, meaning, how much funding per year for outpatient, how much for residential, etc.?**

A52: Budgets will be specific to each particular WOS.

Q53: **(page 31 of RFSQ) Our most current Financial Statement available is for fiscal year 2010/2011; Financial Statement for fiscal year 2011/2012 is not available as of yet and currently being reviewed by the auditors ----- is that okay?**

A53: Vendor must provide copies of the company’s most current and prior two (2) fiscal years financial statements. See RFSQ, Subsection 2.7.3, Vendors Qualifications (Section A), Paragraph B, Vendor’s Financial Viability (Section, A.2) for further details.

Q54: **Would audited financial statements for three years suffice or does the vendor also have to provide a current unaudited statement of financial position for the past 12 months?**

A54: See A53.

Q55: **Are bidders required to provide a budget of any kind as part of this RFSQ?**

A55: No. As stated in RFSQ, subsection 1.6.1, “Master Agreements will be executed with all Vendors determined to be qualified by category and population (adult and/or youth). The execution of a Master Agreement does not guarantee any minimum or maximum amount of utilization of services, and may or may not be utilized, at the County’s sole discretion. See A52.

**FORMAT AND OTHER REQUIREMENTS**

Q56: **Can we use our current county auditor/monitor as one of our references?**

A56: No, all SAPC employees, including a bidder’s current auditor/monitor, cannot be used as reference in any SAPC-initiated solicitation or one where SAPC is actively involved.

Q57: **Page 32. C. Vendor’s References (Section A.3), Are bidders required to provide a narrative or simply fill out Exhibits 7 (References), 8 (List of Contracts) and 15 (History of Arbitration)?**

A57: Bidders are required to complete Exhibits 7, 8, and 15. No narrative is required.

Q58: **Page 32. C. Vendor’s References (Section A.3), Can we request reference from staff that works for Los Angeles County such as the Sheriff’s Department?**

A58: Yes, with the exception of SAPC staff.

Q59: **Can a vendor use as references Los Angeles County departments of: Public Health – SAPC, DMH, DCFS, and/or Probation?**

A59: See A56 and 58.

Q60: **Are letters of references required or only names and contact information for individuals who would provide the reference?**

A60: No, letters of references are not required for Section A.3. See number 7 and 8 of this Addendum (page 3).

Q61: **Can references be used that only know a portion of the vendor’s work, e.g. a reference that only knows of the work with adolescent populations, or only knows of the vendor’s work with adult populations?**

A61: See number 7 and 8 of this Addendum (page 3).
Q62: **RFSQ p. 33. Section c 2, Prospective Contractor’s List of Contracts. Is the list to include contracts held in the past four years or past seven years?**
A62: RFSQ, subsection 2.7.3, Vendor’s Qualifications (Section A), paragraph C, Vendor’s References (Section A.3), third paragraph, number 2, Prospective Contractor List of Contracts, Exhibit 8, states “The listing must include all services under federal, State, or local government contracts” for which the Contractor has provided service(s) “for a minimum of four (4) years within the last seven (7) years.” This means the 4 years spread over a 7-year period.

Q63: **RFSQ p. 33 section c 3. Prospective Contractor’s List of Terminated Contracts. Does the list include all contracts that ended, including those that were terminated by the funding agency because the funding source was cancelled and not renewed (e.g. correctional contracts with CDCR?), or should the contractor only include contracts that were terminated due to the performance failure of the contractor?**
A63: RFSQ, subsection 2.7.3, Vendor’s Qualifications (Section A), paragraph C, Vendor’s References (Section A.3), third paragraph, number 3, Prospective Contractor List of Terminated Contracts for Non-Performance, states “The listing must include contracts terminated for non-performance within the past three (3) years with a reason for termination.”

Q64: **With respect to the SOQ, how do we incorporate the list of agencies and community relationships (RFSQ MQ 1.4.2)? Is checking the box on the Exhibit enough or do we incorporate this into the SOE?**
A64: See number 6 this Addendum (page 2).

Q65: **Required information that demonstrates Vendor has a business location within the geographical boundaries of Los Angeles County. Is checking the box on the Exhibit enough or do we incorporate this into the SOE?**
A65: Vendor must check all applicable boxes in Exhibit 1, SOW Documentation Checklist, Exhibit 2, Vendor’s Organization Questionnaire/Affidavit, and incorporate the information into the SOE. For further details please see RFSQ, subsection 2.7.3, Vendor’s Qualifications (Section A), paragraph A, Vendor’s Background and Experience (Section A.1).

Q66: **As an agency with more than 1 location, each with generally the same service offerings, is a separate application preferred or required to be submitted for each location, or rather a single application from our administration/main office on behalf of all three locations?**
A66: An agency can submit an SOQ from its main office and describe services from all its locations in the SOE.

Q67: **As an agency with more than 1 location, should we list all company contact (telephone, address, fax, email) and supervisory districts and SPAs that we service through all of our locations in this area, or should there be separate cover letters for each location?**
A67: An agency can list its main corporate office location and all service locations including the Supervisorial Districts and SPAs on one Cover Letter. The Cover Letter must not exceed three (3) pages.

Q68: **Does an agency providing SUD services at multiple geographic locations (facilities) submit an (one) SOQ?**
A68: Yes, an agency should submit only one SOQ covering all its geographic locations.
Q69: Please clarify that this section will include one form Section A.1, and one form Exhibit 2 and as many Sections of Statement of qualifications as there are categories that the vendor is applying for, as well as one copy of other documents.

A69: Correct, Section A.1 shall include: One (1) completed and signed Exhibit 1 and Exhibit 2; a separate SOE for each category for which firm is attempting to qualify; and Vendor’s Organizational Structure/Required Support Documents as stated in RFSQ, subsection 2.7.3, Vendor’s Qualifications (Section A), paragraph A, Vendor’s Background and Experience (Section A.1).

Q70: The Statement of Experience for each category is limited to 3 pages and is to include copies of all applicable licenses, etc. For adolescent programs these licenses include at least four pages – ADP license, California Alliance, California CCL Group home license, and CARF (plus Medi-Cal approval). Does it mean that the narrative part has to consist of three pages of text with attached licenses that are not included in the page count? We could skip submitting additional accreditations and only use the license/group home license, but even then there would be only one page left for the narrative. Please clarify page limits and the non-inclusion of attachments within the page limits.

A70: The list of agencies and copies of licenses/ certifications/ accreditations are not part of the three (3) page limit. See number 6 of this Addendum (page 2).

Q71: Continuing on the previous question, should Medi-Cal certifications be attached? These letters are more than one page each, and would again extend beyond page limits for each section.

A71: For purposes of this RFSQ, Medi-Cal certifications should not be included as attachments to the SOQ.

Q72: Is the list of agencies and copies of licenses/ certificates/ accreditations part of the 3 (three) pages limit?

A72: See A70.

Q73: Is a separate description needed for each different population? For instance, if a vendor has a separate residential program for adolescents and for adults, these would result in two SOE, and if there are separate outpatient programs for adolescents and adults in different locations, these would result in two more SOE. Thus, the total for these four programs mentioned above would be four different SOE, each 3 page long and each with its specific licenses attached in addition to the three pages of narrative. Is this description correct?

A73: Yes. See A69 and A70.

Q74: Do we submit a separate list of agencies and copies of licenses/ certificates/ accreditations for each agency’s facility that provide SUD services?

A74: Yes, as stated in RFSQ, subsection 2.7.3, Vendor’s Qualifications (Section A), paragraph A, Vendor’s Background and Experience (Section A.1), third paragraph, item number 5) include copies of any applicable licenses, certificates, accreditations for the provision of services for each category in which Vendor intends to qualify.

Q75: Do we submit a separate list of agencies and copies of licenses/ certificates/ accreditations for each category we’re seeking qualification for?

A75: Yes. See A69 and A74.
Q76: Do we list only SUD-relevant services under federal, State, and local government contracts or list all services (SUD, health, mental health, housing, and employment) under federal, state, and local government contracts provided by the agency (which for multi-service agencies may be very extensive and less relevant to SUD qualification)?
A76: The requirement to list government contracts is not limited to SUD or SUD-relevant services.

Q77: Do we list references who provide only the same or similar scope of SUD services or references who provide all types of services (health, mental health, housing, employment, etc.)?
A77: The references to be listed are those who have current or past SUD (same or similar) service contracts with Vendor. These references are therefore presumed to be knowledgeable about and can therefore verify to SAPC the contract performance track record of Vendor.

Q78: “Certification regarding debarment, suspension, ineligibility, and voluntary exclusion” AND “Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form” – Do agencies need to submit these documents if they are not applicable? Do we submit the document with “N/A” or not submit at all?
A78: Exhibits 5 and 11, are not required for submission with the SOQ, and have been Intentionally Omitted from the RFSQ. These forms are required once a Vendor responds to a Work Order Solicitation.

Q79: The RFSQ does not identify the need to provide job descriptions and or resumes of staff - what staffing information is required?
A79: The requirement for service-specific staffing information such as job descriptions and/or resumes may be requested in Work Order Solicitations, which will be issued after the RFSQ is concluded and Master Agreements have been awarded to qualified Vendors.

Q80: Page 34 of RFSQ. Will Certificates of Insurance suffice for the requirement 2.7.5 Proof of Insurability in Section C?
A80: Yes. As stated in RFSQ, subsection 2.7.5, Proof of Insurability (Section C), certificates of insurance must meet all insurance requirements specified in Appendix H – Master Agreement, Paragraphs 8.28 and 8.29.

Q81: May the forms for this RFP, specifically Appendix A Exhibits 7, 8 and 15 be provided to us in WORD or EXCEL or some other modifiable format?
A81: Yes, all the required forms will be available in Word format on the following websites: http://publichealth.lacounty.gov/cg/index.htm, and http://publichealth.lacounty.gov/sapc/funding/funding.htm.

Q82: May any of the other forms for this RFP (Appendix A) be provided in WORD, or EXCEL or some other modifiable format?
A82: See A81.

Q83: For the typed portions of the SOQ, are there specific formatting criteria (fonts, margins, double-spacing etc)?
A83: See number 5 of this Addendum (page 2).

Q84: What is the required spacing (single, 1 ½ or double) and the required minimum font size?
A84: See number 5 of this Addendum (page 2).

Q85: It states each page needs to be numbered. Can the pages be numbered in pen or do they have to be typed?

A85: See number 5 of this Addendum (page 2).

Addendum Number 3 has been posted on the following DPH websites at: 
http://publichealth.lacounty.gov/cg/index.htm and 

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1, 2 and 3, there are no other revisions to the RFSQ.

Attachments (2)