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August 1, 2016

**ADDENDUM NUMBER 1
TO
REQUEST FOR PROPOSALS NUMBER 2016-004
FOR
MENTAL HEALTH SERVICES FOR RYAN WHITE PROGRAM CLIENTS**

On June 28, 2016, the Los Angeles County Department of Public Health (DPH) released a Request for Proposals (RFP) for Mental Health Services for Ryan White Program Clients.

This Addendum Number 1 is being issued to make modifications to the RFP and to respond to Proposers' questions.

This addendum consists of two (2) parts as outlined below:

- **PART 1 – MODIFICATIONS TO RFP**
- **PART 2 – RESPONSES TO PROPOSERS' QUESTIONS**

PART 1 – MODIFICATIONS TO RFP

Pursuant to RFP Section 4.0, COUNTY RIGHTS & RESPONSIBILITIES, subsection 4.3, County's Right to Amend Request for Proposals, "the County has the right to amend the RFP by written addendum." Therefore, this Addendum Number 1 amends the RFP as indicated below (new information for Proposers is underlined; new or revised RFP language is **highlighted** and deleted language is identified by a ~~strikethrough~~ for easy reference):

1. Addition of Fillable Forms to the RFP

Proposers are advised that, for their convenience, all forms that are required to be filled out, signed, and dated per the RFP are converted into fillable PDF format and posted on the Department of Public Health Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm>. The fillable forms are located below the RFP document.

2. Sections 6.10, Data Reporting Requirements, in RFP Appendix A-1, STATEMENT OF WORK FOR CATEGORY 1, MENTAL HEALTH SERVICES (MHS), and Appendix A-2, STATEMENT OF WORK FOR CATEGORY 2, NEUROPSYCHOLOGICAL TESTING SERVICES (NTS), shall be deleted in their entirety and replaced by the following:

6.10 Data Reporting and Billing Requirements

~~6.10.1 Contractor shall purchase an electronic data interface (EDI) program for the reporting of demographic/resource data, service utilization, medical and support services outcomes, and linkages and referrals to County. Contractor shall receive one-time funding for EDI.~~

6.10.2 Contractor shall utilize County's data management system to register client's demographic/resource data; enter service utilization data, medical and support service outcomes; and record linkages/referrals to other service providers and/or systems of care.

6.10.2 Contractor may enter data directly into the County's data management system or send data electronically to the County's data management system via an electronic data interface (EDI).

6.10.3 The County's data management system will be is used to standardize reporting, and billing/invoicing, support program evaluation processes, and to provide DHSP and participating Contractors with information relative to the HIV/AIDS epidemic in Los Angeles County. Contractor shall ensure data quality and compliance with all data submission requirements as provided in writing by DHSP.

PART 2 – RESPONSES TO PROPOSERS' QUESTIONS

Part 2 of this Addendum contains the written questions received by the 4:00 p.m. (PT) July 13, 2016 deadline, along with the corresponding answers. Proposers are advised, pursuant to RFP, Section 7.0, PROPOSAL SUBMISSION REQUIREMENTS, subsection 7.4, Proposer's Questions, that the County reserves the right to group similar questions when providing answers.

Proposers are further advised that Addendum Number 1 constitutes the official record of the County's responses to all questions received by the above-referenced deadline.

SECTION 1.0 - INTRODUCTION

Subsection 1.1.2, Categories of Services

Q1. In RFP Section 1.1.2, Paragraph 9, Page 9, the RFP states that “Proposers shall utilize an evidence-based approach appropriate for the target population for all mental health service interventions. A list of evidence-based interventions can be found at the National Registry of Evidence-based Programs and Practices (NREPP).” Do we need to state in the narrative which specific evidence-based interventions we will use or simply state that our organization uses them?

A1. Program interventions should be evidence-based, and it is up to the Proposer to determine how to present information in the Proposal narrative. For instance, evidence-based approach should be used to respond to RFP Section 7.8.4.2, Proposer’s Approach to Required Services – Category 1, Question 2, which asks the Proposer to “explain risk reduction activities your agency will conduct with clients”.

Q2. From the RFP page 8: “The testing includes assessment, collection of diagnostic information, differential diagnostic information, assessment of treatment response, and prediction of functional potential and functional recovery.” What specific neuropsychiatric tests does the County anticipate would be administered under the NTS Service Category 2, considering the 8 hours per client per year maximum stated on Appendix B-2 for Neuropsychological Testing (4 hours) and Psychological Testing (4 hours)?

A2. The American Psychological Association notes “establishing the existence of intellectual, cognitive, or neuropsychological impairment requires the use of reliable, valid and appropriate assessments; and determination of functional, intellectual, or cognitive impairment requires a direct psychological assessment of intellectual, cognitive, or neuropsychological status.” Therefore, Proposers should determine, based on client assessment, which set of testing instruments they would use.

Per RFP Section 7.8.7.4, Proposed Program Budget – Category 2, “payment for all work shall be on a fee-for-services basis, payable only for those CPT Codes identified in RFP Appendix K, CPT Reimbursement Codes”. Only standard tests as indicated by the specific CPT codes will be reimbursed.

Q3. For Category 1, of the required services listed on RFP page 8 “Psychotherapy (individual, group, and family), Psychiatric Evaluation, Medication Management, Crisis Intervention, and Targeted Case Management” and in Appendix B-1, does the funder require a minimum number of each service to be proposed/provided? What are they?

A3. No, there is no minimum number of each service to be provided. Per RFP Section 1.1.2, Categories of Service, subsection Category 1: Mental Health Services: “Category 1 services shall include at a minimum, Psychotherapy (individual, group, and family), Psychiatric Evaluation, Medication Management, Crisis Intervention, and Targeted Case Management.” The list of services with CPT codes and corresponding reimbursement rates is located in RFP Appendix K, CPT Reimbursement Codes, and indicates how services can be reimbursed under this funding on an as needed basis.

Q4. For Category 2, are we required to provide both Neuropsychological Testing AND Psychological Testing?

A4. No.

Subsection 1.2.1, Target Populations – Categories 1 and 2

Q5. Under targeted populations (bottom of page 9), may we specify more than one target population or is DMH looking for service providers who target only specific groups?

A5. Per RFP Section 1.2.1, Target Populations – Categories 1 and 2, “The target population for Category 1 is HIV positive RWP eligible clients. There is a **particular emphasis** on RWP eligible clients who also identify with or fall into one or more of **the groups**” listed in the RFP: homeless persons, women, and incarcerated persons. Proposers may propose services to one (1) or more of these groups. The same RFP section states that “The target population for Category 2 is HIV positive RWP eligible clients who were referred by a medical or mental health provider for neuropsychological testing services.”

Q6. What are the client eligibility requirements?

A6. Ryan White Program (RWP) funded mental health services are intended for clients living with HIV/AIDS residing in Los Angeles County who lack a third party payer source and have no ability to pay for HIV/AIDS mental health treatment. RWP eligibility includes income limits and, as of January 1, 2016, includes

individuals with income of less than five hundred percent (500%) of the Federal Poverty Level (FPL) (please refer to the Table below, Ryan White Program FPL Eligibility Guidelines), who are uninsured or whose insurance does not cover the mental health services described.

Per RFP Appendix A-1 and Appendix A-2, Section 9.1, Proposers are required to submit a viable plan to determine client eligibility for services which conforms to the above guidelines and clearly indicates how their program will conduct a thorough assessment of client eligibility for RWP funded mental health services.

Ryan White Program Federal Poverty Level Eligibility Guidelines		
Family Members	Income	500% FPL Income*
1	\$11,880	\$59,400
2	\$16,020	\$80,100
3	\$20,160	\$100,800
4	\$24,300	\$121,500
5	\$28,440	\$142,200
6	\$32,580	\$162,900
7	\$36,730	\$183,650
8	\$40,890	\$204,450
For families/households with more than 8 persons, add \$4,160 for each additional person.		
*All clients with income up to five hundred percent (500%) of the FPL meet RWP income eligibility requirements based on family size.		

Source: Federal Register/Vol. 81, No. 15/Monday, January 25, 2016 /Notices

Please refer to Health Resources and Services Administration guidelines at <https://aspe.hhs.gov/poverty-guidelines> for more details on RWP eligibility.

Subsection 1.3, Availability of Funding – Categories 1 and 2

Q7. In RFP Section 1.3, Paragraph 1, Page 10, the RFP states that “The estimated amount of funds available to support both Category 1 and 2 services under this RFP is \$2,700,000 annually and is based on the RWP Year 24 Mental Health Services Allocation.” If we are proposing only Category 1 services, what is the maximum amount we can propose in our budget? Is there a maximum annual budget per category or are we allowed to propose the entire amount for one Category?

- A7. RFP Section 1.3, Availability of Funding – Categories 1 and 2, further states that “DPH intends to fund up to an estimated 20 programs in Category 1 and up to an estimated three (3) programs in Category 2”. In addition, refer to RFP Section 8.5, Stage 3: Final Review and Selection, for information on the number of awards and the funding allocations. There is no maximum annual budget per category at this time and no maximum amount that a Proposer is allowed to propose.

SECTION 3.0 – PROPOSER’S MINIMUM MANDATORY QUALIFICATIONS (MMQ)

Subsection 3.1, MMQs for Category 1: MHS

- Q8. Minimum Mandatory Requirements 3.1.1 Experience (3.1.1.2) Page 13: As a mental health provider having over 30 years’ experience with a culturally diverse population including those with HIV, but not having a targeted population with persons with HIV/AIDS would we meet the one (1) year experience required for providing mental health services to persons living with HIV/AIDS?**
- A8. Please refer to RFP Section 3.0, PROPOSER’S MINIMUM MANDATORY QUALIFICATIONS (MMQ), Subsection 3.1, MMQs for Category 1: MHS, for details on eligibility to submit a Proposal.
- Q9. 3.1.2 Licensed Mental Health Practitioners (3.1.2.1) Page 13: This section refers to a minimum of one (1) licensed mental health clinician responsible for staff and overseeing the program. Is the expectation one (1) FTE?**
- A9. No.

SECTION 7.0 – PROPOSAL SUBMISSION REQUIREMENTS

- Q10. In RFP Section 7.7, Paragraph 8, Page 35, there is a list of requirements for formatting, including font size. Is there a specific font type we need to use (e.g., Arial, Calibri, Times New Roman)?**
- A10. No, there is no required font.
- Q11. In RFP Section 7.8.3.3, Page 45, there is a list of required forms to be submitted. Will any of these forms and/or appendices such as Appendix L-1, be available in Microsoft Word or Excel so that Proposers can fill out the forms more readily? We see that only Appendix B-1 and B-2 are in Excel format online.**

A11. Yes, see Part 1, Number 1 of this Addendum. Additional fillable forms are posted on the DPH Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm>.

Q12. 7.8.4.2 Proposer's Approach to Required Services - Category 1, Page 47: (Question #1 regarding Outreach): Is there any funding dollars available for outreach?

A12. No. Per RFP Subsections 7.8.6.5, Proposed Program Budget – Category 1, and 7.8.7.4, Proposed Program Budget – Category 2, “payment for all work shall be on a fee-for-services basis, payable only for those CPT Codes identified in RFP Appendix K, CPT Reimbursement Codes”. Please refer to Section 9.3 in Appendices A-1 and A-2, Statements of Work for Category 1 and 2, for the description of outreach activities.

Q13. 7.8.6.1 Proposed Program Location - Category 1, Page 52: If we plan to operate in two (2) different SPAS do we identify it in this Program Location Table? Do we need to separate the information out into two (2) Proposals?

A13. Please refer to RFP Section 7.8, Proposal Format, for instructions on Proposal submission. Each agency should submit only one (1) Proposal. Each Proposal must include Parts 1, 2, and 3. RFP Section 7.8.6, PART 3: Proposer’s Program Information and Budget per Service Delivery Site - Category 1, Mental Health Services (Section E.1), and Section 7.8.7, PART 3: Proposer’s Program Information and Budget per Service Delivery Site - Category 2, Neuropsychological Testing Services (Section E.2), state that “for Part 3 of the Proposal, Proposer must note that **if applying for more than one (1) service delivery site for this category, Proposer must submit a separate and complete Part 3 of the Proposal for each service delivery site**”. Proposed Program Location Table(s) need to be completed to identify all service delivery sites that a Proposer is applying for.

APPENDICES

Appendix A-1, Statement of Work – Category 1, Mental Health Services (MHS)

Q14. Appendix A-1; 1.0 Scope of Work, page 3, paragraph 3: Can the services referred to under Category 1 MHS Services that are proposed by Proposer be "field based" and offered to clients at locations other than the

contractors office location, i.e. at their medical providers office, at their homes, or other locations?

A14. Yes, if compliant with RFP Section 1.1.2, Categories of Service, which requires that “every service modality listed must be provided at each distinct service delivery site”. For the purposes of licensure, insurance and budgets, the Proposer must provide contractor’s service delivery site address(es) as required in Section 7.8.6, PART 3: PROPOSER’S PROGRAM INFORMATION AND BUDGET PER SERVICE DELIVERY SITE - Category 1, Mental Health Services (Section E.1).

Q15. In RFP Appendix A-1, Section 6.3, Pages 8-10, the RFP gives a list of requirements for personnel. However, there is no listing for the minimum education needed for each staff member. What is the minimum degree necessary for staff who will provide targeted case management and for mental health services? For mental health services, can interns still enrolled in their respective programs be considered appropriate staff (under supervision of a licensed mental health provider)?

A15. The minimum educational requirement for the provision of targeted case management services is a Master’s degree in a behavioral health field such as social work, marriage and family counseling, counseling, or psychiatric nursing. The term “mental health services” is very broad and the minimum education needed for the provision of such services depends on the CPT code as indicated by the State of California.

Q16A. Pg. 4 of appendix A - 1. Objective D. there will be a reduction in behaviors that risk HIV transmission. Are Mental Health Providers expected to provide health prevention education?

A16A. Providers are expected to implement HIV risk reduction activities as defined in Appendix A-1, Statement of Work for Category 1, Mental Health Services (MHS), Section 9.6, Implement Risk Reduction Activities. It is the expectation that mental health clinicians implement risk reduction activities within the course of mental health treatment, when indicated by the client’s behavior. These activities should be integrated into mental health treatment provision.

Q16B. Are we supposed to hire a health educator/nurse educator?

A16B. No, nurse educators and health educators are not qualified to provide mental health services under this RFP.

Q17. The RFP states that a Full-Time Program Coordinator is required. Does the Program Coordinator have to allocate 100% of their time to this project or can the Program Coordinator's time be split between different Mental Health Programs?

A17. No, the Program Coordinator does not need to allocate 100% of their time to this project. Per RFP Appendix A-1 and Appendix A-2, Section 6.3.2, "Program Coordinator shall act as a central point of contact with the County".

Q18. Can a Drug and Alcohol Counselor be hired under MHS, and may that person do Targeted Case Management?

A18. Please refer to the response provided to Q15.

Q19A. Although there is a definition of Targeted Case Management ((Appendix A-1 under 'Definitions 5.0-specific reference item #5.20, p. 7), can you provide some examples when this would be appropriate to use?

A19A. No, examples will not be provided.

Q19B. Also, currently, Case Watch does not allow this code, will this be changing for all agencies?

A19B. All CPT Codes identified in RFP Appendix K, CPT Reimbursement Codes, will be programmed into the data management system, also known as Casewatch, for billing purposes.

Q20A. 6.10 Data Reporting Requirements (6.10.1) Page 12: Does the EDI Program need to have billing capabilities?

A20A. No, electronic data interface (EDI) does not need to have billing capabilities.

Q20B. 6.10 Data Reporting Requirements (6.10.1) Page 12: This section indicates that contractors shall receive one (1) time funding for EDI. However, if the agency has an EDI program already, can this funding be utilized for providing technology training and support, upgrade to the system?

A20B. Sections 6.10, Data Reporting Requirements, in RFP Appendix A-1, STATEMENT OF WORK FOR CATEGORY 1, MENTAL HEALTH SERVICES (MHS), and Appendix A-2, STATEMENT OF WORK FOR CATEGORY 2, NEUROPSYCHOLOGICAL TESTING SERVICES (NTS), have been revised by this Addendum (see Part 1, Number 2). The funding for electronic data interface

(EDI) will not be provided under this solicitation. Contractors are not required to purchase the EDI for the services solicited under this RFP.

Q20C. Does the EDI have to be solely for this program or can it be shared with other programs within the agency?

A20C. Contractors are not required to exclusively use the EDI for the services solicited under this RFP.

Q21A. 9.1 Screen for Program Eligibility Prior to Service (9.1.2) Page 15: In this section it is clear that RWP is the payor of last resort. With ACA and expanded Medi-Cal do you know if there is an actual need for RWP services for clients without health insurance?

A21A. There is an actual need for Ryan White Program (RWP) services as thousands of uninsured persons living with HIV/AIDS in Los Angeles County are not covered by any other program. There is an additional need for mental health services for underinsured RWP clients because most federal programs do not provide sufficient coverage for mental health treatment.

Q21B. Would a client meet financial eligibility if they have Medi-Cal with a share of cost and/or private health insurance that requires co-payments and they have indicated that they cannot afford the co-pays or share of cost?

A21B. Yes, an insured client who cannot afford co-payments, premiums, or share of cost is considered underinsured by RWP. Some clients are underinsured because their medical insurance does not cover some of the mental health CPT codes that RWP will reimburse. Documented evidence that a client cannot pay co-payments, premiums, or share of cost is required in order to meet financial eligibility for the Program.

Q22. 9.2 Provide Outpatient Mental Health Services (9.2.3,4,5) Page 16: Does the county have a prescribed assessment tool and/or a specific treatment plan form or would each agency have the ability to utilize their own?

A22. The County of Los Angeles, Department of Public Health, Division of HIV and STD Programs (DHSP) has standard assessment and treatment plan tools. These tools will be provided to contractors.

Appendix B-1, Budget Tool for Category 1, MHS

Q23A. Appendix B-1 Budget Tool for Category 1 MHS, Page 1 of 1: It is clear that we will enter the proposed number of clients annually in column 3 which will give us the total proposed cost for mental health services. Is there a place in the RFP where we will itemize our proposed costs such as supplies, utilities, staffing, etc.?

A23A. No. Per RFP Sections 7.8.6.5, Proposed Program Budget – Category 1, and 7.8.7.4, Proposed Program Budget – Category 2, “payment for all work shall be on a fee-for-services basis, payable only for those CPT Codes identified in RFP Appendix K, CPT Reimbursement Codes”.

Q23B. In addition, the rates are lower than rates allowable by the Los Angeles County Department of Mental Health for each mental health service. Are these rates fixed?

A23B. Yes, the rates are fixed.

Q23C. Would you consider increasing the rates?

A23C. Not at this time.

Q24. In reference to Appendix B-1, p. 1, Budget Tool, for Column #6-Total Annual Number of Sessions, I assume each agency estimates this number for themselves based on their client population, or does DHSP decide this for the agencies?

A24. Please use the Excel version of Appendix B-1, Budget for Category 1, MHS, and Appendix B-2, Budget for Category 2, NTS, which are located below the link to the RFP document at <http://publichealth.lacounty.gov/cg/index.htm> . The number in Column 6 is automatically calculated when you enter the number of clients in Column 3 for a particular CPT code. The calculated number assumes that each client will maximize the permissible number of service hours annually. The Budget tools in the RFP are estimates for the purposes of this solicitation. Under contract, agencies may use less services/hours per client, but not more.

Appendix D, Required Forms

Q25. In Appendix D, Exhibit 2, Prospective Contractor References, it states that DHSP cannot be used as a reference. How can this be if we have had a DHSP psychiatry contract and DHSP mental health contract for over a decade?

A25. It is not appropriate for DHSP staff to serve as references for organizations or individuals responding to any DHSP solicitation as it could be perceived as a conflict of interest and be used to challenge the integrity of the solicitation process.

Q26. In RFP Appendix D, Exhibit 22, there is a table to fill out for listing pending litigation and/or judgements. Are we limited to the space provided on this single page or may additional pages be included?

A26. Attach additional pages as needed.

GENERAL QUESTIONS

Q27. Is there a current incumbent? If so, who is it?

A27. Yes. The list of current incumbents is below:

- AIDS Healthcare Foundation
- AltaMed Health Services
- AIDS Project Los Angeles (APLA Health & Wellness)
- Bienestar Human Services
- Charles Drew University
- Children's Hospital Los Angeles
- East Valley Community Health Center
- JWCH Institute
- Los Angeles LGBT Center
- Minority AIDS Project
- Northeast Valley Health Corporation
- St. Mary's Medical Center (Dignity Health)
- Special Service for Groups/Asian Pacific AIDS Intervention Team
- Tarzana Treatment Centers
- THE Clinic
- Venice Family Clinic

Q28. For current contractors, is this RFP for additional funding from the current contract with the County, or a new/additional contract? If not, should we re-apply to provide the services we currently provide?

A28. This solicitation will result in completely new contracts. Entities interested in providing mental health services in the future should apply as indicated in the RFP.

- Q29. From my understanding, currently CPT code 90791 (Psychiatric Diagnostic Evaluation) is only available while doing an assessment for mental health, psychiatry, not mental health therapy. However, in the definitions of services (Appendix A-1 under 'Definitions 5.0), the definition for a psychiatric diagnostic evaluation (item #5.17, p. 7 of Appendix A-1) does not specify if this service can be used for only psychiatry services assessments or if it can also be used for therapy services assessments. Can this code now be used for mental health therapy assessments?**
- Q30. Can we claim more than one hour of service on a day for a client with CPT assessment code of 90791 (Appendix B-1 p. 1 budget tool says units of service per session is 1.00 hour) if it takes us longer than an hour to conduct the assessment with the client?**
- Q31. In the past, when we had sessions that were longer than an hour, including assessment sessions (not necessarily a crisis), we would use the code for a 60-minute individual session (90837) and in addition to this code would also use code H0032 (plan development) to add in the additional time spent with the client, which usually included discussing client progress toward goals and/or monitoring the client's mental health treatment. This code was used very frequently, but per the new contract, this code can only be used a maximum of (4) .25 min increments/sessions per year, (reference Appendix B-1, p. 1 Budget Tool, column #3 -units of service per session- and column #4- maximum annual sessions per client) which total is a maximum of one hour per year per client-since we perform this service frequently, how would we claim our time (what CPT code would we use) under the new contract?**
- Q32. Are we able to combine CPT codes of individual sessions on the same day for one client when we have a longer individual session than 60 minutes (e.g., CPT code 90837 - 60 min individual session plus CPT code 90834 -45 min individual session to total a session of 1.45 min)-using CPT codes from Appendix B-1, p. 1 Budget Tool?**

Questions 29-32 above are program management questions and cannot be answered at this time. These questions will be addressed at the time of contract negotiations with selected Proposers.

Pursuant to RFP, Section 4.0, COUNTY'S RIGHTS AND RESPONSIBILITIES, subsection 4.3, County's Right to Amend Request for Proposals, Addendum Number 1 has been made available on the Department of Public Health Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at: <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

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Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in this Addendum Number 1, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.