

Summary of Questions/Answers From
Treatment Services Bidder's Conference
Held in San Francisco on 6/22/15
Updated as of June 24, 2015

Q: Do you have to provide all services listed in the RFP (i.e. emergency financial services)?

A: Please refer to question number nine in the FAQ document located on our website (www.canp.uscourts.gov). (In sum, yes.)

Q: Are the prices "fixed" and is there anywhere we can find these prices?

A: The prices are not fixed. On our website, under "Vendors," there is a list of all of the prices we are currently paying for services, listed by catchment area.

Q: Do you have to complete separate RFPs for outpatient and residential treatment?

A. Yes. They are separate RFPs.

Q: How many vendors are you seeking in Sonoma County? And how many mental health referrals will there be?

A. Please see Section B of each individual RFP for this information. I believe we are seeking one vendor in Sonoma County. Section B also lists the EMQs (estimated monthly quantities) for each service we are requesting. This is just an estimate.

Q: How did you come up with the EMQs?

A. We ran a report for the past six months, and utilized the average monthly quantity to use as our EMQs.

Q: Is it possible the amount of services requested will be higher than the EMQs?

A: Sure.

Q: If there is a larger quantity of persons referred for services than estimated, what is the expectation (of the vendor)?

A. We would certainly give you time to hire more staff, but the expectation is that the vendor would provide services to any/all persons referred in a reasonable amount of time.

Q: Can we increase our prices if we get more referrals?

A. No. The prices you bid for fiscal years 2016, 2017 and 2018 in your proposal are fixed, and cannot be changed.

Q: Is there a narrative statement for requested services?

A. Yes, see Section C of the RFP.

Q: Are all services subcontractable, and do they need to be performed on site?

A: Yes, all services are subcontractable. The services do not need to be performed on site, but need to be performed in the specified catchment area and need to meet the facility requirements outlined in Section E, page one.

Q: For sex offender treatment in Napa, Sonoma and Marin counties, how did you come up with such a wide catchment area (one vendor for three entire counties)?

A. The need for services isn't great enough in any one county, therefore, we condensed the three counties into one catchment area.

Q: I am a new vendor that hasn't applied for a RFP before, do you have a sample application that I can use?

A: No. You could see if another vendor is willing to provide a sample of their RFP to you.

Q: If there are two “finalists” in the same catchment area and their prices are competitive, but one has more sites, higher qualifications, etc. how do you decide which one wins the contract?

A: The contract is awarded to the lowest overall bidder, even if it is a matter of pennies. We cannot consider whether or not staff exceed the minimum qualifications or have more locations when awarding the contract.

Q: Who determines what services a client needs?

A: The officer makes the decision on what services to request. However, a collaborative approach is still used with the provider if the provider feels that additional services may be useful. However, the officer has the final determination. The vendor can only bill for what is approved on the program plan and can only provide the services that are requested on the program plan.

Q: What are the minimum requirements for substance abuse counselors?

A: Please reference Section C of the RFP, specifically pages 19 and 20. In sum, someone on staff has to have a bachelor’s degree and they can supervise a certified substance abuse counselor that provides services to our clients.

Q: If you have a clinic in both North Alameda county and South Alameda county (two separate RFPs), can you provide customized services in one or the other, but not both?

A: No. You have to provide all of the services listed in the RFP for both clinics.

Q: For mental health counseling, is the use of interns okay?

A: Please reference Section C of the RFP, specifically pages 26 and 27. In sum, yes, as long as the intern is supervised by a clinician with the appropriate licensing as mandated by the State of California.

Q: Is the vendor required to bill Medical first, prior to billing probation/pretrial?

A: No. If we request the service, we will pay for it.

Q: Do you have any demographic information for the clients served in each catchment area?

A: No.

Q: Are there language requirements for clinicians?

A: No.

Q: Can a client bring someone with them to session(s) that could help translate, if English was not his/her first language?

A. A situation like this would generally be discouraged because the therapist would not be able to confirm that the translation occurring was indeed correct. If it is a common second language, we would first attempt to get the client referred to a community-based program that offers services in that language. If it is a more rare language, we would need to staff the issue prior to allowing a friend/family member to translate.

Q: For dual diagnosis residential treatment (6002), the daily rate is all inclusive, including psychiatric medication. How do you come up with a daily rate when one client could end up needing expensive psychiatric medication?

A: You need to work with the psychiatrist and consider the range of psychiatric medication costs when determining a daily rate.

Q: For psychotropic medication (6040), how do you calculate the cost of psychotropic medications on the RFP?

A: You do not calculate the cost for 6040 (medication) on the RFP as it cannot be determined - you can leave the cost as unknown. The actual cost will be reimbursed.

Q: In the Sex Offender RFPs that were emailed out, there is a log for breath testing. Are we expected to provide breath testing?

A: The sex offender providers are not asked to provide breath testing - these forms were automatically generated with the RFP and should be disregarded.

Q: For urine testing, do we have to calculate in the cost of the testing cups?

A: No. Only calculate the cost of administering the drug test. The cups will be provided to you.

Q: For sweat patch testing, how is that billed?

A: You can only bill for the removal of the patch, not the application – so consider this when determining your rate. You can also bill for the postage incurred when sending the patch to the lab for testing.

Q: Do we find our own lab for sending the drug test samples to?

A: No. You will be using our lab (currently located in New Mexico) and we will provide the mailing labels.

Q: Is there a specified amount of time that is required for each service?

A: Individual sessions are typically one hour (two units) and group sessions are 1.5 hours (or 3 units). Chaperone training (for sex offenders) can vary depending on how the vendor facilitates this.

Q: What about local needs?

A: All previous local needs have been removed from the new contract(s). New local needs have been added for drug and mental health case management services, which would require the vendor to participate in re-entry/drug courts (these codes are 2000, and 6000, to be used in conjunction with outpatient treatment services). People in residential treatment don't typically participate in drug courts.

Q: Does the vendor have any other meetings that they are required to participate in?

A: Yes. Vendors are required to participate in monthly meetings with the officers via phone or in person.

Q: If family counseling is requested, can transportation funds be provided to the entire family?

A: Yes, but the funds have to be requested on the program plan and the officer needs to determine the amount to be provided.

Q: Do we get paid for a “no test?”

A: No. A “no test” is when the drug test cannot be tested by the lab (due to the sample leaking in transit or the drug tester not completing the paperwork correctly). These “no tests” cannot be billed for.

Q: What is your budget?

A: We cannot say – what we can say is that current prices for all services, per catchment area, are listed on our website.

Q: What is the extension process for the second and third year contracts?

A. We conduct monitoring visits periodically. If you have been rated satisfactory or above, we will typically renew. However, it is noted that the government reserves the right not to renew.

Q: Are Northern and Southern Alameda County separated?

A. Yes. See our website for the definitions of each catchment area.

Q: Is a client able to go to a different program if they are not getting along in ours?

- A. That is a conversation we would have with the vendor and client prior to making any changes. Is it possible? Yes. However, we try to refer clients to the catchment area where they live. Something like this would really be determined on a case-by-case basis.

Q: Is there a specific pharmacy we need to use to provide psychotropic medication?

- A. No. The vendor is responsible for contracting with a local pharmacy of his choosing, and for paying for the medication at the time it is dispensed. We then reimburse you in the monthly billing.

Q. Do you provide sweat patches and a breathalyzer?

- A. Yes, we provide sweat patches. The vendor is responsible for purchasing/maintaining his own breathalyzer.

Q: Regarding facility requirements, the RFP states that the vendor shall maintain a physical facility that meets all federal, state and local regulations (i.e. building codes). Can we submit a letter from the landlord stating the facility meets these requirements? What specifically is needed?

- A. Yes, if you are an outpatient program leasing space from a landlord, a letter from the landlord confirming compliance with applicable building codes, fire safety, etc. is fine. For a residential program, we would be looking for state licensing to confirm such compliance, in addition to compliance with federal regulations regarding being able to accommodate persons with disabilities, etc.

Q: If a client comes in for less than 30 minutes of treatment, what do we do?

- A. The least amount of time a vendor can bill for is .5 units (15 minutes). If a client is late, it is up to the vendor to decide if s/he wants to see the client for the time remaining, but this is not necessarily the expectation. The client's officer should be addressing any tardiness.

Q: Do we set up the random drug testing process (i.e. does the vendor pick the days for testing?)

A. Yes.

Q: If the cost says “unknown” on the RFP, are we required to calculate a cost?

A. No. Leave it as unknown in your proposal. It will be an “actual cost,” for instance, if we request a monthly bus pass in the amount of \$20.00, this will be the actual cost, plus you can bill us for the 5% administrative fee associated.

Q: Are there any instructions on the format of the proposal packaging?

A. No binders or binding. Large paper clip or rubber band works fine.

Q: For opioid dependent clients, do you pay for detoxification medications (i.e. methadone, suboxone, etc.)

A. No. We have only solicited for psychotropic medications. Historically, we have found that clients are able to access these types of medications from community-based providers, and we can assist them in locating these providers.

Q: Is there a deadline for submitting questions regarding RFPs?

A. No – we will continue receiving written questions at RFP_Requests@canp.uscourts.gov up until the July 13, 2015 submission deadline. Our intention is to post updated questions/answers every other day, if not daily.

Helpful hints for completing the RFP:

Please refer to Section L for what specific areas must be completed in each proposal, and refer to Section M for what we look for when we review the RFP.
