

GERALD HUBER
Director
grhuber@solanocounty.com
(707) 784-8400
Debbie Vaughn
Assistant Director
dlvaughn@solanocounty.com
(707) 784-8401

DEPARTMENT OF HEALTH & SOCIAL SERVICES



**SOLANO
COUNTY**

275 Beck Avenue, MS 5-200
Fairfield, CA 94533
(707) 784-8400
Fax (707) 421-3207
www.solanocounty.com

**Solano County Health & Social Services Department
Behavioral Health Services Division**

Addendum to RFQ #2020-BH01 and RFQ #2020-BH02

Questions and Answers

I. GENERAL QUESTIONS

- 1. Is the February 12 deadline just for questions, or do we need to let you know whether we're applying by that date?**
 - a. February 12th is the deadline for questions. A statement of intent to apply is not necessary. All proposals are due March 4, 2020.

- 2. Is it mandatory to use the provided forms for narrative responses in Attachment B? Can proposers use their own formatting for narrative responses?**
 - a. Please use the forms provided. Printed questions are not counted against maximum length requirements.

- 3. Is the program staff roster (Attachment B, Section 2, Question 7) included in the 8-page limit for the section?**
 - a. No, the staff roster may be submitted as an additional attachment.

- 4. With regards to the validated instruments requested (Attachment B, Section 2, Question 4), would the county like copies of the CANS and PSC-35, which are county required measures?**
 - a. No, the County does not require copies of the CANS or PSC-35 since those are standardized tools required by the County Mental Health Plan (MHP). However, if there are other validated instruments the agency proposes to utilize, copies of those should be provided.

- 5. What format would the county like the program staff roster (Attachment B, Section 2, Question 7) to be presented in?**
 - a. There is no defined format. Although, submissions should be clear, concise, and easy to follow.

- 6. What demographic or other information would the county like to receive about current staff in the program staff roster (Attachment B, Section 2, Question 7)?**
 - a. It is at the discretion of the applying agency to provide whatever demographic information they may feel is appropriate and relevant to answering the question; insofar as they believe it bolsters their case for efforts to recruit/retain a diverse workforces as aligned with the Culturally and Linguistically Appropriate Services (CLAS) standards. Attention should be paid to identifying bilingual and bicultural staff particularly those that represent diverse communities served in Solano County including African American and Native American communities with particular attention to the Latino, Filipino, and LGBTQ+ communities who have been identified as unserved/underserved in Solano County.

- 7. With regards to the program staff roster (Attachment B, Section 2, Question 7), would the county accept aggregate demographic information about existing program staff rather than individual demographic information about each specific staff member?**
 - a. Aggregate data is acceptable, however please do be sure to pay particular attention to identifying bilingual staff particularly to meet Solano County's threshold language of Spanish and subthreshold language of Tagalog.

- 8. In reference to the independent audited financial statements (pg. 14, Question 9) for a fiscal year ended within the last 24 months (2 copies) and documentation disclosing the amount of cash flows from operating activities (2 copies) required with the proposal submission, can the County please clarify if the 2 copies of each should be submitted with the original proposal only, or if one copy of the audited financial statements should be submitted with the original proposal and one copy with one of the proposal copies? Should there not be copies of the audited financial statement in the other submitted 5 copies of the proposal?**
 - a. Only 2 copies TOTAL are required for the audited financial statements.

- 9. In Section 3.5 Application Components and Application Template Instructions, C. Application Template-Budget and Budget Narrative (pg. 12-14 of the RFP), eight requirements are listed for the Budget/Budget Narrative, however Attachment D only has the first five included in the Budget Narrative form. Should prompts six, seven, and eight be added to/included with the Budget Narrative on Attachment D, or should responses to these questions be added separately? It appears that questions six and seven are also included in the Attachment B form, is it adequate to respond to these prompts within Attachment B and not add the information to Attachment D in addition?**
 - a. All of the required items are included in either Attachment B or Attachment D.

10. May we edit down the questions in Attachment B and Attachment D if we do not lose the intent of the question? For example, may we delete the “NOTE:” section in Q2 Attachment D?

- a. Please leave questions and notations intact and just provide your response, Questions and headings will not count against the maximum number of pages.

11. Does Solano County have any additional guidelines/preferences re: submission format? May we use tabs? May we create a table of contents? Would you prefer a Binder or Binder Clips or something else?

- a. Formatting of submissions is at the discretion of the applicant. However, submissions should be clear, concise, easy to follow, in proper order, and with length requirements observed.

12. Does the County plan to use Netsmart Avatar through the duration of proposed contracts? Are they going to keep piggybacking on LA County’s Avatar instance? Will they let us have more than 3 Avatar licenses if we get new contract(s)?

- a. Yes, Solano County will continue to utilize Avatar/Netsmart as the County electronic health record and billing system.
- b. Solano County does not piggy-back on LA County’s Avatar EHR. Solano has it’s own contract with Netsmart and have developed our own unique system.
- c. For the time being there will be a limit of the number of licenses vendors will be provided pending the size of the program based on funding cap and anticipated number of consumers to be served. Limiting CBO access to Electronic Health Record required for billing/reporting is out of line with modern practice in other counties. Solano County has not required our contracted vendors to purchase the Avatar/Netsmart system for their own organizations as not all of the surrounding counties use the same system and it would be a hardship on vendors who had already invested in purchasing/building their own EHR systems. Solano County has developed processes to allow vendors to provide Excel files from their EHR systems for service uploads to make billing easier and more time efficient for vendors. Additionally, efforts have been made, and will continue to be made, to provide useful reports for vendors that their approved staff can run for monitoring staff productivity, services and utilization management. Solano County will continue to explore whether an expansion of Avatar user licenses can be extended to vendors providing non-crisis services as funding permits.

13. In reviewing this RFQ, our agency fits the major requirements except for the Medi-Cal billing. Will you, the County, provide this training/certification? The State told us the County certifies. The County told us they only certify agencies that they are in contract with them. It seems like a "Catch 22."

- a. Vendors submitting proposals need to have organizational experience billing EPSDT Medi-cal.
- b. It is true that the County will only proceed with certifying a vendor to bill Medi-Cal under the Mental Health Plan (MHP) if, and when, a contract is awarded following a successful procurement process.
- c. The County Quality Improvement (QI) Unit will work collaboratively with any vendors awarded contracts to engage in the site certification process and will provide training on the MHP compliance requirements.

II. EPSDT 0-5

1. Page 5, item E. of the RFQ states that: "If agencies are referred a prospective client from community agency or a client is a walk-in, agencies will send the referrals to the Partnership for Early Access for Kids (PEAK) program for screening". I understand that First 5 is currently reevaluating this service and is possibly considering a new model of service delivery. Here is the question: Will Peak screenings definitely be required as outlined in this RFQ?

- a. Vendors awarded a contract to provide 0-5 EPSDT services will provide the County information related to referrals made directly to the agency and/or walk-ins in a timely fashion using the most current process as designated by the County Contract Manager. It is true that First 5 Solano in partnership with Solano County Behavioral Health (SCBH), are dismantling the current PEAK screening process. That said, there will still be a process to monitor the overall volume and timeliness of 0-5 referrals. Any vendor awarded an EPSDT contract will be expected to utilize the ASQ and ASQ-SE tools during the intake assessment process and monitoring of progress during the course of treatment.

The vendor funded by First 5 Solano and SCBH to provide the Help Me Grow Solano Line services will continue to provide support related to screenings that will then be routed to 0-5 EPSDT providers.

2. Diagnoses mentions DSM-IV-TR – is this correct or do they mean DSM-V?

- a. The DSM-V is required and the DC: 0-5 is used as a crosswalk for 0-5 programs to diagnosis clients. The DSM 5 and ICD-10 codes are required for claiming to the state.

3. Currently, we have 3 business days for urgent and 5 business days for routine to offer an assessment appointment under our current contract:

- a. Please see contract language regarding timeliness for clients who are new to the Mental Health Plan (MHP); i.e. not currently open to a non-crisis service program under the MHP as required by the state and inserted into all MHP contracts for programs that bill Medi-Cal:
 - i. Contractor will ensure that upon receiving written referral or request for service, Contractor will contact beneficiary within 1-2 business days.
 - ii. For urgent service requests, Contractor will offer an assessment appointment that is 3 business days from date of service request from Solano MHP.
 - iii. For routine service requests, Contractor will offer an assessment appointment within 10 business days from the date service was requested from Solano MHP.

III. EPSDT 6-21

1. If we are applying for both Outpatient Counseling and TVS, do we need to submit separate applications for each, or do you prefer that they be combined in the same proposal, with 3 budgets for each?

- a. As stated on page 15 of RFQ# 2020-BH02 and related Attachments, if applying for both Programs, applicants may submit one set of answers for **Attachment A and Attachment B – Section 1**. However, applicants must submit separate sets of answers, Program Narratives, Budgets, and Budget Narratives for **Attachment B – Section 2, as well as Attachments C and D**.

2. On page 5, letter L – Are we required to have our own 24/7 services, or just to provide access to 24/7 services?

- a. No, agencies are not required to provide their own 24/7 services. They must provide information (including brochures, lobby postings, after-hours voicemail, etc.) that communicate how mental health beneficiaries can access 24/7 services (e.g. crisis stabilization unit phone number and suicide prevention hotlines) when medically necessary.

3. Section 3.5, page 14, fiscal disclosure requirements in paragraphs 6, 7, and 8. Where do they fit in the list of documents in Section 4.1 on page 15?

- a. They are included in the last two bullet points on page 15 of RFQ #2020-BH02.

4. **Section 3.5, page 14, paragraph 9, second bullet point requires disclosing cash flow information for the most current operating period. Is that period the current fiscal year to date (e.g., 7/1/19 to 12/31/19)?**
 - a. Current operating period will be defined at July 1, 2019 to present.

5. **Pg. 7, Families referred to the program shall meet the following criteria: Child must be in foster care and one child in the family must be within the ages of 6-21. (TVS has always been for 0-21, even if only one child; is the requirement changing?)**
 - a. TVS services must be made available for families involved with the Child Welfare system provided at least one of the children in the family ages 0-21 meets medical necessity for EPSDT services.

6. **Pg. 8, C "within seven 3-5 business days" -- Is it 7 business days or 3-5 business days?**
 - a. It should correctly read for consumers already open to the MHP with a current mental health assessment the Contractor must schedule an intake interview to assess the youth and his/her parent(s) for their appropriateness for TVS within 3-5 business days of receipt of referral for TVS services.

7. **I understand that Therapeutic Visitation Services are part of this RFQ. How many children are expected to receive visitation services? What are the specific work requirements for therapeutic staff providing visitation services, including any report writing?**
 - a. For the past two fiscal years (2017-2018 and 2018-2019), the number of clients has averaged 15-20 per year.
 - b. The program will be expected to secure necessary releases of information and to engage in appropriate case management and coordination of care with the Child Welfare social worker, foster care agencies, and the foster parent(s). No formal court reports are required, however the provider will be expected to provide Child Welfare Services (CWS) a "Summary Report" every 30 days for each TVS case (family served) providing the following information: attendance, summary of visits to include progress towards TVS goals and any obstacles to engagement. Additionally, the vendor will be required to provide CWS monthly referral data regarding referrals to the program to include the current number of referrals for the prior month, names of children/youth referred, and disposition of referrals if a case is not opened to TVS.

8. **What is the amount of the existing grant specifically for Therapeutic Visitation Services?**
 - a. As stated on page 2 of RFQ #2020-BH02, the current expected and approximate funding amount for Therapeutic Visitation Services is \$125,000 annually. Budget submissions should reflect that given amount. This funding cap is based off of the actual service delivery for TVS services over the last several Fiscal Years.

9. How many clients/families does the county intend to serve at a time and/or annually with the Therapeutic Visitation Services contract?

a. Please refer to answer 7a above.

10. RFQ pg. 15 states “Attachments, as applicable are only to be 1) Validated screening tools, Subcontractor Statements of Commitment, and 3) Cost Allocation Plan.” However, Attachment B, Section 2, Q7 indicates “Include a program staff roster that exhibits the cultural diversity of staff reflecting the community served”. May we include the staff roster as an attachment? Similarly, Attachment B, Section 2, Q8 asks for a staffing plan. May we include the staffing plan as an attachment?

a. Yes.

11. Does the county have a proposed census for each program: EPSDT 6-21 and TVS?

a. Please see answer 7a above for further detail.

12. Is the TVS billing unit-based or cost-reimbursed?

a. Reimbursement will be unit-based, per a fee-for-service contract.

13. RFQ pg. 7 states “Services are expected to be provided in Vallejo, Fairfield and Vacaville” is the county able to provide services locations if the contracting agency does not currently have service locations in one or more of those locations?

- a. The County would like to clarify that EPSDT and TVS services must be made available to all eligible Solano County residents therefore vendors need to be prepared to provide services anywhere within the County of Solano so long as they are reasonably accessible to clients. It should also be noted that field/home-based services are ideal when working with children and their families, particularly for 0-5 and TVS services.
- b. The County is not able to provide physical space for contract services to be provided by vendors.
- c. The three largest cities in the County are mentioned in the RFQ document as suggested locations for a vendor to secure a main office for service provision that would then be Medi-Cal certified.

14. Will the county allow satellite offices for service delivery for the EPSDT program?

- a. Due to significant limitations on what services can be provided out of “satellite” sites as defined by the state, currently Solano County does not certify satellite sites. If a vendor proposes to have more than one office, the vendor will need to ensure that the proposed budget contract cap covers the costs of office space and would then need to have all sites where services will be provided out of certified by the County Quality Improvement Unit.
- b. The County is in support of vendors developing partnerships with other community-based organizations to expand locations to provide services out of, however when billing for those services the **service location** will need to be “field”. The only exception regarding partnerships to co-locate providers to provide EPSDT services is local schools/districts as there was a separate procurement process that resulted in contracts awarded to vendors to provide school-based mental health services.

15. Who is responsible for the initial diagnosis in TVS?

- a. Unless an assessment has been completed by an existing MHP Primary Service Coordinator (PSC), the agency will be responsible for conducting an assessment to determine the initial diagnosis. For existing MHP clients the vendor awarded a TVS contract will need to work closely with the PSC regarding ensuring that all clinical chart documentation is shared with the TVS program including ensuring that there is a treatment plan addendum and service authorization completed to authorize TVS services.

16. Can the TVS proposal have a connection to the 6-21 EPSDT proposal or must it be a standalone program?

- a. Outpatient Counseling and TVS are standalone services, although, one agency may submit proposals to deliver both services.

17. Any plans to allow current paper assessment measures (Beck Inventories, etc.) to be done electronically?

- a. If vendors have the ability to do various clinical measures in their own electronic health records (EHR) the County is in support of this, however there are no plans to build these measures into the County EHR. The primary focus at this time is to develop systems to track the state required measures; CANS-50 and the PSC-35.

18. There is a change in timeline that would need to contact urgent referrals in 1 day and routine in 2 days? What is then the plan for the referrals and time needed to process the referral on our end (logistically to enter in EXYM, run Medi-Cal, and assign to clinician), as well as obtaining ROI's from attorneys that can take a few days and limiting our capacity to reach out to families. Is that taken into account at all?

- a. It is imperative that the vendor awarded the TVS contract pay particular attention to timeliness regarding TVS referrals as the goal is to expeditiously engage the parent given the visitation is court ordered. Beyond that, vendors must make efforts to meet state timeliness requirements for any client new to the Mental Health Plan (MHP).
- b. On page 5 A (EPSDT scope of work) and on page 7 B (TVS scope of work) there is a reference to observe all mandatory timeline regulations for outreach, scheduling, assessments service delivery and any other timeliness prescribed by Solano County Quality Improvement and Title IX. The language inserted into Exhibit A of all MHP contracts includes:
 - i. Contractor will ensure that upon receiving written referral or request for service, Contractor will contact beneficiary within 1-2 business days.
 - ii. For urgent service requests, Contractor will offer an assessment appointment that is 3 business days from date of service request from Solano MHP.
 - iii. For routine service requests, Contractor will offer an assessment appointment within 10 business days from the date service was requested from Solano MHP.
- c. Regarding the provision of TVS services, the expectation is that the vendor awarded the contract will have systems in place to process referrals and initiate all the steps to admit a client. All children referred for TVS services will ultimately have Medi-cal insurance given dependency status. An ROI is not required to reach out to the birth parent(s) in order to initiate TVS services.

19. The 6 and up program does not state specific timelines to contact referrals with same concerns?

- a. On page 5 A there is a reference to observe all mandatory timeline regulations for outreach, scheduling, assessments service delivery and any other timeliness prescribed by Solano County Quality Improvement and Title IX. The language inserted into Exhibit A of contracts includes:
 - i. Contractor will ensure that upon receiving written referral or request for service, Contractor will contact beneficiary within 1-2 business days.
 - ii. For urgent service requests, Contractor will offer an assessment appointment that is 3 business days from date of service request from Solano MHP.
 - iii. For routine service requests, Contractor will offer an assessment appointment within 10 business days from the date service was requested from Solano MHP.