

**County of El Dorado
Chief Administrative Office
Procurement and Contracts Division**

solicitation on behalf of the

Health and Human Services Agency



**Request for Proposal (RFP)
#22-952-009**

for

**Drug Medi-Cal Organized Delivery System
Substance Use Disorder Outpatient Services**

**Outpatient Services (ASAM Level 1.0), and
Intensive Outpatient Services (ASAM Level 2.1)**

El Dorado County

South Lake Tahoe and Western Slope - Service Areas

Submittal Deadline:

Continuous
until services are contracted or RFP is closed

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*The attached Sample Agreement for Services is for reference only. Other terms and conditions may apply based on the types of services and funding involved.

1.0 INTRODUCTION

The County of El Dorado (County) is located in Northern California and is bordered by Sacramento, Placer, Amador and Alpine counties in California, and Douglas County, Nevada. The two (2) incorporated cities in the County are Placerville and South Lake Tahoe. The United States (US) Census estimates that, as of 2020, the population of the County is 194,940. The largest city in the County is South Lake Tahoe, a resort city located in the Sierra Nevada Mountains, with a reported US Census 2020 population of 22,487.

The County of El Dorado is an equal opportunity employer (EOE). All individuals are encouraged to participate. The County will not discriminate against any individual because of race, religion, color, national origin, ancestry, physical handicap, mental disability, medical condition, genetic information, military or veteran status, marital status, age, gender, gender identity, gender expression, or sexual orientation.

The Procurement and Contracts Division, on behalf of the Health and Human Services Agency, is soliciting proposals from interested firms (also referred to as Contractor, Proposer, or firm) to establish one (1) or more Agreements with Drug Medi-Cal (DMC)-certified providers to provide the Substance Use Disorder (SUD) treatment and case management services specified in this RFP in both the East Slope of the County, South Lake Tahoe Basin, and the County's West Slope.

Providers are needed to connect adolescent and adult beneficiaries in both service areas with access to the care and system interaction needed to help them achieve sustainable recovery, and Proposers can propose services for either, or both, of these service areas.

The California Department of Health Care Services (DHCS) established the Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot, in coordination with the Center for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services. The DMC-ODS pilot, authorized under California's Section 1115(a) Medicaid Waiver, was established to dramatically expand, improve, and reorganize California's system for treating individuals with SUDs.

All California counties were provided the option to participate in the pilot program. The County elected to participate in the DMC-ODS pilot and administers the plan under an Intergovernmental Agreement (Agreement) with the DHCS. The plan is administered by the County's Health and Human Services Agency's Behavioral Health Division (HHSA-BHD) and is in its third year of implementation.

The County's DMC-ODS is a managed care plan organized under 42 Code of Federal Regulations (CFR) Section 438.2 as a Prepaid Inpatient Health Plan (PIHP). As a PIHP delivering Medicaid services, the County, and its network of contracted providers, must adhere to Medi-Cal Managed Care laws and regulations governed by the CMS. These regulations include many requirements designed to ensure that DMC eligible adults and adolescents (also referred to as beneficiaries) residing in the County receive high quality services without barriers to access.

The DHCS defines a beneficiary as, "A person who: (a) has been determined eligible for Medi-Cal; (b) is not institutionalized; (c) has a substance-related disorder per the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria; and (d) meets the admission criteria to receive DMC covered services." The County refers to adolescents and adults residing in the County that are eligible to receive DMC services as "beneficiaries".

This RFP includes a description of the evaluation and selection process, scope of services, and RFP requirements. In the event that it becomes necessary to revise any part of this RFP, written addenda will be issued. Any amendment to this RFP is valid only if in writing and issued by the Chief Administrative Office, Procurement and Contracts Division. Verbal conversations or agreements with any officer, agent, or employee of the County that modify any terms or obligations of this RFP are invalid.

All interpretation or corrections, as well as any additional RFP provisions that the County may decide to include, will be made only as an official addendum that will be posted at <https://pbsystem.planetbids.com/portal/48157/portal-home> ("PlanetBids"). Any addendum issued by the County shall become part of the RFP and will be incorporated into the RFP.

The County will not be bound by oral responses or inquires or written responses other than written addenda.

1.1 Service Description

The successful Proposer(s) shall provide outpatient SUD treatment, case management, and the care and system interaction needed to help County adolescent and adult beneficiaries achieve sustainable recovery, as per the below service needs:

A. ASAM Levels of Care

As part of the DMC-ODS Agreement and in adherence with 42 CFR 438.2, the County is required to develop and maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated

number of beneficiaries in the service area. The County is currently deficient in network adequacy for SUD treatment provision in South Lake Tahoe.

As a result, the County is requesting proposals from DMC-certified providers to offer the SUD treatment and case management services (outlined in this RFP) to adolescent and adult beneficiaries located in South Lake Tahoe and Western Slope for the below American Society of Addiction Medicine (ASAM) Criteria Levels of Care¹:

- 1) Outpatient Services – ASAM Level 1.0; and
- 2) Intensive Outpatient Services – ASAM Level 2.1.

B. Target Service Populations

The County is specifically seeking Outpatient ASAM Level 1.0 and Intensive Outpatient ASAM Level 2.1 providers to treat specific adolescent and adult populations, as defined below:

- a) Adolescent/youth beneficiaries whom are ages twelve (12) through seventeen (17); and
- b) Adult beneficiaries whom are ages eighteen (18) and up, which includes a specialized young adult category classified as “Transitional Age Youth (TAY)”, whom are between the ages of eighteen (18) through twenty-one (21).

C. Provider Service Locations

The SUD service provisions specified in this RFP are sought specifically by certified/licensed SUD treatment providers for the specified ASAM Levels of Care in the two (2) service areas as indicated below:

1. East Slope of the County, South Lake Tahoe Basin; and
2. Western Slope of the County.

While the provision of services would be highly beneficial if offered in Placerville area of the West Slope, the County recognizes that the provision of SUD outpatient services in Placerville may have to be a longer term goal, and is open to reviewing proposals for these services to be provided in other locations on the West Slope within County boundaries.

Ultimately, it is the intent of this RFP is to identify providers who can serve beneficiaries in need of SUD treatment on both the

¹ <https://www.asam.org/asam-criteria/about>

County's West Slope (Placerville and areas west of Echo Summit) and East Slope (South Lake Tahoe basin) and proposals for each service area will be considered. Providers will indicate the location for proposed services on the DMC-ODS Questionnaire for Service Providers, Attachment C to this RFP.

1.2 RFP SUBMISSION PROCESS

Proposers may propose to provide SUD treatment and case management services for a single ASAM Level of Care or both ASAM Levels of Care described in this RFP, indicating their intent to offer these services to the adolescent and/or adult (inclusive of the TAY young adult category) target populations. Proposers must indicate the ASAM Level of Care(s) and population target(s) for services being proposed, along with the proposed service area(s) using attachment C, DMC-ODS Questionnaire for Service Providers, to include in their response to this RFP.

Respondents are required to provide a summary of the responding Proposer's expertise, background and qualifications that reflect their organizational treatment capacity and experience in providing the SUD treatment level of care(s) to the target population(s) for which a proposal is being submitted, in response to this RFP, and will justify costs within their budget narratives for providing all required SUD services identified in the RFP and DMC-ODS pilot.

Proposers must demonstrate a history of providing successful SUD services to the target populations that they propose to serve, and demonstrate capacity to meet all ASAM Level of Care components and requirements in their proposal and provide evidence of meeting DMC-certification requirements. Where DMC and ASAM Criteria requirements differ, DMC certification requirements take precedence.

Proposers who are proposing services for adolescents are required to adhere to Attachment F, State of California Youth Treatment Guidelines, and must provide the evidence-based practice(s) that the proposed organization utilizes in the provision of adolescent SUD treatment, in their response to this RFP.

The Scope of Services, Section 2.0, outlines the requirements that must be met by Proposers interested in providing SUD treatment services. Both qualified new providers and existing County providers are eligible to submit proposals in response to this solicitation. Proposers shall carefully examine the entire RFP and any addenda thereto, and all related materials and data referenced in the RFP or otherwise available, and shall become fully aware of the nature and

the conditions to be encountered in performing the services described herein.

Proposers are advised to read all sections of this RFP prior to responding. All information provided in response to this RFP is subject to verification. Misleading and/or inaccurate information shall be grounds for disqualification at any stage in the procurement process.

All contracts resulting from this RFP process are subject to successful negotiations resulting in mutually agreeable terms, including cost considerations. Proposers should be aware that all contracts resulting from this RFP are fully contingent upon approval of the County's DMC-ODS Waiver plan by the CDHS; approval of this plan may impact the timeliness of any resulting agreements between the County and Contractors for services.

1.3 DMC-ODS Overview

Upon issuance of a contract, County providers will be required to meet new SUD treatment service requirements under the DMC-ODS pilot. The County's HHSA-BHD is responsible for overseeing the SUDS system of care, under the DMC-ODS Agreement, for Medi-Cal eligible adults and adolescents residing in the County.

As a participant in the DMC-ODS pilot, the County is required to provide beneficiaries' access to a full continuum of evidence based SUD services, modeled after the ASAM Criteria, which coordinates with primary and mental health care. This continuum of care enables more local control and accountability, provides outcome-oriented and results-based care in the treatment of addiction, and intends to improve the quality of and access to addiction care.

Critical components of the DMC-ODS pilot include:

- Creation of utilization controls to improve care and efficient use of resources;
- Increased program oversight and integrity;
- Expanded SUD treatment workforce by including Licensed Practitioners of Healing Arts (LPHA) for the assessment of beneficiaries and other functions within the scope of their practice;
- Required evidence-based practices (EBPs) in SUD treatment; and
- Increased coordination with other systems of care, including primary care and mental health.

With the addition of the above components under the DMC-ODS pilot, HHSA-BHD aims to improve access to high quality care for beneficiaries in need of SUD treatment.

HHSA-BHD continues to grow its network of contracted SUD treatment providers to connect beneficiaries with access to the care and system coordination needed to help them achieve sustainable recovery. HHSA-BHD also provides direct services for mental health prevention, early intervention, and treatment and recovery programs.

Through a comprehensive service approach, HHSA-BHD continues to transform its SUD treatment network into a continuum of care modeled after the ASAM Criteria that provides high quality, cost effective, sustainable SUD treatment and recovery-focused services and supports.

The ASAM Criteria is the most widely used and comprehensive set of guidelines for assessing placement, continued stay, transfer, or discharge of beneficiaries with addiction and co-occurring conditions.

SUD treatment in the County is mostly delivered through contracts with community-based State-certified and/or licensed SUD treatment programs. HHSA-BHD SUD program staff are trained in screening and assessing for ASAM and Addiction Severity Index (ASI) criteria, and in the provision of direct SUD services to beneficiaries and groups.

HHSA-BHD, and its network of contracted providers, approach SUD treatment as a disease and therefore frame interventions aimed at treating SUD conditions consistent with the ASAM Criteria model of care that provides a continuum of services tailored to an individual's needs.

HHSA-BHD, or a County contracted provider, will meet with a beneficiary and complete a full assessment to determine the diagnosis, medical necessity, and to identify the appropriate ASAM Level of Care. Assessments are conducted by a LPHA, or a certified/registered SUD counselor. HHSA-BHD is committed to ensuring that SUD services are available and accessible to beneficiaries and families throughout the County.

SUD treatment plans are developed through a multidimensional beneficiary assessment over five (5) broad ASAM Levels of Care for addiction treatment, with the level of care recommended based on the severity of a SUD illness, degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided.

County beneficiaries can access SUD services through contact with HHSA-BHD or through the County's contracted network of providers. The County has a published DMC-ODS toll-free access line, operational twenty-four (24) hours per day, seven (7) days per week, to ensure that beneficiaries in need can access, and be directed to, SUD services upon identification of need.

The County access line staff, comprised of LPHAs and certified counselors trained in the ASAM Criteria and SUD services, rule out if emergency intervention is needed, determine DMC eligibility, and conduct a brief screening instrument based on ASAM criteria to determine whether a beneficiary is referred directly to SUD outpatient or intensive outpatient services or referred to the appropriate Alcohol and Drug Programs staff for full bio-psychosocial assessment to determine placement.

Similarly, County residents that contact a County contracted SUD network provider directly will also undergo a brief screening instrument based on ASAM Criteria to rule out medical emergencies, determine DMC eligibility, and to determine whether the beneficiary is referred directly to SUD outpatient or intensive outpatient services or scheduled for a full bio-psychosocial assessment to determine placement.

More information on El Dorado County's DMC-ODS Implementation Plan, including but not limited to the beneficiary referral process, intake process, and re-assessment requirements, can be found at:

<https://edcgov.us/Government/MentalHealth/Documents/SUD/EI%20Dorado%20Co%20DMC-ODS%20Implementation%20Plan.pdf>

1.4 Additional Considerations

Before submitting a proposal, Proposers should be aware that **all contracts resulting from this RFP will be subject to the following conditions and standards:**

- A. Federal funding will comprise a portion of the funds utilized to pay for DMC-ODS Waiver services in the County. As a result the following conditions are applicable:
 - 1. The Facilities and Administration (F&A) costs (also referred to as indirect costs) associated with services identified in this RFP are subject to federal limits as defined in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (as defined in Title 2, Subtitle A, Chapter II, Part 200 of the CFR). Proposers should be familiar with said regulations, including but not limited to

(as applicable) Appendix IV, which details Indirect (F&A) Cost Identification and Assignment, and Rate Determination for Nonprofit Organizations. Proposers are encouraged to provide a copy of their negotiated Indirect Cost Rate agreement, approved by a cognizant federal entity. Consistent with the requirements of 2 CFR 200.414(f), any non-Federal entity that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC), which may be used indefinitely. The indirect cost rate used by the responded should be identified on Attachment D – DMC-ODS Provider Rate Template for Outpatient Services, consistent with this requirement.

2. DMC providers (as defined in California Welfare and Institutions Code (WIC) Section 14043.1.o), at the time of application, may not be currently under investigation for fraud or abuse pursuant to Part 455 of Title 42 of the CFR, unless the DHCS determines there is good cause to allow enrollment, subject to the provisions of 42 CFR 455.23(e). If a provider is under investigation for fraud or abuse, that provider shall be subject to temporary suspension pursuant to WIC Section 14043.36. Upon receipt of a credible allegation of fraud, a provider shall be subject to a payment suspension pursuant to WIC Section 14107.11, after which DHCS may collect any overpayment identified through an audit. A provider shall be subject to suspension pursuant to WIC Section 14043.61 if claims for payment are submitted for services provided to a Medi-Cal beneficiary by an individual or entity that is ineligible to participate in the Medi-Cal Program. A provider will be subject to termination if the provider has an outstanding debt owed to any government entity related to any federal or state health care program that has not been excused by the legal process.

B. DHCS will require the County to ensure DMC providers selected for services within the County have met the requirements established under applicable State and Federal regulations. Consistent with DHCS requirements, the County may only select providers that meet the following:

1. DMC providers must have enrolled with or certified and revalidated their current enrollment with DHCS as a DMC certified provider under applicable state and federal regulations prior to submitting a response to this RFP;
2. DMC providers must have been screened in accordance with 42 CFR 455.450(c) as a high categorical risk prior to furnishing services. DHCS has designated all newly enrolling

- or certifying and revalidating DMC providers as “high risk” in order to meet this requirement. Screening should have taken place during the application or recertification process;
3. DMC providers must have signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107, prior to submitting a response to this RFP; and
 4. DMC providers must have complied with the ownership and control disclosure requirements of 42 CFR 455.104.

Verification that a Proposer has met these requirements is a requirement that should be met through the submission of documentation, as specified in Eligibility, Section 3.0.

Services specified in this RFP are primarily for the purposes of providing services to DMC eligible clients. As such, resulting service agreements will require providers to verify client eligibility on a regular, on-going basis in order to ensure services are not provided and billed for ineligible clients.

Costs for services provided by Proposers selected through this RFP process are subject to State cost reporting requirements. Proposers should be mindful of the cost reporting requirements when completing Attachment D - DMC-ODS Provider Rate Template for Outpatient Services.

1.5 Rate of Reimbursement

DMC-ODS services are comprised of Federal and State funds funded through a combination of Federal Medicaid funds, State General Funds and County Realignment funds, available pursuant to Title XIX of the Social Security Act and CA’s Medicaid State Plan. Covered services will be reimbursable by the County to the selected Proposer(s). DMC-ODS rates are negotiable and will be agreed upon by the County and the selected Proposer(s) prior to contracting for the services outlined in this RFP.

Proposers will propose rates for services in response to this RFP for evaluation. The cost for services proposed should be formatted consistent with Attachment D - DMC-ODS Provider Rate Template for Outpatient Services. Costs proposed in a format inconsistent with Attachment D will require remediation before a contract can be negotiated.

1.6 RFP/Process Addendums

The County will award one (1) or more Agreements through this solicitation with an anticipated three (3)-year term effective upon execution of the Agreement(s). During this term, the selected

Proposer(s) will be limited to the funding available for services as described in the resulting Agreement(s), from which actual costs may be billed. The resulting Agreement(s) may be extended, based upon successful project outcomes, and/or budget availability. Conversely, the Agreement(s) may be terminated, if project outcomes do not reflect successful implementation, and/or budgeted funds become unavailable.

The following schedule is for reference purposes and is subject to change:

RFP Issuance	October 29, 2021
Deadline for Questions	November 19, 2021*
Answers Posted on or About	December 3, 2021**
Due Date for Submissions	RFP is running "Continuously Until Services are Contracted or RFP is Terminated"

*As the RFP is scheduled to be posted continuously until the services are contracted or the RFP is closed, questions following the above date can be asked on the 20th of each month thereafter as long as the RFP is still posted.

**Answers will be posted within ten (10) business days of receipt after the initial timeline (and future timelines based on the criteria above) has expired if the RFP is still active.

In the event that it becomes necessary to revise any part of this RFP, written addenda will be issued and posted at:

<https://pbsystem.planetbids.com/portal/48157/portal-home>.

Any amendment to this RFP is valid only if in writing and issued by the Chief Administrative Office, Procurement and Contracts Division. Verbal conversations or agreements with any officer, agent, or employee of the County that modify any terms or obligations of this RFP are invalid.

All interpretation or corrections, as well as any additional RFP provisions that the County may decide to include, will be made only as an official addendum that will be posted to PlanetBids and it shall be the Proposer's responsibility to ensure they have received all addendums before submitting a response. Any addendum issued by the County shall become part of the RFP and will be incorporated into the response.

The County will not be bound by oral responses or inquires or written responses other than written addenda.

1.7 Provider Selection Appeals Process

If a Proposer has submitted a proposal for services identified in this RFP and is denied an opportunity to negotiate a contract, the Proposer may appeal the denial if the Proposer believes it was not selected due to an error on the part of the County. For the purposes of this RFP, the appeal process includes an initial appeal to the County of El Dorado, the County Level Appeal process, followed by (if necessary) an appeal to the State of California, Department of Health Care Services, utilizing the State Level Appeal Process, attached to this RFP as Attachment G - Provider Selection County Appeals and State Review Process

2.0 SCOPE OF SERVICES

The County is seeking one (1) or more DMC-certified provider(s) to offer Outpatient Services ASAM Level 1.0 and Intensive Outpatient Services ASAM Level 2.1, including case management services, for adolescents ages twelve (12) to seventeen (17), and adults ages eighteen (18) and up, including young adults (TAY specific category) ages eighteen (18) to twenty-one (21). The County is willing to accept proposals for single or both levels of care and either or both of the target populations in both Slopes of the County (East and West Slope) from eligible Proposers, and is willing to enter into multiple Agreements for these services. The Scope of Services for the two (2) ASAM Levels of Care are as follows:

2.1 Program Support Requirements - Outpatient Services ASAM Level 1.0 and IOT Level 2.1

A. Outpatient Services ASAM Level 1.0 Service Support Requirements (for adolescents and adults):

Outpatient Services ASAM Level 1.0 are benchmarked at the lower end of the ASAM treatment continuum and include organized outpatient treatment services which can be delivered in a variety of settings such as addiction programs, behavioral health homes and clinics.

Like all ASAM Levels of Care, Outpatient Services ASAM Level 1.0 are tailored to each beneficiary's level of clinical severity and function, and are designed to help a beneficiary achieve changes in his or her alcohol and/or other drug use or addictive behaviors. Treatment addresses major lifestyle, attitudinal, and

behavioral issues that have the potential to undermine the goals of treatment or impair the beneficiary's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs.

These services provide greater access to care for individuals not interested in recovery that are mandated to treatment, and individuals in early states of readiness to change. Outpatient Services ASAM Level 1.0 also provide access to needed care for beneficiaries in early recovery that need education about addiction and person-centered treatment, as well as beneficiaries in early recovery who need monitoring and continuing disease management.

Some characteristics of beneficiaries in Outpatient Services ASAM Level 1.0 include those who are able to complete professionally directed addiction and/or mental health treatment, those who are stepping down from a more intensive level of care, those who are in early stages of change and not yet ready to commit to full recovery, and those who have achieved stability in recovery.

Outpatient Services ASAM Level 1.0 programs are required to have the following program support provisions:

- 1) Provider shall ensure Outpatient Services ASAM Level 1.0 consist of up to nine (9) hours per week of medically necessary services for adults and less than six (6) hours per week of services for adolescents;
- 2) Group therapy size for Outpatient Services ASAM Level 1.0 is limited to no less than two (2) and no more than twelve (12) beneficiaries per class;
- 3) Provider is required to ensure that adolescent and adults are not in the same treatment therapy sessions/groups;
- 4) Outpatient ASAM Level 1.0 services shall include at minimum: assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, discharge planning and coordination;
- 5) SUD services shall be provided in-person or by telehealth, in accordance with the confidentiality requirements of patient records as regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2;
- 6) Emergency services shall be available by telephone twenty-four (24) hours a day/seven (7) days a week;
- 7) Case management services shall be provided to beneficiaries receiving outpatient services to coordinate care with ancillary service providers and facilitate transitions

- between ASAM Levels of Care; and
- 8) Providers must adhere to Attachment E - El Dorado County DMC-ODS Practice Guidelines.

B. Program Support Requirements - IOT ASAM Level 2.1 (for adolescents and adults):

IOT ASAM Level 2.1 programs offer a higher intensity of outpatient services with the goal of stepping beneficiaries down to Level 1.0 Outpatient Services or discharge. IOT ASAM Level 2.1 Services are available for both adolescents and adolescents.

IOT ASAM Level 2.1 services require structured programming treatment to beneficiaries with addiction and often co-occurring mental conditions. Although programming consists primarily of counseling and education about addiction-related problems, provider(s) must have on-site capacity or formal partnerships with mental health and healthcare providers to meet the needs of beneficiaries with co-occurring mental disorders.

IOT ASAM Level 2.1 programs require the following program support provisions:

- 1) IOT ASAM Level 2.1 services are provided to adult beneficiaries a minimum of nine (9) hours with a maximum of nineteen (19) hours a week, when determined by a Medical Director or an LPHA to be medically necessary, and in accordance with an individualized treatment plan;
- 2) Adolescents are provided a minimum of six (6) and a maximum of nineteen (19) hours per week, when determined by a Medical Director or an LPHA to be medically necessary, and in accordance with an individualized treatment plan;
- 3) Group therapy size for IOT ASAM Level 2.1 services is limited to no less than two (2) and no more than twelve (12) beneficiaries per class;
- 4) Provider(s) are required to ensure that adolescent and adult clients are not in the same treatment therapy sessions/groups;
- 5) IOT ASAM Level 2.1 services shall include a minimum of: assessment, treatment planning, individual and group counseling, family therapy, beneficiary education, medication management, collateral services, crisis intervention services, and discharge planning and coordination, provided in amounts, frequencies, and intensities appropriate to the objectives of a beneficiary's treatment plan;

- 6) Emergency services shall be available by telephone twenty-four (24) hours a day/seven (7) days a week;
- 7) SUD services shall be provided in-person or by telehealth, in accordance with the confidentiality requirements of patient records as regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2;
- 8) Case management services shall be provided to beneficiaries receiving outpatient services to coordinate care with ancillary service providers and facilitate transitions between ASAM Levels of Care; and
- 9) Provider(s) must adhere to Attachment E - El Dorado County DMC-ODS Practice Guidelines.

2.2 Service Requirements - Outpatient ASAM Level 1.0 and IOT Level 2.1

Provider(s) of Outpatient Services ASAM Level 1.0 and IOT Level 2.1 programs must provide the following treatment services, to be provided in an amount, frequency and intensity appropriate to a beneficiary's needs, adolescents and/or adults including TAY young adults, when determined by a Medical Director or an LPHA to be medically necessary, and in accordance with an individualized treatment plan:

- A. Intake: Intake includes the evaluation or analysis of the cause or nature of mental, emotional, psychological, behavioral, and SUDs; the diagnosis of SUDs, and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for SUD treatment;
- B. Assessments: Beneficiaries must participate in an assessment by the provider using ASAM dimensions. Assessments must be performed by qualified staff, consisting of a State of CA certified/licensed SUD counselor, Medical Director, licensed physician, or LPHA. The interaction must be documented appropriately in the medical record to establish the determination of medical necessity for the beneficiary. Staff performing assessments shall complete the two (2) e-Training modules entitled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care". For beneficiaries under the age of twenty-one (21), the assessment and diagnosis may also include an assessed risk for developing a SUD;
- C. Treatment planning: Provider(s) shall prepare an individualized written treatment plan, based upon information obtained in the

intake and assessment process. The treatment plan will be completed within the regulatory timeframe then updated every subsequent ninety (90) days unless there is a change in treatment modality or significant event that would then require a new treatment plan;

- D. Individual counseling: Contacts between a beneficiary and a therapist or counselor. Services provided in-person, by telephone, or by telehealth qualify as Medi-Cal reimbursable units of service, and are reimbursed without distinction;
- E. Group counseling: Face-to-face contacts in which one (1) or more therapists or counselors treat two (2) or more clients at the same time with a maximum of twelve (12) in the group, focusing on the needs of the beneficiaries served. Services must be provided face-to-face to qualify as Medi-Cal reimbursable units of service;
- F. Family therapy: The effects of addiction are far-reaching and patient's family members and loved ones are also affected by the disorder. By including family members in the treatment process, education about factors that are important to the patient's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the patient, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well;
- G. Beneficiary education: Provide research based education on addiction, treatment, recovery, and associated health risks;
- H. Collateral services: Sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary;
- I. Crisis intervention services: Contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the beneficiary's emergency situation;
- J. Case management services: Case management services shall be provided to DMC beneficiaries receiving Outpatient Services

ASAM Level 1.0 and/or IOT Level 2.1 services, of up to ten (10) hours per treatment episode, to coordinate care with ancillary service providers and facilitate transitions between ASAM Levels of Care. Case management services shall be provided by a State of CA registered or certified SUD counselor or LPHA. Case management services are provided to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Provider(s) shall ensure that case management services focus on coordination of SUD care, integration around primary care especially for beneficiaries with a chronic SUD, and interaction with the criminal justice system, if needed. Provider(s) shall comply with the following County specific outpatient services requirements:

- Case management services are provided based on the frequency documented in a beneficiary's Individualized Treatment Plan (ITP) on file with the County;
 - As documented in a beneficiary's ITP, case management provides advocacy and care coordination linkages to physical health, mental health, transportation, housing, vocational, educational, and transition services for reintegration into the community; and
 - Case management services can be face-to-face, over the telephone, or offered via telehealth, and shall be consistent with and shall not violate confidentiality of alcohol or drug beneficiaries as set forth in 42 CFR Part 2, HIPAA, and California law.
- K. Discharge planning: The process to prepare the beneficiary for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing, and human services; and
- L. Coordination of level of care: Case managers/clinicians from both the discharging and admitting provider agencies shall screen for and link beneficiaries with mental and physical health, and are responsible for facilitating the transition between levels of care, including assisting in scheduling an intake appointment, ensuring a minimal delay between discharge and admission at the next level of care, providing transportation as needed, and documenting all information in a beneficiary's file. Provider(s) shall ensure 42 CFR Part 2 compliant releases are in place in order to coordinate care for beneficiaries.

2.3 Staffing Requirements - Outpatient ASAM Level 1.0 and IOT Level 2.1 Service Providers

Outpatient Services ASAM Level 1.0 and IOT Level 2.1 programs require staffed professionals experienced in gathering and interpreting information regarding a beneficiary's biopsychosocial needs and are knowledgeable about the biophysical dimensions of SUDs including how to assess a beneficiary's readiness for change.

DMC-certified outpatient sites must comply with DMC staffing requirements, as defined by DHCS². All Outpatient Services ASAM Level 1.0 and IOT Level 2.1 programs, regardless of DMC certification status, are expected to meet the following minimum staffing requirements:

IOT services must be provided by appropriately State of California credentialed and/or licensed treatment professionals which include LPHA physicians, LPHA non-physicians, and counselors as described in the DMC-ODS Staff Service categories to assess and treat substance-related, mental, and addictive disorders. LPHAs includes all of the following:

- Physician;
- Nurse Practitioner (NP);
- Physician Assistant (PA);
- Registered Nurse (RN);
- Registered Pharmacist (RP);
- Licensed Clinical Psychologist (LCP);
- Licensed Clinical Social Worker (LCSW);
- Licensed Professional Clinical Counselor (LPCC);
- Licensed Marriage and Family Therapist (LMFT); and
- License-Eligible Practitioner working under the supervision of licensed clinicians.

2.4 Treatment Practice Guidelines

A. Adolescent/Youth Treatment Guidelines for Outpatient ASAM Level 1.0 and IOT Level 2.1 Service Providers:

The ASAM Criteria recognize adolescent specific needs across the continuum of treatment. Adolescents are beneficiaries

² https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/ODS_Staffing_Grid_Revised_031518_Final.pdf

between the ages of twelve (12) to seventeen (17). Providers of Outpatient Services ASAM Level 1.0 and/or IOT ASAM Level 2.1 services to adolescents must ensure that staff members providing assessment and treatment are trained in tailoring treatment plans specific to this target population, and must ensure that adolescents are treated separately from adults, due to the differing needs of both population groups.

Providers treating adolescent beneficiaries must ensure that staff assessing and treating adolescents are:

- Knowledgeable about adolescent development and experience in working with and engaging adolescents;
- Able to engage and integrate adolescents' families, caregivers and other important resources in treatment planning, services, and transition planning to support client recovery; and
- Provide services in accordance with Attachment F – State of California Youth Treatment Guidelines.

Providers offering treatment services to adolescents, ages twelve (12) to seventeen (17), must adhere to Attachment F - State of California Youth Treatment Guidelines. These guidelines reflect overarching principles of SUD treatment that characterize the most effective approaches and interventions, and the philosophy of care for adolescents and youth that recognizes their developmental and multiple needs, family involvement and assures youth safety.

Proposers that are proposing to offer services to these adolescent populations are required to certify that the provision of adolescent services will be in accordance with these guidelines, as stated in Section 3.0, Eligibility.

B. Attachment E - El Dorado County DMC-ODS Practice Guidelines:

Provider must adhere to the County DMC-ODS Practice Guidelines which represent a combination of local, State and Federal regulations, standards and guidelines, as well as best practices for effectively treating SUDS. Contracted and County-operated providers are expected to adhere to all applicable regulations, standards, guidelines, policies and practices. These guidelines are required to be adhered to by all providers and, upon request, are to be provided to County beneficiaries and potential beneficiaries.

C. California Code of Regulations (CCR) Title 22 Drug Medi-Cal and the DMC- ODS Special Terms and Conditions:

CCR Title 22 specifies a framework for the expectations and requirements of services delivered through the Drug Medi-Cal (DMC) program. Providers contracted with the County must ensure services are in adherence with CCR Title 22. Contracted providers shall also adhere to special DMC-ODS Terms and Conditions (T&C) outlined in the resulting County Agreement for Service. In any areas that the County DMC-ODS Agreement is silent and/or where there is conflict between Title 22 and the DMC-ODS, the DMC-ODS T&Cs will override Title 22. However, Title 22 remains as the regulatory requirements in all other areas that are not in conflict with, and not addressed by, the resulting Agreement for Services.

- D. Treatment will be client-driven and services and length of treatment should vary based on the needs of the client and medical necessity. Models selected should utilize a minimum of two (2) of the following five Evidence Based Practices (EBPs) which emphasize individualized treatment: Cognitive Behavioral Therapy, Motivational Interviewing, Relapse Prevention, Psycho-Education and Trauma-Informed Treatment. Providers should outline which EBPs they will utilize, how EBPs will be implemented and how fidelity will be assessed.

All Proposers must certify that the County DMS-ODS Treatment Practice Guidelines and CCR Title 22 for Drug Medical and DMC-ODS Terms and Conditions will be followed if selected to provide services to County beneficiaries (as stated in Eligibility, Section 3.0). Proposers will also need to demonstrate how the evidence-based strategies and/or model(s) selected are clinically and culturally appropriate for the proposed population.

2.5 Program Licensure, Certification, and Standards - Outpatient ASAM Level 1.0 and IOT Level 2.1 Service Providers

Provider(s) must have and maintain an active Drug-Medical (DMC) certification or license for the facility where services are provided, issued by the DHCS of a substance abuse treatment program for the contracted ASAM Level of Care.

2.6 Outcome Monitoring for Outpatient ASAM Level 1.0 and IOT Level 2.1 Service Providers

In order to assess whether beneficiaries: a) Reduce substance abuse or achieve a substance-free life; b) Maximize multiple aspects of life functioning; c) Prevent or reduce the frequency and severity of relapse; and d) Improve overall quality of life, SUD treatment outcomes are tracked by the DHCS through the California Outcomes Measurement System (CalOMS), a data collection and reporting system.

SUD treatment providers are responsible for collecting core data from clients at treatment admission and discharge for input into CalOMS. The following client outcome indicators are evaluated in the CalOMS:

- Engagement in the first thirty (30) days of treatment, as applicable;
- Reduction in substance use;
- Reduction in criminal activity or violations of probation/parole and days in custody;
- Increase in employment or employment (and/or educational) skills;
- Increases in family reunification;
- Increase engagement in social supports;
- Maintenance of stable living environments and reduction in homelessness;
- Improvement in mental and physical health status; and
- Beneficiary satisfaction as measured through the Treatment Perceptions Survey.

2.7 Staff Training Requirements - Outpatient ASAM Level 1.0 and Level 2.1 Service Providers

Provider(s) are required to ensure staff offering services to beneficiaries receive the following trainings prior to providing DMC-ODS services:

- Title 22, Drug/Medi-Cal (at least annually);
- Information Privacy and Security (at least annually);
- ASAM E-modules 1 and 2 (prior to conducting Assessments);
- Cultural Competency (at least annually); and
- Confidentiality Statement (review and sign at hire and annually thereafter).

2.8 Beneficiary Protection Requirements - Outpatient ASAM Level 1.0 and IOT Level 2.1 Service Providers

A. Beneficiary Protections and Beneficiary Informing Materials:

Beneficiary Informing Materials: Provider shall make available at initial contact, and shall notify beneficiaries of their right to request and obtain at least once a year and thereafter upon request, the following materials: DMC-ODS Beneficiary Booklet and Provider Directory.

Provider shall also post notices explaining grievance, appeal and expedited appeal processes in all program sites, as well as make available forms and self-addressed envelopes to file grievances, appeals and expedited appeals without having to make a verbal or written request to anyone. The County will produce required beneficiary informing materials in English and Spanish. Provider shall request materials from the County, as needed. Refer to 42 CFR 438.10(g)(2)(xi) for additional information about the grievance and appeal system.

B. Notice of Adverse Benefit Determination (NOABD):

Provider shall have written procedures to ensure compliance with the following:

- Provider shall request consent from beneficiaries for the County to issue a NOABD to the address on record should covered services be reduced, denied, modified, delayed or terminated. Should a beneficiary refuse to consent, then the Contracted Provider is responsible for issuing any applicable NOABD directly to the beneficiary; and
- Provider shall immediately notify the County in writing of any actions that may require a NOABD be issued, including, but not limited to: 1) not meeting timely access standards; 2) not meeting medical necessity for any substance use disorder treatment services; and 3) terminating or reducing authorized covered services.

C. Culturally Competent Services:

Provider must ensure that services are culturally competent and ensure that cultural competency policies, procedures, and practices are developed and embedded in the organizational structure, as well as being upheld in day-to-day operations. Providers shall aim to positively engage each beneficiary through culturally and linguistically relevant services and deliver effective communication essential to recovery. Effective communication requires, at minimum, the provision of services and information in

appropriate languages, at appropriate educational and literacy levels, and in the context of the individual's cultural identity. Cultural competency also requires a demonstrated respect, awareness and acceptance of and an openness to learn from the beliefs, practices, traditions, religions, history, languages, and current needs of each individual and communities. Translation and oral interpreter services must be available for beneficiaries, as needed and at no cost to the beneficiary.

2.9 Reporting Requirements - Outpatient ASAM Level 1.0 and IOT Level 2.1 Service Providers

Regular reporting and accurate submission of documentation is required to meet the needs of the HHSA-BHD and DHCS mandated requirements for DMC-ODS. Maintenance of individual County beneficiary records and reporting outcomes for SUD services is required in accordance with County requirements and as mandated by the State. Any such reporting requirements will be specified in the Agreement resulting from this RFP and are subject to repeated changes as required by the State. Timelines will be specified upon award of this RFP in the resulting contract.

Reporting is anticipated to include, but not be limited to:

- Beneficiary assessments using ASAM dimensions. Provider shall complete and submit the DHCS required Level of Care report on a monthly basis.
- Capture and report data necessary to comply with the California Network Adequacy reporting requirements and/or any other requirements specified by the State;
- Capture and report data to the DHCS CalOMS;
- Capture and report data to the State's Drug and Alcohol Treatment Access Report data system (DATAR);
- Cost Reports which track and report beneficiary treatment services and actual costs billed to the County;
- Results of any State or federal audits; and
- State and federal reporting that may be required by law

3.0 ELIGIBILITY

Proposers must meet the following submittal requirements to be considered responsive to this RFP:

1. Provide a copy of the responding Proposer's active DHCS Drug Medi-Cal (DMC) License and/or DMC Certification, or a copy of their DMC Provisional Certification Letter issued by the DHCS, issued for the

ASAM Level of Care proposed, attached to this RFP as “DMC Certification”;

2. Provide a completed copy of the Attachment C - DMC-ODS Questionnaire for Services, attached to this RFP as “DMC-ODS Questionnaire”;
3. Certify that the Proposer’s organization is in compliance with the Attachment B - Drug Medi-Cal Minimum Quality Treatment Standards, and will comply with these DMC Minimum Quality Treatment Standards.
4. Certify that the Proposer’s organization is in compliance with the California Code of Regulations (CCR) Title 9 and 22 regulations for all Substance Use Disorder (SUD) treatment programs funded in whole or in part using DMC funding (The County intends to use the Medi-Cal Suspended and Ineligible Provider List [S&I List] published by DHCS to confirm that a Provider is in compliance);³
5. Certify that the Proposer’s organization understands that if selected, they will be required to comply with the resulting established DMC-ODS Agreement for Service, and in any areas that the DMC-ODS contract is silent, CCR Title 22 shall apply;
6. Certify that the Proposer’s organization understands that if selected, they will be required to adhere with all required federal, State, County, and city if applicable, laws, regulations and guidance regarding DMC-ODS service requirements;
7. Provide copies of active licenses and/or certifications for LPHAs, Alcohol and Drug SUD Counselors, or other related certifications/licenses issued by the State of California, required by staff providing or responsible for SUD treatment services. (Qualified staff includes LHPAs, certified or registered Alcohol and other Drug SUD counselors.) Copies of the licenses/certifications/credentials should be attached to and included with the submission as a part of the response to this RFP, labeled “Licenses”;
8. Certify that the Proposer’s organization will adhere to Attachment B - Minimum Quality Drug Treatment Standards for DMC-ODS;
9. Certify that the Proposer’s organization understands that if selected, they will be required to negotiate an Agreement for Services with the County substantively similar to Attachment A - Sample Agreement for Services; and

³ <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx>

10. **(If Applicable)** Proposers that are proposing SUD treatment to Adolescents, ages twelve (12) to seventeen (17) must certify that the Proposer's organization will adhere to Attachment F - State of California Youth Treatment Guidelines for offering SUD treatment services to adolescents;

The certifications indicated above (Eligibility items numbered 3, 4, 5, 6, 8, and 9 for all Proposers and 10 if applicable) should be included in the "Cover Letter" specified in Section 4.1. All required documentation, such as copies of DMC-certification, staff licenses, resumes, and qualification requirements, must be attached in response to this RFP (Eligibility items numbered 1, 2, and 7).

Proposals received that fail to meet the requirements identified above will be rejected as nonresponsive and will not be evaluated.

4.0 REQUIRED PROPOSAL COMPONENTS

Each response to this RFP shall include the information described in this section. Failure to include all of the elements specified may be cause for rejection. Additional information may be provided, but should be succinct and relevant to the goals of this RFP. Excessive information will not be considered favorably. The document shall be 8-1/2 inches by 11 inches in size.

All proposals shall contain the following elements, and in the order given:

4.1 Cover Letter must at least contain the following information:

- Title of this RFP;
- Name and Mailing Address of firm (include physical location if mailing address is a P.O. Box);
- Type of organization of firm (partnership, corporation, etc.);
- Contact person including telephone number, fax number, e-mail address, and physical mailing address;
- A statement indicating the number of years the Proposer has been providing SUD services to individuals in a residential setting;
- A statement identifying the licensed facility address for proposed services;

- A statement certifying the Proposer's organization is in compliance with Attachment B - Minimum Quality Treatment Standards for DMC-ODS;
- A statement certifying the Proposer's organization, if selected, will adhere to Attachment B - Minimum Quality Drug Treatment Standards for DMC-ODS;
- A statement certifying the Proposer's organization is in compliance with the CCR Title 9 and 22 regulations for all Substance Use Disorder (SUD) treatment programs funded in whole or in part using DMC funding;
- A statement certifying the Proposer's organization, if selected, will adhere to the County's resulting DMC-ODS Agreement for Services established, and in any areas that the DMC-ODS Agreement is silent, CCR Title 22 will be applied and followed;
- A statement certifying the Proposer's organization, if selected, will comply with all required federal, State, County, and city if applicable, laws, regulations and guidance regarding DMC-ODS service requirements;
- A statement certifying the Proposer's organization, if selected, agrees to negotiate an Agreement for Services with the County substantively similar to Attachment A - Sample Agreement for Services; and
- **(If applicable)** A statement certifying the Proposer's organization has read and, if selected, will adhere to Attachment F - State of California Youth Treatment Guidelines for SUD treatment services provided to adolescents."

Signatory Requirements:

In order to receive consideration, the Cover Letter must be signed by an officer empowered by the Proposer to sign such material and thereby commit the Proposer to the obligations contained in the RFP response. Further, the signing and submission of a response shall indicate the intention of the Proposer to adhere to the provisions described in this RFP and a commitment to enter into a binding contract. Submittals shall be signed by one of the following representatives:

- If the Proposer is a partnership, submittal shall be signed in the firm name by a partner or the Attorney-In-Fact. If signed by the Attorney-In-Fact, there shall be attached to the proposal a Power-Of-Attorney evidencing authority to sign proposals, dated the same date as the proposal and executed by all partners of the firm.
- If the Proposer is a corporation, the submittal shall have the correct corporate name thereon and the actual signature of the authorized officer of the corporation written (not typed) below the corporate name. The title of the office held by the person signing for the corporation shall appear below the signature of the officer.
- If the Proposer is an individual doing business under a firm name, the submittal shall be signed in the name of the individual doing business under the proper firm name and style.
- If the Proposer is a non-profit organization (i.e. 501[c]3), the submittal shall be signed by the Executive Director of the organization with additional evidence submitted to demonstrate the Executive Director has been delegated to have signature authority by the organization's governing body.

4.2 Required Eligibility Documents for Proposal Submission

In addition to the Cover Letter, Proposers must provide the following documentation (as specified in Section 3.0 Eligibility) in their RFP submission:

- Completed Attachment C - DMC-ODS Questionnaire for Service Providers, attached to this RFP as "DMC-ODS Questionnaire";
- Copy of the Proposer's active Drug Medi-Cal (DMC) certification/ license issued for the ASAM Level(s) of Care by DHCS," attached to this RFP as "DMC Certification"; and
- Copies of active licenses and/or certifications for LPHAs, Alcohol and Drug Counselors, or other related certifications/licenses by the State of California, required by

staff providing or responsible for SUD treatment services. Copies of the licenses/certifications/credentials should be attached to and included with the submission as a part of the response to this RFP labeled as "licenses".

4.3 Proposal Narrative

A. Executive Summary:

The Executive Summary section of the proposal should address the Proposer's overall approach in providing the selected ASAM Level of Care(s) and case management services for the intended population(s) to El Dorado County beneficiaries, in either South Lake Tahoe or West Slope within County boundaries.

At a minimum, the Executive Summary should:

1. Describe the Proposer's understanding of the need for outpatient SUD services for DMC-eligible beneficiaries in the proposed service area; and
2. Describe the Proposer's overall intent and approach for meeting the need for the proposed Level of Care(s) for the services solicited in this RFP, including the proposed facility site location and service area, and its ability and capacity to do so.

B. Plan for Services:

The plan for services should address the Proposer's plan for offering the selected ASAM Level of Care(s) and case management services, including any optional and/or additional service components unique to the Proposer's approach for providing these services to the selected population group(s) and selected service area. At a minimum, the plan for services should clearly:

1. Describe the Proposer's overall intent and approach for meeting all service needs including case management for the selected ASAM Level of Care(s) solicited in this RFP, including its ability and capacity to do so for the intended population group(s) in the proposed service area;
2. Describe the Proposer's plan for ensuring that the ASAM Criteria will be integrated into the clinical practice, policies and procedures for the proposed ASAM Level of Care(s);

and (If applicable) for Proposers proposing services to adolescents ages twelve (12) to seventeen (17), describe how Attachment F - State of California Youth Treatment Guidelines will be integrated into the treatment provision for adolescents;

3. Describe the Proposer's evidence-based practices (EVP) that will be utilized by the staff within the facility and describe the treatment curriculum that will be utilized by the Proposer in the delivery of services for the proposed ASAM Level of Care(s) and targeted population(s); and
4. Describe the Proposer's process used for case management, including collaborating and coordinating care with primary care, community-based and local government-based behavioral/mental health and other service providers.

C. Capabilities and Experience:

The Capabilities and Experience section should provide an overview of the Proposer's history and experience providing SUD services equal to, or similar to the proposed ASAM Level of Care(s) to the intended population group(s). At a minimum, it should also address the following:

1. Describe the Proposer's history and experience providing SUD services to the target population(s), adolescents and/or adults including young adults, for the ASAM service level(s) being proposed in El Dorado County;
2. Describe the Proposer's staffing plan and personnel who meet ASAM and DMC rules and regulations, for providing the scope of services described in this RFP, and the capacity for the delivery of services in the proposed service location. Include in the response:
 - Describe the staffing plan to be used for proposed ASAM Level of Care(s), including the provision of case management, including proposed staff offering direct beneficiary treatment;
 - Include the education and qualification levels, professional licensure and/or certifications of all proposed positions; and
 - Provide an organization chart that shows the outpatient treatment staff proposed, including full-time equivalents (FTEs) by profession and where those FTEs report within the Proposer.

3. Describe the Proposer's proficiency and expertise in providing case management services to clients during their SUD treatment, including the process and Proposer's approach to case management service delivery.

D. Budget and Budget Narrative:

Complete Attachment D - DMC-ODS Provider Rate Template for Outpatient Service for the appropriate ASAM Level of Care (Outpatient Services 1.0 or IOT 2.1 services including case management), outlining the expected cost of the services, broken down by major cost categories.

The completed budget should include all Direct Costs necessary to perform the services identified in the RFP for an anticipated three (3)-year term. Proposers should identify all personnel/position costs inclusive of salary and benefits, any operational costs, as well as Indirect Costs (Facilities & Administrative [F&A] costs). Important considerations are as follows:

- Indirect Costs (F&A costs) can only be reimbursed as a percentage of actual costs billed on a monthly basis. As a result, Proposers must factor these costs as a percentage of the total direct costs proposed. Indirect cost rates in excess of ten percent (10%) of the total direct costs proposed will not be evaluated favorably.
- All proposed costs should include a description or formula indicating how the total cost amount was determined. Attachment D provides a sample for creating a consistent format.
- Direct Costs are those costs directly related to the activities solicited in this RFP. They may include staff time for case management, counseling, intake, County beneficiary assessment, or performing other activities directly related to the SUD treatment provision for County beneficiaries. These costs do not include administrative costs/time or other extraneous costs not directly related to service provision to County beneficiaries.

In addition to completing Attachment D, All Proposers must submit a Budget Narrative. At a minimum, the detailed budget narrative should address:

- All factors of cost included in the rate for each personnel/position proposed, including the types of

benefits offered, the full time equivalency (FTE) of the position, and the qualifications of the position;

- A description of how the positions proposed will be sufficient to provide the SUD services solicited in the RFP;
- A description of all non-personnel costs and how these costs are necessary and reasonable for the performance of the activities necessary for the delivery of SUD services/treatments; and
- A description of what costs are included in the proposed F&A rate.

5.0 PROPOSER QUESTIONS

- 5.1 Questions regarding this RFP must be submitted in writing by email to: matthew.potter@edcgov.us, or U.S. mail to the Procurement and Contracts Office, and must be received no later than 5:00:00 p.m. (Pacific) on **November 19, 2021** (refer to Section 1.6 for additional information and clarification regarding Proposer questions).
- 5.2 All emails must have “**RFP #22-952-009 – QUESTION**” as their subject, and all envelopes or containers must be clearly marked “**RFP #22-952-009 – QUESTION**” for clarity. Emails, envelopes, and/or containers not clearly labeled may be overlooked and not responded to.
- 5.3 Questions will not be accepted by telephone, facsimile (fax), or orally.
- 5.4 The County reserves the right to decline to respond to any question if, in County’s assessment, the information cannot be obtained and shared with all potential organizations in a timely manner.
- 5.5 A summary of the questions submitted, including responses deemed relevant and appropriate by County, will be posted to the PlanetBids website on or about December 3, 2021 (refer to Section 1.6 for additional information and clarification regarding responses to questions). Any addenda to this RFP is valid only if in writing and issued by the County Procurement and Contracts Division.
- 5.6 All inquiries regarding this RFP shall be submitted by email to: matthew.potter@edcgov.us or by U.S. Mail to:

County of El Dorado
Procurement and Contracts
330 Fair Lane
Placerville, California 95667
RFP #22-952-009 – Question

- 5.7 Proposers are cautioned that they are not to rely upon any oral statements that they may have obtained. Proposers shall direct all inquiries to the contact above and shall not contact the requesting department or other County staff directly regarding any matter related to this RFP. Information provided by other than Procurement and Contracts staff may be invalid and proposals which are submitted in accordance with such information may be declared non-responsive.

6.0 PROPOSAL SUBMITTAL INSTRUCTIONS

- 6.1 Proposers shall submit one (1) original hard-copy and one (1) electronic copy of their proposal in PDF format on a flash/USB drive. All hard-copy submittals shall be submitted in a sealed envelope or container and clearly marked “RFP #22-952-009 – Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder Services (SUDS) – DO NOT OPEN” on the outside of the parcel.
- 6.2 Proposals shall be submitted ONLY to:
- County of El Dorado
Procurement and Contracts Division
330 Fair Lane
Placerville, CA 95667
- 6.3 The County shall not be responsible for proposals delivered to a person or location other than specified herein. Proposals submitted to a location other than the above will not be considered duly delivered or timely. The County shall not be responsible for rerouting proposals delivered to a person or location other than that specified above.
- 6.4 Faxed or emailed proposals shall not be accepted.
- 6.5 Late proposals will not be accepted or considered.
- 6.6 All proposals, whether selected or rejected, shall become the property of the County and shall not be returned.

- 6.7 The County reserves the right to waive minor defects and/or irregularities in proposals, and shall be the sole judge of the materiality of any such defect or irregularity.
- 6.8 All costs associated with proposal preparation shall be borne by the offeror.

7.0 EVALUATION PROCESS

Proposals will be evaluated by a selection committee and the provider/Proposer submitting the most highly rated proposals may be invited for interviews. The following evaluation criteria and rating schedule will be used to determine the firm that provides the best value:

	Evaluation Criteria	Maximum Points
A.	Executive Summary	24
B.	Plan for Services	64
C.	Capabilities and Experience	60
D.	Budget and Budget Narrative	52
	TOTAL POSSIBLE POINTS	200

8.0 SELECTION PROCEDURE

- 8.1 County staff will open and review proposals for responsiveness. The names of the Proposers submitting proposals will be made available when the County closes the RFP. The contents of all proposals, or any other medium which discloses any aspect of the RFP, shall be held in strictest confidence until the County releases a Notice of Award or Notice of Intent to Award.
- 8.2 The County reserves the right to reject any or all proposals, to waive minor irregularities in said proposals, or to negotiate minor deviations with the successful Proposer. The County shall be the sole judge of the materiality of any such defect or irregularity.
- 8.3 A Selection Committee will be appointed by the County to evaluate the proposals. It is anticipated that representatives from the County and other local government entities, if necessary, will conduct the evaluations. The Selection Committee may interview Proposer firms during the selection process if it is determined to be necessary.
- 8.4 When evaluation of the proposals have been completed, one (1) or more Proposers will be selected and negotiations will be initiated. If

for any reason a contract cannot be negotiated, the County reserves the right to select the next highest ranked Proposer. The County will then make recommendations for selection to the Purchasing Agent or County Board of Supervisors based on the criteria outlined in the preceding sections.

- 8.5 The County reserves the right to award a contract to the Proposer who, in the sole judgment of the County, presents the most favorable response to this RFP pursuant to the evaluation criteria indicated above. The County reserves the right to make an award without further discussion of the submittal with the Proposer. Therefore, the proposal should be submitted initially on the most favorable terms that the firm or individual may propose.
- 8.6 In the case of differences between written words and figures in a proposal, the amount stated in written words shall govern. In the case of a difference in unit price versus the extended figure, the unit price shall govern.
- 8.7 The Procurement and Contracts Division does not mail out hard copy letters advising participating Proposers of RFP results. For RFP results, please visit the PlanetBids website at:

<https://pbsystem.planetbids.com/portal/48157/portal-home>
- 8.8 The results of this RFP will be posted on the PlanetBid's website listed in Section 8.7 above at the earliest possible opportunity in accordance with County policy. The timeline for posting RFP results may vary depending on the nature and complexity of the RFP.
- 8.9 The selected Proposer will receive written notification of the award. Response and selection of a proposal will not necessarily result in the award of a contract with the County of El Dorado. Proposal opening does not constitute awarding of a contract. Contract award is by action of the Purchasing Agent or Board of Supervisors and is not in force until fully executed.

9.0 AWARD

Response to this RFP will not necessarily result in an agreement with the County. Proposal opening and evaluation does not constitute award of an agreement. The County Board of Supervisors will determine the final award of any resulting agreement. The agreement is not in force until it is signed and executed by the County Board of Supervisors or Purchasing Agent.

10.0 CONFLICT OF INTEREST

Proposers warrant and covenant that no official or employee of the County, or any business entity in which an official of the County has an interest, has been employed or retained to solicit or aid in the procuring of any resulting agreement(s), nor that any such person will be employed in the performance of such agreement without immediate divulgence of such fact to the County. Proposer's proposal shall contain a statement to the effect that the Proposer is not currently committed to another project that would constitute a conflicting interest with the project defined in this RFP.

11.0 COUNTY RIGHTS

Proposers interested in being considered must submit a proposal in compliance with this RFP. Failure to meet the minimum requirements of the RFP shall be cause for rejection of the proposal. The County reserves the right to reject any or all proposals.

The County may reject a proposal if it is conditional, incomplete, contains irregularities, or reflects inordinately high cost rates. County may waive immaterial deviation in a proposal at the sole determination of the County. Waiver of an immaterial deviation shall in no way modify the RFP documents or excuse the Proposer from full compliance with the contract requirements if the Proposer is awarded the contract.

Additionally the County reserves the right to:

1. Request clarification of any submitted information.
2. Not enter into any agreement.
3. Not select any Proposer.
4. Cancel this process at any time.
5. Amend this process at any time.
6. To award more than one (1) contract if it is in the best interest of the County.
7. Interview Proposers prior to award.
8. To request additional information during an interview.

12.0 EL DORADO COUNTY WEBSITE REQUIREMENTS

It is the Proposer's responsibility to monitor the PlanetBids website for possible addenda to this RFP to inform him/herself of the most current specifications, terms, and conditions, and to submit his/her proposal in

accordance with original RFP requirements and all required addenda. All available RFPs and related addenda can be found at:

<https://pbsystem.planetbids.com/portal/48157/portal-home>

Failure of Proposer to obtain this information shall not relieve him/her of the requirements contained therein.

13.0 VALID OFFER

Proposals shall remain valid for one hundred twenty (120) days from the due date. The County reserves the right to negotiate with the successful Proposer any additional terms or conditions not contained in their proposal which are in the best interest of the County or to otherwise revise the scope of this RFP. This RFP does not constitute a contract or an offer of employment.

14.0 PUBLIC RECORDS ACT

All proposals and materials submitted shall become property of the County and will not be returned. All responses, including the accepted proposal and any subsequent contract, become public records in accordance with the requirements of the California Government Code, Sections 6250 - 6270, "California Public Records Act". Proprietary material must be clearly marked as such. Pricing and service elements of the successful proposal are not considered proprietary information. Proposers which indiscriminately identify all or most of their proposal as confidential or proprietary without justification may be deemed unresponsive.

The County will treat all information submitted in a proposal as available for public inspection once the County has selected a successful Proposer. If you believe that you have a legally justifiable basis under the California Public Records Act (Government Section 6250 et. seq.) for protecting the confidentiality of any information contained within your proposal, you must identify any such information, together with the legal basis of your claim in your proposal, and present such information **separately** as part of your response package.

Upon receipt of a request for disclosure pursuant to the California Public Records Act for information that is set apart and marked as proprietary, County will notify you of the request for disclosure. You shall have sole responsibility for the defense of the proprietary designation of such information. Failure to respond to the notice and enter into an agreement with County providing for the defense of and complete indemnification and reimbursement for all costs incurred by the County in any legal action to compel the disclosure of such information, shall constitute a complete waiver of any rights regarding the information designated proprietary and

such information will be disclosed by County pursuant to applicable procedures under the California Public Records Act.

15.0 BUSINESS LICENSE REQUIREMENT

It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070. Contact the Tax Collector's Office at 360 Fair Lane, Placerville, CA 95667, or phone (530) 621-5800, for further information.

It is not a requirement to possess a County business license at the time of proposal submittal. Selected Proposers may be required to possess a County business license to award contract.

16.0 PUBLIC AGENCY

It is intended that other public agencies (i.e., city, special district, public authority, public agency, and other political subdivisions of the State of California) shall have the option to participate in any agreement created as a result of this RFP with the same terms and conditions specified therein, including pricing. The County shall incur no financial responsibility in connection with any agreement from another public agency. The public agency shall accept sole responsibility for contracting for services and making payment to the vendor.