

MHRC Services QUESTIONS & ANSWERS

The following are answers to questions that were posed by prospective applicants:

- 1. May one of our references be from San Mateo County Health, Behavioral Health & Recovery Services?**
Yes
- 2. Ancillary Services - May the MHRC contractors use the same pharmaceutical service, just as they would for commercial laundry?**
Yes
- 3. "Admissions and Discharges" - If a consumer fits criteria for more than one MHRC, how will Facilities Utilization Management (FUM) determine placement?**
FUM will review current MHRC milieu to determine MHRC that would be most beneficial for the consumer. Bed availability will weigh into the decision
- 4. Attachment C, "Sample Staffing Model" - May we budget for hiring bonuses as part of this budget?**
Yes. We will advise if it will be a percentage amount or a flat amount
- 5. Page 10, paragraph (d), "an activity program that encourages socialization within the program" - May we provide arts and culture activities in fulfillment of this service?**
The idea is to provide clients with an opportunity to engage with other consumers and increase socialization skills. Incorporating arts and culture as long as there are opportunities for consumers to socialize with other consumers and increase socialization skills.
- 6. Page 25, "Document Style," "The entire proposal should not exceed 20 pages, not including attachments, exhibits or charts" - Do the 20 pages include the cover letter? Do they include the Board authorization letter?**
No, those pages should not be included as part of the 20

7. Page 24, "Proposal Content," "Explain how work, equipment and knowledge...." In which of the proposal sections - Qualifications/Service Model/Staffing/Cultural Humility/Claims - would you like the applicant to describe transition to County or new contractor?

In each of the proposed sections, as applicable.

8. Page 24, "Supplementary Documents," "If additional documents and materials are appropriate, or have been requested by the County," provide in the following order as applicable...." - Under this RFP, are we required to provide Minimum Qualifications, Organizational Capacity, Financial Documents, Samples, and Attachments/Certifications?

Please supply any documents that will assist in evaluating your agency for these services

9. How will the County ensure equitable staff pay across the four MHRCs so that each MHRC does not lose staff to others due to differences in pay?

It will not be the County's responsibility to get involved in each of the MHRC's operational oversight including their recruiting and retention processes. Having said that, County believes an equilibrium will be attained between demand/supply and consequentially the rates of the staff as the operations of these four MHRCs stabilize. And MHRCs will need to manage their benefit costs or supplement any gaps by reducing/managing non-staff expenditures to sustain this stabilized equilibrium achieved.

10. Page 15, "Training Requirements" - Will the County provide any training to staff of the four MHRCs or is each MHRC responsible for training its staff in all of these topics?

MHRC's are responsible for training their staff in all areas.

11. Page 16, "Performance Measures," "ensure programming is reflective of the consumers' cultural needs (i.e. linguistic...." - Could you provide information on the linguistic needs of the current MHRC population?

Currently, the need is bi-lingual Spanish Speaking. San Mateo County's threshold languages are English, Spanish, Chinese and Tagalog.

12. Page 7, "MHRC 1," "...with many of them tending to be older" - How will you distinguish between older adult clients who require this MHRC versus a Residential Care Facility for the Elderly (RCFE)?
RCFE consumers are not in need of this higher level of locked care and treatment.
13. Pg 30 - Insurance - Is Cyber Liability insurance required? The box in the grid is not checked but language below in Special Insurance Requirements and in the draft contract seem to indicate it may be.
Vendors that have access to Personal Health Information and/or Personal Identifiable Information do need to carry privacy liability insurance. \$5M to \$10M is preferred but can be discussed if agency is selected.
14. Pg 10 - C Admission and Discharges - Regarding the need to notify FUM within 4 hours if incomplete, will packets be sent during business hours?
Yes, packets will be sent during business hours, and if there are any changes to this procedure it will be discussed with the provider in advance.
15. Pg 17 - D Funding, Claims, Reporting and Payment - Are we to understand ill the contractor be paid for the full budget and then the County uses the contractor's data to bill Medi-Cal which reimburses the County?
Contractor will need to provide Budget/Actual costs by Basic and Enhanced Services during the contracting/renewal process.

Basic Services will be paid on a monthly basis, each payment equal to 1/12th of the contract maximum for these services.

Enhanced Service will be paid on a Fee-for-Service basis using rates established in the contract.

The implementation of CalAIM (California Advancing and Innovating Medi-Cal initiative) may impact the manner in which claims, reporting and payments are handled.
16. Pg 24 - IV Budget Proposal - Will start up costs be paid separately as incurred?
Yes

17. Are there limits to indirect costs? Is profit considered an indirect cost for purposes of calculating the % of indirect costs to direct costs?

Indirect costs should be in compliance with principles described in Title 2, Code of Federal Regulations, Part 200, Subpart E.

Please also refer to DHCS Info Notice – BHIN -21-027 (Enclosure 2 includes examples).

Profit is not considered an indirect cost for the purposes of calculating the % of indirect costs.

The implementation of CalAIM (California Advancing and Innovating Medi-Cal initiative) may impact the manner in which claims, reporting and payments are handled.

18. The facilities will be maintained by the county (except cleaning)?

That is correct. The buildings are owned by the County.

19. Pg 21 - V - Proposed Staffing - the RFP states to include staff name, title, NPI #. We just wanted to clarify that staff will not be expected to be hired at the time of submission for services that begin in 2023

It is not expected that staff be hired at time of Proposal Submission

20. Agreement Template (Enclosure 1)

Section 3; remove the sentence - "County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable". Our concern is that this is vague and unnecessary in light of Section 5 provisions.

This can be addressed/discussed, if agency is selected to provide these services, during the Contracting process.

21. Agreement Template (Enclosure 1)

Section 5 - we would like 90 days advance notice for termination without cause given subcontractor and employee obligations

Also we would like 30 days to cure a breach instead of 10.

10 days is not a reasonable time period in order to cure a breach.

This can be addressed/discussed, if agency is selected to provide these services, during the Contracting process.

22. Agreement Template (Enclosure 1)

Section 8 - this section is too broad. Usually it is not crystal clear that one party is 100% responsible for a harm; its usually a combination. We will indemnify the County for our actions but only for the actions of us, or our agents, employees etc. County should be responsible for its own negligence or misconduct.

This can be addressed/discussed, if agency is selected to provide these services, during the Contracting process.

23. Will the selected agency be required to bill Medi-Cal directly?

No, the County will pay the agency directly and bill Medi-Cal for reimbursement.

The implementation of CalAIM (California Advancing and Innovating Medi-Cal initiative) may impact the manner in which claims, reporting and payments are handled.

24. Will the agency need to be Medi-Cal enrolled?

Yes

25. What is the anticipated length of stay for consumers in the MHRC?

The average length of stay is 7 months BUT this varies greatly from consumer to consumer.

26. Will each MHRC need to be operated by a separate provider/agency?

Yes, this is a requirement of Medi-Cal

27. How will Medi-Medi client/billing be handled

If contractor is a Medicare approved agency, they may bill Medicare directly and balance bill unpaid to the County or they can request County bill on their behalf.

The implementation of CalAIM (California Advancing and Innovating Medi-Cal initiative) may impact the manner in which claims, reporting and payments are handled.

28. Will Long-Term and Short-Term Consumers be housed together?

This will depend on the needed level of care for each consumer and which MHRC will be most appropriate for their needs.

29. Should a submitted proposal include information on levels of care an agency feels more comfortable and less comfortable with providing?

Yes

30. Will clients be admitted based on the MHRC's location to the consumer's family.

The MHRC's are located on one campus at 400 Edmonds Rd, Redwood City, CA 94062. There will be many criteria reviewed to determine if a consumer will be admitted to the MHRC, most importantly his/her wellbeing.

31. Will consumers in the different MHRC's be able to congregate on the grounds? Does each MHRC have its own separate space

In some cases consumers from different MHRC may be allowed to congregate.

Yes, each MHRC has its own separate space with courtyard, walkways, garden area, meditation room, porch.

32. What are the requirements for keeping Medical Records?

CalAim will be issuing requirements that each agency will need to abide by. When using the County's Electronic Health Record systems the County will take ownership of those specific requirements.

33. Should a submitted proposal include information on levels of care an agency feels more comfortable and less comfortable with providing?

Yes

34. Will agencies not be paid until the County has been reimbursed by the state?

No, as services are provided the County will pay the agency. As we receive more information on CalAim and payments/reimbursements reform, we may revisit ~~with the~~ this with the contractor.

35. Does each MHRC have a kitchen?

Yes, each MHRC does have a kitchen but one that is not set up to provide 3 Meals a day, 7 days a week for the consumers. There is a commercial kitchen on the campus that each MHRC can decide to utilize that service OR contract with an outside dietary service.

36. Will there be collaboration for consumers with Intellectual Disability Disorder (IDD) Designation?

BHRS has a joint collaboration meeting with Golden Gate Regional Center. In addition, any GGRC clients placed at one of the MHRC's the assigned GGRC caseworker will work collaboratively with the MHRC.

37. Are security protocols in place on the MHRC Campus?

Yes, locked doors, key card entry, high fences, video monitor system for each MHRC, etc

38. Should a submitted proposal include information on levels of care an agency feels more comfortable and/or less comfortable with providing?

Yes

39. Is there a dollar figure set for Start Up Costs?

There is no set amount for Start Up Costs, and we would like you to provide an estimate and details of projected Start Up expenditure in your proposal.

40. Does the County have an IST program?

The County does not currently have a community-based restoration program for our Incompetent to Stand Trial (IST) population. Therefore, we are not currently requesting restoration services within any of the MHRCs. If at any point in the future the County creates a community-based restoration program, we would welcome a conversation about expanding such services within one or more of the MHRCs.