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August 24, 2015

ADDENDUM NUMBER 6

**TO REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)
FOR SUBSTANCE USE DISORDER (SUD) SERVICES – SUD RFSQ 2012-004**

On July 13, 2015, the County of Los Angeles (County) Department of Public Health (DPH) issued Addendum Number 4 to amend SUD RFSQ 2012-004 and to re-open the RFSQ for SUD services in order to expand the qualified pool of SUD providers that are able to provide as-needed SUD services to adult and/or youth populations in Los Angeles County.

This Addendum Number 6 is being issued to make modifications to the RFSQ and to respond to vendor's questions.

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

- PART I – Modifications to RFSQ
- PART II – Responses to Vendors' Questions

PART I – MODIFICATIONS TO RFSQ

As indicated in the RFSQ, Paragraph 1.8, County Rights and Responsibilities, the County has the right to amend this RFSQ by written addendum. This Addendum Number 6 amends the RFSQ as indicated below (revised RFSQ language is **highlighted** for easy reference):

1. Section 1.4, Vendors' Minimum Qualifications, subsection 1.4.1, paragraphs f and g, shall be deleted in their entirety and replaced by the following:

“f) **Medicated Assisted Treatment (MAT).** Vendor must have experience and ability to provide medication assisted treatment services, ~~and possess a valid DHCS certification to operate and maintain an alcohol and/or other drug abuse recovery or treatment facility or provide proof of application for such certifications.~~

g) Residential Medical Detoxification Services. Vendor must have experience and ability to provide detoxification services, and possess a valid ~~license to operate and maintain an alcohol and/or other drug abuse recovery or treatment facility from DHCS and/or a~~ license to operate as a chemical dependency recovery hospital or a free standing psychiatric facility from the State Department of Public Health in accordance with federal and State standards or provide proof of application for such ~~license.~~"

2. Appendix A, Exhibit 1 (Revised 2015), shall be deleted in its entirety and replaced with the attached revised Exhibit 1 (Revised August 2015) to reflect the changes to Medicated Assisted Treatment and Residential Medical Detoxification Services noted above.

PART II – RESPONSES TO VENDORS’ QUESTIONS

As indicated in the RFSQ, Section 2.5, Vendors’ Questions, questions received by the August 10, 2015 deadline and corresponding answers are being issued as part of this Addendum as follows:

GENERAL

Q1: We were wondering when the due date (cut-off date) was for Bid # SUD-RFSQ 2012-004. We were unable to locate within the SUD-RFSQ 2012-004 package the updated/new due date.

A1: The current RFSQ timetable including submission deadlines are identified in Addendum Number 5 issued on July 27, 2015 and is posted on DPH’s Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm>.

Q2: Is the formula for determining a Company’s financial strength and capability during this qualification period the same formula that was utilized when the RFSQ was originally released on December 28, 2012? Have there been any modifications to the formula utilized to determine a Company’s financial strength and capability since the release of the original SUD RFSQ in 2012?

A2: The same method will be utilized to determine the company’s financial strength and capacity.

Q3: Please confirm, an agency that currently has a fully executed Master Agreement for some services does not need to submit financial documents when applying for additional new services.

A3: Correct. See Addendum Number 4, item 13.

Q4: Can we establish: 1) an IOT program independent of the RFSQ and SOQ; 2) submit an AOD certification application and Drug Medi-Cal certification application to DHCS for the provision of IOT services; or 3) is a provider required to enter into procurement with the County through the RFSQ or SOQ to provide IOT and DMC funded services?

A4: Agencies are not required to enter into a SUD Services Master Agreement with the County to establish an independent Intensive Outpatient Treatment (IOT) program or to obtain certification from the California Department of Health Care Services (DHCS) for the provision of IOT services; however, DPH will only utilize agencies with a fully executed DPH SUD Services Master Agreement for these services.

Q5: Please confirm that all currently contracted services are under contract to June 30, 2018 plus up to 6 months of optional extensions and no new application SOQ is needed for those services.

A5: The current DPH SUD Services Master Agreements are effective through June 30, 2018 and include provisions for an optional extension up to six months. As stated in Addendum Number 4, fifth paragraph, agencies with a current fully executed DPH SUD Services Master Agreement do not need to re-submit a SOQ for those SUD services reflected in their DPH SUD Services Master Agreement. However, any agency interested in SUD service categories that are not included in its current DPH SUD Services Master Agreement are encouraged to submit a SOQ in response to the re-opening of SUD RFSQ 2012-004.

Q6: Does the name change mean that providers previously awarded Intensive Outpatient Treatment Services contracts using the name of Day Care Habilitative Program Services, and currently operating those services should reapply using their new name?

A6: No, those agencies awarded a DPH SUD Services Master Agreement for IOT services (formerly named Day Care Habilitative Program Services) do not need to re-submit a Statement of Qualification (SOQ).

Q7: What is the term of the contract?

A7: See Addendum Number 4, item 7, Section 1.7, Master Agreement Term.

VENDORS' MINIMUM QUALIFICATIONS

Q8: Are for-profit medical organizations/clinics eligible to respond to this RFSQ? The RFSQ seems to be contradictory on this point with "...and for-profit organizations, are not eligible to apply" on page 8 of the RFSQ vs. request for "Copy of Certificate of Good Standing with the State of California and most recent Statement of Domestic Stock Corporation attesting that Vendor is a California private, for-profit organization" on page 7 of 9 of Appendix A, Exhibit 1 and check yes or no "c) A California private, for-profit organization" on page 3 of 4 of Appendix A, Exhibit 2.

A8: See Addendum Number 4, item 6, Section 1.4, Vendors' Minimum Qualifications.

Q9: Will the County accept for the purpose of the RFSQ or in consideration of an SOQ following the RFSQ deadline, a new IOT provider who does not have the direct or vendor related experience as outlined in the RFSQ?

A9: At the time of SOQ submission, vendors **must have** the required experience identified in Section 1.4.1, Vendor's Minimum Qualifications. Please refer to Addendum Number 4, item 5, Section 1.4, Vendors' Minimum Qualifications.

Q10: Addendum No. 4, Section 2.7, "SOQ Category Specific Qualifications" – p.7, final paragraph – "include a list of the agencies and the types of services and relationships..." Are these agencies that we provide services to – like courts and DCFS – or agencies that we partner with to deliver services, like a local FQHC? Or both?

A10: Both.

Q11: RFSQ states that the County will accept proof of application....and/or certifications. I assumed that this language is referring to an AOD/IOT Certification, but want to make sure that it's not referring to a DMC Certification. Is a DMC Certification of an IOT required to meet the RFSQ requirements?

A11: No, a Drug Medi-Cal (DMC) certification is not required under this RFSQ.

Q12: Is a DHCS certification/license to operate an outpatient/residential sufficient to apply to be offering MAT or are there additional licenses/certifications also required?

A12: See Part I – Modifications to RFSQ of this Addendum.

Q13: Is possessing a valid DHCS residential treatment license sufficient to apply, or does the applicant ALSO have to simultaneously have a license to operate as a hospital or psychiatric facility, as well as a specific residential detoxification services license?

A13: See Part I – Modifications to RFSQ of this Addendum.

Q14: If a parent agency has experience offering the specific service category in a different geographic location outside of Los Angeles County, does this experience qualify?

A14: No. See Addendum Number 3, A31.

Q15: Does the experience in offering a specific service category require that there was a formal contract with the proposer for this type of service and should the names of funders be listed?

A15: No, formal contract experience is not required. However, vendor must provide a statement of experience that includes sufficient details to demonstrate firm's ability to carry out the specialized service needs. Please refer to Addendum Number 4, item 12, subsection 2.7.3 Vendor's Qualifications, third paragraph.

Q16: Appendix A, Exhibit 1, RFSQ MQ1.4.8, p. 7 – “Vendor has 4 years’ experience...working with...TCPX...or another web-based client data collection system.” Our agency uses the LEADERS system (DPSS) and Los Angeles County’s RPS system. Will these satisfy the requirement of “another....client data collection system”?

A16: Yes.

FINANCE

Q17: What will be the daily rate that the County will pay for these Residential Detoxification Medical Services for each client? What is the staffing ratio of nursing/counseling staff to clients required in the Residential Medical Detoxification Services? How many hours per week should a physician work at the detox facility, and is the staffing to include a 24/7 nursing coverage?

A17: This information is not available at this time. However, future Work Order Solicitations (WOS) released by DPH to eligible SUD Services Master Agreement Contractors may include such information, as applicable.

Q18: Will Registered MFT Interns, Registered Psychological Assistants and Doctoral Level Psychology Externs be able to provide and bill for services when working under the direct supervision of a Licensed Psychologist?

A18: See A17 of this Addendum. For guidance on requirements for staff providing counseling services, please consult Counselor Certification Regulations, Title 9, Division 4, Chapter 8.

Q19: What rate is offered for direct services (Residential, Outpatient, Day Treatment, and ADFLC; individual counseling, family counseling, group counseling, case management, etc.)?

A19: See A17 of this Addendum.

Q20: Will the rates of reimbursement be different for various categories of service provided (will the rate vary according to the professional level)?

A20: See A17 of this Addendum and Addendum Number 3, A51.

Q21: What is the CAP for the overall RFSQ?

A21: Budget instructions, caps, and requirements will be specific to each particular WOS released by DPH. See Addendum Number 3, A49, A50, and A52 for additional information.

Q22: Does the change of language for ADFLCs mean that County's SAPC will now fund ADFLC and the previous applications submitted for those locations for the Work Order for AB109 will now be funded through June 2018?

A22: No.

Q23: Does the change of language for ADFLCs mean that County's SAPC will now fund ADFLC and the potential providers should submit a new application under the reopened RFSQ?

A23: No. Vendors who have a fully executed DPH SUD Services Master Agreement that includes Alcohol and Drug Free Living Centers (ADFLC) do not need to re-apply. See A5 of this Addendum.

Q24: Would these funds be an addendum to existing grants/contracts the agencies have in place or a separate funding stream?

A24: Pursuant to RFSQ, Section 1.6, Master Agreement Process, DPH will solicit future SUD services under competitive conditions via WOS and may select one or more SUD Services Master Agreement Contractors to award a Master Agreement Work Order (MAWO).

FORMAT AND OTHER REQUIREMENTS

Q25: Section 2.7.3, “Vendor References,” p.33 – “Prospective Contractor References” – “provide at least three references where the same or similar scope of SUD services....” Since our agency has been providing services to SAPC for years, but does not have a DPH SUD Services Master Agreement, can we use our SAPC contract manager as a reference to become qualified as a vendor?

A25: No. See Addendum Number 3, item 7, Section 2.0, Instructions to Vendors, subsection 2.7.3, Vendor’s Qualifications and A56.

Q26: Section 2.7.3, “Vendor’s Pending Litigation and Judgments,” p. 33 – “identify by name, case and court location any pending litigation in which Vendor is involved...” Our HR department tells us that we cannot provide the level of detail requested in this RFSQ due to confidentiality reasons. Will the following statement suffice? *“We currently have one pending employment claim that has been reported to our insurance carrier. Although it is too early in the case to determine outcome, we don’t believe there will be a significant financial impact to the Agency. In the last seven years we have had two additional employment claims that were handled by our insurance carrier and settled out of court with minimal impact to the Agency. Due to confidentiality reasons as part of the settlements, we are unable to provide any further details.”*

A26: No, agencies must complete and submit all required forms listed in RFSQ, Section 2.7.4, Required Forms. See Addendum Number 4, item 14.

Q27: The Experience narrative is limited to 3 pages: can we assume that it is single spaced and that any documentation of experience or certification attached to it is not included in the maximum of three pages?

A27: See Addendum Number 3, item 5 and A70.

Q28: Is the list of agencies and copies of licenses/certificates/accreditations part of the 3 (three) page limit for Section 2.7.3, Vendor’s Qualifications requirement?

A28: See Addendum Number 3, A70.

Q29: Do we submit a separate list of agencies and copies of licenses/certificates/accreditations for each category we're seeking qualification for?

A29: See Addendum Number 3, A75.

Q30: Do we submit a separate list of agencies and copies of licenses/certificates/accreditations for each agency's facility that provide SUD services?

A30: Yes. See Addendum Number 3, A74.

Q31: Does an agency providing SUD services at multiple geographic locations (facilities) submit (one) SOQ?

A31: Yes. See Addendum Number 3, A66, A68, and A69.

Q32: The list includes Exhibit 8 List of Contracts and Exhibit 9 List of Terminated Contracts. Does a provider with a Master Agreement still have to submit those lists of contracts when applying for a new type of service, or a service that appears restored to SAPC's funding such as ADFLCs?

A32: a) Yes, agencies must complete and submit all required forms listed in RSFQ, Section 2.7.4, Required Forms, which includes Exhibit 8 and 9; and b) Service categories reflected in current executed SUD Services Master Agreements have not changed. See A5 of this Addendum.

Q33: In Section 2.7.4, Required Forms, do we complete Exhibits 7, 8, and 9 for each category we're seeking qualification for?

A33: No. However, Exhibit 7 must include references that correspond to each category for which Agency is attempting to qualify. See Addendum Number 3, item 7.

Q34: Is the attached revised Exhibit 1, Exhibit 2, and Appendix H – Exhibit I (Revised) somewhere on the County's website? Is this a fillable form mentioned in Addendum 2 at

<http://ph.lacounty.gov/sapc/funding/SUD/SUD.htm>?

A34: Yes. All required forms are available in fillable format as an attachment to SUD RFSQ 2012-004 and as a separate file. These forms may be downloaded from the website identified in A1 of this Addendum.

Q35: Can the County post the Appendices as separate files under separate links on the website? They are hard to find and download when attached, and we have not been successful in downloading these files.

A35: See A34 of this Addendum.

Addendum Number 6 has been posted on the County of Los Angeles, DPH Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addenda Numbers 1, 2, 3, 4, 5, and 6 there are no other revisions to the RFSQ. All other terms and conditions of the RFSQ remain in full force and effect.

st#03226

Attachment (1)

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

Instructions to Vendors:
 1. Compare your proposed SOQ to this Exhibit 1, and mark all that apply.
 - Minimum Qualifications, 1.4.1 through 1.4.8 (applies to all Vendors and their Partner(s), as applicable)
 - Minimum Qualifications. 1.4.1, a through g (only complete sections in categories you intend to apply for)
 2. Sign page 8 of 8
 3. Attach all applicable documents and content in the order and format described in RFSQ, Paragraph 2.7

VENDOR NAME:

RFSQ, Paragraph 2.7.1, Cover Letter		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
A cover letter shall begin Vendor's SOQ response and shall be a maximum of three (3) pages in length on Vendor's letterhead. The letter shall include the following information:		
Full legal name of Vendor/company and name of DBA, company address, telephone number, FAX number, and e-mail address		<input type="checkbox"/>
Category(ies) in which Vendor intends to qualify, including population to be served (adults and/or youth)		<input type="checkbox"/>
Supervisory District (SD) and Service Planning Area (SPA) where Vendor's headquarters is located.		<input type="checkbox"/>
SD and SPA where Vendor is proposing to provide or currently provides services.		<input type="checkbox"/>
Full legal name(s) of Vendor's partner-agencies, their addresses, telephone numbers, FAX numbers, e-mail addresses, and the services they will provide.		<input type="checkbox"/>
Name and title of party authorized to bind Vendor under this SOQ. (If company headquarter address, telephone number, FAX, or e-mail address are different from above, Vendor must provide binding party's information separately.)		<input type="checkbox"/>
Vendor's Executive Director, Chief Executive Officer, or other authorized designee signature on cover letter (signed in blue ink).		<input type="checkbox"/>
RFSQ, Paragraph 2.7.2, Table of Contents (Proposer's SOQ)		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
The Table of Contents must be a comprehensive listing of material included in the SOQ. This section must include a clear definition of the material, identified by sequential page numbers and by section reference numbers. All pages and references in SOQ should be numbered.		
Table of Contents is included in SOQ and in accordance with RFSQ, Paragraph 2.7.2.		<input type="checkbox"/>
RFSQ, Paragraph 2.7.3, A. Vendor's Qualifications (Proposer's SOQ, Section A.1)		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
Demonstrate that the Vendor's organization has the experience to perform the required services. The following sections must be included:		
Exhibit 1	Statement Of Qualifications (SOQ) Documentation Checklist	<input type="checkbox"/>
Exhibit 2	Vendor's Organizational Questionnaire/Affidavit	<input type="checkbox"/>
SOQ Category Specific Qualifications		
RFSQ, Minimum Qualifications	Vendor must have four (4) years' experience within the last seven (7) years providing SUD services to adult and/or youth populations (where applicable) in Los Angeles County (County), directly or in partnership with other	<input type="checkbox"/>

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:

(MQ) 1.4.1 Vendor(s) in each category for which it is attempting to qualify, and the necessary regulatory agency (including partnering agency(ies)', if applicable) licenses and/or certifications in good standing or provide proof of application for such licenses and/or certifications.

For each category for which Vendor is attempting to qualify, Vendor submitted a Statement of Experience (SOE) that:

1) has sufficient details to demonstrate firm's ability to carry out the specialized service needs

	<u>Yes</u>	<u>N/A</u>
a) Outpatient Counseling Services	a) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
b) Intensive Outpatient Treatment Services	b) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
c) Outpatient Narcotic Treatment Program Services	c) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
d) Alcohol and Drug Free Living Centers (Transitional Housing/Sober Living) (ADFLC)	d) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
e) Residential Treatment Services	e) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
f) Medication Assisted Treatment (MAT)	f) <input type="checkbox"/>	<input type="checkbox"/>
If Yes, details demonstrate ability to serve:		
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:

- g) Residential Medical Detoxification Services g
 If Yes, details demonstrate ability to serve:
 Adults
 Youth

2) has a summary of relevant background information that substantiates that Vendor meets each minimum qualification, including years in service and experience

- | | | <u>Yes</u> | <u>N/A</u> |
|--|----|--------------------------|--------------------------|
| a) Outpatient Counseling Services | a) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, information on service and experience is for: | | | |
| Adults | | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth | | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Intensive Outpatient Treatment Services | b) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, information on service and experience is for: | | | |
| Adults | | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth | | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Outpatient Narcotic Treatment Program Services | c) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, information on service and experience is for: | | | |
| Adults | | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth | | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Alcohol and Drug Free Living Centers (Transitional Living) (ADFLC) Housing/Sober Living | d) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, information on service and experience is for: | | | |
| Adults | | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth | | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Residential Treatment Services | e) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, information on service and experience is for: | | | |
| Adults | | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth | | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Medication Assisted Treatment (MAT) | f) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, information on service and experience is for: | | | |
| Adults | | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth | | <input type="checkbox"/> | <input type="checkbox"/> |

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:

g) Residential Medical Detoxification Services

g)

If Yes, information on service and experience is for:

Adults

Youth

3) has attached proof of applicable licenses/accreditations/ certifications for the provision of services for each category in which Vendor intends to qualify.

a) Outpatient Counseling Services

Yes N/A
a)

If Yes, certification(s) are for services to:

Adults

Youth

Attached is a current copy of State certification from Department of Health Care Services (DHCS) Yes No

If No, Attached is proof of application for such certification, and a timetable for obtaining licenses and certifications Yes No

b) Intensive Outpatient Treatment Services

b)

If Yes, certification(s) are for services to:

Adults

Youth

Attached is current copy of State certification from Department of Health Care Services (DHCS) Yes No

If No, Attached is proof of application for such licenses and/or certifications, and a timetable for obtaining licenses and certifications Yes No

c) Outpatient Narcotic Treatment Program Services

c)

If Yes, license(s) and registration(s) are for services to:

Adults

Youth

Attached is a current copy of State license from Department of Health Care Services (DHCS) and registration from the federal Drug Enforcement Agency Yes No

If No, Attached is proof of application for such license and registration from the federal Drug Enforcement Agency, and a timetable for obtaining licenses and certifications Yes No

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:

d) Alcohol and Drug Free Living Centers (Transitional Housing/Sober Living) (ADFLC) d)

If Yes, compliance with local zoning and occupancy ordinances are for services to :

Adults

Youth

Attached is proof of compliance with local zoning and occupancy ordinances Yes No

Attached is proof of business license Yes No

If No, Attached is proof of application for such compliance with local zoning and occupancy ordinances requirements, and a timetable for obtaining clearance Yes No

Outpatient Counseling Services offered:

Onsite Yes No

Referral Yes No

If Onsite, please ensure to include the license/certification as requested under item "a) Outpatient Counseling Services" above

e) Residential Treatment Services e)

If Yes, license are for services to:

Adults

Youth

Attached is current copy of State license and certification from Department of Health Care Services (DHCS) and/or California Department of Social Services Yes No

If No, Attached is proof of application for such licenses and certifications, and a timetable for obtaining licenses and certifications Yes No

f) Medication Assisted Treatment (MAT) f) N/A

g) Residential Medical Detoxification Services g)

If Yes, license(s) are for services to:

Adults

Youth

Attached is a current copy a license to operate a chemical dependency recovery hospital or a free standing psychiatric facility from the State Department of Public Health Yes No

If No, Attached is proof of application for such license from the State Department of Public Health, and a timetable for obtaining license Yes No

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:

4) The SOE for each proposed category does not exceed 3 (three) pages?

	<u>Yes</u>	<u>No</u>
a) Outpatient Counseling Services	a) <input type="checkbox"/>	<input type="checkbox"/>
b) Intensive Outpatient Treatment Services	b) <input type="checkbox"/>	<input type="checkbox"/>
c) Outpatient Narcotic Treatment Program Services	c) <input type="checkbox"/>	<input type="checkbox"/>
d) Alcohol and Drug Free Living Centers (Transitional Housing/Sober Living) (ADFLC)	d) <input type="checkbox"/>	<input type="checkbox"/>
e) Residential Treatment Services	e) <input type="checkbox"/>	<input type="checkbox"/>
f) Medication Assisted Treatment (MAT)	f) <input type="checkbox"/>	<input type="checkbox"/>
g) Residential Medical Detoxification Services	g) <input type="checkbox"/>	<input type="checkbox"/>

5) has support documents for Corporations

	<u>Yes</u>	<u>No</u>
Copy of Certificate of Good Standing with the State of California	<input type="checkbox"/>	<input type="checkbox"/>
Most recent Statement of Domestic (or Foreign) Stock Corporation	<input type="checkbox"/>	<input type="checkbox"/>
If Statement of Domestic (or Foreign) Stock Corporation has only "No Change in Information" box checked, Vendor submitted most recent Statement of Information which includes the list of corporate officers.	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Yes</u>	<u>N/A</u>
If the of above mentioned documents are not available at the time of SOQ submission, Vendors must request appropriate documents from the California Secretary of State. If applicable, Vendor provided a statement on the status of the request.	<input type="checkbox"/>	<input type="checkbox"/>

RFSQ, MQ1.4.2	SOQ, Section A.1 includes a list of agencies and the type of service and/or relationship that Vendor has with the agency(ies), demonstrating linkages with other departments in the County, community based organizations (CBOs), or other SUD service vendors for addressing the treatment and ancillary needs of clients.	<input type="checkbox"/>
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RFSQ, MQ1.4.3	SOQ, Section A.1 includes supporting documentation for one of the following: (Vendor to mark applicable box)	
	a) A letter from the IRS or the State attesting that Vendor's organization is a tax-exempt, public or incorporated private non-profit 501 (c) organizations (registered with the State of California); or	<input type="checkbox"/>
	b) Municipal charter attesting that Vendor's incorporation is a local municipal government organization; or	<input type="checkbox"/>
	c) Copy of Certificate of Good Standing with the State of California and most recent Statement of Domestic Stock Corporation attesting that Vendor is a California private, for-profit organization.	<input type="checkbox"/>

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:		
Other governmental agencies, local educational agencies, and institutions of higher education, are not eligible to apply.		
RFSQ, MQ1.4.4	SOQ, Section A.1 narrative and Exhibit 2 include information that demonstrates Vendor has a business location within the geographical boundaries of Los Angeles County.	<input type="checkbox"/>
RFSQ, MQ1.4.5	SOQ, Section A.1 Statement(s) of Experience (SOE) includes information to support that Vendor has four (4) years' experience within the last seven (7) years serving or having served adult and/or youth populations in the County with SUD or Co-Occurring Disorder needs.	<input type="checkbox"/>
RFSQ, MQ1.4.6	SOQ, Section A.1 SOE includes information to support that Vendor has four (4) years' experience within the last seven (7) years in providing services under a federal, State, or local government contract.	<input type="checkbox"/>
RFSQ, MQ1.4.7	SOQ, Section A.1 SOE includes information to support that Vendor has four (4) years' experience within the last seven (7) years providing SUD services using one or more of the evidence based practices such as, but not limited to, those identified in RFSQ, Section 1.1, Scope of Work.	<input type="checkbox"/>
RFSQ, MQ1.4.8	SOQ, Section A.1 SOE and/or narrative include information to support that Vendor has four (4) years' experience within the last seven (7) years working with the County's Treatment Court Probation eXchange (TCPX) web-based data system and its Secure Identification (ID) Card system as administered by SAPC, or another web-based client data collection system.	<input type="checkbox"/>
RFSQ, Paragraph 2.7.3, B. Vendor's Financial Viability (Proposer's SOQ, Section A.2)		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
Proposer has an existing contract and/or Master Agreement with DPH? Vendor furnished copies of the company's most current and prior two (2) fiscal years' financial statements.		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
RFSQ, Paragraph 2.7.3, C. Vendor's References (Proposer's SOQ, Section A.3)		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
RFSQ Appendix A, Exhibit 7, Prospective Contractor List of References. Vendor provided three (3) references where current or past SUD services were provided. References provided are presumed to be knowledgeable about and can therefore verify a performance contract track record of Vendor.		<input type="checkbox"/>
RFSQ, Paragraph 2.7.3, D. Vendor's Pending Litigation and Judgments (Proposer's SOQ, Section A.4)		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
RFSQ Appendix A, Exhibit 15, Arbitration or Litigation History Form. If no pending or threatening litigations/judgments, mark applicable box.		<input type="checkbox"/>
RFSQ, Paragraph 2.7.4, Required Forms (Proposer's SOQ, Section B)		<input checked="" type="checkbox"/> (Vendor to mark all that apply)
Exhibit 3, Certification of No Conflict of Interest		<input type="checkbox"/>
Exhibit 4, Vendor's Equal Employment Opportunity (EEO) Certification		<input type="checkbox"/>

RFSQ FOR SUBSTANCE USE DISORDER SERVICES

STATEMENT OF QUALIFICATIONS (SOQ) DOCUMENTATION CHECKLIST

VENDOR NAME:	
Exhibit 5, Request for Local SBE Preference Program Consideration (Intentionally Omitted)	N/A
Exhibit 6, Familiarity with the County Lobbyist Ordinance Certification	<input type="checkbox"/>
Exhibit 10, Certification of Compliance with the County's Defaulted Property Tax Reduction Program	<input type="checkbox"/>
Exhibit 11, Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (Intentionally Omitted)	N/A
Exhibit 12, Attestation of Willingness to Consider GAIN/GROW Participants	<input type="checkbox"/>
Exhibit 13, County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input type="checkbox"/>
Exhibit 14, Charitable Contributions Certification	<input type="checkbox"/>
Exhibit 16, Acceptance of Terms and Conditions of RFSQ & Master Agreement	<input type="checkbox"/>
RFSQ, Paragraph 2.7.5, Proof of Insurability (Proposer's SOQ, Section C)	<input checked="" type="checkbox"/> (Vendor to mark all that apply)
Proposer must provide proof that firm meets all insurance requirements set forth in Appendix H, Master Agreement, Paragraphs 8.28 and 8.29; OR	Yes <u> </u> No <input type="checkbox"/> <input type="checkbox"/>
If no proof of required current coverage, Vendor must submit a letter from a qualified insurance carrier indicating a willingness to provide the required coverage if Vendor is selected to receive a Master Agreement award.	Yes <u> </u> N/A <input type="checkbox"/> <input type="checkbox"/>
VENDOR SUPPLIED	Yes <u> </u> No
▶ The original SOQ and two (2) numbered copies enclosed in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the Vendor and bear the words: "SOQ FOR SUD SERVICES"	<input type="checkbox"/> <input type="checkbox"/>
▶ One (1) electronic copy of SOQ in Adobe Acrobat or Portable Document Format (PDF) on compact disk (CD), properly labeled and provided as part of the SOQ submission.	<input type="checkbox"/> <input type="checkbox"/>
Applicant acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.	
SIGNATURE	DATE
NAME IN PRINT	TITLE
ADDRESS	CITY , STATE