



Loudoun County, Virginia

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Department of Finance and Budget

Division of Procurement

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March 25, 2021

## NOTICE TO OFFERORS

### ADDENDUM NO. 2

#### RFQ 333788

The following changes and/or additions shall be made to the original Request for Proposal (RFP) for Substance Use Treatment Services, RFQ 333788. Please acknowledge receipt of this addendum by signing and returning with your proposal.

1. Please note the Acceptance Date has been changed to Prior to 4:00 p.m. April 8, 2021 "Atomic" Time.
2. RFP Subsection 4.2, B. is deleted in its entirety and replaced with the following:  
  
Have an office for the treatment services that is handicap accessible and meets Americans with Disability Acts (ADA) standards. Offerors must include a copy of its current Business Professional and Occupational License designating the county location in the proposal submission.
3. RFP Subsection 5.1, D. 3., is deleted in its entirety and replaced with the following:  
  
Evidence-Based Substance Use Treatment Services for those individuals with problems in ASAM Dimension 3.5: Clinically Managed High-Intensity Residential Service (Adolescents and Adults) experiencing emotional/behavioral, cognitive conditions, complications. This ASAM Level requires the following:
  - a. Setting: This level of care provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment.
  - b. Clinical Staff Required: Staffed by designated addiction treatment, mental health, support staff and general medical personnel who provide a range of services in a 24-hour treatment setting.

- c. Treatment Goals: To decrease opposition to treatment and difficulties engaging in the recovery process. Recognize the skills needed to prevent continued use.
  - d. Therapies: Various evidence-based therapies provided in individual, group and family modalities.
4. RFP Subsection 5.2, Item AA. is added to this subsection:
- AA. Submit a plan with the proposal that addresses in-person services and telehealth services.
- 1. Under current COVID-19 mandates, for each service proposed provide:
    - a. Name the service;
    - b. What elements of the service will be telehealth;
    - c. What elements of the services will be in-person.
  - 2. In the event COVID-19 mandate restrictions are lifted, for each service proposed provide:
    - a. Name the service;
    - b. What elements of the service will be telehealth;
    - c. What elements of the services will be in-person.
- Any telehealth platform utilized must be HIPAA compliant.
5. RFP Subsection 6.29 No Smoking is deleted in its entirety.
6. RFP Subsection 6.30 is deleted in its entirety and replaced with the following

6.30 Background Checks

The Contractor shall obtain background checks on all personnel who will be assigned to perform under this Agreement. Required checks include Child Protective Services (CPS) background check and any other background checks required by Department of Behavioral Health and Developmental Services' (DBHDS) licensing standards. All background checks MUST be completed, shall be submitted to the MHSADS Contract Administrator before any personnel can work.

The Contractor should have enough qualified people with current background checks so as to be able to provide a replacement within twenty-four (24) hours. It is recommended that the Contractor keep on file with the MHSADS Contract Administrator a list of the key clinical staff so that replacements can be quickly made. Should a replacement take longer than twenty-four (24) hours, this may be cause for termination of the Agreement. Should the Contractor assign someone

who has not had a background check, that person will be removed from providing services under this Agreement and the Contractor may not bill the County for any hours worked.

No one with a felony conviction deemed as a barrier crime may be employed under this Agreement. Any felony conviction that is not a barrier crime will be considered on a case-by-case basis. The Contractor MUST remove any employee from County service who is convicted of a barrier crime during his or her employment.

After initial background checks have been made, they must be done annually for any person performing under this Agreement after one (1) year. Failure to obtain background checks as specified can result in termination of the Agreement.

7. RFP Subsection 8.4 is deleted in its entirety and replaced with the following:

8.4. Statement of Qualifications:

The statement of Qualifications must include a description of organizational and staff experience, references, resumes of proposed key clinical staff, and copies and license and certifications.

- A. Organizational and Staff Experience: Offerors must describe their qualifications and experience to perform the work described in this Request for Proposal, Sections 4.0 Offeror's Minimum Qualifications and 5.0 Scope of Services. Information about experience should include direct experience with the specific subject matter.
- B. References: Special notation must be made of similar or related programs performed and must include organization names, addresses, and name of contact persons, and telephone numbers for such reference. Provide a minimum of three references.
- C. Personnel: Key clinical staff, proposed consultants and subcontractors who may be assigned direct work on this project should be identified. Information is required which will show the composition of the task or work group, its specific qualifications, and recent relevant experience. Special mention shall be made of direct technical supervisors and key technical personnel, and approximate percentage of the total time each will be available for this work. The technical areas, character, and extent of participation by any subcontractor or consultant activity must be indicated and the anticipated sources will be identified.

Resumes of key clinical staff, including supervisors and proposed consultants are required indicating education, background, recent relevant experience with the subject matter of the project. Current e-mail addresses and telephone numbers must be included.

A staffing plan is required which describes the Offeror's proposed staff distribution to accomplish this work. The staffing plan should indicate a chart that partitions the time commitment of each professional staff member across the proposed tasks and a timeline for the project. It is mandatory that this section identify the key clinical staff who are to work on the project, their relationship to the contracting organization, and amount of time to be devoted to the project. This includes consultants as well as regular employees of the offeror, if relevant.

- D. The Offeror shall provide copies of licenses and certifications pursuant to Section 4.0.
  - E. Financial Statements: The Offeror shall provide an income statement and balance sheet from the most recent reporting period.
8. RFP Subsection 8.5 is deleted in its entirety and replaced with the following:
- 8.5. The key clinical staff named in the Technical Proposal will remain assigned to the project throughout the period of this contract. No diversion or replacement may be made without submission of a resume of the proposed replacement with final approval being granted by the County Purchasing Agent.
9. Attached are the questions and answers received in response to the solicitation.

Prepared By: s/ Kathleen Armstrong Date: March 24, 2021

Acknowledged By: \_\_\_\_\_ Date: \_\_\_\_\_

## QUESTIONS AND ANSWERS

Q1. RFP Subsection 5.3, F. and G. The following are questions regarding credentialing of services with third-party payors and billing practices.

- a. For MAT services, as long as the clinician is state licensed and has the appropriate DEA # to dispense Suboxone, the MAT services can be billed under a physician's licensure and individual/professional contract with commercial insurances and/or Medicaid/VA Medicaid MCOs. Is this acceptable?
- b. The Solicitation states there is a preference to providers with current state licensure with the VADBHDS and ability to bill insurances in-network for all services, however, if a vendor is able to work directly with its client regarding their financial options for services, could the vendor proceed with bidding for the services?
- c. A vendor works with several local and state agencies who refers to vendor's practices for different levels of services. Once referred, vendor works directly with the client regarding payment of services/programs through client's insurance or employer (unless the state agency is the financially responsible party).

Vendor conducts all our medical billing in-house and work directly with its clients regarding any outstanding balances, co-pays, co-insurances, etc. Vendor prefers to work directly with the clients to resolve any financial issues prior to getting any referring agency involved. Does this section limit a vendor to only working with the third party payor (insurance) and the County?

- d. Please provide clarification on the billing process. There is mention that third party billing is required and only after all those measures are exhausted can the County be billed. What does it mean to exhaust all measures? What about balance billing, i.e if an insurance company reimburses less than the service fee can the County be billed for the difference?
- e. Will the County ensure that patients are enrolled in Medicaid before they are referred for services? If not, it would be very difficult to meet the deadline of billing the County within 30 days after completion of services.

**A1. a. Provided the clinician has a state license and the appropriate DEA# to prescribe Suboxone, the MAT services can be billed under a physician's licensure and individual/professional contract with commercial insurances and/or Medicaid/VA Medicaid MCOs.**

- b. If a vendor does not have a state licensure with the VA DBHDS nor the ability to bill insurances in-network for services, the vendor may work directly with its client regarding their financial options for services and proceed with proposing for the services provided the proposal includes a plan and timeline to achieve state licensure.
- c. If the individual referred is uninsured then the County is the payor. The County will work with the individuals regarding copays and balances. If the individual is referred with insurance or Medicaid, then the vendor works with the individual for payment.
- d. The County is the payor of last resort and funds individuals who are uninsured. If the individual has Medicaid or commercial insurance, which is accepted by the vendor, the expectation is that the agreement is between the vendor and individual. The County does not pay copay or additional funds due to reimbursement rates by insurance.
- e. The County will work with individuals to apply for Medicaid. When uninsured, the County is the payor. Th expectation is that the vendor bills the County within ten (10) days of services being rendered. If the individual obtains Medicaid or commercial insurance, then the expectation is that the vendor transitions to billing Medicaid or the commercial insurance.

Q2. RFP Subsection 5.1. Does the County have building space available to develop new program sites for ASAM Level 3.1 residential services or Outpatient/Partial Hospitalization Program (PHP) services that could be run by outside contractors?

**A2. The County does not have building space develop new program sites for ASAM Level 3.1 Residential services or Outpatient/Partial Hospitalization Program (PHP) services.**

Q3. RFP Subsection 5.1, F. For MAT services, are vendors required to provide Methadone?

**A3. For MAT services, are vendors *not* required to provide Methadone.**

Q4. RFP Subsection 8.2, C. states: "The technical narrative should address separately each of the tasks and subtasks described in the Request for Proposal, Section 5.0 Scope of Services, and responses should be keyed to appropriate task numbers." Does this include sections 5.2 and 5.3?

**A4. The technical narrative should address separately each of the tasks and subtasks described in Section 5.0 Scope of Services, to include subsections 5.1, 5.2 and 5.3.**

Q5. RFP Section 8.0 Proposal Submission Format. This section states "Each Evidenced-Based Substance Use Treatment Service must be addressed separately within the proposal submissions under a separate tab in the binder or other bound method identified below." Could offerors have tabs for material that pertains to each service and then include a separate tab for material that is common to all services proposed?

**A5. In addition to tabs in the binder pertaining to each service proposed, Offerors may include a separate tab to address requirements that are common to all services proposed.**

Q6. Do Offerors need to sign and return the HIPAA BUSINESS ASSOCIATE AGREEMENT with the proposal?

**A6. Offerors do not need to sign and return the HIPAA BAA with their proposal submission. The recipient of contract award will need to sign the HIPAA BAA prior to work commencing.**

Q7. The following questions and answers pertain to those vendors currently under contract with the County that are providing substance use treatment services.

- a. Are those vendors currently under contract with the County required to submit a proposal in response to this RFP for Substance Use Treatment Services?
- b. If so, and the vendor is considered for award, will the vendor be providing services under its current contract and the new contract?
- c. If a vendor under contract with the County elects not to submit a proposal, will the vendor be able to continue providing services until its contract's expiration date or will it be terminated upon award of the new contract.

**A7. This RFP is a County initiative to provide Substance Use Treatment Services under one contract with multiple awardees. Therefore, the County will no longer be able to honor those contracts not associated with this RFP.**

- a. Those vendors currently under contract with the County that are providing substance use treatment service must submit a proposal in response to the RFP in order to continue providing services.

- b. Upon contract award to the selected offerors, all current contracts for substance use treatment services will be phased out. Should a current contract holder be selected for award, the services will be transitioned from its current contract to the new contract.**
- c. If a vendor under contract with the County elects not to submit a proposal, the vendor's contract will be phased out and the work will be transitioned to the new awardee under the new contract.**