

Solicitation 042CDMFY09017

RFP - Psychiatric Svcs to The OC Mental Health
Eval. & Treatment Svcs Unit (ETS)



County of Orange

Bid 042CDMFY09017
RFP - Psychiatric Svcs to The OC Mental Health Eval. & Treatment Svcs Unit (ETS)

Bid Number 042CDMFY09017
Bid Title RFP - Psychiatric Svcs to The OC Mental Health Eval. & Treatment Svcs Unit (ETS)

Bid Start Date Oct 13, 2009 4:22:44 PM PDT
Bid End Date Nov 23, 2009 4:00:00 PM PST
Question & Answer End Date Nov 13, 2009 5:00:00 PM PST

Bid Contact Mai S Tang
714-834-2084
mtang@ochca.com

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Changes made on Oct 13, 2009 4:37:59 PM PDT

Previous End Date	Nov 23, 2009 5:00:00 PM PST	New End Date	Nov 23, 2009 4:00:00 PM PST
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Description

The County of Orange is soliciting interests from qualified organizations to provide all psychiatric services at the Mental Health Evaluation and Treatment Services Unit (ETS), located in Santa Ana. One contract will be awarded. The Organization implementing this service will be responsible for providing crisis stabilization, emergency psychiatric evaluation, and treatment services on a 24-hour, 7-day per week basis. In addition, the provider will work collaboratively with the County ETS staff to improve services and assure quality of care.



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

FINANCIAL AND ADMINISTRATIVE SERVICES
Contract Development And Management

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DATE: October 8, 2009
TO: Interested Parties
FROM: County of Orange Health Care Agency

SUBJECT: **REQUEST FOR PROPOSALS: PSYCHIATRIC SERVICES TO THE ORANGE COUNTY
MENTAL HEALTH EVALUATION AND TREATMENT SERVICES UNIT (ETS)**

The County of Orange Health Care Agency (HCA) currently contracts for the subject services. As part of its on-going, contract management program requiring the periodic re-solicitation of contracted services. HCA is seeking a provider interested in and capable of providing the requested services by contract with the County. If you are interested in and capable of providing the requested services, please carefully review this Request for Proposals (RFP) and submit your proposal as directed in the "Proposal Preparation Instructions."

This RFP is not in any way to be construed as an agreement, obligation, or contract between the County of Orange and any party submitting a proposal, nor will the County pay for any costs associated with the preparation of any proposal. Collaborative proposals submitted by multiple agencies with one agency identified as lead will be accepted.

In order to be considered, the original proposal, six (6) copies of your proposal and a CD ROM must be submitted no later than 4:00 p.m. on Friday, November 23, 2009, to:

Mai Tang, Contract Administrator
Health Care Agency – Contract Development and Management
405 W. 5th Street, Room 600, Santa Ana, California 92701
Phone: 714-834-2084 FAX: 714-834-4450 E-mail: mtang@ochca.com

In addition, a Bidders' Conference has been scheduled, for Thursday, November 5 2009, to answer questions you may have about information or instructions in the RFP. Upon receipt of the RFP, please let us know if your organization is still interested in providing the services, and if you desire to attend this Conference and obtain the pertinent information for confirmation of date, time and location.

Sincerely,

Mai Tang
Administrative Manager I

**County of Orange
Health Care Agency
Mental Health Services**

**Request for Proposals
For
PSYCHIATRIC SERVICES TO THE ORANGE COUNTY
MENTAL HEALTH EVALUATION AND TREATMENT
SERVICES UNIT (ETS)**

Released October 13, 2009

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Section I**I. INTRODUCTION**

Orange County Health Care Agency (HCA), Behavioral Health Services (BHS) provides a vast array of Adult Mental Health Services (AMHS) to the residents of Orange County. The Evaluation and Treatment Services Unit (ETS) provides crisis stabilization emergency psychiatric evaluation and treatment services to adults ages eighteen (18) and older on a 24-hour, 7-days per-week basis. The ETS is located at 1030 West Warner Avenue, Santa Ana, CA 92707. Crisis stabilization, including the use of medication, crisis intervention techniques, consultation with and linkage to local outpatient providers, are services provided to clients at the ETS. A primary goal of the ETS program is to assess, treat, and refer clients to the most appropriate non-hospital setting when indicated, and to triage individuals to psychiatric inpatient units when the need for this level of care is present.

In addition, a second and equally important, ETS provides telephonic psychiatric consultations for community emergency rooms and other designated individuals, including other county operated and contracted program staff requesting access to ETS or inpatient psychiatric services in the community. ETS staff and psychiatrists review clinical information to determine if medical clearance and medical necessity criteria are met and, when indicated, provide authorization for admission to ETS or psychiatric inpatient units. The goal of this service is, following consultations, to refer clients to the most appropriate non-hospital setting when indicated, and to authorize individuals to psychiatric inpatient units when the need for this level of care is present.

A. Background Information

The ETS serves as the portal of access for inpatient psychiatric services for all Orange County clients, including Medi-Cal client beneficiaries and those who are unfunded. The majority of all clients served at ETS is experiencing acute psychiatric symptoms and are admitted to the ETS due to being dangerous to themselves or others, or gravely disabled. Many clients are admitted on an involuntary hold (i.e., 5150, 5250, 5350, etc.). These individuals require rapid stabilization and disposition. Appropriate disposition of all individuals admitted to the ETS must be made within twenty-three (23) hours. Most individuals are discharged within eight (8) to twelve (12) hours. Level of care assessments is provided to clients to determine appropriate dispositional planning. Clients admitted to ETS are provided crisis stabilization services, including the use of medication, crisis intervention techniques, consultation with and linkage to local outpatient providers.

ETS staff and psychiatrists also review clinical information submitted from the emergency departments of local hospitals to determine if medical clearance and medical necessity criteria are met and, when indicated, provide authorization for admission to ETS or psychiatric inpatient units.

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The contractor will provide all psychiatric services at the ETS and work collaboratively with the County ETS Program Manager, the on-site Senior Comprehensive Care Nurses, and the multi-disciplinary mental health staff to achieve the ETS' goals. The current contracted staff includes a Medical Director and Psychiatrists who provide full time on-site coverage. The current County ETS staff includes a Program Manager II, Senior Comprehensive Care Nurses, Comprehensive Care Nurses, Mental Health Workers, Mental Health Specialists, Nursing Assistant and Mental Health Services Coordinator.

The County staff determines the criteria for admission of clients to the ETS and is also responsible for the following:

1. Confirming the admission of all psychiatric inpatient Medi-Cal hospitalizations as well as unfunded clients hospitalized under the Adult Mental Health Inpatient (AMHI) contract.
2. Coordinating ETS psychiatric services with, and providing liaison to all Orange County Medi-Cal and AMHI contracted providers, to which referrals are made, for the purpose of providing voluntary and involuntary psychiatric inpatient evaluation and treatment.
3. Coordinating the admissions of clients who do not require the inpatient psychiatric services of an acute hospital, to Royale Health Care Center, Inc., located adjacent to the ETS.
4. Provide clinical supervision and consultation to County mental health staff assigned to the ETS who provide assessment, crisis intervention and crisis stabilization services.
5. Reviewing the quality and quantity of psychiatric services provided by the County mental health staff and all physicians.

The successful bidder will present the ability to appropriately assess and treat psychiatric clients in acute distress, as well as collaborate with and establish an effective working relationship with the County's ETS mental health staff and community providers. The successful bidder will also demonstrate an understanding of and commitment to implement the philosophy and objectives of the ETS program.

B. Orange County Demographics

Orange County is the third largest county in California and one of the nation's fastest growing urban centers, with a population that includes increasing numbers of working poor and medically indigent. It is projected to continue to grow and become more ethnically and racially diverse

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over the next decade. Rapid demographic changes have generated greater cultural and economic diversity. According to the California Department of Finance, 2009, of the 3,190,126 Orange County residents, 45% are White, 35% are Latino, 16% are Asian/Pacific Islander, 1% is African American, less than 1% is American Indian and 2% are some other race. By 2020, the County's population will have grown by 10%, up to 3,520,265 people. Hispanics, Asians, and Pacific Islanders are projected to significantly increase in number, while the non-Hispanic white population is anticipated to decrease by 9%. Across all race/ethnic categories, the fastest growing age group is expected to be adults 65 years or older up 45% to a total population of over 504,266 by 2020.

C. Timeline

TIMELINE		
RFP Released	Tuesday	October 13, 2009
Bidders' Conference	Thursday	November 5, 2009
Proposals Due	Monday	November 23, 2009
Contract Begins	Thursday	July 1, 2010

D. Bidder Eligibility

No later than three (3) business days after the due date of proposals for this RFP, individuals and/or entities who submit a proposal shall be checked against the current Cumulative Sanction List of the Office of the Inspector General (U.S. Department of Health and Human Services) or the General Services Administration's list of parties excluded from federal programs. **HCA will not review a proposal submitted by an individual or entity on either list.**

HCA plans to use the following links to identify individuals and entities that are not eligible to contract with the County of Orange: <http://exclusions.oig.hhs.gov/> and <http://www.epls.gov/>. **Each bidder should verify that it is not on either list prior to preparing a proposal to submit in response to this RFP.** Correction of any errors found on either sanction list is the sole responsibility of the bidder and must be made prior to the day the proposal is submitted.

HCA requires all potential individuals and/or contract entities to self-disclose any pending charges or convictions for violation of criminal law and/or any sanction or disciplinary action by any federal or state law enforcement, regulatory or licensing agency or licensing body, including exclusion from Medicare and Medicaid programs.

During the term of the Agreement between the Contractor and HCA and in accordance with its existing provisions, if a contractor and/or individual become an ineligible persons, the Contractor and/or individual shall be removed from any responsibility and/or involvement with HCA

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contracted obligations related to any direct and/or indirect federal or state health care programs and any other federal and state funds. Ineligible Persons is defined as any individual or entity who is currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs; or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.

E. Evaluation of Proposals and Selection of Providers

An evaluation panel will be established which may consist of representatives from HCA's Adult Mental Health Services, other County staff, and two or more members of the community having knowledge of the mental health needs of the targeted adults within the County. The evaluation will consist of a thorough review of all documentation relating to the bidders' proposals as well as any necessary interviews or site visits with the bidders. Recommended selection of a contractor will be based on various factors including, but not limited to, budget, administrative control, program experience, program design, program management, outcome objectives, relevant expertise, and past performance in delivering contracted services to the Health Care Agency.

Following the panel review of the proposals, the Health Care Agency Director will approve a recommendation regarding selection of a contractor. Award of a contract will not be effective unless and until authorized by the County of Orange Board of Supervisors. The County reserves the right to accept any proposal as offered, reject all proposals, or, based upon the County's needs or availability of funding at the time of the selection of a contractor or during contract negotiations, modify the scope of services described herein. The County, at its sole discretion, reserves the right to cancel this RFP in whole or in part. Proposals must be valid for a minimum of 120 days following the date of submission.

F. Protest Process

In the event a bidder believes that this RFP is unfairly restrictive or ambiguous or contains conflicting provisions, the bidder must submit a written protest to the HCA Contract Development and Management Division Manager no later than five (5) business days prior to the proposal deadline. Protests of specifications and/or solicitation terms and conditions made after the five (5) business day deadline will not be considered by the County. In the event the protest of specifications is denied and the protestor wishes to continue in the solicitation process, they must still submit a proposal prior to the proposal deadline, in accordance with the RFP submittal procedures.

Protests of award of contract must be submitted to the HCA Contract Development and Management Division Manager no later than five (5) business days after the notice of the proposed contract award is given by the HCA Director. Protests relating to a proposed contract

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award, which are received after the five (5) business day deadline will not be considered by the County. All protests must include the following information:

1. The name, address, and telephone number of the protester;
2. The signatures of the protestor or the protester's authorized representative;
3. The name/requested services of the RFP;
4. A detailed statement of the legal and/or factual grounds of the protest; and
5. The form of relief requested.

Written protests must be sent to:

County of Orange/Health Care Agency
Contract Development and Management
405 West Fifth Street, Suite 600
Santa Ana, CA 92701-4637

G. Proprietary/Trade Secret Information

Pursuant to California law, all information contained in your response to this RFP may be public record subject to disclosure to any member of the public who requests it. If it is necessary to include proprietary/trade secret information in your response, the County recommends that you clearly and prominently mark the information that you believe falls within this category. The County will attempt to notify you if disclosure is requested of information that you have indicated is proprietary/trade secret information, in order to give you an opportunity to seek a court order prohibiting disclosure of such information. However, due to the short statutory time period of the County's responses to request for public records, the County will be able to give you only a short period of time in which to seek such a court order before the County will be required to disclose the requested information. Further, it is entirely your responsibility to assert that information you believe is proprietary/trade secret information should not be disclosed; the County will not make such a claim for you, but will obey a valid court order obtained by you prohibiting disclosure of such information.

Section II**II. PROPOSAL PREPARATION INSTRUCTIONS**

Your proposal must clearly offer to meet all of the requirements of this RFP. It is recommended that bidders undertake an item-by-item review of all requirements and instructions and ensure that each is clearly addressed in your proposal. Prepare the proposal with the reviewer in mind. "Reviewer-friendly" proposals are carefully proofread and include:

- Table of contents (with page numbers);
- Reference(s) to any appendices;
- Placement of required forms immediately after the text which relates to them;
- Numbered pages;
- Single-sided text that is at least one and one-half (1-1/2) line-spaced; and
- All of the requested information in the sequence and format specified in the RFP.

A proposal may be rejected if it is conditional, is incomplete, or deviates from the specifications in this request. The County reserves the right to waive, at its sole discretion, any procedural irregularity, immaterial defect, or other impropriety which the County deems reasonably correctable or not warranting rejection of the proposal.

- Use the Proposal Preparation Checklist Form (Form A) to plan and monitor proposal preparation, as well as to verify completion of all materials before submission.
- Do not assume that reviewers know your organization or program. Your proposal must be completely self-explanatory.
- Follow instructions about the order for presenting information, narrative text or page limitations, and information requested on the forms.
- Insert forms immediately after the narrative they support in your proposal.
- The original and six (6) copies of the proposal must each be arranged in a three-ring binder or a spiral-bound notebook. Loose copies will not be accepted. In addition, an electronic copy of the proposal in PDF format on a CDROM is required. Index the original proposal and all copies, with tabs.
- Provide accurate and honest information. Providing a candid account of problems and creative plans to address them rather than a glossing over of an apparently problematic situation demonstrates responsibility, and is more beneficial to a bidder in the evaluation process. Information that is deliberately inaccurate may prompt an investigative review and will affect the evaluation of the proposal.
- Make sure information provided on the forms is consistent with the narrative and with information provided on other forms.
- If you omit any required information or data, explain why.
- Provide documentation where necessary including forms, letters of support, etc.
- Do not use appendices for information that is required in the body of the proposal. Use appendices to provide documentation or examples of activities mentioned in the proposal.
- Index the original proposal and all copies, with tabs.

Section III**III. PROPOSAL FOR PSYCHIATRIC SERVICES TO THE ORANGE COUNTY MENTAL HEALTH EVALUATION AND TREATMENT SERVICES UNIT (ETS)****A. AGENCY DESCRIPTION**

1. Complete the Agency Description Form ([Form B](#))
2. Complete the Board of Directors Form ([Form C](#))
3. Complete the Other Funding Sources Form ([Form D](#))
4. Provide copies of the following documentation, an index of all documents, and explanations for any documents not provided:
 - a. If incorporated - Articles of Incorporation, executed by the Secretary of State, **including all amendments.**
 - b. If incorporated - By-laws, **including all amendments.**
 - c. If incorporated - Board of Directors resolution empowering a Corporate Officer to act on behalf of the organization by his/her signature alone.
 - d. If unincorporated - Documentation identifying the Authorized Representative who may act on behalf of the organization by his/her signature alone.
 - e. If doing business under another name - Fictitious Business Name Statement filed with the County Clerk, and Proof of Publication.
 - f. Any partnership papers and/or joint venture agreements.
 - g. If applicable - Certification of nonprofit status from the State of California and the Federal Government.
 - h. If appropriate - Licenses/Certifications and/or Conditional Use Permit (CUP).
 - i. Recent financial statement, preferably prepared by a Certified Public Accounting firm.
 - j. Any audits, reviews, or inspection reports completed within the last twelve (12) months.

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- k. Corporate organizational chart including all programs which identifies the relationship of the proposed program to the overall organization and which identifies the reporting relationship of each proposed staff position.
5. Describe any pending audits involving the organization. **Limit your response to one-half (1/2) page of text.**
6. Describe any pending litigation and/or investigation involving the organization. **Limit your response to one-half (1/2) page of text.**

B. PROVIDER EXPERIENCE/QUALIFICATIONS

1. Complete the Relevant Agency Experience Form (Form E) to describe past and current experience in developing and providing services similar to those described in this RFP. Specify the types of services or projects the organization currently provides and the length of time the organization has provided each service or project.
2. Discuss your organizations experience and demonstrated ability, including past and present involvement, to provide the requested services. Specify the individual experience and training of staff **(limit your total response to two (2) pages of text)**.
3. Provide or address plans to have a policy and procedure manual covering daily operations of services and emergencies (medical, fire, etc.).

C. SERVICES TO BE PROVIDED AND STAFFING**1. Licensed Psychiatrists**

A psychiatrist providing services at the ETS must be licensed and possess a current Physician's and Surgeon's Certificate issued by the State of California Board of Examiners and have completed a three year training program in psychiatry, as approved by the Council on Medical Education of the American Medical Association. A third-year psychiatric resident, in an approved three-year training program, will be defined as a licensed psychiatrist only when providing evaluation and treatment services under the direct supervision of the Medical Director.

The following services must be provided by on-site licensed psychiatrists on a 24-hour basis to all individuals who present themselves to or are brought to the ETS:

- a. Evaluate and treat an average of 300 to 400 clients per month.

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- b. Conduct psychiatric evaluations including interviews, DSM IV-TR 5 axis diagnoses, and clinical recommendations to be completed without unnecessary delay, regardless of the time of admission
- c. Issue prescriptions and ordering of medication as needed by clients. Medication may be psychiatric drugs and medical drugs to treat some ongoing medical conditions, including symptoms of alcohol or substance abuse withdrawal.
- d. Provide consultation and psychiatric support to the Centralized Assessment Team (CAT).
- e. Provide clinical supervision of, and consultation with, County mental health ETS staff.
- f. Provide psychiatric consultation to other health professionals regarding potential mental health referrals (i.e., local medical emergency room physicians).
- g. Provide assistance to County mental health staff in screening clients referred to the ETS in order to determine the most appropriate method of treatment and dispositional alternatives.
- h. Provide relevant training opportunities (i.e., seminars and presentations) to ETS mental health staff a minimum of six (6) times a year.
- i. Attend the County's quarterly physician meetings, other educational and/or administrative meetings and any mandatory training arranged by the County.
- j. Provide expert medical/psychiatric testimonies in or out of court regarding the condition of any clients treated pursuant to the agreement.
- k. Assurance of appropriate disposition of all persons admitted to the ETS within twenty-three (23) hours of admission to the ETS, and the completion of an Extended Stay Incident Report for length of stays over twenty-four (24) hours.
- l. Assurance of the prevention of unwarranted psychiatric hospitalizations and reliance on inpatient services by appropriate outpatient psychiatric evaluations and stabilization, crisis intervention, and other related mental health therapeutic interventions, as well as referral to alternative services.
- m. Contractor's physicians shall not do any private billings for patients seen at the ETS.

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The proposed staffing pattern for providing the services requested in this RFP must be expressed in Full-Time Equivalents (FTE). One (1) FTE equals an average of forty (40) hours paid work per week (paid work includes actual work time, vacation time, and paid sick leave) or 2,080 hours paid work per year.

- a. Attach a concise job description including minimum qualifications, duties, and responsibilities for each position title **(limit your total response to two (2) pages of text for each position)**.
- b. Attach resumes for any identified staff members, including multilingual/multicultural capabilities and proof of licensure. Specify individual staff experience and training that is related to services similar to those described in this RFP. For staff members whose resumes are included, but who are not presently employed by the bidder's organization, a letter of commitment should be included reflecting their intention to work for the program **(limit your total response to two (2) pages of text for each identified staff member)**
- c. Describe or include policies and procedures to recruit, hire, and maintain multilingual and multicultural staff representative of the proposed service area; utilize culturally sensitive service modes for the population to be served; and participate in on-going cultural competency training **(limit your total response to two (2) pages of text)**.

2. Medical Director

The Medical Director must be licensed and possess a current Physician's and Surgeon's Certificate issued by the State of California Board of Examiners and have completed three years' graduate training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association.

The Medical Director is responsible for overall ongoing medical and psychiatric services at the ETS. In consult with the County's ETS Program Manager and the on-site Senior Comprehensive Care Nurses, the Medical Director is responsible for the daily and ongoing clinical treatment management for all patients served at the ETS. In conjunction with the ETS Program Manager and the on-site Senior Comprehensive Care Nurses, the Medical Director will ensure all medical and psychiatric-related regulatory guidelines are maintained.

The following services must be provided by an on-site Medical Director who is a licensed psychiatrist:

- a. Be on-site at the ETS an average of twelve hours per week with eight hours spent providing direct services to the ETS patients. The balance of the time may be spent on administrative, personnel, or quality assurance issues.

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- b. Coordinate physicians' work schedules and provide personal supervision of all psychiatrists in the ETS program, including yearly performance evaluations of the licensed psychiatrists which must be submitted to the ETS Program Manager for review.
- c. Arrange for and provide licensed psychiatric on-site coverage on a 24-hour, 7-day per week basis. A face-to-face physician shift report must be completed at the conclusion and beginning of each shift.
- d. Ensure psychiatric staff is immediately available for on-site patient evaluations throughout assigned hours of duty and to respond to County mental health staff's requests for on-site psychiatric evaluations, medication orders, or consultations.
- e. Ensure psychiatric staff actively participates with County mental health staff in the Quality Improvement (QI) process (i.e., quality of care reviews and medication monitoring with appropriate required documentation) and have completed all mandatory trainings set forth by the Health Care Agency.
- f. Facilitate active interfacing with community emergency room physicians, inpatient medical directors, mental health physicians, and other physicians treating patients referred to and from the ETS.
- g. Ensure physicians follow the medical admission criteria in accepting patients to the ETS.
- h. In collaboration with the Program Manager, Senior Comprehensive Care Nurses, ETS and the QI representative, provide for the clinical review of cases treated by the County's mental health staff.
- i. At least annually, or upon request, provide the Program Manager, and QI representative with written feedback on the clinical skills of the County's mental health staff and recommendations on related clinical skills trainings.
- j. Ensure psychiatrists provide case specific medical/psychiatric direction for client care including psychiatric evaluation, interview, mental status, diagnosis, clinical and dispositional recommendations focusing on non-hospital alternatives, and referrals to inpatient settings when patients meet medical necessity criteria.
- k. Develop, in collaboration with the ETS Program Manager, referral procedures and linkages with hospital emergency rooms related to the medical treatment needs of patients referred to and from the ETS.

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- l. Ensure staff psychiatrists make no distinction between voluntary and involuntary referrals to the ETS and the financial status of these patients.
- m. Ensure staff psychiatrists understand and follow County program philosophy for the ETS (i.e., mental health treatment in the least restrictive level of care possible and the shortest time possible), legal mandates and criteria, ETS policies and procedures, and relevant County and State policies and regulations.
- n. Identify clinical training needs for mental health staff and inform the Program Manager, of potential/relevant training opportunities.
- o. Establish recruitment and hiring practices for ETS psychiatrists; facilitate communication with the ETS Program Manager regarding vacancies and recruitment; provide the required credentials for psychiatrists prior to start date at the ETS to the ETS Program Manager for review, and maintain a current list of psychiatrists available to fill vacancies at the ETS.
- p. Provide a minimum of twelve (12) hours on-site orientation to each new physician providing services at the ETS with the focus on mental health laws and regulations, treatment protocol, ETS program mandates, and HCA policies and procedures.
- q. Ensure that the psychiatric staff is composed of the diverse ethnic backgrounds meeting the needs of the various cultures the ETS serves with the ability to speak at least the major languages of the clients (i.e., English, Spanish, and Vietnamese).
- r. Conduct staff meetings at least quarterly with the physicians assigned to the ETS and the County QI representative, which shall include the following discussions of, but not limited to, mental health laws and regulations, ETS policies and procedures, treatment protocol/procedures, medication monitoring, case representations including psychological autopsies and problematic cases, and identification of measures to improve services at ETS.
- s. Attend and actively participate in ETS QI meetings on a quarterly basis which shall include topics related to review of monthly statistical data, mental health laws and regulations, ETS policies and procedures, and identification of measures to improve services at ETS.
- t. Arrange for qualified physician coverage of all related duties when Medical Director is unavailable.

Section III**3. Restrictions on Use of Funds**

Contract funds may **not** be used to engage in any lobbying or political activity, including the support of, or opposition to, candidates, ballot questions, referenda, or similar activities.

D. LETTERS OR SUPPORT/MEMORANDA OF UNDERSTANDING (MOU)

Include, as appropriate, **up to two (2) letters** of support from organizations or agencies that support your program goals and activities in your proposal. Any letters of support you wish to include with your proposal must be submitted with your proposal package; do not instruct agencies or individuals to send the letters directly to the Contract Administrator for this RFP. Letters of support from any County agency, including the County Board of Supervisors, the Orange County Health Care Agency, or any individual employee of the County, must **not** be solicited and will **not** be accepted as part of your proposal to avoid any appearance of conflict of interest.

Include, as appropriate, memoranda of understanding (MOU) from organizations or agencies **involved as partners or collaborators** in your proposal. The memoranda must specifically mention what the partners are providing as resources or assistance. Any memoranda of understanding you wish to include with your proposal must be submitted with your proposal package; do not instruct agencies or individuals to send the letters directly to the Contract Administrator for this RFP.

E. TIMELINE

Provide a timeline that identifies the key tasks to be accomplished in order to begin providing services by July 1, 2010 (hiring any additional staff, etc.).

F. PROPOSED BUDGET (Form Fs)

The following line items **MUST** be included in the project budget if they are parts of your proposal. Use the budget forms provided (Form F-1 through Form F-6). Be as specific as possible. The funding period will be for July 1, 2010 through June 30, 2011. Allowable expenses include the following standard budget items:

Personnel Expenses

1. **Salaries and Wages**: For each staff position proposed, include the title of the position, percentage of time (FTE), monthly salary, number of months salary requested, and a brief summary of the job description or responsibilities.
2. **Employee Benefits**: For each position, indicate the rate and compute the amount charged for Employee Benefits.

Operating Expenses - All non-personnel expenses related to the activities.

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1. Administrative Costs: Must be listed by category and total. Describe administrative costs fully in the Budget Justification. Indirect expenses are defined as expenses that are shared by more than one program area. Indirect costs must be equitably allocated among the various program and have a reasonable basis for cost allocation. This optional line item must not exceed 12% of the total project budget.
2. General Expenses: Include but are not limited to: office supplies (e.g., pens, pencils, paper); communications (e.g., installation and monthly expense related to the telephone system); postage (for correspondence and other materials); and duplicating and reproduction, usually for small and routine jobs.
3. Printing: Includes expenses for printing and reproduction, usually for larger jobs completed by outside vendors (e.g., brochures, leaflets, posters, and forms). The production and use of such materials must be described in your Project Narrative.
4. Training & Travel: Training refers to registration expenses and fees for meetings, conferences, and/or workshops staff must attend in order to acquire/enhance skills which will be used in conducting proposed project activities. Travel includes local travel in accordance with State rate (e.g., travel reimbursed at \$0.49 per mile). Travel must be in accordance with the needs of the proposed project.
5. Education Materials: Includes purchases of brochures, pamphlets, posters, curriculum, training guides, videos, slides, or flip charts for the program.
6. Equipment: Includes expenses for items such as computers. If included, they must be reasonable expenditures relative to the work proposed.
7. Subcontracts: Subcontracts for any project activities need to be included along with budget information. On a separate page, include descriptions of the following for each proposed subcontract: 1) major tasks and deliverables; 2) time period of the subcontract; 3) person in your organization who will supervise or manage the subcontract; and 4) name of the subcontract, or, if not yet known, what method will be used to select the subcontractor, e.g., bids, RFPs, or sole source.
8. Other Expenses: Allows for any other line items not otherwise listed above. Be specific and describe any other expenses in the Budget Justification.

Budget Justification (Form F-6)

Using the format in Form F6: Sample Budget Justification Format as a model; provide a brief justification for each line item, noting the purpose of the item in relation to the proposed project. For each operational expense line item, show how the requested budget amount was calculated. Also include how any in-kind amounts for applicable line items were calculated.

Section IV**IV. ADMINISTRATIVE REQUIREMENTS**

Summarized below are provisions which will be included, in their complete form, within the contract for services described herein. Additional provisions may be added before the contract is submitted to the County of Orange - Board of Supervisors.

Read these provisions thoroughly, as they are **not** negotiable. If you are unable to comply with any of the provisions, do not submit a proposal for these services.

A. ALTERATION OF TERMS

The Agreement, together with any Exhibit(s) attached hereto and incorporated herein by reference, fully expresses all understanding of the County and Contractor with respect to the subject matter of the Agreement, and shall constitute the total Agreement between the parties for these purposes. No addition to, or alteration of, the terms of the Agreement or any Exhibit(s), whether written or verbal, shall be valid unless made in writing and formally approved and executed by both parties.

B. COMPLIANCE

County's Health Care Agency (HCA) has established an Office of Compliance and associated Compliance Program for purposes of ensuring adherence to all rules and regulations related to the provision of services and expenditure of funds in Federal and State health care programs. Contractor shall ensure that its employees, subcontractors, interns, volunteers, and members of Board of Directors are made aware of these Policies and Procedures. If Contractor has established its own Compliance Program, Contractor shall ensure that such Program is consistent with the Compliance Program established by County.

Under the direction of the HCA Office of Compliance, a Code of Conduct for adherence by all HCA employees and contract providers has been developed. Contractor shall either adopt the HCA Code of Conduct or develop its own Code of Conduct. If Contractor elects to develop and adopt its own Code of Conduct, such document shall be reviewed and approved, in writing, by Administrator. Contractor shall distribute to all Contractor's employees, subcontractors, interns, volunteers, and members of Board of Directors a copy of the Code of Conduct. Contractor shall document that such persons have received, read, understand and will abide by said Code of Conduct.

Contractor shall comply with the United States Department of Health and Human Services, Office of Inspector General (OIG) requirements related to eligibility for participation in Federal and State health care programs. Contractor shall review all organizations, employees, subcontractors, agents and physicians for eligibility against General Services Administration and OIG Parties Excluded from Federal Programs Lists and Cumulative Sanction Lists respectively to ensure that Ineligible Persons are not employed or retained to provide services related to the Agreement.

Contractor acknowledges that Ineligible Persons are precluded from providing Federally and State funded health care services by contract with County in the event that they are currently sanctioned or excluded by a Federal or State law enforcement regulatory or licensing agency.

Section IV

Contractor shall take reasonable precaution to ensure that the coding of health care claims and billing for same are prepared and submitted in an accurate and timely manner and are consistent with Federal, State, and County laws and regulations as well as HCA's policies and/or agreements with third party payers. This includes compliance with Federal and State health program regulations and procedures or instructions otherwise communicated by regulatory agencies including the Health Care Financing Administration or their agents, and/or Medicare and Medicaid Services or their agents, if applicable. Contractor shall submit no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind. Contractor shall bill only for those eligible services actually rendered which are also fully documented. When such services are coded, Contractor shall use only correct billing codes that accurately describe the services provided. Contractor shall act promptly to investigate and correct any problems or errors in coding of claims and billings, if and when, any such problems are identified by anyone.

Administrator will provide and Contractor's staff shall participate in Compliance training when required. Training will be required initially at the award of contract and is anticipated to be required at least annually thereafter.

C. CONFIDENTIALITY

Contractor shall maintain the confidentiality of all records, including billings and any audio and/or video recordings, in accordance with all applicable federal, state and county codes and regulations, as they now exist or may hereafter be amended or changed.

Prior to providing any services pursuant to this Agreement, all Contractor members of the Board of Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and interns shall agree, in writing, with Contractor to maintain the confidentiality of any and all information and records which may be obtained in the course of providing such services. The agreement shall specify that it is effective irrespective of all subsequent resignations or terminations of Contractor members of the Board of Directors or its designee or authorized agent, employees, consultants, subcontractors, volunteers and interns.

D. CULTURAL COMPETENCY

Contractor shall make its best efforts to provide services pursuant to this Agreement in a manner that is culturally and linguistically appropriate for the population(s) served. Contractor shall maintain documentation of such efforts which may include, but not be limited to: records of participation in County -sponsored or other applicable training; recruitment and hiring policies and procedures; copies of literature in multiple languages and formats, as appropriate; and descriptions of measures taken to enhance accessibility for, and sensitivity to, persons who are physically challenged.

E. DELEGATION AND ASSIGNMENT

Contractor may not delegate the obligations hereunder, either in whole or in part, without prior written consent of County; provided, however, obligations undertaken by Contractor pursuant to this Agreement may be carried out by means of subcontracts, provided such subcontracts are approved in writing by Administrator, meet the requirements of this Agreement as they relate to the service or activity under subcontract, and include any provisions that Administrator may require. No subcontract shall terminate or alter the responsibilities of Contractor to County pursuant to this Agreement. Contractor may not

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assign the rights hereunder, either in whole or in part, without the prior written consent of County.

For Contractors that are nonprofit corporations, any change from a nonprofit corporation to any other corporate structure of the provider, including a change in more than fifty percent (50%) of the composition of the Board of Directors within a two (2) month period of time, shall be deemed an assignment. Also, any change in business structure, corporate structure, or a change in fifty percent (50%) or more of provider's directors at one time shall be deemed an assignment. Any attempted assignment shall be void and constitute a breach of the Agreement.

For Contractors which are for-profit organizations, any change in the business structure, including but not limited to, the sale or transfer of more than ten percent (10%) of the assets or stocks of Contractor, change to another corporate structure, including a change to a sole proprietorship, or a change in fifty percent (50%) or more of Contractor's directors at one time shall be deemed an assignment pursuant to this paragraph. Any attempted assignment or delegation in derogation of this paragraph shall be void.

F. EMPLOYEE ELIGIBILITY VERIFICATION

Contractor warrants that it shall make its best effort to fully comply with all federal and state statutes and regulations regarding the employment of aliens and others and to ensure that employees, subcontractors and consultants performing work under this Agreement meet the citizenship or alien status requirement set forth in federal statutes and regulations. Contractor shall obtain, from all employees, subcontractors and consultants performing work hereunder, all verification and other documentation of employment eligibility status required by federal or state statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. §1324 et seq., as they currently exist and as they may be hereafter amended. Contractor shall retain all such documentation for all covered employees, subcontractors and consultants for the period prescribed by the law.

G. EXPENDITURE AND REVENUE REPORT

No later than sixty (60) calendar days following termination of each fiscal year or termination of this Agreement, Contractor shall submit to Administrator, for informational purposes only, an Expenditure and Revenue Report for the preceding fiscal year, or portion thereof. Such report shall be prepared in accordance with the procedure that is provided by Administrator and generally accepted accounting principles.

H. FACILITIES, PAYMENTS AND SERVICES

Contractor agrees to provide the services, staffing, facilities, any equipment and supplies, and reports in accordance with Exhibit A to this Agreement. County shall compensate, and authorize, when applicable, said services. Contractor shall operate continuously throughout the term of this Agreement with at least the minimum number and type of staff which meet applicable federal and state requirements, and which are necessary for the provision of the services hereunder.

I. INDEMNIFICATION AND INSURANCE

Contractor agrees to provide the services, staffing, facilities, any equipment and supplies,

Section IV

and reports in accordance with Exhibit A to this Agreement. County shall compensate, and authorize, when applicable, said services. Contractor shall operate continuously throughout the term of this Agreement with at least the minimum number and type of staff which meet applicable federal and state requirements, and which are necessary for the provision of the services hereunder.

The Contractor will maintain an appropriate policy or policies of insurance which shall, at a minimum, provide coverage of its operations during the term of the Agreement as follows:

<u>Coverage</u>	<u>Minimum Limits</u>
Commercial General Liability with broad form Property damage and contractual liability	\$1,000,000 Combined Single limit per occurrence \$2,000,000 Aggregate
Automobile Liability, including coverage for owned, non-owned and hired vehicles	\$1,000,000 Combined Single occurrence limit per occurrence
Workers' Compensation	Statutory
Employer's Liability Insurance	\$1,000,000 per occurrence
Professional Liability Insurance	\$1,000,000 per claims made or per occurrence
Sexual Misconduct	\$1,000,000 per occurrence
Performance Bond	\$1,000,000

H. INSPECTIONS AND AUDITS

Administrator, any authorized representative of County, any authorized representative of the State of California, the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States, or any other of their authorized representatives, shall have access to any books, documents, and records, including but not limited to, medical and client records, of Contractor that are directly pertinent to this Agreement, for the purpose of responding to a beneficiary complaint or conducting an audit, review, evaluation, or examination, or making transcripts during the periods of retention set forth in the Records Management and Maintenance paragraph of this Agreement. Such persons may at all reasonable times inspect or otherwise evaluate the services provided pursuant to this Agreement, and the premises in which they are provided.

Contractor shall actively participate and cooperate with any person specified in subparagraph A. above in any evaluation or monitoring of the services provided pursuant to this Agreement, and shall provide the above-mentioned persons adequate office space to conduct such evaluation or monitoring.

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Following an audit report, in the event of non-compliance with applicable laws and regulations governing funds provided through this Agreement, County may terminate this Agreement as provided for in the Termination paragraph or direct Contractor to immediately implement appropriate corrective action. A plan of corrective action shall be submitted to Administrator in writing within thirty (30) calendar days after receiving notice from Administrator.

If the audit reveals that money is payable from one party to the other, that is, reimbursement by Contractor to County, or payment of sums due from County to Contractor, said funds shall be due and payable from one party to the other within sixty (60) calendar days of receipt of the audit results. If reimbursement is due from Contractor to County, and such reimbursement is not received within said sixty (60) calendar days, County may, in addition to any other remedies provided by law, reduce any amount owed Contractor by an amount not to exceed the reimbursement due County.

Contractor shall forward to Administrator a copy of any audit report within fourteen (14) calendar days of receipt. Such audit shall include, but not be limited to, management, financial, programmatic or any other type of audit of Contractor's operations, whether or not the cost of such operation or audit is reimbursed in whole or in part through this Agreement.

G. LICENSES AND LAW

Contractor, its officers, agents, employees, and subcontractors shall, throughout the term of this Agreement, maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions necessary for the provision of the services hereunder and required by the laws and regulations of the United States, State of California, County, and any other applicable governmental agencies. Contractor shall notify Administrator immediately and in writing of its inability to obtain or maintain, irrespective of the pendency of an appeal, permits, licenses, approvals, certificates, waivers and exemptions. Said inability shall be cause for termination of this Agreement.

The parties shall comply with all laws, rules or regulations applicable to the services provided hereunder, as any may now exist or be hereafter amended or changed, except those provisions or application of those provisions waived by the Secretary of the Department of Health and Human Services. These laws, regulations, and requirements shall include, but not be limited to:

1. State of California Welfare and Institutions Code (WIC), Divisions 5, 6 & 9;
2. State of California Health and Safety Code, Sections 1250 et seq.;
3. State of California Penal Code (PC), Part 4, Title 1, Chapter 2, Article 2.5 relating to Child Abuse Reporting;
4. California Code of Regulations (CCR), Title 9, Title 17, and Title 22;
5. Code of Federal Regulations (CFR), Title 42 and Title 45;
6. United States Code (U.S.C.A.) Title 42;
7. Federal Social Security Act, Title XVIII and Title XIX;
8. The Americans with Disabilities Act of 1990 (42 U.S.C.A. 12101, et seq.);

Section IV

9. The Clean Air Act (42 U.S.C.A. Section 114 and Sections 1857, et seq.);
10. The Federal Water Pollution Control Act (33 U.S.C.A. 84, Section 308 and Sections 1251 et seq.);
11. Federal single Audit Act of 1984 (31 U.S.C.A. 7501.70);
12. Policies and procedures set forth in Mental Health Plan (MHP) Letters;
13. Policies and procedures set forth in Department of Mental Health (DMH) Letters;
14. Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, as it may exist now or be hereafter amended and if applicable.

Enforcement of Child Support Obligations

Contractor agrees to furnish to Administrator within thirty (30) calendar days of the award of this Agreement:

- a. In the case of an individual contractor, his/her name, date of birth, social security number, and residence address;
- b. In the case of a contractor doing business in a form other than as an individual, the name, date of birth, social security number, and residence address of each individual who owns an interest of ten percent (10%) or more in the contracting entity;
- c. A certification that Contractor has fully complied with all applicable federal and state reporting requirements regarding its employees;
- d. A certification that Contractor has fully complied with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment, and will continue to so comply.

Failure of Contractor to timely submit the data and/or certifications required by subparagraphs 1.a., 1.b., 1.c., or 1.d. above, or to comply with all federal and state employee reporting requirements for child support enforcement, or to comply with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment, shall constitute a material breach of this Agreement; and failure to cure such breach within sixty (60) calendar days of notice from COUNTY shall constitute grounds for termination of this Agreement.

It is expressly understood that this data will be transmitted to governmental agencies charged with the establishment and enforcement of child support orders, or as permitted by federal and/or state statute.

H. LITERATURE AND ADVERTISEMENTS

Any written information or literature, including educational or promotional materials, distributed by Contractor to any person or organization for purposes directly or indirectly related to this Agreement must be approved in advance and in writing by Administrator before distribution. For the purposes of this Agreement, distribution of written materials shall include, but not be limited to, pamphlets, brochures, flyers, newspaper or magazine ads, and electronic media such as the Internet.

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Any advertisement through radio, television broadcast, or the Internet, for educational or promotional purposes, made by Contractor for purposes directly or indirectly related to this Agreement must be approved in advance and in writing by Administrator.

I. NONDISCRIMINATION/PERSONS WITH DISABILITIES

Contractor shall ensure that applicants are employed, and that employees are treated during employment, without regard to their ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual preference, medical condition, or physical or mental disability. Such action shall include, but not be limited to the following: employment, upgrade, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship. There shall be posted in conspicuous places, available to employees and applicants for employment, notices from Administrator and/or the United States Equal Employment Opportunity Commission setting forth the provisions of the Equal Opportunity clause.

All solicitations or advertisements for employees placed by or on behalf of Contractor shall state that all qualified applicants will receive consideration for employment without regard to ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual preference, medical condition, or physical or mental disability. Such requirement shall be deemed fulfilled by use of the phrase "an equal opportunity employer."

Each labor union or representative of workers with which Contractor has a collective bargaining agreement or other contract or understanding must post a notice advising the labor union or workers' representative of the commitments under this Nondiscrimination paragraph and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

Contractor shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual preference, medical condition, or physical or mental disability in accordance with Title IX of the Education Amendments of 1972; Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §2000d); the Age Discrimination Act of 1975 (42 U.S.C.A. §6101); and Title 9, Division 4, Chapter 6, Article 1 (§10800, et seq.) of the California Code of Regulations, and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by state law and regulations, as all may now exist or be hereafter amended or changed. For the purpose of this subparagraph, "discrimination" includes, but is not limited to the following based on one or more of the factors identified above:

- a. Denying a client or potential client any service, benefit, or accommodation.
- b. Providing any service or benefit to a client which is different or is provided in a different manner or at a different time from that provided to other clients.
- c. Restricting a client in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit.
- d. Treating a client differently from others in satisfying any admission

Section IV

requirement or condition, or eligibility requirement or condition, which individuals must meet in order to be provided any service or benefit.

- e. Assignment of times or places for the provision of services.

Contractor shall establish procedures for advising all clients through a written statement that Contractor's clients may file all complaints alleging discrimination in the delivery of services with Contractor, Administrator, or the County's Patient's Rights Office. Contractor's statement shall advise clients of the following:

- a. Whenever possible, problems shall be resolved informally and at the point of service. Contractor shall establish an internal informal problem resolution process for clients not able to resolve such problems at the point of service. Clients may initiate a grievance or complaint directly with Contractor either orally or in writing.

- 1) County shall establish a formal resolution and grievance process in the event informal processes do not yield a resolution.

- 2) Throughout the problem resolution and grievance process, client rights shall be maintained, including access to the Patients' Rights Office at any point in the process. Clients shall be informed of their right to access the Patients' Rights Office at any time.

- b. In those cases where the client's complaint is filed initially with the Patients' Rights Office, the Patients' Rights Office may proceed to investigate the client's complaint.

- c. Within the time limits procedurally imposed, the complainant shall be notified in writing as to the findings regarding the alleged complaint and, if not satisfied with the decision, may file an appeal with the Patients' Rights Office.

Contractor agrees to comply with the provisions of Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. 794 et seq., as implemented in 45 CFR 84.1 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C.A. 12101, et seq.), pertaining to the prohibition of discrimination against qualified persons with disabilities in all programs or activities, as they exist now or may be hereafter amended together with succeeding legislation.

Neither Contractor, nor its employees or agents shall intimidate, coerce or take adverse action against any person for the purpose of interfering with rights secured by federal or state laws, or because such person has filed a complaint, certified, assisted or otherwise participated in an investigation, proceeding, hearing or any other activity undertaken to enforce rights secured by federal or state law.

In the event of non-compliance with this paragraph or as otherwise provided by federal and state law, this Agreement may be canceled, terminated or suspended in whole or in part and Contractor may be declared ineligible for further contracts involving federal, state or County funds.

Section IV**J. NOTICES**

Unless otherwise specified, all notices, claims, correspondence, reports and/or statements authorized or required by this Agreement shall be effective:

1. When written and deposited in the United States mail, first class postage prepaid and addressed as specified on Page 3 of this Agreement or as otherwise directed by Administrator;
2. When faxed, transmission confirmed;
3. When sent by electronic mail; or
4. When accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel Service, or other expedited delivery service.

Termination Notices shall be effective when written and deposited in the United States mail, certified, return receipt requested, and addressed as indicated in the Agreement.

Contractor shall notify Administrator, in writing, within twenty-four (24) hours of becoming aware of any occurrence of a serious nature, which may expose County to liability. Such occurrences shall include, but not be limited to, accidents, injuries, or acts of negligence, or loss or damage to any County property in possession of Contractor.

K. NOTICES OF PUBLIC EVENTS AND MEETINGS

Contractor shall notify Administrator of any public event or meeting funded in whole or part by the County, except for those events or meetings that are intended solely to serve clients or occur in the normal course of business.

Contractor shall notify Administrator at least ten (10) working days in advance of any applicable public event or meeting. The notification must include the date, time, duration, location and purpose of public event or meeting. Any promotional materials or event related flyers must be approved by Administrator prior to distribution.

L. RECORDS MANAGEMENT AND MAINTENANCE

Contractor, its officers, agents, employees and subcontractors shall, throughout the term of this Agreement, prepare, maintain and manage records appropriate to the services provided and in accordance with this Agreement and all applicable requirements, which include, but are not limited to:

1. California Code of Regulation Title 22, Chapter 7, Article 6, §75055 - Retention of records by outpatient medical facilities.
2. State of California, Department of Alcohol and Drug Programs Reporting System (ASRS) manual.
3. State of California, Department of Alcohol and Drug Programs Fiscal System (DPFS) manual.
4. 45 CFR, HIPAA Privacy Rule (Designated Record Set).
5. State of California, Health and Safety Code §§123100 – 123149.5.

Contractor shall ensure appropriate financial records related to cost reporting, expenditure, revenue, billings, etc., are prepared and maintained accurately and appropriately.

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Contractor shall ensure all appropriate state and federal standards of documentation, preparation, and confidentiality of records related to participant, client and/or patient records are met at all times.

Contractor shall be informed through this Agreement that HIPAA has broadened the definition of medical records and identified this new record set as a Designated Record Set (DRS). 45 CFR §164.501, defines DRS as a group of records maintained by or for a covered entity that is:

1. The medical records and billing records about individuals maintained by or for a covered health care provider;
2. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
3. Used, in whole or in part, by or for the covered entity to make decisions about individuals.

Contractor shall ensure all HIPAA DRS requirements are met. HIPAA requires that clients, participants, patients, etc., be provided the right to access or receive a copy of their DRS and/or request addendum to their records.

Contractor shall ensure compliance with requirements pertaining to the privacy and security of personally identifiable information (hereinafter "PII") and/or protected health information (hereinafter "PHI"). Contractor shall, immediately upon discovery of a breach of privacy and/or security of PII and/or PHI by Contractor, notify Administrator of such breach by telephone and email or facsimile.

Contractor may be required to pay any costs associated with a breach of privacy and/or security of PII and/or PHI, including but not limited to the costs of notification. Contractor shall pay any and all such costs arising out of a breach of privacy and/or security of PII and/or PHI.

Contractor shall retain all financial records for a minimum of five (5) years from the commencement of the contract, unless a longer period is required due to legal proceedings such as litigations and/or settlement of claims.

Contractor shall retain all participant, client and/or patient medical records for seven (7) years following discharge of the participant, client and/or patient, with the exception of non-emancipated minors for whom records must be kept for at least one (1) year after such minors have reached the age of eighteen (18) years, or for seven (7) years after the last date of service, whichever is longer.

Contractor shall make records pertaining to the costs of services, participant fees, charges, billings, and revenues available at one (1) location within the limits of the County of Orange.

Section IV

If Contractor is unable to meet the record location criteria above, Administrator may provide written approval to Contractor to maintain records in a single location, identified by Contractor.

CONTRACTOR may be required to retain all records involving litigation proceedings and settlement of claims for a longer term which will be directed by the Administrator.

Contractor shall notify Administrator of any Public Record Act (PRA) request within twenty-four (24) hours. Contractor shall provide Administrator all information that is requested by the PRA request.

M. SEVERABILITY

If a court of competent jurisdiction declares any provision of this Agreement or application thereof to any person or circumstances to be invalid or if any provision of this Agreement contravenes any federal, state or County statute, ordinance, or regulation, the remaining provisions of this Agreement or the application thereof shall remain valid, and the remaining provisions of this Agreement shall remain in full force and effect, and to that extent the provisions of this Agreement are severable.

N. STATUS OF CONTRACTOR

Contractor is, and shall at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required of it by the terms of this Agreement. Contractor is entirely responsible for compensating staff, subcontractors, and consultants employed by Contractor. The Agreement shall not be construed as creating the relationship of employer and employee, or principal and agent, between County and Contractor or any of Contractor's employees, agents, consultants, or subcontractors. Contractor assumes exclusively the responsibility for the acts of its employees, agents, consultants, or subcontractors as they relate to the services to be provided during the course and scope of their employment. Contractor, its agents, employees, consultants, or subcontractors, shall not be entitled to any rights or privileges of County employees and shall not be considered in any manner to be County employees.

O. TERM

The term of the Agreement is contingent each year upon the availability of funding, the performance of the contract requirements, and the policies of the County of Orange Health Care Agency.

P. TERMINATION

The Agreement between the County and the Contractor will contain specific language that will address the options and requirements of both the Contractor and the County to terminate, or upon termination of, the Agreement.

Q. WAIVER OF DEFAULT OR BREACH

Waiver by County of any default by Contractor shall not be considered a waiver of any subsequent default. Waiver by County of any breach by Contractor of any provision of this Agreement shall not be considered a waiver of any subsequent breach. Waiver by County of any default or any breach by Contractor shall not be considered a modification of the terms of the Agreement.

Section IV

FORMS

PROPOSAL PREPARATION CHECKLIST FORM

Use this checklist to identify whether or not all items requested have been included. This form is to be completed and included in the proposal, and must be located with the proposal's Table of Contents.

	Item(s) Enclosed/Completed	Page(s)
A. Agency Description		
1. Agency Description Form	_____	_____
2. Board Of Directors Form	_____	_____
3. Other Funding Sources Form	_____	_____
4. Documentation	_____	_____
5. Pending Audits/Reviews/Inspections	_____	_____
6. Pending Litigation/Investigation	_____	_____
B. Provider Experience/Qualifications		
1. Relevant Agency Experience Form	_____	_____
2. Specific Experience (2 pages maximum)	_____	_____
3. Policy and Procedure Manual	_____	_____
C. Services To Be Provided and Staffing		
1. Narrative	_____	_____
a. Licensed Psychiatrists	_____	_____
b. Medical Director	_____	_____
2. Staffing	_____	_____
a. Proposed Staffing Pattern	_____	_____
b. Job Descriptions	_____	_____
c. Resumes	_____	_____
d. Multi-Cultural Policies And Procedures	_____	_____
e. Letters of Commitment	_____	_____
D. Letters Of Support	_____	_____
E. Timeline	_____	_____
F. Proposed Budget		
1. Detailed Line Item Budget Forms	_____	_____
2. Budget Narratives	_____	_____
	_____	_____

FORM B**AGENCY DESCRIPTION FORM**

1. BIDDER'S LEGAL NAME: _____
 (As Specified In The Articles Of Incorporation Or State License)
 BUSINESS ADDRESS: _____

2. **CONTRACT SIGNATURE AUTHORITY** - IDENTIFY BELOW THE PERSON EMPOWERED TO SIGN A CONTRACT:

CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE NAME: _____

CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE TITLE: _____

CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE TELEPHONE #: _____ FAX #: _____

If incorporated - Attach Board of Directors resolution empowering the Corporate Officer identified above to act on behalf of the organization by his/her signature alone.

If unincorporated - Attach documentation identifying the person listed above as an Authorized Representative who may act on behalf of the organization by his/her signature alone.

3. DATE ORGANIZATION ESTABLISHED: _____

4. TYPE OF BUSINESS (CHECK ONE):

☐

Nonprofit Corporation

☐

Other (Specify): _____

5. CURRENT ANNUAL OPERATING BUDGET: \$ _____

Operating Budget Generated From:

Government Contracts: \$ _____ %

Non-Governmental Agencies: \$ _____ %

Donations: \$ _____ %

Participant Fees: \$ _____ %

Other (Specify): _____ \$ _____ %

Other (Specify): _____ \$ _____ %

TOTAL: \$ _____ %

6. **PROPOSAL CONTACT PERSON** - IDENTIFY BELOW THE PERSON WHO WILL REPRESENT THE ORGANIZATION DURING THE PROPOSAL EVALUATION PROCESS:

PROPOSAL CONTACT PERSON NAME: _____

PROPOSAL CONTACT PERSON TITLE: _____

PROPOSAL CONTACT PERSON TELEPHONE #: _____ FAX #: _____

PROPOSAL CONTACT PERSON EMAIL ADDRESS: _____

PROPOSAL SUBMITTAL AUTHORITY:

The undersigned hereby acknowledges that I have read and understand the contents of, and have authority to submit, the attached proposal on behalf of the above-named organization. It is correct to the best of my knowledge and represents the organization's proposal for the provision of Psychiatric Services to The Orange County Mental Health Evaluation and Treatment Services.

 CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

 DATE

 TELEPHONE #

FORM C**BOARD OF DIRECTORS FORM**

Please provide the following information about your Board of Directors. All information is required except the Social Security Number, which is optional.

Number of Members: _____ Term Length: _____ Meeting Dates: _____

Current Office: _____	Membership Commenced: _____
Name: _____	Membership Expires: _____
Address: _____	Board Term Commenced: _____
City/Zip: _____	Board Term Expires: _____
Telephone: _____	FAX: _____
Occupation: _____	Subcommittees: _____
Social Security Number: _____	Other Affiliations: _____

Current Office: _____	Membership Commenced: _____
Name: _____	Membership Expires: _____
Address: _____	Board Term Commenced: _____
City/Zip: _____	Board Term Expires: _____
Telephone: _____	FAX: _____
Occupation: _____	Subcommittees: _____
Social Security Number: _____	Other Affiliations: _____

Current Office: _____	Membership Commenced: _____
Name: _____	Membership Expires: _____
Address: _____	Board Term Commenced: _____
City/Zip: _____	Board Term Expires: _____
Telephone: _____	FAX: _____
Occupation: _____	Subcommittees: _____
Social Security Number: _____	Other Affiliations: _____

Current Office: _____	Membership Commenced: _____
Name: _____	Membership Expires: _____
Address: _____	Board Term Commenced: _____
City/Zip: _____	Board Term Expires: _____
Telephone: _____	FAX: _____
Occupation: _____	Subcommittees: _____
Social Security Number: _____	Other Affiliations: _____

Use Additional Copies of This Page If Needed

OTHER FUNDING SOURCES FORM

COUNTY OF ORANGE CONTRACTS:

☐ Not Applicable

AGENCY/DEPT	FUNDING SOURCE	FUNDING PERIOD	GROSS PROGRAM COST	MEDI-CAL REVENUE	OTHER REVENUE	NET PROGRAM COST
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						

FUNDING OTHER THAN THROUGH THE COUNTY OF ORANGE:

☐ Not Applicable

AGENCY/DEPT	FUNDING SOURCE	FUNDING PERIOD	GROSS PROGRAM COST	MEDI-CAL REVENUE	OTHER REVENUE	NET PROGRAM COST
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						

Use Additional Copies of This Page If Needed

RELEVANT AGENCY EXPERIENCE FORM

Identify past and current experience in providing services similar to those requested in this RFP.

Description Of Related Services	Length of Time in Business		Selected Region, City, Or Unincorporated Area	Amount of Funding	Funding Source(s)
	Started	Ended*			
Contact Person/Title/Telephone:					
Contact Person/Title/Telephone:					
Contact Person/Title/Telephone:					
Contact Person/Title/Telephone:					
Contact Person/Title/Telephone:					

*Enter "Present" If Still Providing the Identified Services

Use Additional Copies of This Page If Needed

FORM F**BUDGET FORMS**

(Download the following forms from “ETS RFP Budget Tables” file in Bidsync as needed)

- 1. Detailed Line Item Budget Summary**
- 2. Salary and Benefits Detail**
- 3. Services and Supplies (S & S) Detail**
- 4. Subcontractors/Consultants Detail**
- 5. Insurance Detail**
- 6. Sample Budget Justification Format**

FORMS

PROPOSAL PREPARATION CHECKLIST FORM

Use this checklist to identify whether or not all items requested have been included. This form is to be completed and included in the proposal, and must be located with the proposal's Table of Contents.

	Item(s) Enclosed/Completed	Page(s)
A. Agency Description		
1. Agency Description Form	_____	_____
2. Board Of Directors Form	_____	_____
3. Other Funding Sources Form	_____	_____
4. Documentation	_____	_____
5. Pending Audits/Reviews/Inspections	_____	_____
6. Pending Litigation/Investigation	_____	_____
B. Provider Experience/Qualifications		
1. Relevant Agency Experience Form	_____	_____
2. Specific Experience (2 pages maximum)	_____	_____
3. Policy and Procedure Manual	_____	_____
C. Services To Be Provided and Staffing		
1. Narrative	_____	_____
a. Licensed Psychiatrists	_____	_____
b. Medical Director	_____	_____
2. Staffing		
a. Proposed Staffing Pattern	_____	_____
b. Job Descriptions	_____	_____
c. Resumes	_____	_____
d. Multi-Cultural Policies And Procedures	_____	_____
e. Letters of Commitment	_____	_____
D. Letters Of Support	_____	_____
E. Timeline	_____	_____
F. Proposed Budget		
1. Detailed Line Item Budget Forms	_____	_____
2. Budget Narratives	_____	_____
	_____	_____

FORM B**AGENCY DESCRIPTION FORM**

1. BIDDER'S LEGAL NAME: _____
(As Specified In The Articles Of Incorporation Or State License)

BUSINESS ADDRESS: _____

2. **CONTRACT SIGNATURE AUTHORITY** - IDENTIFY BELOW THE PERSON EMPOWERED TO SIGN A CONTRACT:

CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE NAME: _____

CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE TITLE: _____

CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE TELEPHONE #: _____ FAX #: _____

If incorporated - Attach Board of Directors resolution empowering the Corporate Officer identified above to act on behalf of the organization by his/her signature alone.

If unincorporated - Attach documentation identifying the person listed above as an Authorized Representative who may act on behalf of the organization by his/her signature alone.

3. DATE ORGANIZATION ESTABLISHED: _____

4. TYPE OF BUSINESS (CHECK ONE):

☐

Nonprofit Corporation

☐

Other (Specify): _____

5. CURRENT ANNUAL OPERATING BUDGET: \$ _____

Operating Budget Generated From:

Government Contracts:	\$ _____	_____ %
Non-Governmental Agencies:	\$ _____	_____ %
Donations:	\$ _____	_____ %
Participant Fees:	\$ _____	_____ %
Other (Specify): _____	\$ _____	_____ %
Other (Specify): _____	\$ _____	_____ %
TOTAL:	\$ _____	_____ %

6. **PROPOSAL CONTACT PERSON** - IDENTIFY BELOW THE PERSON WHO WILL REPRESENT THE ORGANIZATION DURING THE PROPOSAL EVALUATION PROCESS:

PROPOSAL CONTACT PERSON NAME: _____

PROPOSAL CONTACT PERSON TITLE: _____

PROPOSAL CONTACT PERSON TELEPHONE #: _____ FAX #: _____

PROPOSAL CONTACT PERSON EMAIL ADDRESS: _____

PROPOSAL SUBMITTAL AUTHORITY:

The undersigned hereby acknowledges that I have read and understand the contents of, and have authority to submit, the attached proposal on behalf of the above-named organization. It is correct to the best of my knowledge and represents the organization's proposal for the provision of Psychiatric Services to The Orange County Mental Health Evaluation and Treatment Services.

CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

DATE

TELEPHONE #

FORM C**BOARD OF DIRECTORS FORM**

Please provide the following information about your Board of Directors. All information is required except the Social Security Number, which is optional.

Number of Members: _____ Term Length: _____ Meeting Dates: _____

Current Office: _____	Membership Commenced: _____
Name: _____	Membership Expires: _____
Address: _____	Board Term Commenced: _____
City/Zip: _____	Board Term Expires: _____
Telephone: _____	FAX: _____
Occupation: _____	Subcommittees: _____
Social Security Number: _____	Other Affiliations: _____

Current Office: _____	Membership Commenced: _____
Name: _____	Membership Expires: _____
Address: _____	Board Term Commenced: _____
City/Zip: _____	Board Term Expires: _____
Telephone: _____	FAX: _____
Occupation: _____	Subcommittees: _____
Social Security Number: _____	Other Affiliations: _____

Current Office: _____	Membership Commenced: _____
Name: _____	Membership Expires: _____
Address: _____	Board Term Commenced: _____
City/Zip: _____	Board Term Expires: _____
Telephone: _____	FAX: _____
Occupation: _____	Subcommittees: _____
Social Security Number: _____	Other Affiliations: _____

Current Office: _____	Membership Commenced: _____
Name: _____	Membership Expires: _____
Address: _____	Board Term Commenced: _____
City/Zip: _____	Board Term Expires: _____
Telephone: _____	FAX: _____
Occupation: _____	Subcommittees: _____
Social Security Number: _____	Other Affiliations: _____

Use Additional Copies of This Page If Needed

FORM D**OTHER FUNDING SOURCES FORM****COUNTY OF ORANGE CONTRACTS:**☐ Not Applicable

AGENCY/DEPT	FUNDING SOURCE	FUNDING PERIOD	GROSS PROGRAM COST	MEDI-CAL REVENUE	OTHER REVENUE	NET PROGRAM COST
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						

FUNDING OTHER THAN THROUGH THE COUNTY OF ORANGE:☐ Not Applicable

AGENCY/DEPT	FUNDING SOURCE	FUNDING PERIOD	GROSS PROGRAM COST	MEDI-CAL REVENUE	OTHER REVENUE	NET PROGRAM COST
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						
Contact Person Name/Title/Telephone Number:						

Use Additional Copies of This Page If Needed

FORM E**RELEVANT AGENCY EXPERIENCE FORM**

Identify past and current experience in providing services similar to those requested in this RFP.

Description Of Related Services	Length of Time in Business		Selected Region, City, Or Unincorporated Area	Amount of Funding	Funding Source(s)
	Started	Ended*			
Contact Person/Title/Telephone:					
Contact Person/Title/Telephone:					
Contact Person/Title/Telephone:					
Contact Person/Title/Telephone:					
Contact Person/Title/Telephone:					

*Enter "Present" If Still Providing the Identified Services

Use Additional Copies of This Page If Needed

FORM F**BUDGET FORMS**

(Download the following forms from “ETS RFP Budget Tables” file in Bidsync as needed)

- 1. Detailed Line Item Budget Summary**
- 2. Salary and Benefits Detail**
- 3. Services and Supplies (S & S) Detail**
- 4. Subcontractors/Consultants Detail**
- 5. Insurance Detail**
- 6. Sample Budget Justification Format**

ETS PSYCHIATRIC SERVICES RFP

Budget Forms

DETAILED LINE ITEM BUDGET SUMMARY (Budget Form F-1)
July 1, 2010 - June 30, 2011

Provider's Name: _____

<u>Category</u>	<u>Budget</u>
Administration:	
Salaries	0
Benefits	0
Services & Supplies	0
Subcontracts	0
Indirect	0
Total Administration Costs:	\$ -
Program:	
Salaries	0
Benefits	0
Services & Supplies	0
Subcontracts	0
Total Program Costs:	\$ -
TOTAL GROSS COST:	\$ -

SALARY and BENEFITS DETAIL (Budget Form F-2)**July 1, 2010 - June 30, 2011****Exclude payments to subcontractors****Provider's Name:** _____

Title of Position (If known, incumbent's)	Hours Per Week	* FTE	Monthly Salary per FTE	Annual Total Salary	Monthly Benefits per FTE	Annual Total Benefits	% of Salary
Administrative:							
1	0	0	0	0	0	0	#DIV/0!
Name:							
2	0	0	0	0	0	0	#DIV/0!
Name:							
3	0	0	0	0	0	0	#DIV/0!
Name:							
4	0	0	0	0	0	0	#DIV/0!
Name:							
5	0	0	0	0	0	0	#DIV/0!
Name:							
Subtotal:	0	0	0	0	0	0	#DIV/0!
Program:							
1	0	0	0	0	0	0	#DIV/0!
Name:							
2	0	0	0	0	0	0	#DIV/0!
Name:							
3	0	0	0	0	0	0	#DIV/0!
Name:							
4	0	0	0	0	0	0	#DIV/0!
Name:							
5	0	0	0	0	0	0	#DIV/0!
Name:							
6	0	0	0	0	0	0	#DIV/0!
Name:							
7	0	0	0	0	0	0	#DIV/0!
Name:							
8	0	0	0	0	0	0	#DIV/0!
Name:							
9	0	0	0	0	0	0	#DIV/0!
Name:							
10	0	0	0	0	0	0	#DIV/0!
Name:							
Subtotal:	0	0	0	0	0	0	#DIV/0!
TOTAL:	0	0	0	0	0	0	#DIV/0!

(Transferred TOTAL to Budget Form 1)

*FTE is equivalent to 40 hours per week

Add additional lines if necessary

SERVICES AND SUPPLIES ("S & S") DETAIL (Budget Form F-3)**July 1, 2010 - June 30, 2011****Provider's Name:** _____

Category	Administrative	Program
1. Dues, Subscriptions, Licenses		
2. Transportation *		
3. Office Expense		
4. Telephone		
5. Utilities		
6. Equipment		
7. Rent/Mortgage		
8. Printing		
9. Training/Travel (Subject to Specific Approval)		
10. Insurance (Complete Detail on Budget Form 5)		
11. Medical Supplies		
12. Household Supplies		
13. Program Supplies		
14. Other:		
15. Other:		
TOTAL:	\$ -	\$ -
*Indicate your reimbursement rate per mile		

(Transferred TOTAL to Budget Form 1)

SUBCONTRACTORS/CONSULTANTS DETAIL (Budget Form F-4)**July 1, 2010 - June 30, 2011***Use extra pages if necessary.***Provider's Name:** _____

ADMINISTRATIVE:			
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
Duties and Minimum Qualifications:	FTE:		
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
PROGRAM:			
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
Total of Administrative Subcontractor(s)/Consultant(s):			\$ -
Total of Program Subcontractor(s)/Consultant(s):			\$ -
Total of All Subcontractor(s)/Consultant(s):			\$ -

(Transferred TOTAL to Budget Form 1)

INSURANCE DETAIL (Budget Form F-5)
July 1, 2010 - June 30, 2011

Provider's Name: _____

Unless contract requires a higher coverage, contractor will be required to maintain liability and other insurance coverage at a minimum of \$1,000,000. The dollar amount that you submit will be considered your cost for \$1,000,000 coverage or the required higher coverage. All insurance policies, except Workers' Compensation, must contain the following clauses:

- 1) "The County of Orange is added as an additional insured with respect to the operations of the named insured performed under contract with the County of Orange."
- 2) "It is agreed that any insurance maintained by the County of Orange shall apply in excess of and not contribute with, insurance provided by this policy."
- 3) "This insurance shall not be canceled, limited or non-renewed until after 30 days written notice has been given to the County of Orange, Health Care Agency Contract Development & Management, 405 W. 5th St, Suite 600 Santa Ana, California 92701."

Insurance Coverage	Expiration Date	Current Limits	Insurance Agent/Phone	Annual Projected Administrative Premiums	Annual Projected Program Premiums
Worker's Compensation (Statutory)				0	0
Employer's Liability (\$1,000,000)					
Professional Liability (\$1,000,000)					
Comprehensive General Liability Insurance (\$1,000,000)					
Comprehensive Auto Liability Insurance (\$1,000,000)					
Sexual Misconduct (\$1,000,000)					
Performance Bond (\$1,000,000)					
Total Insurance Premiums:				\$ -	\$ -

(Transfer TOTAL to Budget Form 3)

Remarks: _____

Sample Budget Justification (Budget Form F-6)
July 1, 2010 - June 30, 2011

Provider's Name: _____

Personnel

Position 1:

Position 2:

Position 3:

Position 4:

Position 5:

Operating Expenses

a) Dues, Subscriptions, Licenses

b) Transportation

c) Office Expense

d) Telephone

e) Utilities

f) Equipment

g) Rent/Mortgage

h) Printing

i) Training/Travel

j) Insurance

k) Medical Supplies

l) Household Supplies

m) Program Supplies

n) Subcontracts

o) Other Expenses

1)

2)

Question and Answers for Bid #042CDMFY09017 - RFP - Psychiatric Svcs to The OC Mental Health Eval. & Treatment Svcs Unit (ETS)

OVERALL BID QUESTIONS

There are no questions associated with this bid. If you would like to submit a question, please click on the "Create New Question" button below.

Question Deadline: Nov 13, 2009 5:00:00 PM PST