



County of Solano
Health and Social Services Department
Amendment 2

Request for Proposals
for

**Psychiatric Health Facility (PHF) or a Combination of
Short-Term Crisis Residential Treatment (CRT) and a
Psychiatric Health Facility (PHF).**

REVISED FINAL SUBMISSION DATE:

November 9, 2009, 4:00 PM (PST)

Health and Social Services



275 Beck Avenue, MS 5-200
PO Box 4090
Fairfield, CA 94533

707-784-8407
Fax (707) 421-3207

October 29, 2009

Pursuant to Request for Proposal (RFP) Psychiatric Health Facility (PHF) or a Combination of Short-Term Crisis Residential Treatment (CRT) and a Psychiatric Health Facility (PHF), section 3.20, the County of Solano has amended this RFP to reflect

1) The County's response to comments/questions submitted by potential proposers (attachment 1).

Please note: The comment period has elapsed (see Section 2). The County will not accept any further questions or comments prior to award of this RFP unless requested by the County.

2) The County has amended the following dates:

a) Section 2, Event 6, County Issues Responses to Written Comments – Revised date from October 23rd to **October 29th, 2009**.

b) Section 2, Event 7, Deadline for Submitting a Proposal and County Opens Technical Proposals – Revised date from November 6th to **November 9th, 2009** (attachment 2)

All other terms and conditions and other requirements contained in the RFP remain unchanged. Also, complete the amendment acknowledgement letter (attachment 3) and return with your proposal. Failure to include the amendment acknowledgement letter with proposal may render it non-responsive and may be rejected by the County.

The County of Solano thanks you for your expressed interest in its RFP and looks forward to your proposal.

Respectfully,

Christine Taylor Westdyk

Christine Taylor Westdyk
RFP Coordinator

Attachments:

1. County's answers to proposers' questions
2. Revised Schedule of Events
3. Amendment acknowledgement confirmation letter



Solano County Health and Social Services
Mental Health Division
**Request for Proposals for Psychiatric Hospital (PHF) or a Combination of
Short-Term Crisis Residential Treatment (CRT) and a Psychiatric Hospital
Facility (PHF)**

Written Responses to Questions from Pre-Proposal Conference

October 9, 2009

1. Can we have a tour and floor plan of the County PHF? **Yes. There will be a tour arranged for those submitting a Letter of Intent on October 14, 2009.**
2. Please define/elaborate on 10 year requirement for organizations: Can the principals of the organization qualify for 10 year experience or must the proposed CBO have been organized/operating an entity providing PHF services? **The principals of the organization can qualify for the 10 years experience.**
3. Given the variability in program designs can an organization submit more than one proposal? **Yes**
4. Minimum requirement – 10 years of PHF or 10 years providing psychiatric health facility services? **Either one as long as the applicant can show experience and ability to treat acute type services.**
5. If combined proposal for CRT/PHF is there a minimum number of PHF beds desired? **No**
6. What is the amount of PHF beds in Solano County? **The county currently owns 16 beds and has other beds through CBH (Vallejo) that are subject to availability.**
7. Under Proposal Format and Content pg 17 – Can you define direct and indirect administrative costs? **Please see OMB Circular A-87 for definitions.**
8. Under the Scope of Work opening paragraph 4 pg 22 – Would a proposal be considered that offered two programs (PHF & CRT combination) in two distinct sites be considered? **Yes**
9. Under the Scope of Work general – Would a program that offered Crisis Stabilization in addition to a PHF and CRT combination be considered? **Yes**
10. Under the Scope of Work opening paragraph pg 21 – Would the county consider a MediCal only PHF? Would proposing a non-Medicare MediCal PHF proposal be disqualified? **Yes we would consider a MediCal only PHF but the proposal would not be considered a strong application. No the proposal would not be disqualified for submitting a non-Medicare proposal.**
11. Under minimum requirements, bullet point 2 pg 22- Can a provider who does not meet the ten years of operating a PHF but has forty years providing psychiatric sub-acute and stabilization services, serving over 2000 individuals annually throughout California apply for this RFP or will the less than 10 years of operating a PHF be a disqualification? **The application would not be disqualified but the applicant should show qualifications and experience that prove they can meet the needs of clients in an acute setting.**
12. Under minimum requirements, bullet point 5 pg 22- How do you define “acute crisis”? **A client exhibiting a score of less than 40 as defined by Global Assessment of Relational Functioning (GARF) Scale.**
13. Under minimum requirements, bullet point 15 pg 22 – How do define “a such facility”? We have operated sub acute psychiatric stabilization programs for over 40 years but may not meet the 2 year experience specifically with a PHF. **The “such facility” references the previous bullet “operate out of their own facility/facilities”; so show experience operating out of your own facility.**

14. Are there any minimum and maximum bed parameters? Example of a proposal for a 10 bed PHF and a 10 bed CRT? **No**
15. Is there a budget cap or estimate for this RFP? **No**
16. Under budget detail pg 34 #3 B. retain revenues from a third party – Do you have the historical revenue data from the current provider? **Yes, please see attached Table 1 (6 pages)**
17. Can you expand on the following sentence? “Proposers may offer to provide services at the County’s existing facility located at 2101 Courage Drive, Fairfield, or in an existing or new facility of the proposer’s choosing.” Does this imply that the PHF can be located either in Solano County or another county? **Yes, but that is not desirable.**
18. Can you expand on the following: If an organization elects to make a proposal for both a transitional and an augmented PHF. What is the definition of transitional or is this a typo and should be traditional instead? **Should be traditional PHF.**
19. Can you expand on the following: A minimum of ten years in operating psychiatric health facilities; Can the minimum of ten years operating experience include experience in the operations of acute care free standing psychiatric hospitals and/or experience in the operations of psychiatric units in a general acute care hospital? PHFs, free standing psychiatric hospitals and psychiatric units in a general acute care hospital are all acute care setting. **Yes**
20. What rent would be charged for the use of the existing facility? **\$16,062.50 per Month**
21. Is the layout of the existing facility amenable to operating both a PHF and CRT? **That depends on contractor. Facility could be modified or renovated to accommodate both.**
22. Would a proposal for the PHF at the existing facility and a new crisis residential offsite be considered? If so what would the maximum number of CRT beds that would be considered? **Yes, contractor to determine number of CRT beds.**
23. Does the “Proposed Cost” requested on Attachment F exclude any offsets by insurance reimbursement? **Yes. Note that this will be part of your itemized revenue and expense projections.**
24. p. 3 (1.3) – The contract duration is stated as January 5, 2010 through December 31, 2012. The Budget Forms for the cost proposal have 3 terms lasting through June 30, 2012. Should a fourth term to include the July 1, 2012 through December 31, 2012 period be included as well? **Yes, you are correct. This will coincide with “Cost Proposal Format” period of 1/5/2010 to 12/31/2012.**
25. Will operations and funding of the program begin on January 1, 2010? **That is the goal but may need to be amended if the proposed contract is not approved by that date.**
26. Are utilities included in this cost? If not, could you provide an estimate on the cost of utilities? **In FY0809, the telephone, voicemail, garbage, gas, electric, and water were over \$29,000.**
27. Does the county provide maintenance for the existing facility? If so, what is the cost of the maintenance? **Yes. In FY0809, maintenance and custodial were over \$42,000**
28. p. 17 (5.3.5) – States that the cost proposal should include the job titles, skill level, and area in facility of assignment of the FTEs in the program. Should these items be listed out under Personnel in the Line Item column in the Line Item Budget Forms, or is there a better area to report that information? **Please list in the line item budget.**
29. p. 17 (5.3.5) – Requests that anticipated revenue from all sources be listed in the budgets for the cost proposal. There does not appear to be a line item in the budget forms for revenue from other sources. Where would you like this listed? **There is a column on the line item budget for this information.**
30. Will the County provide excel versions of the cost proposal for submission? **Yes, they were sent out to every entity that submitted a letter of intent.**
31. p. 34 (3. C.) – Indicates that the county will reimburse Contractor for services for patients for whom the County is unable to provide evidence if either public or private insurance. Question: In cases where clients have public or private insurance, but the insurance is insufficient to cover total cost for that client, will the county reimburse the difference? **No**

32. p. 53 (O. B.) – County will be responsible for repairs and maintenance of those fixed assets listed on attached D-7. Contractor will be responsible for repairs and maintenance on those fixed assets purchased subsequent to the initial agreement. Question – is the county responsible for repairs and maintenance costs that are part of this initial contract? What is defined as fixed assets in terms of this contract? [The parties will jointly inspect the Building and Other Fixed Assets before the contract. During the contract, the county will repair and maintain the Building and Other Fixed Assets and the costs will be charged to the contractor. Please see attached Exhibit D-7 of Other Fixed Assets.](#)
33. Is start up funding available? [No](#)
34. Are providers who subcontract on a fee for service hourly basis (i.e., for psychiatrist services) required to complete all of the line items on the Subcontractor Budget form (Attachment 1), or is including the total cost on the Staff Member Line acceptable? [The total cost of the Staff Member Line is fine – we may ask for more details during contract negotiation](#)
35. Can the proposal include use of space at 2101 Courage Dr. in addition to the space already occupied by the PHF? [There are some offices that are currently used by existing PHF contractor for medical records etc.](#) The RFP limits indirect costs to 10%. Is the ten percent limit on indirect costs an intentional and absolute limit? [Yes.](#) If this is not financially feasible, are contractors able to propose another financial model? [Yes, other proposals will be considered.](#)
36. Page 17 of the RFP references profit and loss sharing. Are contractors able to propose an alternative to this arrangement? [If contractor is not going to address a profit and loss sharing they must address why they aren't going to address it and why they recommend the alternative that they are proposing.](#)
37. Page 27 references the County Crisis Unit (which is no longer operating) as a referral source. Could the County clarify this section of the RFP? [County Crisis Unit refers to Mobile Crisis services which will be making referrals.](#)
38. Are total costs to be presented with or without revenue offsets? [With revenue offsets, this will be part of your itemized revenue and expense projections.](#)
39. Can both PHF and CRT beds be operated simultaneously in the same (existing) facility? [It would depend on proposer. Option is doable with renovations to existing facility.](#)
40. How does a bidder reflect the sources and methods for calculating things like MediCal and MediCare rates and cost per discharge without breaking the prohibition on narrative in the budget section? [Create an attachment that will be a part of your itemized revenue and expense projections and include with your cost proposal.](#)
41. What is the anticipated maximum number of new CRT beds in addition to sixteen PHF beds? [There is no maximum suggested. The CRT beds may also be a part of the 16 PHF beds thus decreasing the number of PHF beds.](#)
42. Does a non-traditional PHF mean a PHF that can be reimbursed for care by MediCare? [Yes.](#)
43. Does the RFP require that the PHF have Medicare certification? [No, but MediCal certification is required.](#)
44. Regarding the DMH Certification /license - Who is the current licensee for the PHF - Solano County or Telecare? [Telecare](#)
45. Regarding the Medical-Clinical Staff - In addition to psychiatrists, can staff membership include – PhDs, Psychiatric Nurse Practitioners and Physician Assistance? CMS regulation 482.12 (a) (1) allows for the inclusion of these licensed professionals. [Yes](#)

46. What is the utilization data for both the PHF and Crisis Residential Facility for the following time periods:

FY 08 – 09 1st Q FY 09 – 10

- a. # admits
 - b. admits by payor
 - c. ADC
 - d. ADC by payor
 - e. ALOS
 - f. ALOS by payor
 - g. Re-admission rate
 - h. Re-admission rate by payor
- # admits FY 08/09 = 651* FY09/10 Q1=215
 *includes duplicated admissions (readmissions)

admits by payor**

FY 08/09

| Mcare | OthMcal | SPHP | Pndg | CMSP | OthCMSP | CoCon | OthCnty | NapInd | SonCo | 49Jail | Ksr | BSh | Prvt | UBH | Totals |
|-------|---------|------|------|------|---------|-------|---------|--------|-------|--------|-----|-----|------|-----|--------|
| 139 | 164 | 125 | 31 | 65 | 13 | 48 | 20 | 3 | 8 | 0 | 45 | 5 | 19 | 11 | 696 |

FY 09/10 Q1

| Mcare | OthMcal | SPHP | Pndg | CMSP | OthCMSP | CoCon | OthCnty | NapInd | SonCo | 49Jail | Ksr | BSh | Prvt | UBH | Totals |
|-------|---------|------|------|------|---------|-------|---------|--------|-------|--------|-----|-----|------|-----|--------|
| 39 | 29 | 61 | 43 | 16 | 0 | 2 | 4 | 0 | 0 | 0 | 5 | 5 | 8 | 3 | 215 |

ADC

FY 08/09 = 10.55 FY 09/10 Q1 = 11.99

ADC by payor**

FY 08/09

| Mcare | OthMcal | SPHP | Pndg | CMSP | OthCMSP | CoCon | OthCnty | NapInd | SonCo | 49Jail | Ksr | BSh | Prvt | UBH |
|-------|---------|------|------|-------|---------|-------|---------|--------|-------|--------|-----|-----|------|-----|
| 2.616 | 2.5178 | 2.25 | 0.33 | 0.679 | 0.09863 | 0.436 | 0.1945 | 0.025 | 0.151 | 0 | 0.6 | 0 | 0.3 | 0.3 |

FY 09/10 Q1

| Mcare | OthMcal | SPHP | Pndg | CMSP | OthCMSP | CoCon | OthCnty | NapInd | SonCo | 49Jail | Ksr | BSh | Prvt | UBH |
|-------|---------|------|------|-------|---------|-------|---------|--------|-------|--------|-----|-----|------|-----|
| 3.065 | 1.3478 | 3.6 | 1.88 | 0.576 | 0 | 0.076 | 0.1304 | 0 | 0 | 0 | 0.3 | 0.2 | 0.6 | 0.3 |

ALOS

FY 08/09 = 6.51 FY09/10 Q1=4.37

Based on information received so far from Mobile Crisis

ALOS by payor

Not tracked – I track bed use not LOS by payor

Re-admission rate

FY 08/09 = 15% FY 09/10 Q1 = 13%

Re-admission rate by payor

Not tracked

**includes payor change during stay as a new admission therefore totals will not match total admissions

Exhibit D-7

EQUIPMENT INVENTORY
Solano Psychiatric Health Facility (PHF)

**Inventory of Items To Be Used
In Operation of The
Solano Park Acute Care Facility**

Institutional Furniture

| | |
|----|-------------------------------|
| 16 | trundle beds |
| 1 | night stands w/lamp, 3 drawer |
| 6 | wardrobes w/desk |
| 1 | marker board w/easel |
| 1 | tv/vcr cabinet |

Kitchen Equipment

Medical Equipment

| | |
|---|----------------------|
| 2 | carts, medical chart |
| 1 | cart, medication |
| 1 | oxygen cart/cylinder |

Office Equipment

| | |
|----|---|
| 2 | calculators |
| 1 | safe |
| 1 | typewriter |
| 21 | artwork (for corridors, pt rooms and day room, must be screwed to wall) |
| 1 | bookcases, 5 shelf |
| 1 | storage cabinet 3 x 6 |
| 4 | executive desks, 2 pedestal |
| 1 | executive desk, right return |
| 3 | file cabinets, lateral 2 drawer |
| 2 | file cabinets, lateral 4 drawer |
| 2 | utility tables 3 x 5 |
| 4 | utility tables 3 x 3 |

Recreational Equipment

| | |
|---|-------------------------------|
| 1 | basketball hoop and backboard |
|---|-------------------------------|

Utility Equipment

NONE

Solano PHF Accrued Revenue Billed to Other Payers
June 2009

| Executive Census Report for May 2009 | | | | | | | | | | |
|--------------------------------------|----------------------|----------------------------|---------|--------------------------------|------------|--------|-------------------------|---------|----------------------|--------------------|
| | Current Month Census | | | Retroactive Census Adjustments | | | Current Mo. Grand Total | | Medi-Cal Adjustments | Total Other Payers |
| | Days | Rate | Amount | Days | Rate | Amount | Days | Amount | | |
| Medicare | 84 | \$850.00 | 71,400 | - | - | - | 84 | 71,400 | - | 71,400 |
| Medicaid | 25 | \$846.00 | 21,150 | 1 | \$846.00 | 846 | 26 | 21,996 | 13,625 | 35,621 |
| Solano Partnership | 90 | \$846.00 | 76,140 | 1 | \$846.00 | 846 | 91 | 76,986 | - | 76,986 |
| Undetermined | 56 | See YTD adjustment on bill | - | -29 | - | - | 27 | - | - | - |
| CMSP | 25 | \$692.75 | 17,319 | 20 | \$692.75 | 13,855 | 45 | 31,174 | - | 31,174 |
| Solano County | 1 | See net invoice amount | - | 8 | - | - | 9 | - | - | - |
| Other Counties: | | | | | | | | | | |
| Butte | | \$943.00 | - | | \$943.00 | - | 0 | - | - | - |
| Contra Costa | | \$934.00 | - | | \$934.00 | - | 0 | - | - | - |
| Marin | | \$943.00 | - | | \$943.00 | - | 0 | - | - | - |
| Mendocino | | \$934.00 | - | | \$934.00 | - | 0 | - | - | - |
| Napa | | \$943.00 | - | | \$943.00 | - | 0 | - | - | - |
| Sacramento | 2 | \$943.00 | 1,868 | - | - | - | 2 | 1,868 | - | 1,868 |
| Shasta | | \$934.00 | - | | \$934.00 | - | 0 | - | - | - |
| Sonoma Co. | 8 | \$934.00 | 7,472 | -1 | \$934.00 | (934) | 7 | 6,538 | - | 6,538 |
| Sonoma Sheriff | | \$934.00 | - | | \$934.00 | - | 0 | - | - | - |
| Yolo County | | \$817.50 | - | | \$817.50 | - | 0 | - | - | - |
| Subtotal: Other Counties | 10 | - | - | -1 | - | - | 9 | - | - | - |
| Kaiser | 7 | \$846.00 | 5,922 | - | \$846.00 | - | 7 | 5,922 | - | 5,922 |
| Private Pay | | \$1,448.32 | - | | \$1,448.32 | - | 0 | - | - | - |
| Insurance: | | | | | | | | | | |
| Aetna | 15 | \$945.00 | 14,175 | - | \$945.00 | - | 15 | 14,175 | - | 14,175 |
| Blue Cross (Anthem) | | \$930.00 | - | | \$930.00 | - | 0 | - | - | - |
| Blue Shield | 6 | \$940.00 | 5,640 | - | \$940.00 | - | 6 | 5,640 | - | 5,640 |
| Cigna | | \$984.00 | - | | \$984.00 | - | 0 | - | - | - |
| Global Excel | | \$1,440.00 | - | | \$1,440.00 | - | 0 | - | - | - |
| Magellan | | \$885.00 | - | | \$885.00 | - | 0 | - | - | - |
| Healthnet/MHN | 8 | \$950.00 | 6,800 | - | \$950.00 | - | 8 | 6,800 | - | 6,800 |
| TriCare | 11 | \$850.00 | 8,800 | - | \$850.00 | - | 11 | 8,800 | - | 8,800 |
| UBH | 40 | \$940.00 | 10,340 | - | \$940.00 | - | 40 | 10,340 | - | 10,340 |
| Subtotal: Insurance | 338 | - | 238,226 | 0 | - | 14,613 | 338 | 252,839 | 13,625 | 266,463 |

Table 1

Solano PHF Accrued Revenue Billed to Other Payers
 May 2009

| Executive Census Report for May 2009 | | | | | | | | | | |
|--------------------------------------|----------------------|----------------------------|---------|--------------------------------|----------|--------|-------------------------|---------|-----------------------------|--------------------|
| | Current Month Census | | | Retroactive Census Adjustments | | | Current Mo. Grand Total | | Medi-Cal Copy Limit Waivers | Total Other Payers |
| | Days | Rate | Amount | Days | Rate | Amount | Days | Amount | | |
| Medicare | 75 | \$850.00 | 63,750 | | \$850.00 | - | 75 | 63,750 | | 63,750 |
| Medicaid | 71 | \$846.00 | 60,066 | | \$846.00 | - | 71 | 60,066 | (34,559) | 25,507 |
| Solano Partnership | 58 | \$846.00 | 49,068 | 24 | \$846.00 | 20,304 | 82 | 69,372 | | 69,372 |
| Undetermined | 72 | See YTD adjustment on bill | | -32 | | - | 40 | - | | - |
| CMSP | 30 | \$692.75 | 20,783 | 6 | \$692.75 | 4,157 | 36 | 24,939 | | 24,939 |
| Solano County | 12 | See net invoice amount | | | | | 12 | - | | - |
| Other Counties: | | | | | | | | | | |
| Sacramento | 2 | \$934.00 | 1,868 | | \$934.00 | - | 2 | 1,868 | | 1,868 |
| Sonoma Co. | 1 | \$934.00 | 934 | | \$934.00 | - | 1 | 934 | | 934 |
| Subtotal: Other Counties | 3 | \$846.00 | 23,688 | 0 | \$846.00 | - | 3 | 23,688 | | 23,688 |
| Kaiser | 28 | \$846.00 | 23,688 | | \$846.00 | - | 28 | 23,688 | | 23,688 |
| Insurance: | | | | | | | | | | |
| Aetna | 5 | \$945.00 | 4,725 | | \$945.00 | - | 5 | 4,725 | | 4,725 |
| Blue Cross (Anthem) | 4 | \$930.00 | 3,720 | | \$930.00 | - | 4 | 3,720 | | 3,720 |
| Blue Shield | 8 | \$940.00 | 7,520 | | \$940.00 | - | 8 | 7,520 | | 7,520 |
| Cigna | 1 | \$984.00 | 984 | | \$984.00 | - | 1 | 984 | | 984 |
| Healthnet/MH/N | 1 | \$950.00 | 950 | | \$950.00 | - | 1 | 950 | | 950 |
| TriCare | 7 | \$850.00 | 5,950 | | \$850.00 | - | 7 | 5,950 | | 5,950 |
| UBH | 3 | \$940.00 | 2,820 | 2 | \$940.00 | 1,880 | 5 | 4,700 | | 4,700 |
| Subtotal: Insurance | 29 | | 246,826 | 0 | | 26,341 | 31 | 273,166 | (34,559) | 238,607 |
| | 378 | | | | | | 378 | | | |

(2)

PHF Accrued Revenue Billed to Other Payers
 April 2009

| Executive Census Report for April 2009 | | | | | | | | |
|--|----------------------|----------------------------|---------|--------------------------------|------------|----------|-------------------------|----------|
| | Current Month Census | | | Retroactive Census Adjustments | | | Current Mo. Grand Total | |
| | Days | Rate | Amount | Days | Rate | Amount | Days | Amount |
| Medicalicare | 28 | \$850.00 | 23,800 | -4 | \$850.00 | (3,400) | 24 | 20,400 |
| Medicalicaid | 72 | \$846.00 | 60,912 | 12 | \$846.00 | 10,152 | 84 | 71,064 |
| Medi-Cal Partnership | 66 | \$846.00 | 55,836 | 9 | \$846.00 | 7,614 | 75 | 63,450 |
| Medi-Cal Determined | 23 | See YTD adjustment on bill | | -31 | | | -8 | - |
| Medi-Cal ISP | 35 | \$692.75 | 24,246 | 21 | \$692.75 | 14,548 | 56 | 38,794 |
| Medi-Cal County | 5 | See net invoice amount | | -12 | | | -7 | - |
| Other Counties: | | | | | | | | |
| Contra Costa | | \$934.00 | - | -12 | \$934.00 | (11,208) | -12 | (11,208) |
| Napa | 2 | \$943.00 | 1,886 | | \$943.00 | - | 2 | 1,886 |
| Sonoma Co. | | \$934.00 | - | -1 | \$934.00 | (934) | -1 | (934) |
| Subtotal: Other Counties | 2 | | | -13 | | | -11 | |
| Medi-Cal User | 36 | \$846.00 | 30,456 | | \$846.00 | - | 36 | 30,456 |
| Private Pay | | \$1,448.32 | - | 18 | \$585.00 | 10,530 | 18 | 10,530 |
| Insurance: | | | | | \$1,448.32 | - | 0 | - |
| Blue Cross | 6 | \$719.10 | 4,315 | | \$719.10 | - | 6 | 4,315 |
| Blue Shield | 1 | \$930.00 | 930 | | \$930.00 | - | 1 | 930 |
| UBH | 31 | \$940.00 | 29,140 | | \$940.00 | - | 31 | 29,140 |
| Subtotal: Insurance | 38 | | | 0 | | | 38 | |
| | 305 | | 231,521 | 0 | | 27,302 | 305 | 258,823 |

Solano PHF Accrued Revenue Billed to Other Payers
 March 2009

| Executive Census Report for March 2009 | | | | | | | | |
|--|----------------------|----------------------------|---------|--------------------------------|----------|----------|-------------------------|---------|
| | Current Month Census | | | Retroactive Census Adjustments | | | Current Mo. Grand Total | |
| | Days | Rate | Amount | Days | Rate | Amount | Days | Amount |
| Medicare | 91 | \$850.00 | 77,350 | 7 | \$850.00 | 5,950 | 98 | 83,300 |
| Medicaid | 100 | \$846.00 | 84,600 | -17 | \$846.00 | (14,382) | 83 | 70,218 |
| Solano Partnership | 75 | \$846.00 | 63,450 | | \$846.00 | - | 75 | 63,450 |
| Undetermined | 54 | See YTD adjustment on bill | | -28 | | | 26 | - |
| CMSP | 16 | \$692.75 | 11,084 | 12 | \$692.75 | 8,313 | 28 | 19,397 |
| Solano County | 14 | See net invoice amount | | 29 | | | 43 | - |
| Other Counties: | | | | | | | | |
| Napa | | \$943.00 | - | -3 | \$943.00 | (2,829) | -3 | (2,829) |
| Sacramento | 4 | \$934.00 | 3,736 | | \$934.00 | - | 4 | 3,736 |
| Sonoma Co. | 1 | \$934.00 | 934 | | \$934.00 | - | 1 | 934 |
| Subtotal: Other Counties | 5 | | | -3 | | | 2 | |
| Kaiser | 22 | \$975.33 | 21,457 | | \$975.33 | - | 22 | 21,457 |
| Insurance: | | | | | | | | |
| UBH | 3 | \$940.00 | 2,820 | | \$940.00 | - | 3 | 2,820 |
| Subtotal: Insurance | 3 | | | | | | 3 | |
| | 380 | | 265,431 | -3 | | (2,948) | 380 | 262,483 |

Plano PHF Accrued Revenue Billed to Other Payers
February 2009

| Executive Census Report for February 2009 | | | | | | | | |
|---|----------------------|----------------------------|---------|--------------------------------|----------|---------|-------------------------|---------|
| | Current Month Census | | | Retroactive Census Adjustments | | | Current Mo. Grand Total | |
| | Days | Rate | Amount | Days | Rate | Amount | Days | Amount |
| Medicare | 81 | \$850.00 | 68,850 | -4 | \$850.00 | (3,400) | 77 | 65,450 |
| Medicaid | 24 | \$846.00 | 20,304 | 4 | \$846.00 | 3,384 | 28 | 23,688 |
| Solano Partnership | 67 | \$846.00 | 56,682 | 12 | \$846.00 | 10,152 | 79 | 66,834 |
| Indetermined | 9 | See YTD adjustment on bill | | -28 | | | -19 | - |
| CMSP | 6 | \$692.75 | 4,157 | 6 | \$692.75 | 4,157 | 12 | 8,313 |
| Solano County | 1 | See net invoice amount | | 10 | | | 11 | - |
| Other Counties: | | | | | | | | |
| Contra Costa | 2 | \$934.00 | 1,868 | | \$934.00 | - | 2 | 1,868 |
| Marin | 3 | \$895.00 | 2,685 | | \$895.00 | - | 3 | 2,685 |
| Subtotal: Other Counties | 5 | | | | | | 5 | |
| Kaiser | 11 | \$975.33 | 10,729 | | \$975.33 | - | 11 | 10,729 |
| Insurance: | | | | | | | | |
| Aetna | 3 | \$850.00 | 2,550 | | \$850.00 | - | 3 | 2,550 |
| UBH | 4 | \$940.00 | 3,760 | | \$940.00 | - | 4 | 3,760 |
| Subtotal: Insurance | 7 | | | | | | 7 | |
| | 211 | | 171,584 | 0 | | 14,293 | 211 | 185,877 |

Solano PHF Accrued Revenue Billed to Other Payers
January 2009

| Executive Census Report for January 2009 | | | | | | | | |
|--|----------------------|----------------------------|---------|--------------------------------|----------|---------|-----------------------|---------|
| | Current Month Census | | | Retroactive Census Adjustments | | | Current Mo. Grand Tot | |
| | Days | Rate | Amount | Days | Rate | Amount | Days | Amount |
| Medicare | 41 / | \$850.00 | 34,850 | -10 ✓ | \$850.00 | (8,500) | 31 | 26,350 |
| Medicaid | 53 ✓ | \$846.00 | 44,838 | 16 ✓ | \$846.00 | 13,536 | 69 | 58,374 |
| Solano Partnership | 74 ✓ | \$846.00 | 62,604 | -11 ✓ | \$846.00 | (9,306) | 63 | 53,298 |
| Undetermined | 31 ✓ | See YTD adjustment on bill | | -20 ✓ | | | 11 | |
| CMSP | 11 ✓ | \$692.75 | 7,620 | 11 ✓ | \$692.75 | 7,620 | 22 | 15,240 |
| Solano County | 6 ✓ | See net invoice amount | | 9 ✓ | | | 15 | |
| Other Counties: | | | | | | | | |
| Contra Costa | 2 | \$934.00 | 1,868 | | \$934.00 | - | 2 | 1,868 |
| Marin | 6 | \$895.00 | 5,370 | | \$895.00 | - | 6 | 5,370 |
| Sacramento | | \$934.00 | - | -6 ✓ | \$934.00 | (5,604) | -6 | (5,604) |
| Sonoma Co. | 7 | \$934.00 | 6,538 | | \$934.00 | - | 7 | 6,538 |
| Subtotal: Other Counties | 15 ✓ | | | | | | 9 | |
| Kaiser | 8 ✓ | \$975.33 | 7,803 | 11 ✓ | \$975.33 | 10,729 | 19 | 18,532 |
| Insurance: | | | | | | | | |
| Aetna | 1 | \$850.00 | 850 | | \$850.00 | - | 1 | 850 |
| TriCare | 15 | \$850.00 | 12,750 | | \$850.00 | - | 15 | 12,750 |
| UBH | 11 | \$940.00 | 10,340 | | \$940.00 | - | 11 | 10,340 |
| Subtotal: Insurance | 27 ✓ | | | | | | 27 | |
| | 266 | | 195,431 | 0 | | 8,475 | 266 | 203,906 |

2 RFP SCHEDULE OF EVENTS

The following RFP Schedule of Events represents the County's best estimate of the schedule that shall be followed. Unless otherwise specified, the time of day for the following events shall be between 8:00 a.m. and 4:30 p.m., Pacific Time.

The County reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be provided to all vendors that submitted a Letter of Intent to Propose.

| | EVENT | DATE | TIME |
|-----------|--|--------------------|-------------|
| 1 | County Issues RFP | September 28, 2009 | |
| 2 | Deadline for Potential Contractors or Vendors with a Disability to Make Accommodation Requests | October 1, 2009 | |
| 3 | Mandatory Pre-proposal Conference | October 9, 2009 | 2:00 p.m. |
| 4 | Deadline for <i>Letter of Intent to Propose</i> | October 14, 2009 | |
| 5 | Deadline for Written Comments | October 16, 2009 | |
| 6 | County Issues Responses to Written Comments | October 29, 2009 | |
| 7 | Deadline for Submitting a Proposal <u>and</u> County Opens Technical Proposals | November 9, 2009 | 4:00 PM |
| 8 | County Completes Technical Evaluations | November 20, 2009 | |
| 9 | County Opens Cost Proposal | November 20, 2009 | |
| 10 | County Completes Cost Evaluations | November 20, 2009 | |
| 11 | County Sends a written Notice of Intent to Award | November 23, 2009 | |
| 12 | Conclusion of Contract Negotiation, and Contract Signing | January 5, 2010 | |
| 13 | Anticipated Contract Start Date | January 5, 2010 | |



County of Solano
Health and Social Services Department
Amendment 2

Request for Proposals
for

**Psychiatric Health Facility (PHF) or a Combination of
Short-Term Crisis Residential Treatment (CRT) and a
Psychiatric Health Facility (PHF).**

DATE OF AMENDMENT: OCTOBER 29, 2009; 5:00 P.M. (PST)

Final Submission Date: November 9, 2009, 4:00 PM (PST)

ACKNOWLEDGEMENT

This Amendment must be signed and returned with your proposal, or otherwise acknowledged, prior to the Closing Date and Time listed on the RFP cover sheet. If you have already submitted a proposal and need to make corrections, submit a corrected proposal with this Amendment prior to the Closing.

Offeror

Signature

Name and Title

Date

RETURN THIS PAGE WITH RFP RESPONSE