



HOWARD COUNTY, MARYLAND
OFFICE OF PURCHASING
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ADDENDUM NO. 1

February 29, 2016

Request for Proposal No. 12-2016

Residential Substance Use Disorder Treatment
REVISED Due Date: March 9, 2016 Time: Prior to 11:00 a.m.

This addendum is hereby made a part of this Request for Proposal No. 12-2016. Please note the following changes and attachments as a result of the pre-proposal conference on February 18, 2016, and questions received by the due date and time for questions. Submit the bid accordingly.

Changes/Clarifications/Information

1. Change RFP due date from March 2, 2016 at 11:00 A.M. to March 9, 2016 prior to 11:00 A.M.
2. Refer to RFP Section G, Price Proposal Cover Page. Replace original Price Proposal Sheet with the attached REVISED Price Proposal Sheet. Only Revised Price Proposal Sheets shall be accepted. RFP responses with the original Price Proposal Sheet shall be considered unresponsive.
3. Refer to RFP Section G, Revised Price Proposal Page. The following changes have been made to the original price page:
 - The Estimate Length of Stay for Item No. 5 was edited to 180 days from 21 days.
 - Removal of estimated annual quantities of clients provided by the County. Bidders are now required to submit their estimated annual quantity of clients for each level of treatment listed in addition to the unit price and extended price columns.
4. Refer to RFP Section E, Submission Documents. Add the following submission requirement: "2.1.5.10 The title of the assessment tool and describe how the tool meets COMAR 10.47.01.04 requirements."
5. Refer to RFP Section F, Technical Proposal Cover Page. Change title to read: Residential Substance Use Disorder Treatment.
6. Refer to RFP Section D 14.1 Evaluation of Offers. Delete this section in its entirety and replace with the following: "The County intends to make awards to the responsible Contractor(s) whose proposals represent the best value to the County on a lump sum basis, individual item basis, groups of items basis, or any combination basis, which best meets the needs of the County."

Questions/Responses

1. **Question:** Refer to RFP Section D 3.5 which states, “The Contractor shall use an assessment tool in compliance with COMAR 10.47.” How shall bidders’ document the assessment tool meets COMAR 10.47 requirements?
Response: Bidders shall submit the title of the assessment tool and describe how the tool meets COMAR 10.47.01.04.
2. **Question:** Refer to RFP Section D 3.25. How does this apply to grant funding placements?
Response: This is a COMAR 10.47 requirement regardless of utilizing grant funds or not.
3. **Question:** Refer to RFP Section E 2.1.5.9 Technical Submittal. A copy of the State of Maryland certification for your company. Is the bidding program required to have certification and accreditation documentation if accredited?
Response: If the substance use disorder treatment program is accredited, certification is also required. A program shall be certified in accordance with COMAR 10.47.04.
4. **Question:** Refer to Section D8, Estimated Contract Value. The estimated contract value group Category A, \$30,000-\$75,000, does not seem to compare to the price proposal cover page?
Response: See item no. 2 and 3 in the Changes/Clarifications/Information section above.
5. **Question:** In reference to the price proposal cover page, should the length of stay be extended for ASAM Level 3.3 given the fact that clients tend to stay in this level of care longer than 21 days as listed on the price proposal cover page?
Response: See item no. 2 in the Changes/Clarifications/Information section above.
6. **Question:** Refer to RFP Section D 3.4 Would the County consider bidders who bid only one level of care? Can it be gender specific?
Response: Yes.
7. **Question:** Who develops assessment procedures? What is done with documentation?
Response: The vendor shall comply with the assessment standards in COMAR 10.47 and their accreditation standards if accredited. The vendor shall maintain the documentation.
8. **Question:** Will the County split treatment levels between awarded vendors?
Response: Vendors will be awarded for levels of care based on the needs of the County.
9. **Question:** Can one proposal be for multiple locations/levels of care? If yes, if one location is not acceptable, does that eliminate the other locations submitted with the proposal?
Response: Yes, one proposal can be for multiple locations/levels of care. If one location is not acceptable, it does not eliminate the other locations with the proposal.
10. **Question:** Is the entire estimated contract value the same, does it have to be revised and if it has been revised, what is the entire estimated contract amount?
Response: Refer to section above entitled Changes/Clarifications/Information, Item No. 3. The estimated contract value has not been revised and remains \$30,000 to \$75,000.
11. **Question:** Will patients that are admitted to Substance Abuse Detoxification, Level 3.7D, Adult Male/Female and patients admitted to Substance Abuse Detoxification, Level 3.7D Adolescent Male/Female transfer after completion detoxification to either Substance Abuse Non-

Detoxification, Level 3.7, Adult Male/Female or Substance Abuse Non-Detoxification, Level 3.7, Adolescent Male/Female?

Response: This is possible. Transition across levels of care is dependent on ASAM criteria determination. A separate authorization approval would be needed from the County.

All other specifications, terms and conditions remain the same.

Please acknowledge addenda by signing below and returning with the bid. Failure to acknowledge this addendum may be cause for rejection of the bid.

ADDENDUM RECEIVED BY:

Signature

Company Name

Title

IBC

SECTION G

REVISED PRICE PROPOSAL COVER PAGE

(Must be submitted separately from the Technical portion of the proposal)

COMPANY NAME: _____

TITLE: Residential Substance Use Disorder Treatment

NIGP CODE/PRODUCT CODE: 952-05 Human Services, Alcohol & Drug Detoxification

ITEM NO.	COMMODITY/SERVICE DESCRIPTION	Estimated Annual Quantity	U/M Per Day	UNIT PRICE (2 Decimal Places Only*)	Estimated Stay	EXTENDED PRICE
1.	Substance Abuse Detoxification, Level 3.7D, Adult Male/Female	_____	Per Day	\$____.____	X 7 Days =	\$____.____
2.	Substance Abuse Non-Detoxification, Level 3.7, Adult Male/Female	_____	Per Day	\$____.____	x 21 Days =	\$____.____
3.	Substance Abuse Detoxification, Level 3.7D Adolescent Male/Female	_____	Per Day	\$____.____	x 7 Days =	\$____.____
4.	Substance Abuse Non-Detoxification, Level 3.7, Adolescent Male/Female	_____	Per Day	\$____.____	x 21 Days =	\$____.____
5.	Substance Abuse Non-Detoxification, Level 3.3, Adult Male/Female	_____	Per Day	\$____.____	x 180 Days =	\$____.____
*TOTAL PROPOSAL PRICE						\$ _____

*Please note that prices shall only have **TWO DECIMAL PLACES**. The County's financial system will not allow more than two decimal places, adjust responses accordingly.

INVOICE PROCEDURE FOR SUCCESSFUL CONTRACTORS:

In order to facilitate prompt payment, invoices must contain the above service descriptions and pricing. Invoices failing to contain the required line item detail, including contract line number and unit pricing, may be returned for correction. Please submit a sample invoice with the response.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____