

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number		Page of Pages			
					1 47			
2. Amendment/Modification Number		3. Effective Date		4. Requisition/Purchase Request No.		5. Solicitation Caption		
DCHC-2009-R-0002-A004		August 7, 2009				Manage & Operate a Substance Abuse & Detoxification Center		
6. Issued by:			Code		LRT		7. Administered by (If other than line 6)	
Office of Contracting and Procurement General Services Unit 441 4 th Street, NW, Suite 700S Washington, DC 20001							Office of Contracting and Procurement General Services Unit 441 4 th Street, NW, Suite 700S Washington, DC 20001	
8. Name and Address of Contractor (No. street, city, county, state and zip code)				9A. Amendment of Solicitation No.				
				DCHC-2009-R-0002				
				9B. Dated (See Item 11)				
				June 24, 2009				
				10A. Modification of Contract/Order No.				
				10B. Dated (See Item 13)				
Code		DUNS:		TIN		FEIN:		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS								
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended <input checked="" type="checkbox"/> is not extended. Offeror's must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.								
12. Accounting and Appropriation Data (If Required) <i>To be cited on individual orders issued on behalf of participating agencies</i>								
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14								
X A. This change order is issued pursuant to (Specify Authority): 27 DCMR, Chapter 36, Section 3603 The changes set forth in Item 14 are made in the contract/order no. in item 10A.								
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of								
C. This supplemental agreement is entered into pursuant to authority of:								
D. Other (Specify type of modification and authority)								
E. IMPORTANT: Contractor: <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return 4 copies at the time of proposal submission.								
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible)								
Pursuant to Article 3, Changes Clause of the Standard Contract Provisions for the use with District of Columbia Government Supply and Services Contracts dated March 2007, the subject solicitation is hereby amended as follows:								
1. Listed below is the response to questions that was submitted to the Office of Contracting and Procurement in writing as Request for Information, RFI Q01 through Q192.								
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.								
15A. Name and Title of Signer (Type or print)				16A. Name of Contracting Officer				
				Jean Wright				
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia		16C. Date Signed		
(Signature of person authorized to sign)				Jean Wright (Signature of Contracting Officer)		8-7-09		

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q01

Question: Will the RFP be awarded to one contractor or could it be split between Intake and Detox?

Response: The contract will be awarded to one contractor for both services.

Q02

Question: Can a provider submit more than one response to the RFP based on 2 different scenarios?

Response: Each Offeror is responsible for one response to the RFP to cover both of the two scenarios.

Q03

Question: Who will be responsible for building maintenance, property taxes (if any), utilities and security at all the facilities?

Response: The contractor is responsible for all maintenance and repairs estimated up to or including \$1,000. The District is responsible for maintenance and repairs estimated greater than \$1,000. The facilities are owned or leased by the District of Columbia and will be provided to the contractor at no cost. The District will be responsible for electrical service, gas service (if applicable), water service, and sewage service. The District will not be responsible for telephone or data/internet service. Facility costs that will not be borne by the District include: housekeeping/janitorial, food service, laundry, and security.

Q04

Question: Will APRA staff these beds until an award is made and the chosen contractor is ready to begin services?

Response: The offeror should prepare their proposal based on the technical requirements of the RFP.

Q05

Question: If the answer to the proceeding question is no, what is the projected time period that the beds will be dormant?

Response: The offeror shall prepare their proposal based on the technical requirements of the RFP.

Q06

Question: Will APRA share its current staffing plan for the current operation?

Response: No. The offeror should include a staffing plan for the facilities based on the services and volume of clients outlined in the technical requirements of the RFP and should not necessarily be based on the existing operations of the center.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q07

Question: What is the methodology for bidders to add support capacity to their operation to expand administrative and other functions to support the contract? Is there a "standard" percentage for overhead?

Response: There is no methodology for offerors to add support capacity to their operation to expand administrative and other functions to support the contract. There is no standard percentage for overhead and the District does not anticipate offering a funded start up period to the contractor. The offeror should prepare a proposal based on the technical requirements of the RFP.

Q08

Question: How the medical needs for these patients met, what are the contractors responsibilities for coordination and cost?

Response: The medical needs of the clients must be addressed by the contractor based on the technical requirements of the RFP, which include sections C.5.3, C.5.6, C.6.8.3, C.6.10.1, C.6.10.3, C.6.10.4, C.6.10.5, C.6.13.3, C.6.13.4, C.6.13.5, C.6.13.9, C.6.13.10, C.6.14, C.6.16. The contractor must address the medical needs or connect the client to medically-necessary services in accordance with the technical requirements of the RFP.

Q09

Question: Are any of the services provided billable under existing "fee for services" arrangements by APRA or the contractor?

Response: No.

Q10

Question: Is a tour of the facility for prospective bidders possible?

Response: The tour was offered on July 24, 2009, from 10:00 am to 12:00 pm.

Q11

Question: B.4.1.1.1 On an average how many clients are assessed at the ARC, DC Superior Court and DC Detox on a daily basis? Would they be able to provide this information for the past year for each location by time frame- M, E, N? What are the credentials of the staff currently performing the assessments?

Response: Section C.2.1 of the RFP states that approximately 6,000 assessments are expected to be performed annually through the assessment and referral service. The contractor shall propose a staffing pattern that can accommodate 6,000 assessments annually. For the purposes of preparing a response to the RFP, it is anticipated that 85% of intake will occur at 1300 First Street NE, 10% at the DSC, and 5% at the Court. The preferred point of entry is at 1300 First Street NE.

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Q12

Question: B.4.1.1.2 Is their current community based capacity adequate to deal with all the referrals that are made?

Response: Yes.

Q13

Question: B.4.2.1.2 Contractor has no control over how many patients would need treatment and meet criteria at any given time- this performance measure should be deleted.

Response: This measure refers to the 50 bed non-hospital detoxification and stabilization program. The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment. In addition, provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

Q14

Question: B.4.2.1.4 Is their current community based capacity adequate to deal with all the referrals that are made?

Response: Yes.

Q15

Question: Pg 12- How long does each assessment take using the ASI?

Response: The length of time required to complete the Addiction Severity Index assessment tool can range on average between 30-60 minutes based on a variety of factors, including the skill level of the administrator.

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Q16

Question: Pg 13 C.3.1.6 if contractor decided not to use WITS will APRA pay towards the use of a comparable system?

Response: APRA does not anticipate approving the use of a client information system other than the Web Infrastructure for Treatment Services (WITS) system. APRA will not provide financial support for an alternative system.

Q17

Question: Pg 14 C4 Staff Requirements i) why is there a need for a DON and Clinical Director for the assessment center?

Response: A Director of Nursing is not needed at the ARC. Amendment No. A001 dated June 29, 2009, Item # 3 revised Section C by changing subsection C.4.1.1 of the Director of Nursing position to Section C.7, subsection C.7.7 on page 22.

Q18

Question: Pg 15 C.4.6. What is this exam and how frequently is it administered? How would this apply to PRN staff?

Response: Item # 6 of this amendment deleting C.4.6.

Q19

Question: Pg 17 C.6.2. Does this imply that the Detox facility will no longer be serving the homeless who do not meet the admission criteria for detoxification? If will continue to serve what is the level of services they are expected to receive?

Response: Pursuant to the technical requirements of the RFP, admission to the Detoxification and Stabilization Center shall be based on the American Society of Addiction Medicine Patient Placement Criteria, 2nd Ed. (ASAM PPC IIR) for all individuals. Admission to the sobering program will be offered to individuals who require a secure setting to recover from the effects of intoxication.

Q20

Question: C.6.5. Will APRA pay transportation costs separately or should the procurement of vehicles be a capital cost in the RFP?

Response: APRA will not support transportation costs in addition to the cost of the contract. This cost should be built in to an offeror's proposal.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q21
Question: C.6.8.3. Will APRA share their current formulary with the successful bidder?

Response: No. The offeror should develop a formulary based on the clinical and programmatic model they propose to meet the technical requirements outlined in the RFP and should not necessarily be based on the existing operations of the center.

Q22
Question: C.6.10.1 is the Medical Examiner the Medical Director or their designee? If not what are the required credentials?

Response: Yes. See Amendment No. A001 dated June 29, 2009, Item # 6 deleting "Medical Examiner" substitute "Medical Director."

Q23
Question: Pg 19 C.6.10.5 who will issue the vouchers for this?

Response: There are no vouchers issued for this service. This section refers to the requirement to manage treatment for clients who will continue to receive medication assisted treatment from their community-based provider while they are in detox.

Q24
Question: Pg 20 C.6.15 Will APRA provide the successful bidder with a list of what they define as an "Emergency"

Response: The contractor must develop policies and procedures that include a proposed definition of "emergency."

Q25
Question: STAFF REQUIREMENTS: - Can resumes of appropriate staff be submitted to meet this requirement as actual staff will not be hired till RFP awarded?

Response: The RFP requires submission of resumes, licenses, and certifications for key personnel. Resumes, licenses, and certifications must be submitted for the Clinical Director of the Assessment and Referral Center. Resumes, licenses, and certifications must be submitted for the Medical Director, Clinical Director, and Nursing Director of the Detoxification and Stabilization Center. See sections C.4 and C.7 (Staff Requirements).

It is expected that key personnel identified in the offeror's proposal will be hired within 30 days of contract award and that any change to key personnel identified in the proposal be approved by APRA.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q26

Question: C.7.1 Experience of Clinical Director in a residential setting- is that mandatory?

Response: Yes.

Q27

Question: C.7.1.2 What is their interpretation of registered/certified/license counselor?? Does this mean LPC, CAC or SW?? What does 1 addiction counselor for every 3 counselors in the non-hospital detoxification program mean?

Response: The contractor must meet the requirements of the RFP with respect to counselor to client ratios. In addition, the contractor must employ appropriately credentialed counselors based on the requirements in the District of Columbia Health Occupations Revision Act of 1985 and Title 29, Chapter 23 of the District of Columbia Municipal Regulations.

See Item # 2 of this amendment, changing the paragraph.

Q28

Question: Pg 22 WITS- would APRA be willing to pay towards another IS system as part of this RFP?

Response: APRA does not anticipate approving the use of a client information system other than the Web Infrastructure for Treatment Services (WITS) system. APRA will not provide financial support for an alternative system.

Q29

Question: Is this the first time the program is being privatized?

Response: Yes.

Q30

Question: Is there a union?

Response: Yes. However, union membership does not transfer with any existing employee who is hired by the contractor following award of the contract.

Q31

Question: Will the new Manager be expected to assume the Union

Response: No.

Q32

Question: Is there a successor clause in the contract?

Response: No.

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Q33

Question: H14.2- states employee hired by the awarded contractor shall be entitled to benefits provided by the service contract. what are these benefits?

Response: Any displaced employees who are hired by the contractor are entitled to the benefits provided by the Service Contract Act of 1965 (79 Stat. 1034; 41 U.S.C.S. § 351 et seq.). Offerors should consult with counsel or human resources staff who are familiar with that federal law. More information may be found at: www.dol.gov/compliance/laws/comp-sca.htm.

Q34

Question: C.7- If you are a first time responders to the contract, are we expected to provide resumes and licenses for key staff ?

Response: Yes. The RFP requires submission of resumes, licenses, and certifications for key personnel. Resumes, licenses, and certifications must be submitted for the Clinical Director of the Assessment and Referral Center. Resumes, licenses, and certifications must be submitted for the Medical Director, Clinical Director, and Nursing Director of the Detoxification and Stabilization Center. See sections C.4 and C.7 (Staff Requirements).

Q35

Question: If you are a first time responder to the contract, are we expected to provide resumes and licenses for all staff?

Response: No. The RFP does not require the submission of resumes, licenses, and certification for all staff. See section C.4, C.6.6, and C.7 (Staff Requirements).

Q36

Question: C.4.6- What is the substance abuse assessment and referral exam prospective staff have to take?

Response: Item # 6 of this amendment deleting C.4.6.

Q37

Question: C.613- Is there laundry services on the units or is there an ability to subcontract with the hospital?

Response: There are two standard residential washing machines and dryers at the Detoxification facility. The hospital is no longer operational. The contractor may use the facilities on-site or subcontract with a laundry and/or linen service vendor. The on-site washers and dryers probably do not have sufficient capacity to meet the technical requirements of the RFP. The offeror should prepare their proposal based on the technical requirements of the RFP.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q38

Question: C. 6.13.1- Is there a kitchen on the units or is there an ability to subcontract with the hospital?

Response: There is a small kitchen in the facility. The hospital is no longer operational. The contractor may use the facilities on site or sub-contract with a food service vendor. The on site kitchen probably does not have sufficient capacity to meet the technical requirements of the RFP. The offeror should prepare their proposal based on the technical requirements of the RFP.

Q39

Question: C7.5 – Is the prospective contractor expected to bill 3rd party and will that be an offset to the contract amount?

Response: No. The facility is designated for the treatment of individuals qualified to participate in the publicly supported Drug Treatment Choice Program (DTCP). The contractor must assess clients for Medicaid and private insurance eligibility and refer those individuals to treatment services outside of the DTCP network.

Q40

Question: Who is responsible for medication costs?

Response: The contractor is responsible for medication costs.

Q41

Question: Who is responsible for repairs and maintenance of the unit?

Response: The contractor is responsible for all maintenance and repairs estimated up to or including \$1,000. The District is responsible for maintenance and repairs estimated greater than \$1,000.

Q42

Question: What is the space/rent costs?

Response: The facilities are owned or leased by the District of Columbia and will be provided to the contractor at no cost.

Q43

Question: What are the utility costs?

Response: The District will be responsible for electrical service, gas service (if applicable), water service, and sewage service. The District will not be responsible for telephone or data/internet service. Facility costs that will not be borne by the District include: housekeeping/janitorial, food service, laundry, and security.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q44

Question: Is there air conditioning on the unit?

Response: Both the Detoxification and Stabilization Center and Assessment and Referral Center are air conditioned.

Q47

Question: Is the site ADA compliant?

Response: Both the Detoxification and Stabilization Center and Assessment and Referral Center are ADA compliant.

Q46

Question: L.19.2 - For a first time responder can these licenses be obtained in a timely manner?

Response: It is estimated that the process to obtain a basic business license should take no more than two weeks; however, prospective bidders should research this question with the appropriate District agencies. If the bidder is not licensed in the District, the bidder must submit an intent to obtain the appropriate licenses prior to the awarding of the contract. For more information, please contact the District of Columbia Department of Consumer and Regulatory Affairs at <http://dcra.dc.gov/dcra/site/default.asp>.

Q47

Question: C.6.5 is transportation expected to be provided 7 days per week?

Response: Transportation shall be provided for clients discharged from the Detoxification and Stabilization program to a residential treatment program. Given the 7 day per week nature of the Detoxification and Stabilization program, it is reasonable to expect that transportation will be provided 7 days per week.

Q48

Question: H.9.1- What types of furniture/equipment will be provided?

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

Q49

Question: Is there an expected dollar value for the contract?

Response: No. The offeror must prepare a financial proposal that reflects the scope of services the offeror will provide.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q50

Question: Our understanding is that staff of the existing program are unionized. Does the union have a successor clause in its contract?

Response: No. Union membership does not transfer with any existing employee who is hired by the contractor following award of the contract.

Q51

Question: p. 47, I.7 – Contracting officer’s prior consent for subcontracts: We understand that any subcontracts must be approved by the contracting officer before execution. If the proposal contains proposed subcontractors, do you have special instructions regarding the presentation of their proposed duties and qualifications?

Response: There are no special instructions regarding presentation of subcontractor proposed duties and qualifications. However, any proposed subcontract(s) must specify that the Contractor and subcontractor shall be subject to every provision of the contract awarded pursuant to this RFP. In addition, it should be noted that notwithstanding any subcontract approved by the District, the Contractor is liable to the District for all of the Contractor’s work and services performed under the contract.

Q52

Question: p. 61, L.19.2 – Obtaining necessary license, registration or certification: for a bidder not currently doing business in the District, what licenses, registrations or certifications are needed and which agencies must be contacted to initiate the application process?

Response: It is estimated that obtaining a basic business license should take no more than two weeks; however, prospective bidders should research this question with the appropriate District agencies. If the bidder is not licensed in the District, the bidder must submit an intent to obtain the appropriate licenses prior to the awarding of the contract. For more information, please contact the District of Columbia Department of Consumer and Regulatory Affairs at <http://dcra.dc.gov/dcra/site/default.asp>.

Q53

Question: What maintenance will the contractor be responsible for? What facility costs? Utilities, etc.? May we have the various occupancy and maintenance costs in order to construct a budget for the proposal?

Response: The contractor is responsible for all maintenance and repairs estimated up to or including \$1,000. The District is responsible for maintenance and repairs estimated greater than \$1,000. The facilities are owned or leased by the District of Columbia and will be provided to the contractor at no cost. The District will be responsible for electrical service, gas service (if applicable), water service, and sewage service. The District will not be responsible for telephone or data/internet service. Facility costs that will not be borne by the District include: housekeeping/janitorial, food service, laundry, and security.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q54

Question: How will the pharmaceutical and laboratory needs for this program be met? Is the successful bidder required to contract for these services and include their costs in their rate to APRA or will these services be provided through APRA?

Response: These services are required to be provided by the contractor. The offeror should prepare their proposal based on the technical requirements of the RFP and should not necessarily be based on the existing operations of the center.

Q55

Question: What furnishings and equipment will come with the facility and what will the successful bidder have to provide?

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

Q56

Question: Who will be responsible for paying the utility costs of the facility? If the successful bidder is responsible can we be provided the average cost for these services over the past 12 months?

Response: The District will be responsible for electrical service, gas service (if applicable), water service, and sewage service. The District will not be responsible for telephone or data/internet service. Facility costs that will not be borne by the District include: housekeeping/janitorial, food service, laundry, and security.

Q57

Question: Will the bidder be expected to bill Medicaid or any other insurance for any of the services provided?

Response: No. The facility is designated for the treatment of individuals qualified to participate in the publicly supported Drug Treatment Choice Program (DTCP). The contractor must assess clients for Medicaid and private insurance eligibility and refer those individuals to treatment services outside of the DTCP network.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q58

Question: RFP p. 5, B.4.1.1.6 – re OraQuick Rapid HIV test: Does the contractor provide the OraQuick tests or refer to another provider? If contractor provides, it involves specialized staffing, training, program certification, and other expenses that need to be allocated in the budget.

Response: The performance measure in Section B.4.1.1.6 of the RFP requires that 100% of clients be offered screening for HIV/AIDS using the OraQuick Rapid HIV test kits. DOH/APRA will provide or coordinate the acquisition of the testing kits. DOH/APRA will provide or coordinate training on proper utilization of the OraQuick Rapid HIV test kits. The contractor is responsible for ensuring that staff are appropriately trained to administer and read the tests.

Q59

Question: Which union currently represents assessment and referral and detoxification and stabilization staff?

Response: Union membership does not transfer with any existing employee who is hired by the contractor following award of the contract.

Q60

Question: Will both the ARC and Detox centers continue to be provided with DOH security guards?

Response: No.

Q61

Question: Will APRA provide the office equipment that is currently in place to the successful bidder? Viz. computers, copiers, printers, etc.

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

Q62

Question: Will APRA turn over the facility as it is currently furnished?

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

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Q63

Question: Is the successful bidder required to provide separate Janitorial services for the ARC or will they be covered by DOH as part of the overall services for 1300 First Street?

Response: Janitorial services in the ARC will be covered by the District. The cost of janitorial services at Detoxification and Stabilization center must be included in the offeror's proposal.

Q64

Question: Is the bidder required to procure their own vans for transporting the patients or will APRA provide the vans?

Response: APRA will not support transportation costs in addition to the cost of the contract. This cost should be built in to an offeror's proposal.

Q65

Question: Will APRA cover the costs of the pharmacy and laboratory needs of these clients? If not will the successful bidder have access to the government lab and pharmacy warehouse?

Response: No. These services are required to be provided by the contractor. The offeror should prepare their proposal based on the technical requirements of the RFP and should not necessarily be based on the existing operations of the center.

After award of the contract, APRA will determine whether the contractor will have access to the District's pharmaceutical rate schedule.

Q66

Question: Will APRA or the bidder be responsible for verifying the financial eligibility of the client to receive the services? Who will be responsible for enrolling them into the Alliance program?

Response: The contractor will be responsible for verifying client financial eligibility. The contractor will not be responsible for enrolling clients in the Alliance program.

Q67

Question: With the use of WITS will there be any paper medical records or will it be a total EMR? If there is a paper record what would be the storage requirements- where and when they should be turned over to APRA.

Response: APRA anticipates that with the use of the WITS system there will be minimal creation of paper records. Any paper records generated will be stored on-site and in compliance with District and federal regulations.

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Q68

Question: Will there be any software licensing fees associated with the use of WITS?

Response: No, however, it does require access to the internet and computers.

Q69

Question: Who will be responsible for paying for phone and internet services?

Response: The District will not be responsible for telephone or data/internet service at 1300 First Street NE and the DSC. The contractor will be responsible for these services at these locations. Phone and data/internet services at 500 Indiana Ave NW (the Court) are supported by the Court.

Q70

Question: If successful bidder is responsible for bearing the costs of utilities can we be given a 12 month actual average for these by location?

Response: The District will be responsible for electrical service, gas service (if applicable), water service, and sewage service. The District will not be responsible for telephone or data/internet service.

Q71

Question: Does APRA have any standard forms that they would like to have used?

Response: Yes. Prior to provision of services, APRA will provide any required forms.

Q72

Question: If there are building safety issues involving any of the facilities who will be responsible for them?

Response: APRA will provide a building that meets all required safety and health code requirements. The contractor is responsible for maintaining all required safety and health code requirements.

The contractor is responsible for all maintenance and repairs estimated up to or including \$1,000. The District is responsible for maintenance and repairs estimated greater than \$1,000.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q73

Question: Since most policies and procedures are to be submitted after the contract award, what specifically is to be submitted and in what format?

Response: The offeror shall prepare their proposal in accordance page 54, Sections L.2 thru L.5 and page 48, Section J.2.

Q74

Question: Page 22: Can you give us some idea of the specific expenses to expect regarding the Web Infrastructure for Treatment Services (WITS) client information system provided by APRA?

Response: There are no additional costs associated with the use of WITS; however, it does require access to the internet and computers.

Q75

Question: C.8, Page 22: Can you provide an estimate of the specific expenses regarding the Web Infrastructure for Treatment Services (WITS) information system provided by APRA?

Response: There are no additional costs associated with the use of WITS; however, it does require access to the internet and computers.

Q76

Question: Section K – Certifications (page 49): It is unclear what specifically is to be signed and submitted in this section.

Response: The Offeror is to comply with Sections K.1 thru K.3 accordingly. Each section outline certain information regarding the offeror organization.

Q77

Question: B.4.1.1.1, pg 5: Does this performance measure indicate that the Center will be a quick in-and-out process of less than 2 hours and not a comprehensive assessment process? "95% - 100% of clients complete the substance abuse assessment and referral process within 2 hours of registering onsite"

Response: Client registration and the required clinical assessment and referral to treatment, with the support of the WITS system, can be accomplished within two hours.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q78

Question: B.4.1.1.4., pg 5: In the following performance measure, although we would have no control of the treatment process once referred to a community provider, are we then responsible for 90% of referred persons get back to us for re-assessment and referral following treatment? "90% of post-treatment clients are re-assessed and referred to recovery support services"

Response: This performance measure will be revised by amendment to read follows: At least 50% of clients who complete an assessment are referred to recovery support services.

The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment.

In addition, provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

Q79

Question: B.4.1.1.6, pg 5: Does the following measure indicate that, in addition to the substance abuse and mental health assessment, the contractor will do rapid testing on site within 2 hours or arrange through a APRA contract with a community collaborator at a later point? "100% of clients are offered screening for HIV/AIDS using the OraQuick Rapid HIV test with each client's acceptance or refusal documented in his or her chart"

Response: This performance measure requires that the client be offered testing within the 2 hour assessment. Testing may occur on site or at a later date.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q80

Question: (C.2.1, pg12): For planning an budget purposes, can you provide a general breakdown of the anticipated 6,000 assessments between the three assessment locations

Response: The contractor shall propose a staffing pattern that can accommodate 6,000 assessments annually. For the purposes of preparing a response to the RFP, it is anticipated that 85% of intake will occur at 1300 First Street NE, 10% at the DSC, and 5% at the Court. The preferred point of entry is at 1300 First Street NE.

Q81

Question: C.6.10.2, pg 18: Does this requirement mean that if a client is not medically cleared by the Medical Examiner or designee within 24 hours after entering the DSC, that he/she must be transferred to a more appropriate medical/ psychiatric facility?

Response: Yes. Section C.6.9 and C.6.10.1 and C. 6.10.2 of the RFP requires that all clients be Examined by the Medical Director or his designee within 24 hours of admission to the facility in order to continue in treatment in either program. If, following an examination by the Medical Director of his or her designee, the client is found to be inappropriate for continued treatment, then the client must be transferred to a more appropriate facility or program.

Q82

Question: B.4.2.1.1 - B.4.2.1.5, Page 6: In general, the performance measures for the Detoxification and Stabilization Center seem exceptionally high. Is there a performance history that we can look at regarding these measures?

Response: No. The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment.

Provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q83

Question: B.4.2.1.5, pg 6: In the following performance measure, although we would have no control of the treatment process once referred to a community provider, are we then responsible for the client staying in the program for 30 days? 90 – 100% of clients referred to residential treatment are admitted and remain in active treatment for 30 days.

Response: The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment.

Provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

Q84

Question: Please provide a list of individuals/firms that attended the pre-proposal conference and a list of those who attended the site visits.

Response: Attached is the Sign-In Sheet from the pre-proposal conference held on July 15, 2009, at the 1300 First Street, N.W.

Q85

Question: Is there currently a mix of government and contract employees providing services at the Assessment and Referral and the Detoxification and Stabilization Centers?

Response: Yes.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

- Q86
Question: Will current contract positions remain or will they be rolled into the contract being solicited by DCHC-2009-R-0002?
Response: Offerors are required to submit a staffing pattern based on the technical requirements of the RFP. Offerors should not assume that any existing contract staff will carry over.
- Q87
Question: Who is the current contractor for Food Service? What is the annual value of the Food Service contract?
Response: The offeror should prepare their proposal based on the technical requirements of the RFP.
- Q88
Question: Who is the current contractor for Laundry Services? What is the annual value of the Laundry Services contract?
Response: The offeror shall prepare their proposal based on the technical requirements of the RFP.
- Q89
Question: Who is the current contractor for Custodial (Cleaning) Services? What is the annual value of the Custodial Services contract?
Response: The offeror shall prepare their proposal based on the technical requirements of the RFP.
- Q90
Question: Who is the current contractor for Security Services? What is the annual value of the Security Services contract?
Response: The offeror shall prepare their proposal based on the technical requirements of the RFP.
- Q91
Question: Why is the Detoxification and Stabilization Center losing 20 beds between now and the start of the contract? Please provide historical data on bed occupancy (by month) for the most recent 12 month period. Please provide the breakout by type of client (e.g., detoxification, sobering, those who do not meet admission criteria).
Response: Analysis of current system wide needs indicates that 50 non hospital detoxification beds and 10 sobering beds will fill system requirements. The offeror should prepare their proposal based on the technical requirements of the RFP.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q92

Question: Please provide a list of labor categories that are currently unionized at the Detoxification and Stabilization Center and at the Substance Abuse Assessment and Referral Centers. Please provide a list of unions of which current employees are members. Please provide the terms of any union contracts as they relate to rate of pay and fringe benefits for employees and of how this will be affected by the current privatization effort.

Response: Union membership does not transfer with any existing employee who is hired by the contractor following award of the contract.

Q93

Question: Page 5, B.4 – Performance Incentives. The performance measures listed should not be tied to contractor compensation, as a number of the performance measures have no attachment to the services to be provided by the contractor. While we understand the importance of having a network of services and providers so that the client does not get lost between assessment or detoxification and the next phase of substance abuse treatment, this will not be achieved by basing the payment incentives of a contractor on the performance of another program outside the contractor's control.

Response: The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment.

Provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

Q94

Question: Page 5, B.4.1.1.2. How can the Substance Abuse Assessment and Referral Center (ARC) contractor be held responsible for ensuring that there are enough community-based substance abuse treatment program slots for appointments and admission? How can this be a performance measure with financial incentives/disincentives attached for slots over which the ARC contractor has no control.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Response: There is sufficient capacity within the District's community based treatment system to meet client demand for services. The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment.

Provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

Q95

Question: Page 5, B.4.1.1.3. How is this different from B.4.1.1.1?

Response: B.4.1.1.3. requires that at least 90 percent of clients be evaluated on the day they present for an assessment. B.4.1.1.1 requires that of the total number of clients that complete the assessment and referral process, at least 95% do so within 2 hours of registering on site.

Q96

Question: Page 5, B.4.1.1.4. How is post-treatment client defined? How is this different from those clients referred in B.4.1.1.2 - or are these the same clients? At what point are these individuals to be re-assessed (after detoxification, after community based treatment)? Please define recovery support services.

Response: Item # 4 of this amendment changing the paragraph to Section B.4.1.1.4.

Q97

Question: Page 5, B.4.1.1.5. What agency is currently screening clients for mental health disorders? Is there a specific timeframe for the mental health screening?

Response: APRA is currently screening clients for mental health disorders. The offeror should prepare their proposal based on the technical requirements of the RFP. Clients should be screened for mental health disorders within two hours of on-site registration.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q98

Question: Page 6, B.4.2.1.2. Does this 90-100% include only detoxification clients? Or does it include also sobering clients and those not meeting detoxification admission requirements (if they are admissible under the new contract)?

Response: This measure refers to the 50 bed non-hospital detoxification and stabilization program.

Q99

Question: Page 6, B.4.2.1.4 and B.4.2.1.5. How can the Detoxification and Stabilization Center contractor be responsible for ensuring that there are enough slots available for post-detoxification outpatient or residential treatment? And how can the availability of slots – over which the contractor has no control - be a performance measure with financial incentives/disincentives attached for the contractor? How can the customer hold the Detoxification and Stabilization Center contractor responsible for whether the client stays in a treatment program over which the contractor has no control? This is a financial risk for the contractor as it is attached to a performance measure, but not for the treatment program where the client is enrolled.

Response: There is sufficient capacity within the District's community based treatment system to meet client demand for services. The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment.

Provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q100

Question: What are the current performance measures for the Detoxification and Stabilization Center and Assessment and Referral Centers? How are these measures currently tracked? Is there a software system currently in place?

Response: The offeror shall prepare their proposal based on the technical requirements of the RFP, which includes the performance measures that the contractor shall utilize.

Q101

Question: Is the contractor responsible for providing all medications (including OraQuick Rapid HIV tests) for the Substance abuse Assessment and Referral Centers and for the Detoxification and Stabilization Center? Please provide a list of medications utilized over the past 12 months. Please include the quantity used per month and the cost of each medication by month for the past 12 months.

Response: DOH/APRA will provide or coordinate the acquisition of the testing kits. DOH/APRA will provide or coordinate training on proper utilization of the OraQuick Rapid HIV test kits. The contractor is responsible for ensuring that staff are appropriately trained to administer and read the tests.

The offeror shall develop a formulary based on the clinical and programmatic model they propose to meet the technical requirements outlined in the RFP and not necessarily based on the existing operations of the center.

Q102

Question: Page 12, C.2.1, the second paragraph indicates that the appropriate level of treatment is currently assessed using the ASI. Clients are then offered their choice of treatment provider from which to select. How many of these clients go to the provider they have selected for treatment? How many show up for a second treatment session?

Response: This information is not available.

Q103

Question: Pages 12 and 13, C.2.2 - Detoxification and Stabilization Services. Is the contractor expected to continue the practice of providing services to clients who do not meet the admissions criteria?

Response: The offeror shall prepare their proposal based on the technical requirements of the RFP not necessarily based on the existing operations of the center. The contractor is expected to use ASAM PPC IIR to determine appropriate placement into treatment, including detoxification services.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q104

Question: Page 13, C.3.1 Substance Abuse Assessment and Referral Services. Please provide a list of current positions (by shift) at 1300 First Street, NE and for the DC Superior Court clinic. Please provide historical data (by month for the last 12 month period) for when (during what shift) clients arrive at the centers. This will help offerors develop a staffing plan appropriate for the client population.

Response: The offeror shall prepare their proposal based on the technical requirements of the RFP. For the purposes of preparing a response to the RFP, it is anticipated that 85% of intake will occur at 1300 First Street NE, 10% at the DSC, and 5% at the Court. The preferred point of entry is at 1300 First Street NE.

Q105

Question: Page 13, C.3.1.5 – Are the vehicles used to transport clients owned by the Government? Is the contractor expected to provide vehicles?

Response: Government vehicles will not be assigned to this contract. The offeror should prepare their proposal based on the technical requirements of the RFP.

Q106

Question: Page 13, C.3.1.6 – Will the government be responsible for continued maintenance of the WITS system? Will the contract pay for a new system?

Response: WITS will be provided and maintained at no cost to the contractor. APRA does not anticipate approving the use of a client information system other than the Web Infrastructure for Treatment Services (WITS) system.

Q107

Question: Page 15, C.4.6 – What does APRA currently use a substance abuse assessment and referral examinations for new staff. What is the passing score?

Response: Item #6 of this amendment deleting C.4.6.

Q108

Question: Page 16, C.6. Please provide a list of current positions (by shift) at the Detoxification and Stabilization Center. Please provide historical data (by month for the past 12 months) for when (during what shift) clients arrive at the center? This will help offerors develop a staffing plan appropriate for the client population.

Response: No. The offeror should include a staffing plan for the facilities based on the services and volume of clients outlined in the technical requirements of the RFP and not necessarily based on the existing operations of the center.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q109

Question: Page 17, C.6.6 indicates that the proposal is to include a staffing plan, and C.6.9 (on page 18) indicates that within 30 days of contract award, the contractor is to supply a staffing plan... Is this the same plan? Is it due with the proposal or within 30 days of contract award?

Response: For submission, please review Section C.6.6, C.6.9, and L.3.1.2 for the submission requirements and timeframes.

Q110

Question: Page 19, C.6.13.1 – Is a contractor currently responsible for providing personal hygiene products for each client admitted and residing in the Detoxification and Stabilization Center? Who is the contractor and what is the annual value of the contract? What products are included? What is the cost per client of these products? If there is no contact, please provide us with the cost per client of the products.

Response: No. APRA currently provides personal hygiene products for each client admitted to the Detoxification and Stabilization Center. The offeror should prepare their proposal based on the based on the services and volume of clients outlined in the technical requirements of the RFP and not necessarily based on the existing operations of the center.

Q111

Question: Page 21, C.7 – Staff Requirements. Please clarify what positions are considered to be key personnel for the Detoxification and Stabilization Center. C.7.1 indicates that there should be a Clinical Director; C.7.1.2 names a licensed, certified, or registered counselor; C.7.1.3 indicates licensed nursing staff; C.7.2.1 and C.7.8 describes a Medical Director; C.7.7 describes a Director of Nursing. It is not clear which positions are considered to be key personnel.

Response: The RFP requires submission of resumes, licenses, and certifications for key personnel. Resumes, licenses, and certifications must be submitted for the Clinical Director of the Assessment and Referral Center. Resumes, licenses, and certifications must be submitted for the Medical Director, Clinical Director, and Nursing Director of the Detoxification and Stabilization Center. See sections C.4 and C.7 (Staff Requirements).

Q112

Question: Does the government currently bill Medicaid, Medicare, clients' insurance companies, or clients for services? C.7.5 - What billing is the contractor responsible for? Is the contractor expected to bill for services?

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Response: No. The facility is designated for the treatment of individuals qualified to participate in the publicly supported Drug Treatment Choice Program (DTCP). The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. The contractor must assess clients for Medicaid and private insurance eligibility and refer those individuals to treatment services outside of the DTCP network.

The billing is to generate an invoice to submit to APRA for services rendered pursuant to the contract.

Q113

Question: Does the Government provide the equipment (copier, fax, etc.) necessary to operate the program or will the contractor be responsible for the provision of all office equipment, supplies, and all medical equipment and supplies required running these facilities? Will current office equipment continue to be maintained under government maintenance agreements? Will the government be responsible for replacing office equipment as it is required? Is the contractor to be responsible for equipment maintenance, repairs, and replacement going forward?

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

Q114

Question: Page 27, F.3.1 – when should the report regarding First Source Employment be submitted?

Response: The First Source Employment Report is to be submitted with the proposals.

Q115

Question: Page 32, H.2 – Department of Labor Wage Determinations. Please provide a list of those labor categories governed by the Department of Labor's Service Contract Act Wage Determination and please indicate if there are any positions that have been conformed.

Response: Refer to Item # 9 to Amendment No. A001 dated June 29, 2009.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q116

Question: Page 34, H.6 - Protection of Property, Will there be a building inspection prior to contract award? Is the Government responsible for building maintenance (e.g., heat, air conditioning, painting, pest control, plumbing, etc.) after contract award?

Response: Yes, there will be an inspection prior to contract award. The contractor is responsible for all maintenance and repairs estimated up to or including \$1,000. The District is responsible for maintenance and repairs estimated greater than \$1,000.

Q117

Question: Will the contractor be required to pay rent to the government for the Detoxification and Stabilization Center and for the office space at the Assessment and Referral Center locations? If so, please provide a rental amount for each space.

Response: The facilities are owned or leased by the District of Columbia and will be provided to the contractor at no cost.

Q118

Question: Page 35, H.9.1 – Please provide an inventory of current offices, furniture and equipment for all locations. Please also provide a list of clinic inventory, including beds, mattresses, etc. Please include the age of each piece of equipment and furniture. Please provide repair and maintenance history.

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

Q119

Question: Is the filing system at the Detoxification and Assessment and Referral Centers automated? What software package is used?

Response: WITS will be provided and maintained at no cost to the contractor.

Q120

Question: Page 48, J.1.4 – Privatization contract and procedures requirements. This document is not attached.

Response: Copy of Attachment J.1.4, Privatization Contract and procedures, attached.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q121

Question: Page 55, L.3.1.2 – Section 2 - Technical Expertise. Paragraph 1 requests an organizational chart and staffing pattern to meet the management and operational needs of the programs. Paragraph 3 indicates that we are to submit a staffing pattern for the Assessment and Referral Centers and the Detoxification and Stabilization Center, to include name and title and resumes. Please clarify whether you want resumes of key personnel and position descriptions for the other staff.

Response: Yes.

Q122

Question: Page 64, M.3.3 indicates that the total possible points an offeror can receive for its technical proposal is 85 (40+30+15), yet in M.4.1, indicates only 80 possible points for technical criteria. Please clarify.

Response: Item # 7 of this amendment changes the scoring points in Section M.4.1

Q123

Question: Given the nature of these questions and the level of detail required for proposal preparation, we respectfully request that the due date for proposal submission be extended for four weeks.

Response: The due date for proposal submission has been extended to August 31, 2009.

Q124

Question: What is the Department's targeted award date for the contract?

Response: The District's target date for award is 120 days from date of Offeror's proposals, specified in Item # 3 of this amendment on page 47.

Q125

Question: So that bidders know the approximate timeframe we will have for program implementation, please identify the Department's targeted start date for the contract.

Response: After contract award, a notification letter will be provided to the awardee for further information as well as to the start date.

Q126

Question: Please provide current staffing schedules (by facility, shift, and day of the week) for the two (2) substance abuse Assessment and Referral Centers (ARCs) and for the Detoxification and Stabilization Center (DSC).

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Response: The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q127

Question: Please provide a listing of current vacancies, by position, for the ARCs and DSC.

Response: The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q128

Question: Are any workers at the ARCs or the DSC unionized? If yes, please provide the following.

- a. A copy of each union contract
- b. Complete contact information for a designated contact person at each union

Response: Union membership does not transfer with any existing employee who is hired by the contractor following award of the contract.

Q129

Question: Please provide current wage/pay/reimbursement/seniority rates for incumbent staff at the ARCs and the DSC.

Response: The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q130

Question: Please provide an inventory of office equipment (e.g., PCs, printers, fax machines, copiers) currently in use at the ARCs and the DSC, and identify which equipment will be available for use by the selected provider.

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

Q131

Question: Please provide an inventory of medical equipment (e.g., blood pressure cuffs, EKG machines, etc.) currently in use at the DSC (and the ARCs, if any), and identify which equipment will be available for use by the selected provider.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

Q132
Question: Please indicate who will be financially responsible for each of the following utility costs, at each of the three existing locations: the DOH or the selected provider.

- c. Electrical service
- d. Gas service (if applicable)
- e. Water service
- f. Sewage service
- g. Telephone, fax, and other line installation
- h. Local telephone usage charges
- i. Long distance telephone usage charges
- j. Internet or other data transfer line installation
- k. Internet or other data transfer charges

Response: The District will be responsible for electrical service, gas service (if applicable), water service, and sewage service. The District will not be responsible for telephone or data/internet service.

Q133
Question: With regard to the utilities listed in the previous question, please provide the most recent 12 months of expenses for those items where the selected vendor will be financially responsible.

Response: The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center. The contractor will need to obtain its own telephone and data/internet services.

Q134
Question: Please describe the following services (and related resources) currently in place at each of the three existing locations.

- l. Telephone lines
- m. Data lines
- n. Internet connectivity, e.g., high speed, dial-up, etc.

Response: The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center. The contractor will need to negotiate for telephone and data/internet services.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q135

Question: Please identify the vendors/subcontractors that currently provide the following services to the ARCs and the DSC.

- o. Housekeeping/janitorial
- p. Food service
- q. Laundry
- r. Waste removal/refuse pick-up
- s. Security
- t. Transportation

Response: The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q136

Question: Will the selected vendor be responsible for the payment of any rental/lease charges at any of the three existing locations? If "yes," please provide the amount of the rental/lease charge currently being paid.

Response: The facilities are owned or leased by the District of Columbia and will be provided to the contractor at no cost.

Q137

Question: Who will be financially responsible for building repairs and maintenance for the three locations?

Response: The contractor is responsible for all maintenance and repairs estimated up to or including \$1,000. The District is responsible for maintenance and repairs estimated greater than \$1,000.

Q138

Question: How are laboratory and other diagnostic services currently provided to patients at the ARCs and the DSC, e.g., are labs and x-rays performed onsite by DOH clinicians, sent offsite to a third party contractor, performed onsite by a subcontracted vendor, etc? Please define the scope of laboratory and other diagnostic services the selected vendor will be responsible for providing under the new contract.

Response: The offeror should prepare their proposal to provide laboratory and diagnostic services based on the clinical and programmatic model they propose to meet the technical requirements outlined in the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q139

Question: Who will be financially responsible for these laboratory and other diagnostic services: the DOH or the selected vendor?

Response: These services are required to be provided by the offeror.

Q140

Question: Please provide the following information about medication administration.

- a. What level of personnel administers medications, e.g., RNs, LPNs, medical assistants?
- b. How often is medication distributed each day?
- c. How long does it take to perform the average medication distribution process?
- d. Are there medication carts at the DSC that the DOH will make available for the use of the incoming vendor? If "yes," how many?

Response: The contractor must employ appropriately credentialed staff based on the requirements in the District of Columbia Health Occupations Revision Act of 1985 and Title 29, Chapter 23 of the District of Columbia Municipal Regulations.

With regard to medication distribution, the offeror should prepare their proposal based on the clinical and programmatic model they propose to meet the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q141

Question: Who is financially responsible for those medically necessary drugs NOT related to detoxification or stabilization (e.g., insulin, asthma inhalers, etc.) that the selected vendor must provide to DSC patients without health insurance?

Response: The client is financially responsible for medication that is not related to their detoxification and stabilization.

Q142

Question: Please provide a copy of the formulary currently in use at the DSC.

Response: The offeror should prepare their proposal based on the clinical and programmatic model they propose to meet the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q143

Question: Please provide copies of the pharmacological detoxification protocols currently in use at the DSC.

Response: The offeror should prepare their proposal based on the clinical and programmatic model they propose to meet the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q144

Question: We understand that as per RFP Section C.3.1.5, the selected vendor must provide patients with transportation from the 1300 First Street NE ARC to the DSC every two hours during ARC business hours.

- a. Who is responsible for providing patients with transportation from the Superior Court ARC to the DSC? If such transportation is the responsibility of the selected vendor, please specify the required frequency.
- b. Please confirm that the selected vendor is NOT responsible for providing transportation to third party treatment locations, i.e., to treatment locations other than the DSC.

Response: The contractor is not responsible for providing transportation from the Court to DSC. Contractor is responsible for providing or arranging transportation from DSC to residential treatment as per RFP section C.6.5.

Q147

Question: We understand that the DOH currently refers patients to the DC General Emergency Care Center for most emergent situations. Please list any other hospitals to which the DOH currently refers ARC and/or DSC patients.

Response: DOH currently telephones 911 for emergent situations and clients are transported to the nearest available hospital according to EMS protocols. In addition, please see RFP section C.6.14.

Q146

Question: Please provide copies of any existing Memoranda of Understanding that the DOH maintains with area hospitals or other treatment providers.

Response: There are no existing MOUs with area hospitals.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q147

Question: Please clarify the process used to transport patients from the ARCs and the DSC to emergency facilities.

Response: Contractor staff should call 911 for situations that require client transportation to emergency facilities.

Q148

Question: Who is financially responsible for the transport described in the preceding question?

Response: The contractor is not responsible for costs associated with transporting clients to emergency facilities.

Q149

Question: Who is financially responsible for any stabilization and/or emergent care the selected vendor's clinical staff provides to a DSC patient prior to his or her transport to an emergency medical facility?

Response: The contractor is responsible for any stabilization and/or emergent care the vendor's clinical staff provides to DSC clients prior to transport to an emergency medical facility. In addition, see RFP section C.14.

Q150

Question: Who is financially responsible for any necessary urgent or routine care the selected vendor's clinical staff provides to a DSC patient during his or her stay at the facility? As an example, if a patient is diagnosed with severe liver disease while at the DSC, but it is not immediately life-threatening and Emergency Room treatment is not necessary, who pays for the liver disease treatment the patient receives while at the DSC?

Response: The contractor is financially responsible for emergent or routine care provided in support of the detoxification and stabilization services. The emergent and routine care provided by the contractor must be outlined in its policies and procedures. Urgent or routine care not provided onsite by the contractor must be referred out to appropriate care providers. The contractor would not be expected to provide financial support for care referred out.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q151

Question: Section C.7.5 on Page 22 of the RFP states, “the Contractor shall provide staffing for secretarial, office management, **billing**, and housekeeping support for this facility and its programs.”

- a. Please provide the Department’s definition of “billing” and define the scope of this function.
- b. Will the selected vendor be required to bill third-party payors?
- c. If “yes,” please provide a list of the third-party payors the DOH has had to interact with over the past year for ARC and DSC encounters, e.g., Medicare, Medicaid, VHA, any private insurers, etc.
- d. Will the selected vendor be expected to process provider claims of any type?

Response: The billing is to generate an invoice to submit to APRA for services rendered pursuant to the contract.

Q152

Question: With regard to Section C.2.1 on page 12 of the RFP that estimates a total of approximately 6,000 assessments will be performed annually across the two ARCs and the DSC:

- a. Please provide a breakdown describing what percentage of the total annual assessment volume occurs at each of the three locations.
- b. For each of the three existing locations, please describe how the volume of assessments is distributed across the days of the week, i.e., which days are peak assessment days?
- c. For each of the three existing locations, please describe how the volume of assessments is distributed across the hours of the day, i.e., when do peak assessment volumes occur?

Response: Section C.2.1 of the RFP states that approximately 6,000 assessments are expected to be performed annually through the assessment and referral service. The contractor shall propose a staffing pattern that can accommodate 6,000 assessments annually. For the purposes of preparing a response to the RFP, it is anticipated that 85% of intake will occur at 1300 First Street NE, 10% at the DSC, and 5% at the Court. The preferred point of entry is at 1300 First Street NE.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q153

Question: Section C.2.2 of the RFP indicates that individuals can access APRA detoxification and stabilization services via a variety of methods, including transport from an ARC, walk-in, drop-off by law enforcement, and drop-off by outreach workers and community groups.

- a. By what methods do individuals access *assessment and referral* services, e.g., walk-ins, court referrals, etc?
- b. Please provide a breakdown describing what percentage of the total annual assessment volume is initiated through each method.

Response: Individuals access assessment and referral services through a variety of means, including walk-ins, court referrals, community outreach, police drop off, social service and health agency referrals. A breakdown by method is not available.

Q154

Question: With regard to ARC performance measure B.4.1.1.4 on Page 5 of the RFP, i.e., that 90% of post-treatment clients are re-assessed and referred to recovery support services:

- a. Who currently provides the re-assessments for post-treatment clients?
- b. Will this entity continue to provide the re-assessments under the contract awarded to the selected vendor?

Response: Item # 4 of this amendment changed the paragraph to Subsection B.4.1.1.4.

The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment.

In addition, provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q155

Question: Several of the performance measures listed in the RFP appear to be beyond the control of the selected vendor, e.g., appointment scheduling and admission to a community-based treatment program (up to the community-based treatment program, not the selected vendor); admission and treatment session timeframes for outpatient treatment (up to the outpatient treatment program and the patient, not the selected vendor), etc. Will the DOH consider altering the performance measures to target activities and metrics that are 100% under the selected vendor's control?

Response: The identified performance measures are based on factors that are known in the empirical literature to enhance client retention and completion of treatment.

Provision of substance abuse treatment services is the only means by which Drug Treatment Choice Program (DTCP) treatment providers receive payment. The DTCP is the District's publically supported substance abuse treatment program wherein treatment counselors assess eligible participants for substance use disorder, determine the clinically appropriate level of care for treatment, and refer the client to the treatment provider of his or her choice within the DTCP network. DTCP providers are provided a voucher which authorizes them to provide treatment services on a fee-for-service basis. This fee-for-service model incentivizes client care and retention. Offerors are encouraged to be creative in implementing internal mechanisms and partnering with 3rd party treatment providers in achieving performance goals. These measures could include, but are not limited to, establishing care coordination and case management services, performing weekly case reviews, establishing memoranda of understandings with treatment providers, periodic conferences and utilization reviews with treatment providers, and utilization of services available to facilitate and support active and sustained client participation in treatment (such as through the Access to Recovery program).

Q156

Question: Is the selected vendor financially responsible for providing clothing and toiletries to patients admitted to the DSC?

Response: The contractor is responsible for providing personal hygiene products to clients. The provision of clothing is not a requirement. In addition, review section C.6.13 of the RFP.

Q157

Question: Is the area referred to as the "Sleep-Off Center" on the site tour the same as the area referred to as the "Sobering Center" in the RFP? Or is the Sleep-Off Center in addition to the 10-bed Sobering Center?

Response: The offeror should prepare their proposal based on the technical requirements of the RFP and should not necessarily be based on the existing operations of the center.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q158

Question: If the Sleep-Off Center is separate and different from the Sobering Center, please clarify the following.

- a. Are people in the Sleep-Off Center considered to be admitted to the DSC?
- b. Who is financially responsible for medically necessary care for occupants of the Sleep-ff Center?
- c. Please describe the intake, admission, and discharge processes for the Sleep-Off Center.
- d. Who provides staff to perform these functions for the Sleep-Off Center?

Response: The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q159

Question: The RFP requires that bidders submit with their proposals the resumes, licenses, and certifications of key personnel for the ARCs and DSC. As most bidders will wish to retain incumbent staff members, please provide either (a) resumes, licensures, and certifications, or (b) names and contact information, for the following existing key personnel.

- a. ARC Director of Nursing
- b. ARC Medical Director
- c. ARC Clinical Director
- d. DSC Clinical Director
- e. DSC Licensed Counselor
- f. DSC Director of Nursing
- g. DSC Medical Director

Response: APRA will not provide this information. The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center. It is the responsibility of the offeror to identify and retain staff that meet the requirements of the RFP.

Q160

Question: Can staffing be shared between the ARCs and the DSC, e.g., can a single employee be designated as the Medical Director for both the ARCs and the DSC? Or are the key staff members at the ARCs and the DSC two completely different sets of people?

Response: See Amendment No. A001 dated June 29, 2009 and the attached revised pages to Section C. The Medical Director is not required at the ARC. The key staff members at the ARC and DSC must be different people.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q161

Question: The Example Cost Summary Format indicates that bidders are to provide pricing “by Task.” Please identify each “task” bidders are required to price for RFP DCHC-2009-R-0002, and define the scope of work for each “task.”

Response: The Example Cost Summary is a format for the offerors to submit their expenditure cost of what they will charge the District for the rendered services.

Q162

Question: Please provide annual DOH operating costs for the past two to three years for the following line items. Wherever possible, please break out costs for each of the three existing facilities.

- h. Direct and indirect labor costs
- i. Administration
- j. Subcontracts
- k. Other direct costs
 - 1. Equipment and supplies
 - 2. Materials
 - 3. Travel
- l. Laboratory and other diagnostic costs
- m. Transportation

Response: The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q163

Question: C.2.1, p. 12 – Choice in Drug Treatment Act and voucher system: can you explain how the voucher system works, and how the assessment/referral and detoxification/stabilization programs would have access to and control issuance of vouchers, as referred to in M.4.1.B&C, p. 164?

Response: The operation of the voucher system will be shared between APRA and the contractor. This issue can be addressed in more detail following award of the contract.

(Continuation)

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q164

Question: C.3.1.6, p. 13 – WITS system: please describe the WITS system, the information it captures, the types of records it embeds, and its reporting capabilities. Are the costs to the contractor for using the WITS system?

Response: WITS is the Web Infrastructure for Treatment Services electronic record system. WITS is capable of handling multiple simultaneous users and thousands of patient's records. WITS can assist in creating and managing clients, staff, facilities and agencies collecting treatment data. More information regarding the features of the WITS system is available at <http://feinfo.com/wits-center/learn-about-wits>

The WITS system will be provided and maintained at no charge to the contractor.

Q 165

Question: C.4.1.3, p. 14 and C.7.1, p. 21 – clinical director: does the RFP call for a clinical director for the assessment and referral program and another for the detoxification and stabilization program, or can a clinical director be shared between the two?

Response: The ARC and DSC must each maintain their own clinical directors.

Q166

Question: C.4.1 and C.4.1.2, p.14, which refer to C.7.7 and C.7.8, p. 22 – director of nursing and medical director: can these be shared between the two programs?

Response: Please see the amendment dated June 29, 2009. There is no requirement for a Medical Director or Director of Nursing at the ARC.

Q167

Question: C.4.1, p. 14 and C.7, p. 21 – submission with proposal of staffing plan with resumes, licenses, and certifications for key personnel: given the short timeframe allotted for completing these tasks before submitting the proposal, can the proposal due date be extended?

Response: Amendment No. A003 dated July 29, 2009, extended the closing date to August 31, 2009.

Q168

Question: C.5.11, p. 16, which refers to C.6.23, p. 21 – referral of those discharged from treatment with appropriate providers in the continuum: how does this principle apply to assessment and referral program?

Response: Per the amendment dated June 29, 2009, this section applies to the DSC, not assessment and referral services. Clients are to be referred to continued treatment within the APRA continuum of care following successful completion of treatment at the DSC.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q169

Question: C.5.12, p. 16, which refers to C.6.24, p. 21 – completion of discharge summary within 48 hours: how does this principle apply to assessment and referral program?

Response: This section does not apply to the ARC. See Amendment No. A001 dated June 29, 2009 and the revised pages to Section C.

Q170

Question: C.7.2, p. 21-22 – coverage by physician or psychiatrist at least one hour per day: the Certification Standards for Substance Abuse Treatment Facilities and Programs (DC Municipal Regulations 29-2364.4) say that a medical detoxification program shall provide on-site physician coverage twenty-four hours a day, seven days a week. Do the regs mean only a physician on call 24/7, as the RFP says (C.7.2.2), or are the two in conflict?

Response: This facility is a non-hospital, medically-monitored facility. The standard that applies is in the RFP.

Q171

Question: C.7.3, p. 22 – at least three employees on duty between 11 pm and 7 am: DC Municipal Regulations 29-2364.6 say that a medical detoxification program shall have licensed nursing staff on duty in a 25:1 ratio on night shift. For a 60-bed detoxification facility, that would seem to mean three licensed nurses on duty? If so, does C.7.3 refer to three additional employees?

Response: This requirement applies to the 50-bed non-hospital medically monitored detoxification program, not the 10-bed sobering center. Therefore, the regulations require 2 nursing staff to be on duty during the night shift. The requirement outlined in the RFP is for three staff members to be on duty from 11:00 p.m. to 7:00 a.m. The three staff member requirement of the RFP may include nursing staff.

Q172

Question: I.7, p. 47 – subcontracting requiring prior consent of the contracting officer: any special instructions for presenting proposed subcontractors in the proposal?

Response: See Item # 8 to this amendment.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q173

Question: H.14.2 and H.14.3, p. 41 – benefits of displaced employees who are hired by the contractor: do these sections imply that displaced employees are entitled for six months to receive the same benefits they are currently receiving? If so, what are the benefits they currently receive, and what are the costs of those benefits (leave, insurance, retirement, etc.?)

Response: The referenced sections do not imply that displaced District employees are entitled for six months to receive the same benefits they are currently receiving. Any displaced employees who are hired by the contractor are entitled to the benefits provided by the Service Contract Act of 1965 (79 Stat. 1034; 41 U.S.C.S. § 351 et seq.). Offerors should consult with counsel or human resources staff who are familiar with that federal law. More information may be found at: www.dol.gov/compliance/laws/comp-sca.htm

Q174

Question: Regarding existing staff: may we have a list of existing staff by position and licensing status? H.6, p. 34 – contractor responsible for any damage to building, interior or approaches in delivering equipment: please clarify – does this mean any damage of any type? Who is responsible for routine repair and maintenance of the buildings?

Response: APRA will not provide this information. The offeror should prepare their proposal based on the technical requirements of the RFP. The proposals submitted in response to the RFP should address the required elements of the RFP and should not necessarily be based on the existing operations of the center. It is the responsibility of the offeror to identify and retain staff that meet the requirements of the RFP.

Section H.6 of the RFP refers to damage to the building, interior, or their approaches in delivering equipment covered by the contract. The contractor is responsible for all maintenance and repairs estimated up to or including \$1,000. The District is responsible for maintenance and repairs estimated greater than \$1,000.

Q175

Question: Regarding referral to services in APRA's continuum of care: may we have a list of providers and types and levels of service?

Response: After contract award, a notification letter will be provided to the awardee for further information regarding referral to services in APRA's continuum of care.

Q176

Question: When do you anticipate the contract will be awarded? How much later will the contract take effect?

Response: Contract award is within one hundred twenty (120) days from date of acceptance of proposals. See Item # 3 of this amendment.

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14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q177

Question: Are there plans for a funded start up period before service begins, during which the contractor will have expenses but will be preparing for the transition to assuming operation of the programs? If so, how should these costs be presented in the budget documents?

Response: The District does not anticipate offering a funded start up period to the contractor.

Q178

Question: Is the detoxification facility currently certified under municipal regulations?

Response: Yes. However, the contractor will be required to complete the certification process required under Title 29, Chapter 23 of the District of Columbia Municipal Regulations following award of the contract.

Q179

Question: Is the detoxification currently CARF accredited?

Response: Yes.

Q180

Question: Following the planned renovations at the detoxification facility, are there any renovations that the contractor will need to complete in order to certify or accredit the facility?

Response: It is unlikely that the contractor will need to perform any renovations to meet D.C. or other certification or accreditation requirements.

Q181

Question: Will there be an opportunity for a start up budget that includes expenses for preparing the facility for operation, beyond the District's planned renovations?

Response: The District does not anticipate offering a start up budget to the contractor.

Q182

Question: Which and how many of the existing furnishings, equipment, and supplies at the detoxification facility and the assessment/referral facility will be made available to the contractor? Will there be a cost for them or will they be transferred with the contract?

Response: APRA will provide under separate cover an inventory of office furniture whose use will convey for the term of the contract. However, computers, copiers, and printers are the property of the District government and will be removed.

(Continuation)

Contract Number	Amendment/Modification No	Effective Date	Page of Pages
DCHC-2009-R-0002-	DCHC-2009-R-0002-A004	August 7, 2009	45 of 47

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q183

Question: Is bottled water a necessity at the detoxification facility? Is the tap water unhealthy or unpalatable?

Response: Bottled water is not a necessity at the DSC. The District is not aware of any problems with the tap water.

Q184

Question: Is the contractor expected to deliver methadone assisted opioid treatment at the detoxification facility, or to coordinate it with a community provider?

Response: The contractor is expected to co-manage treatment of individuals receiving medication assisted treatment (methadone) from community based providers. Please review RFP Sections C.6.10.5 and C.6.11.

Q185

Question: Is the contractor expected to deliver any other opioid treatment, such as buprenorphine, at the detoxification center? If so, are there any required protocols?

Response: The offeror shall prepare their proposal in accordance with Sections L.2 based on the clinical and programmatic model they propose to meet the technical requirements of the RFP. The proposals submitted in response to the RFP, Sections L.3 and L.4 should address the required elements of the RFP and should not necessarily be based on the existing operations of the center.

Q186

Question: Are the current subcontracting providers of laundry service/linens, food service, and security unionized? Will the contractor be free to subcontract with other providers?

Response: The contractor is free to subcontract with other providers, provided that they meet any requirements that may be outlined in the RFP. However, any proposed subcontract(s) must specify that the Contractor and subcontractor shall be subject to every provision of the contract awarded pursuant to this RFP. In addition, it should be noted that notwithstanding any subcontract approved by the District, the Contractor is liable to the District for all of the Contractor's work and services performed under the contract.

Q187

Question: Do the current contracts with subcontracts transfer with the contract or do they need to be renegotiated?

(Continuation)

Contract Number	Amendment/Modification No	Effective Date	Page of Pages
DCHC-2009-R-0002-	DCHC-2009-R-0002-A004	August 7, 2009	46 of 47

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Response: If the contractor chooses to utilize any existing contractors at the facilities at which it will operate, it will need to renegotiate the contracts. There are no special instructions regarding presentation of subcontractor proposed duties and qualifications. However, any proposed subcontract(s) must specify that the Contractor and subcontractor shall be subject to every provision of the contract awarded pursuant to this RFP. In addition, it should be noted that notwithstanding any subcontract approved by the District, the Contractor is liable to the District for all of the Contractor's work and services performed under the contract.

Q188

Question: How much do you pay your subcontractors?

Response: The payment for subcontractors is determine by the primary offeror and his subcontractor.

Q189

Question: Will the contractor be charged to lease the two facilities? What will the lease costs be? Will they include utilities? If not, may we have some of the current building/occupancy costs? Specifically, how much does the heating/AC system cost? How much do utilities cost?

Response: The facilities are owned or leased by the District of Columbia and will be provided to the contractor at no cost. The District will be responsible for electrical service, gas service (if applicable), water service, and sewage service. The District will not be responsible for telephone or data/internet service.

The contractor is responsible for all maintenance and repairs estimated up to or including \$1,000. The District is responsible for maintenance and repairs estimated greater than \$1,000. Facility costs that will not be borne by the District include: housekeeping/janitorial, food service, laundry, and security.

Q190

Question: What are the client demographics of the two programs? Drugs of choice?

Response: The Drug Treatment Choice Program (DTCP) client community is primarily African-American, male, and between the ages of 47-55. DTCP clients' substances of choice include marijuana, alcohol, crack cocaine, and heroin.

Q191

Question: What is the incidence of mental illness among consumers?

Response: Approximately 60% of mental health consumers have co-occurring substance use disorders.

(Continuation)

Contract Number	Amendment/Modification No	Effective Date	Page of Pages
DCHC-2009-R-0002-	DCHC-2009-R-0002-A004	August 7, 2009	47 of 47

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q192

Question: Given the significance of these questions to developing realistic staffing plans, budget, and competitive proposal, can the proposal due date be postponed by three or four weeks?

Response: Amendment No. A003 dated July 29, 2009 extend the closing date to August 31, 2009.

2. Page 21, Section C.7.1.2 delete the paragraph in its entirety, substitute the following:

At least one full time licensed counselor or certified counselor for every 8 clients in the non hospital detoxification program.

3. Section L.22, Acceptance Period is hereby being added to the solicitation as follows:

L.22 ACCEPTANCE PERIOD:

The Offeror agrees that its offer remains valid for a period of 120 calendar days from the closing date. However, if for administrative reasons, the District is unable to make an award within this time period, the CO will request the Contractor to extend the offer for an additional thirty (30) days.

4. Page 5, Section B.4.1.1.4 is hereby changed as follows:

Delete: 90% of post-treatment clients are re-assessed and referred to recovery support services.

Substitute: At least 50% of clients who complete an assessment are referred to recovery support services.

5. Section C.5.13 is hereby added to the solicitation as follows:

“The Contractor shall include in the policies and procedures required by Section C.5.1 a requirement that the Contractor assess all clients to determine each client’s desire and appropriateness for recovery support services and refer the client to the appropriate recovery support service provider or providers.”

6. Delete Section C.4.6 in its entirety.

7. Page 64, Section M.4.1, TECHNICAL CRITERIA, delete (80 Points) substitute (85 Points)

8. Page 65, Section M.6 of the solicitation is hereby deleted in its entirety, substitute to the attached revised M.6.

ATTACHMENT

MANAGE & OPERATIVE A SUBSTANCE DETOXIFICATION CENTER

PRE-PROPOSAL SIGN IN SHEET

PRE-PROPOSAL CONFERENCE
SOLICITATION NO. DCHC-2009-R-0002

MANAGE & OPERATE A SUBSTANCE DETOXIFICATION CENTER
SIGN IN SHEET

Meeting Date and Location: July 15, 2009 @ 11am, 1300 First Street, NW, 3rd Floor, Conference Room

Name	Company	Phone No.	E-Mail Address
Laura Ames	Spectrum Health Systems,	505 5400 792-5400 x 2117	laura.ames@spectrumhealthsystems.com
Aashi Subramanian	PIW	802 885 5734	Asubramanian@piw-de.com
Tshir Shmuelovich	Phoenix House	412-595-5810	tshirsh@phoenixhouse.org
Dewitt Allen	Phoenix House	410-331-4250	dallen@phoenixhouse.org
Rou Smith	Worford Health	412-937-8099	rsmith@worfordhealth.com
Scott McCallin	DSC / Med Health Health	505 4924 603	scott@DSCHEALTH.com
Amy Maxwell	Value Options.	202 312 8670	amy.maxwell@valueoptions.com
Steve Rosen	Barrat Programs	202 329 4958	rosen@barratprograms.com
Lyle Joler	Gaudenzia Inc	410-367-5501	joler@gaudenzia.org
Kirk Jangotichian, MD	Interdynamics, inc	301 306-9540	kj@interdynamicsinc.com

MANAGE & OPERATE A SUBSTANCE DETOXIFICATION CENTER
Pre-Proposal Conference

Name	Company	Phone No.	E-Mail Address
Patrick McSweeney	Phoenix Houses & New England	401-231-4250 x3202	pmcsweeney@phoenixhouses.org
Patrice T. Emery	J+E Associates, Inc.	301-495-0400	emery.patrice@jeassociates.com
Dale Mayo	J+E Associates, Inc	''	mayo.dale@jeassociates.com
Charles L. Hall, III	JPO	202 682 6599	chall@jpo.org
Francina Parrish	Gaudenzia	301 324 1201	fparrish@gaudenzia.org
Eric Lippen	Gaudenzia	410 367 5831	elippen@gaudenzia.org

ATTACHMENT

B.5 RFP OPEN MARKET SOLICITATIONS (SUPPLIES & SERVICES)

AND

M.6 Preferences for Certified Business Enterprises

RFP OPEN MARKET SOLICITATIONS (SUPPLIES & SERVICES)

Insert in Section B of the open market RFP solicitation:

- B.5** If an offeror intends to subcontract under this solicitation, it must subcontract at least 35% of the dollar volume of this contract in accordance with the provisions of section M.6.1. The prime contractor responding to this solicitation shall be required to submit with its proposal, a notarized statement detailing its subcontracting plan. Proposals responding to this RFP shall be deemed nonresponsive and shall be rejected if the bidder intends to subcontract in accordance with the provisions of section M.6.1, but fails to submit a subcontracting plan with its proposal.

Insert in Section M of the solicitation:

M.6 Preferences for Certified Business Enterprises

Under the provisions of the “Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005”, as amended, D.C. Official Code § 2-218.01 *et seq.* (the Act), the District shall apply preferences in evaluating proposals from businesses that are small, local, disadvantaged, resident-owned, longtime resident, or local with a principal office located in an enterprise zone of the District of Columbia.

M.6.1 Subcontracting Requirements

If the prime contractor subcontracts any portion of the work under this contract, the prime contractor shall meet the following subcontracting requirements:

- M.6.1.1** At least 35% of the dollar volume shall be subcontracted to certified small business enterprises; provided, however, that the costs of materials, goods and supplies shall not be counted towards the 35% subcontracting requirement unless such materials, goods and supplies are purchased from certified small business enterprises; or
- M.6.1.2** If there are insufficient qualified small business enterprises to completely fulfill the requirement of paragraph M.6.1.1, then the subcontracting may be satisfied by subcontracting 35% of the dollar volume to any certified business enterprises; provided, however, that all reasonable efforts shall be made to ensure that qualified small business enterprises are significant participants in the overall subcontracting work.

M.6.2 Application of Preferences

For evaluation purposes, the allowable preferences under the Act for this procurement shall be applicable to prime contractors as follows:

- M.6.2.1** Any prime contractor that is a small business enterprise (SBE) certified by the Small and Local Business Opportunity Commission (SLBOC) or the Department of Small and Local Business Development (DSLBD), as applicable, will receive the addition of three points on a 100-point scale added to the overall score for proposals submitted by the SBE in response to this Request for Proposals (RFP).
- M.6.2.2** Any prime contractor that is a resident-owned business (ROB) certified by the SLBOC or the DSLBD, as applicable, will receive the addition of five points on a 100-point scale added to the overall score for proposals submitted by the ROB in response to this RFP.
- M.6.2.3** Any prime contractor that is a longtime resident business (LRB) certified by the SLBOC or the DSLBD, as applicable, will receive the addition of ten points on a 100-point scale added to the overall score for proposals submitted by the LRB in response to this RFP.
- M.6.2.4** Any prime contractor that is a local business enterprise (LBE) certified by the SLBOC or the DSLBD, as applicable, will receive the addition of two points on a 100-point scale added to the overall score for proposals submitted by the LBE in response to this RFP.
- M.6.2.5** Any prime contractor that is a local business enterprise with its principal offices located in an enterprise zone (DZE) certified by the SLBOC or the DSLBD, as applicable, will receive the addition of two points on a 100-point scale added to the overall score for proposals submitted by the DZE in response to this RFP.
- M.6.2.6** Any prime contractor that is a disadvantaged business enterprise (DBE) certified by the SLBOC or the DSLBD, as applicable, will receive the addition of two points on a 100-point scale added to the overall score for proposals submitted by the DBE in response to this RFP.

M.6.3 Maximum Preference Awarded

Notwithstanding the availability of the preceding preferences, the maximum total preference to which a certified business enterprise is entitled under the Act for this procurement is the equivalent of twelve (12) points on a 100-point scale for proposals submitted in response to this RFP. There will be no preference awarded for subcontracting by the prime contractor with certified business enterprises.

M.6.4 Preferences for Certified Joint Ventures

When the SLBOC or the DSLBD, as applicable, certifies a joint venture, the certified joint venture will receive preferences as a prime contractor for categories in which the

joint venture and the certified joint venture partner are certified, subject to the maximum preference limitation set forth in the preceding paragraph.

M.6.5 Vendor Submission for Preferences

M.6.5.1 Any vendor seeking to receive preferences on this solicitation must submit at the time of, and as part of its proposal, the following documentation, as applicable to the preference being sought:

M.6.5.1.1 Evidence of the vendor's or joint venture's certification by the SLBOC as an SBE, LBE, DBE, DZE, LRB or ROB, to include a copy of all relevant letters of certification from the SLBOC; or

M.6.5.1.2 Evidence of the vendor's or joint venture's provisional certification by the DSLBD as an SBE, LBE, DBE, DZE, LRB or ROB, to include a copy of the provisional certification from the DSLBD.

M.6.5.2 Any vendor seeking certification or provisional certification in order to receive preferences under this solicitation should contact the:

Department of Small and Local Business Development
ATTN: CBE Certification Program
441 Fourth Street, NW, Suite 970N
Washington DC 20001

M.6.5.3 All vendors are encouraged to contact the DSLBD at (202) 727-3900 if additional information is required on certification procedures and requirements.

M.6.6 Subcontracting Plan

If the prime contractor intends to subcontract at least 35% of the dollar volume of this contract in accordance with the provisions of section M.6.1, the prime contractor responding to this solicitation shall be required to submit with its proposal, a notarized statement detailing its subcontracting plan. Proposals responding to this RFP shall be deemed nonresponsive and shall be rejected if the offeror intends to subcontract in accordance with the provisions of section M.6.1, but fails to submit a subcontracting plan with its proposal. Once the plan is approved by the contracting officer, changes to the plan will only occur with the prior written approval of the contracting officer and the Director of DSLBD. Each subcontracting plan shall include the following:

M.6.6.1 A description of the goods and services to be provided by SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;

M.6.6.2 A statement of the dollar value of the proposal that pertains to the subcontracts to be performed by the SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;

- M.6.6.3** The names and addresses of all proposed subcontractors who are SBEs or, if insufficient SBEs are available, who are certified business enterprises;
- M.6.6.4** The name of the individual employed by the prime contractor who will administer the subcontracting plan, and a description of the duties of the individual;
- M.6.6.5** A description of the efforts the prime contractor will make to ensure that SBEs, or, if insufficient SBEs are available, that certified business enterprises will have an equitable opportunity to compete for subcontracts;
- M.6.6.6** In all subcontracts that offer further subcontracting opportunities, assurances that the prime contractor will include a statement, approved by the contracting officer, that the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;
- M.6.6.7** Assurances that the prime contractor will cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of compliance by the prime contractor with the subcontracting plan;
- M.6.6.8** A list of the type of records the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and assurances that the prime contractor will make such records available for review upon the District's request; and
- M.6.6.9** A description of the prime contractor's recent effort to locate SBEs or, if insufficient SBEs are available, certified business enterprises and to award subcontracts to them.

M.6.7 Compliance Reports

By the 21st of every month following the execution of the contract, the prime contractor shall submit to the contracting officer and the Director of DSLBD a compliance report detailing the contractor's compliance, for the preceding month, with the subcontracting requirements of the contract. The monthly compliance report shall include the following information:

- M.6.7.1** The dollar amount of the contract or procurement;
- M.6.7.2** A brief description of the goods procured or the services contracted for;
- M.6.7.3** The name and address of the business enterprise from which the goods were procured or services contracted;

- M.6.7.4 Whether the subcontractors to the contract are currently certified business enterprises;
- M.6.7.5 The dollar percentage of the contract or procurement awarded to SBEs, or if insufficient SBEs, to other certified business enterprises;
- M.6.7.6 A description of the activities the contractor engaged in, in order to achieve the subcontracting requirements set forth in section M.6.1; and
- M.6.7.7 A description of any changes to the activities the contractor intends to make by the next month to achieve the requirements set forth in section M.6.1.

M.6.8 Enforcement and Penalties for Breach of Subcontracting Plan

- M.6.8.1 If during the performance of this contract, the contractor fails to comply with the subcontracting plan submitted in accordance with the requirements of this contract, and as approved by the contracting officer and the Director of DSLBD, and the contracting officer determines the contractor's failure to be a material breach of the contract, the contracting officer shall have cause to terminate the contract under the default clause of the Standard Contract Provisions.
- M.6.8.2 In addition, the willful breach by a contractor of a subcontracting plan for utilization of certified business enterprises in the performance of a contract, the failure to submit any required subcontracting plan monitoring or compliance report, or the deliberate submission of falsified data may be enforced by the DSLBD through the imposition of penalties, including monetary fines of \$15,000 or 5% of the total amount of the work that the contractor was to subcontract to certified business enterprises, whichever is greater, for each such breach, failure, or falsified submission.

ATTACHMENT

J.1.4

Privatization contracts and procedures requirements

§ 2-301.05b

GOVERNMENT ADMINISTRATION

(6) The privatization contract may be canceled if the contractor fails to comply with the performance criteria set out in the contract.

(e) When contracting out occurs, the Mayor or the independent agency head shall make efforts to assist affected District employees and to promote employment opportunities for District residents with the contractor. These efforts shall include:

(1) Consulting with union representatives and District government employees who would be affected by the privatization contract, and providing prior notification of at least 30 days of any adverse impact of a privatization contract to District government employees who would be affected by the contract, including notification to a labor organization certified as the exclusive representative of employees affected by the contract;

(2) Providing alternative employment in the District government to displaced employees if there are positions for which those employees are qualified; and

(3) Encouraging the contractor to offer employment to qualified District residents before offering employment to qualified nonresidents.

(f)(1) The Auditor shall review selected privatization contracts, based on the dollar value and scope of a contract, its potential impact on the health and safety of District residents, its potential impact on economic development and employment opportunities in the District, and other factors that the Auditor considers appropriate. The Auditor shall render, at least once every three fiscal years, his or her determination as to whether the contracts are achieving:

(A) The 5% savings target set forth in subsection (a)(2) of this section; and

(B) The performance standards and targets set forth in the determination and findings described in subsection (a) of this section and incorporated into the contracts as required by subsection (c)(5) of this section.

(2) The Auditor may also report that the cost and performance data are inconclusive, but if the District has failed to collect, maintain, or provide cost and performance data required by this section, the Auditor may reasonably conclude that cost or performance targets are not being met in the lack of any or minimal evidence to the contrary.

(g) If the Auditor finds that a privatization contract has not met the cost saving target of 5% set forth in subsection (a)(2) of this section, or has not met the performance targets set forth in subsection (a)(4) of this section and incorporated into the contract as required by subsection (b)(7) of this section, the Mayor, or independent agency head, shall review the merits of contracting in for the goods or services. The Mayor, or independent agency head, shall review the cost, the potential performance impact, the potential impact on the health and safety of District residents, and the potential impact on economic development and employment opportunities associated with contracting in for the goods or services. Within 90 days of the Auditor's finding that a privatization contract is not meeting the cost saving or performance criteria, the Mayor, the Mayor's designee or the independent agency head, as appropriate, shall

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present to the Council in a public hearing the Mayor's determination about whether the District shall contract in for the service.

(h) The Mayor shall issue rules, in accordance with the procedures set out in § 2-302.05, to implement this section within 180 days of April 4, 2001. The rules shall include procedures for public employees to submit bids for a proposed privatization contract, guidelines for the preparation of the cost analysis, economic impact analysis, and performance analysis required in subsection (c) of this section, and objective criteria for identifying programs or services that are appropriate for privatization and defining core or uniquely governmental responsibilities that are inappropriate for privatization.

(Feb. 21, 1986, D.C. Law 6-85, § 105b, as added Mar. 19, 1994, D.C. Law 10-79, § 2(b), 40 DCR 8696; Mar. 5, 1996, D.C. Law 11-98, § 501(a), 43 DCR 5; Apr. 4, 2001, D.C. Law 13-274, § 3, 48 DCR 1654; Dec. 7, 2004, D.C. Law 15-205, § 1192(a), 51 DCR 8441.)

Historical and Statutory Notes

Prior Codifications

1981 Ed., § 1-1181.5b.

Effect of Amendments

D.C. Law 13-274 rewrote the section which prior thereto read:

"(a) Any contract, including a lease or other agreement, or any contracting policies and procedures relating to such contracts, to provide goods and services to or on behalf of the District government shall provide that:

"(1) With respect to contracting out to provide goods or services to or on behalf of the District government that currently are provided by employees, department, or agencies of the District government, a cost-benefit analysis comparing the in-house costs of providing the service with the costs associated with contracting for the service shall be completed for each contract proposed pursuant to this section;

"(2) Contracting out will provide savings over the duration of the contract of at least 5%;

"(3) Any contractor who is awarded a contract that displaces District government employees shall offer to any displaced employee a right-of-first-refusal to employment by the contractor, in a comparable available position for which the employee is qualified, for at least a 6-month period during which the employee shall not be discharged without cause;

"(4) Any District employee that is displaced as a result of a contract, and is hired by the contractor which was awarded the contract which displaced the employee shall be entitled to the benefits provided by the Service Contract Act of 1965 ('Act'), 41 U.S.C. § 351 *et seq.* For purposes of this subchapter, service employees of the water and sewer fund shall be treated by the contractor and entitled to all benefits as if those employees were not excluded from application of the Act.

"(5) If the employee's performance during the 6-month transition employment period required by paragraph (3) of this subsection is satisfactory, the new contractor shall offer the employee continued employment under terms and conditions established by the new contractor;

"(6) Any solicitation for proposed contracts issued pursuant to this section shall include information concerning the procedure by which current District government employees may exercise the right to bid on the contracts;

"(7) An assessment of the economic impact on the District shall be completed for each contract proposed pursuant to this section;

"(8) Prior notification shall be provided to affected District government employees 30 days prior to any adverse impact on the employees; and

"(9) For those contracts which provide services essential to the health or safety of District residents, a determination and findings that the contracting out will not adversely affect the recipients.

"(b) The Mayor shall submit to the Council the cost analysis comparing the in-house costs of providing goods and services with the costs associated with any contract for goods and services for any contract described in subsection (a)(1) of this section made by any agency of the District government which is subordinate to the Mayor.

"(c) The Mayor shall submit to the Council any assessment of the economic impact on the District made pursuant to subsection (a)(5) of this section.

"(d) Prior to the award of any contract, and unless otherwise prohibited by statute or the District Charter, the Mayor, and all independent agencies and entities of the District government,