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ATTN: Vendors

Addendum # Two (2)

RESPONSE: The department uses SHI's TechCare as its current EHR system. The department will provide an orientation to those unfamiliar with the system.

3. What are the most common clinical areas and mental health disorder that the facility treats? Are there any specialized treatment programs that clinicians need to be familiar with?

RESPONSE: The department sees a wide range of disorders. The mental health team will serve some of the most ill population. Clinicians need to have experience in working with SPMI populations. In patient, acute, sub-acute, correctional and crisis management experience are preferred. The department requires clinicians that have a full range of mental health clinician knowledge, skills and abilities.

4. What is the average number of patients a clinicians is expected to see daily?

RESPONSE: The average number of patients can vary depending on where they are placed, how many groups are being completed, etc. There is not an average number of patients the department can accurately provide.

5. Is a single hourly rate sufficient for the cost proposal, or do we need to provide a detailed cost breakdown? What additional detail are required in our cost proposal?

*RESPONSE: The **COST PROPOSAL FORM** has been amended to include a detailed cost breakdown. Please see Page 4 for the **AMENDED COST PROPOSAL FORM**.*

6. Is obtaining an Alaska business license required at the time of the proposal submission, or is it possible to do so prior to contract award?

RESPONSE: An Alaska business license is not required at the time of proposal submission; however, it is required prior to the award of the contract.

7. Will clinicians need to go through any additional credentialing or privileging process beyond state licensure and security clearance before they can begin providing services? If so, what time is required for these procedures?

RESPONSE: The department will require contractors to go through background and security checks. The department will interview and screen resumes before beginning the security clearance process.

8. Is this solicitation intended for a single award, or does the State anticipate awarding multiple contracts to different vendors?

RESPONSE: The department will award a contract for this service to only one selected offeror.

9. If an incumbent is currently providing these services, could you please provide their current rate?

RESPONSE: This is a new contract to the department. There are no incumbents.

This addendum is considered part of the Request for Proposal (RFP) and is to be acknowledge on your bid proposal.

Please contact Benjamin Baker, 907-269-5909 or Benjamin.baker@alaska.gov if you have any questions.

Sincerely,

Michael Lim

Michael Lim
Procurement Manager

Attachment:

1. AMENDED COST PROPOSAL FORM (2 pages)

cc: Lisa Guzman, DOC Mental Health Clinician

End of Addendum #2, Total pages with attachment is 5.

Attachment 2

AMENDED COST PROPOSAL FORM

RFP #2025-2000-0244

Offerors **must** use this form to enter data that will be utilized for evaluation purposes and to convert the cost to points. **Offerors must submit proposals for both Locations. The department is in need of three (3) Mental Health Clinicians to provide services at either Locations. The department will only evaluate Hourly Rates and Total Costs for Location #1. If an offeror fails to provide Hourly Rates for both Locations, their proposal will be rejected and considered non-responsive.**

The rate per hour proposed shall include all direct and indirect costs associated with performance of the services required herein. (Direct cost of the individual's time providing the direct service that includes, but is not limited to, personnel costs and fringe benefits. Indirect costs associated with the performance of this contract include but may not be limited to insurance, supplies, overhead, local travel, etc.)

Costs on this form are for 12 months or one (1) year of service. Partial fiscal year service periods will be pro-rated accordingly (*if applicable*). The purpose is to submit costs in a manner DOC can evaluate and score, and then use to establish billing rates for the resultant contract.

Mental Health Clinician Team			
Description	Hourly Rate	Approximate Total Number of Hours	Total Cost
LOCATION #1: (SCCC) Lead Mental Health Clinician Direct and Indirect Costs	\$	2,080 (12 months)	\$
LOCATION #1: (SCCC) Additional Mental Health Clinician Direct and Indirect Costs	\$	2,080 (12 months)	\$
LOCATION #1: (SCCC) Additional Mental Health Clinician Direct and Indirect Costs	\$	2,080 (12 months)	\$
Total Proposed Cost for LOCATION #1 (for evaluation purposes)			\$
LOCATION #2: (PCC) Lead Mental Health Clinician Direct and Indirect Costs	\$	Hourly Rates for LOCATION #2 (PCC) will not be include in the evaluation process.	
LOCATION #2: (PCC) Additional Mental Health Clinician Direct and Indirect Costs	\$		
LOCATION #2: (PCC) Additional Mental Health Clinician Direct and Indirect Costs	\$		

Proposals must be submitted under the name as it appears on the person's current Alaska business license in order to be considered responsive. Do not enter additional information on this form. If necessary, use separate page and attach to cost proposal.

Print Name: _____

Signature: _____

Date: _____

Organization: _____