



ADDENDUM NUMBER 1  
REQUEST FOR PROPOSAL NUMBER 05RFP107YA  
PSYCHIATRIC AND PHYSICIAN SERVICES  
FULTON COUNTY, GEORGIA

January 24, 2005

Dear Vendors:

This addendum is in reference to Request for Proposal (RFP) Number 05RFP107YA for the Psychiatric and Physician Services in support of the Mental Health, Developmental Disabilities and Addictive Diseases Department from date of award and continuing through one year later.

The RFP closing date of January 27, 2005 has been changed to Thursday, February 3, 2005 11:00 AM local time.

1. The RFP includes an initial award of 12 months with the an option provision to renew the contract for three (3) three additional one-year periods (page 3) at billing rates that shall remain in effect for the duration of the project (page 13).

Question: Are offerors permitted to propose annual adjustments in billing rates if indexed to annual increases otherwise approved by Fulton County for staff employed by Fulton County?

Answer: Yes, page 14, first paragraph specifically states "Option year price adjustment shall not exceed the Consumer Price Index (CPI) as published by the Bureau of Labor with particular reference to the average shown on such index for "all the Atlanta Metropolitan area."

2. We note that requirements for professional liability insurance have been increased five-fold from \$1 million (each occurrence) to \$5 million (each occurrence).

Question: Please confirm this requirement, especially in light of the increased cost of coverage and upward pressure billing rates.

Answer: Yes, the insurance requirement has been changed from \$1 million to \$5 million.

3. The RFP includes a requirement to "reimburse the County for any Federal or state audit disallowances arising from the subcontractor's performance

or non-performance of duties under this contract which are delegated to the subcontractor.” (page 12).

**Questions:**

- a. What is the definition of “federal or state audit disallowances” as it is being used in this RFP?
- b. What have the historical 2003 and 2004 annual costs for federal and state audit disallowances been for Fulton County MH/DD/AD?
- c. What portion of the duties that may result in federal or state audit disallowances will be delegated to the subcontractor for the duration of the project?

**ANSWER:**

- a. A federal or state disallowance is a reimbursement for disallowable services under federal funded programs. Fulton County MH/DD/AD wants the contractor to assume any/all damage caused by their liability.
- b. The grant adjustment for 2004 was \$37,799.00 and the Medical adjustment for 2003 disallowable services was \$7,240.00.
- c. The contractor shall assume the entire portion of the duties that may result in federal or state disallowances delegated to the subcontractor for the duration of the project. Fulton County MH/DD/AD wants the contractor to assume any/all damage caused by their liability.

4. The RFP includes compensation monthly based on the “approved time sheets.” (page 12).

**Question:** Would Fulton County MH/DD/AD accept an established and tested system if based on continuation of the presently operating E-time system as successfully implemented by the current contractor for verification of staff time and generating billing data for Fulton County MH/DD/AD?

**ANSWER:** The Respondent can use an appropriate billing system to meet the requirements under Section VI “Fee Schedule” RFP #05RFP107YA.

5. The RFP includes compensation “monthly at an hourly rate times the number of hours worked based on the approved time sheets.” (page 12)

**Question:** Would Fulton County MH/DD/AD stipulate that compensation monthly at an hourly billing rate times the number of hours worked based on the approved time sheets?

**ANSWER:** Yes, Fulton County MH/DD/AD will stipulate that compensation monthly is at an hourly billing rate times the number of hours worked based on the approved time sheets.

6. On page 13, the RFP states:

THE HOURLY RATE SHALL BE COMMENSURATE WITH HOURLY

RATE OF PAY FOR BOARD CERTIFIED AND BOARD ELIGIBLE PSYCHIATRISTS AS PUBLISHED BY THE BUREAU OF LABOR WITH PARTICULAR REFERENCE TO THE AVERAGE HOURLY RATE OF PAY SHOWN ON SUCH INDEX FOR "ALL THE ATLANTA METROPOLITAN AREA."

**Question:** Please provide a specific reference (publication or source) to the index that is required and define the Atlanta metropolitan area for purposes of establishing these rates.

**ANSWER:** The specific reference index to be used is the United States Bureau of Labor Statistics, Metropolitan Wage Data for Atlanta, Georgia, SOC Group 29-0000 Healthcare Practitioner and Technical Occupations.

The undersigned RFP acknowledges receipt of this addendum by returning an original and four (4) copies with their proposal. Failure to return a signed copy of this addendum with your proposal could render your proposal non-responsive.

Except as provided herein, all terms and conditions in the RFP referenced above remain unchanged and in full force and effect.

Sincerely,



Cheryl Cochran  
Chief Assistant Purchasing Agent

ACKNOWLEDGEMENT OF ADDENDUM

COMPANY NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

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