



# 401-2019 ADDENDUM 1

## REQUEST FOR PROPOSAL FOR EMPLOYEE FAMILY ASSISTNACE PLAN SERVICE PROVIDER

ISSUED: May 21, 2019  
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### URGENT

**PLEASE FORWARD THIS DOCUMENT TO  
WHOEVER IS IN POSSESSION OF THE  
REQUEST FOR PROPOSAL**

**THIS ADDENDUM SHALL BE INCORPORATED  
INTO THE REQUEST FOR PROPOSAL AND  
SHALL FORM A PART OF THE CONTRACT  
DOCUMENTS**

Template Version: Ar20160708

Please note the following and attached changes, corrections, additions, deletions, information and/or instructions in connection with the Request for Proposal, and be governed accordingly. Failure to acknowledge receipt of this Addendum in Paragraph 9 of Form A: Proposal may render your Proposal non-responsive.

### PART B – BIDDING PROCEDURES

Revise: B7.2(b) to read: Form **M(R1)**: Provider’s Questionnaire in accordance with B11 (Section D); and

Revise: B11.1 to read: Proposals should include a completed **Form M(R1)** provided in Appendix B.

### PART E – SPECIFICATIONS

Revise: E3.2 to read: **Form M(R1)**: Provider’s Questionnaire

### APPENDICES

Delete and Replace: Appendix\_B\_Providers\_Questionnaire - *to be deleted and replaced with:*

**Appendix\_B\_Providers\_Questionnaire\_Revised**

### QUESTIONS AND ANSWERS

Q1: Is it possible for you to share the average hours of service per case?

A1: No, the City does not have this data.

Q2: Can you provide number of cases in the past three years for Critical Incident Services?

A2: No, the City does not have this data.

Q3: Is it possible to receive utilization data for the past three years on addiction assessments and addiction group programming?

A3: See following utilization for addictions assessment:

| Year         | Referrals |
|--------------|-----------|
| 2016         | 9         |
| 2017         | 7         |
| 2018         | 5         |
| 2019 to date | 2         |

We do not have utilization on group assessments.

- Q4: Typically EFAP providers refer to community and health programming for addiction treatment. Does the City's current provider offer group programming for substance abuse or is this referred to a community/health service?
- A4: Yes, but at an additional cost.
- Q5: On Appendix B – Form M under the section titled Costs, proponents are requested to identify per employee per month rates and instructed to complete Form B. However, Form B specifies hourly rates. Is the City seeking hourly service rates or do you prefer per employee costing?
- A5: All pricing is as stated on Form B: Prices. See also revised Appendix B.
- Q6: It is mentioned in section D2.8 that the total contract amount is \$287,050, but this statement falls after D2.6 where it states the City may, at its option add Part II to the contract. Could you clarify if the total contract amount is \$287,050 for the present counselling and CISM services?
- A6: Yes.
- Q7: Are proponents required to submit costing that only falls within that pre-set budget?
- A7: This is the amount that the City has budgeted for this service.
- Q8: Will additional resources be made available if the City adds a Section (Part) II?
- A8: No.
- Q9: It is mentioned in section D3.1(f) that the City provides a modified program and in D3.1(g) that the City is considering transitioning to a traditional offering/cost model. Could you please provide additional clarification about what the City means by a modified and traditional offering/cost model?
- Q9a: As per your section D3.1 – (f) what does the term 'modified EFAP' mean? Could you please provide greater detail on how the EFAP is modified?
- Q9b: As per your section D3.1 – (g), what would be considered a 'traditional offering/cost model'? Also, could you please clarify what is intended by "work/home support"?
- A9: Modified is outlined in D3.2 with the applicable Definitions (who is eligible for the EFAP), Plan Utilization and Utilization Notes which outlines the modified plan design. As outlined in D3.2(b) under 'Utilization Notes', there are currently no services available/provided for career counselling, legal counselling or financial counselling. A more traditional offering includes additional services such as these. Please ensure Appendix A – Form N is completed as this requires response on whether included in cost or not.
- Q10: As per section D2.5.2, (ii), it's stated that a maximum annual number of sessions per employee or family member will be ten (10) sessions per a twelve (12) month period. Is the City open to other counselling models including resolution focused models that do not have a set/capped number of sessions per case or per employee/family per year?
- A10: Yes, as long as suggestion model aligns with budget, and is fair and equitable utilization for all staff. A traditional offering/cost model was outlined as a consideration under D3.1(g).
- Q11: As per your Price Form, hourly rates have been requested. Is the City receptive to other pricing models such as "per employee per month/year" fees?
- A11: Yes, providing it is within the budget specified. This would be for consideration under D3.1(g) where it would be the traditional offering/cost model.
- Q12: As per section D2.5.3, Onsite Trauma/CISD support – do you wish to have this service included in your core EFAP fees or priced separately? If your preference is to have this service included, how many onsite Trauma/CISD cases per year would you like included? How many cases/hours of this service has the City used in that past year?
- A12: Yes, the City would like to have this service included in the core fees and on-site cases unlimited. Over the past year there were less than 20 cases. Current process is for Onsite Trauma/CISD charges to be factored into program budget. Hourly cost should be identified.

This should be factored in to response on D3.1 (g) for consideration if traditional offering/cost model were proceeded with identifying number of Trauma/CISD included in cost and any fees for Trauma/CISD over the per employee per month rate

Based on past reporting, the Trauma Response Services were as follows:

- Period of July 1, 2017 to June 30, 2018 = 4 Trauma Response Cases, 22.7 Clinical Hours
- Period of July 1, 2018 to December 31, 2018 = 1 Trauma Response Case, 7 Clinical Hours

Q13: As per your section D3.2 (a) Are retiree's included in the approximate employee count of 10,000 provided?

A13: No.

Q14: As per your section D3 (b), how do you currently calculate utilization and what is included?

A14: Utilization is a measure of cases to enrolment

Q15: Does the City currently use targeted Education Seminars and if so, how many seminars per year have you used? Is this a service you would like included in your core EFAP fees, or priced separately?

A15: This would be consideration under the traditional offering/cost model outlined in D3. 1 (g) regarding the number of sessions included in per employee per month rate and to identify any associated costs for sessions over the seminars included in the per employee per month rate.

Q16: Other than current contract expiration, are there specific reasons for this potential change in existing EFAP provider?

A16: As the current contract is expiring, The City is obligated to go to market at this time.