**ATTACHMENT 7**

**QUESTIONS FOR PROPOSERS**

Proposer: Click here to enter text.

1. Describe your experience in handling multiple locations in California, including availability of staff and referral network within the 58 counties.

 Answer: Click here to enter text.

1. Describe your ability to maintain confidential records of member calls.

 Answer: Click here to enter text.

1. Describe your proposed methodology for determining member eligibility.

 Answer: Click here to enter text.

1. Which counties within California will you have a limited capacity to provide in-person mental health professional sessions? Also, please describe the extent of the limitation.

 Answer: Click here to enter text.

1. Which counties within California will you have no ability to provide in-person mental health professional sessions?

 Answer: Click here to enter text.

1. Are you able to provide mental health sessions via video Web-based tools? If so, please list the counties within California that this option will be available.

 Answer: Click here to enter text.

1. What is your proposed transition plan for services that are in progress at the time of change-over from the existing employee assistance provider to the new service provider?

 Answer: Click here to enter text.

1. Describe your experience in working with entities that boast 4000+ members and providing similar services as described in RFP Section 3.0.

 Answer: Click here to enter text.

1. Describe your experience in providing a mental health professional network for law enforcement or elected officials.

 Answer: Click here to enter text.

1. Describe how you calculated and arrived at your proposed rates in Attachment 8.

 Answer: Click here to enter text.

1. Describe your methodology for conducting utilization analysis and providing quarterly reports as described in RFP Section 3.3.2.

 Answer: Click here to enter text.

1. Provide a sample utilization report as described in RFP Section 3.3.2.

 Answer: Click here to enter text.

1. Provide the number of counselors who are professionally licensed as marriage and family therapist (MFT), licensed professional counselors (LPC), licensed clinical social workers (LCSW), attorneys (JD), psychologists (PhD), and any other licenses in your proposed network for the program.

 Answer: Click here to enter text.

1. Describe your methodology for the credentialing process used to evaluate potential counselors for the program.

 Answer: Click here to enter text.

1. Describe the minimum credentials and qualifications you require of your mental health professionals and phone intake specialists.

 Answer: Click here to enter text.

1. Describe your methodology for auditing the mental health professional qualifications as described in RFP Section 3.1.11.

 Answer: Click here to enter text.

1. Describe your proposed process for the referral process of linking members with a mental health professional.

 Answer: Click here to enter text.

1. Are your proposed phone services available 24/7? Explain the process of answering the phone calls in the clinic.

 Answer: Click here to enter text.

1. Provide the retention rate of the mental health professionals that have been with your company for 3 years or more.

 Answer: Click here to enter text.

1. Provide the retention rate of the members that have been with your company’s network for 3 years or more.

 Answer: Click here to enter text.

1. Provide samples of the promotional materials that would be used to communicate the availability of the mental health professional network to members.

 Answer: Click here to enter text.

1. Describe out-of-network referral process, if any. Explain whether such services are included in the basic fee, or, if additional, how fees are calculated.

 Answer: Click here to enter text.

1. Describe your company’s philosophy towards mental health services and counseling.

 Answer: Click here to enter text.

1. Describe your proposed methodology for ensuring member confidentiality.

 Answer: Click here to enter text.

1. Describe your methodology for a response to and consultation in connection with a sudden, unanticipated, traumatic incident or circumstance occurring at the workplace (e.g., accident, death, threat of violence, natural disaster) that produces a high degree of distress in the affected workplace of the State or an immediate or delayed emotional reaction in employees, that surpasses normal coping mechanisms.

 Answer: Click here to enter text.

1. Describe your methodology to provide telephonic consultation and support to supervisors/managers regarding workplace issues as requested by AOC Human Resources Services Office.

 Answer: Click here to enter text.

1. Describe your ability to provide a dedicated Account Manager.

 Answer: Click here to enter text.

1. Describe to what extent you would subcontract any of the services.

 Answer: Click here to enter text.