



ALASKA RAILROAD CORPORATION
327 W. Ship Creek Ave.
Anchorage, AK 99501.

February 28, 2019

Addendum 1

RFP # 19-03-206670

ARRC Employee Assistance Program Services

Addendum number 1 is issued for additional information

The Closing Date for this has changed. This ITB will close as follows:

Proposals will be received until Thursday March 21, 2018 @ 3:00 PM local Alaska time.

Clarification:

Appendix J: EAP Supplemental Questionnaire was accidentally omitted in the solicitation document. It has been attached herein and is a required part of your firm's response.

All other terms and conditions remain unchanged.

If there are any questions regarding this addendum please let me know.

Thank you,

Greg Goemer
Sr. Contract Administrator
Alaska Railroad Corporation

APPENDIX J

EMPLOYEE ASSISTANCE PROGRAM QUESTIONNAIRE

All Offerors shall reply to each question in the order listed below. Questions shall be numbered and restated followed by a response. Do not refer to an attached document to answer a question. Supplemental materials may be submitted to enhance understanding of your responses, but answers will be evaluated primarily on the specific written response to each question.

Experience and Qualifications

1. Describe your firm, its history and size, locations in which it operates, and the number of employees in total and in Alaska.
2. Describe your EAP philosophy and delivery model.
3. Identify and describe your company's relevant experience with administering EAP/Managed Behavioral Health products similar to ARRC's scope of services in both size and design in Alaska.
4. Provide three current client references similar in size (based on number of participants) in Alaska and/or other transportation industry employers in the U.S. Include the contact name, title, and telephone number.
5. How knowledgeable is your company about Alaska and its local conditions?
6. How will you educate your company and subcontractors about Alaska and the Alaska Railroad?
7. What emerging trends in the EAP industry do you see in the market and how could ARRC use them to improve the overall well-being of its employees and their dependents?
8. Provide a sample of your Business Associate Agreement.
9. Provide a sample of the authorization to disclose PHI that you use for mandatory referrals.
10. What is your plan to ensure employees' and family member's understanding of the program?
11. What is your plan to ensure ARRC's supervisory staff's understanding of the program?
12. How often does your company measure and evaluate member satisfaction with your EAP?

13. What have your member satisfaction evaluations revealed?
14. Please describe (briefly) the implementation and rollout process and how long will it take you to be up and running?
15. How will you position the EAP as an integrated component of ARRC health management strategy?
16. How will you create opportunities to identify and refer employees and their family members to the EAP?
17. Is your firm staffed to provide information to plan sponsors on legal and regulatory requirements affecting EAP's, mental health and substance abuse treatment benefits, etc.?

EAP Management

18. Does your company provide a dedicated account manager?
19. How long has the account manager that will be assigned to ARRC been with your company?
20. How often will your account manager review the quality and effectiveness of the EAP with ARRC?
21. Please list the promotional vehicles used to drive awareness of the program.
22. Please present a plan that ensure awareness and participation in your programs.
23. Does your company provide the following services as part of your EAP program? If the answer is yes to any item, list the additional price per service on your Rate Response Form (if applicable). Do not list price information in the questionnaire responses.

<i>PROGRAM/SERVICE</i>	YES	NO
Posters & brochures		
Monthly employee articles		
Wallet cards		
Ongoing employee orientations seminars or webinars		
Ongoing supervisory orientations seminars or webinars		

Monthly HR e-mailers		
Employee wellness seminars or webinars		
Work-Life seminars (child care, elder care, parenting, and lifestyle)		
Can your Web site be customized by client?		
Can ARRC co-brand with your website?		
Can ARRC co-brand communications with your company?		
Does your company provide life cycle kits (i.e., new baby, child safety, college bound, senior health)?		
Does your company provide EAP and/or Work-Life-related HR policy review and recommendations?		
Does your company provide translation services when English is not the member's primary language?		

24. Does your company have a mobile app, can it be co-branded and what features does it have for communicating with members?
25. Please describe (briefly) your network credentialing standards.
26. How often does your company review providers currently in your Alaska network?
27. Please provide a copy of your company's standard management report.
28. Does your company maintain an online library for clinical, legal and financial issues? Please provide copies of, or links to, representative materials.
29. Does your company use the Automated Clearing House (ACH) Wire transfer system?

30. Describe transition/implementation process and time table when you are the gaining firm and when you are the losing firm.

Clinical Services

31. Does your company have telephonic and in person access to clinical services that include access to a customer service specialist who is trained in clinical issues 24-hours a day, 365 days a year? And how is this line answered?
32. What percentage of cases include a follow-up call to the member after the referral?
33. Are all of these post-referral follow-up calls handled by a licensed behavioral health clinician?
34. Please describe the process by which an EAP case is closed.
35. What is the turnover rate of your company's clinical customer service representatives in the last twelve months?
36. What are your company's toll-free telephone average answer time and abandonment rate for the last twelve months?
37. Does your company have the clinical staff necessary for up to eight in person sessions per issue?
38. Does your company have telephonic counseling for service areas of Alaska where there are no site-based clinical services available?
39. Please (briefly) explain how your company will coordinate comorbid referrals with a member's PCP or TelaDoc.
40. Does your company provide the following services as part of your EAP program? If the answer is yes to any item, list the additional price per service on your Rate Response Form (if applicable). Do not list price information in the questionnaire responses.

<i>PROGRAM/SERVICE</i>	YES	NO
Addictive Behaviors Management		
Anxiety Management		
Anger Management		
Depression Management		

Family and Marital Counseling		
Organizational Change		
Stress Management		
Substance Abuse Management		
Web-based Chat Access to Professionals		

41. What resources do you use to provide the above services?
42. What utilization rates do you see for the above services?
43. Does your company provide the client reporting on the number of face-to-face consultations?
44. Describe how your firm might assist patients who are transitioning from EAP-provided treatment to treatment covered by the ARRC's health plan.
45. Describe your consulting services for supervisors/managers and the use of the job-jeopardy (mandatory) referral of problem employees.
46. Describe your firm's ability to provide the SAP services required for drug and alcohol rehabilitation programs and mandated referrals in accordance with:
 - a) Department of Transportation (DOT) Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40,
 - b) Federal Railroad Administration (FRA) Control of Alcohol and Drug Use, 49 CFR Part 219,
 - c) Federal Motor Carrier Safety Administration (FMCSA) Controlled Substances and Alcohol Use and Testing, 49 CFR Part 382
 - d) As outlined in ARRC's Drug and Alcohol Policy 64-3.
47. Describe your firm's experience with voluntary referrals, co-worker referrals and mandatory referrals for drug and alcohol issues as outlined in Exhibit A (the other labor contracts have similar language).

Financial Counseling, Child/Elder Care, and Health Management Services

Provide a yes or no response to each of the following questions.

48. Does your company provide the following services as part of your EAP program? If the answer is yes to any item, list the additional price per service on your Rate Response Form (if applicable). Do not list price information in the questionnaire responses.

PROGRAM/SERVICE	Telephonic		Video		In person	
	Yes	No	Yes	No	Yes	No
Estate Planning						
IRS Matters						
Financial Counseling						
Credit Management						
Budget Analysis And Planning						
Tax Preparation And Tax Planning						
Eldercare						
Childcare						
Health Management Programs/ Smoking Cessation						

49. What resources do you use to provide the above services?
50. What utilization rates do you see for the above services?

Legal Counseling Services

Provide a yes or no response to each of the following questions.

51. Does your company provide the following services as part of your EAP program? If the answer is yes to any item, list the additional price per service on your Rate Response Form (if applicable). Do not list price information in the questionnaire responses.

PROGRAM/SERVICE	Telephonic		Video		In person	
	Yes	No	Yes	No	Yes	No
Civil, consumer, personal, family, business, real estate, identity theft and IRS issues						
Wills and simple trusts and the drafting of those documents						
Power of attorney services and drafting						
Emergency access 24-hours a day, 365 days a year to assist with issues such as arrests, evictions, restraining order violations, and child custody interference						
Discounted legal services if the participant needs to continue beyond plan's coverage levels						

52. What resources do you use to provide the above services?
53. What utilization rates do you see for the above services?

Special Services

Provide a yes or no response to each of the following questions.

54. Does your company provide the following services as part of your EAP program? If the answer is yes to any item, list the additional price per service on your Rate Response Form (if applicable). Do not list price information in the questionnaire responses.

PROGRAM/SERVICE	Telephonic		Video		In person	
	Yes	No	Yes	No	Yes	No
Access to translation services for non- English speaking or hearing impaired individuals when they call seeking						
Parenting Services						
Identity Theft Services						
Information For Employee Orientations						
Information For Supervisory Orientations						
Lunch-and-Learn Programs						
Online (Internet) Webinars						
Online (Internet) Services						
Identity Theft Recovery Services						
Wellness-related Consultation						

55. What resources do you use to provide the above services?

56. What utilization rates do you see for the above services?

Network

57. Provide the total number of Psychiatrist/Ph.D. and Master's Degree-level psychologists and MSW's in your network in Anchorage, Fairbanks and Wasilla/Palmer (Mat-Su area).
58. Provide the total number of Psychiatrist/Ph.D. and Master's Degree-level psychologists and MSW's in your Alaska network outside of Anchorage, Fairbanks and Wasilla/Palmer (Mat-Su area) with their locations.
59. Do you refer members to Premera in-network providers once the number of visits is reached and how does your company ensure the member is provided information about the medical carrier's in-network providers after the eight face-to-face sessions?
60. Provide resumes of the experience and qualifications of the personnel who would provide Substance Abuse Professional (SAP) services for this contract.
61. What is the average number of clients being seen by EAP counselors at a given time? Is there a maximum number of clients who can be assigned to each counselor?