DEPARTMENT OF FORESTRY AND FIRE PROTECTION

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ADDENDUM TWO (2) TO:
INVITATION FOR BID, IFB #9CA07979
Medical Consultant Services
Notice to Prospective Bidders

July 22, 2026

Please review the following **Addendum** to Invitation for Bid (IFB), entitled IFB 9CA07979 – Medical Consultant Services.

1. Bidder Questions and Answers are included on the attached page.

The contact person for this Addendum and the IFB is:

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Please note that no *verbal* information given will be binding upon the State unless such information is issued in writing as an official addendum.

Derek Fergason
Contracts Manager

Questions and Answers

Question #1

Can bidders list an available physician bench in **IFB Solicitation, Attachment 13**, or only named Day 1 active personnel?

Answer #1

Contractor shall identify all personnel proposed to perform services under this Agreement in **IFB Solicitation, Attachment 13**. Personnel identified in **IFB Solicitation, Attachment 13**, shall be considered available to perform services under the Agreement and must meet all applicable minimum qualifications. Any addition, removal, or substitution of personnel after contract award shall require prior written approval by CAL FIRE's Medical Assessment Unit (MAU).

Question #2

Does the 14-day temporary coverage limit apply to all backup/surge physicians or only planned absence coverage?

Answer #2

The fourteen (14) consecutive calendar day limit depicted in **Sample Agreement, Exhibit A, Detailed Scope of Work, Provision 8.J.7.b**, applies only to temporary coverage during the planned absence of the Contractor or designated Lead Medical Consultant.

Question #3

Are the minimum qualification proof documents required only for the Contractor/Lead Medical Consultant at bid time, or for every Additional Personnel physician listed?

Answer #3

Contractor shall submit minimum qualification documentation for the Contractor/Lead Medical Consultant and all additional personnel identified in **IFB Solicitation, Attachment 13,** who are proposed to perform services under the Agreement.

Question #4

Can CAL FIRE estimate after-hours exposure-response volume and in-person/statewide travel frequency for pricing?

Answer #4

CAL FIRE cannot estimate the volume of after-hours exposure-response incidents or statewide travel requirements, as workload varies based on operational needs. For informational purposes only, CAL FIRE has experienced the following number of exposure-response cases during the past three (3) years:

Timeframe	Number of Exposure Cases
9/1/2022 – 8/31/2023	24
9/1/2023 – 8/31/2024	58
9/1/2024 – 8/31/2025	54

Historically, in-person or statewide travel has occurred approximately ten (10) trips per year. This historical information is provided for reference only and does not constitute a guarantee of future workload or travel frequency. Bidders should develop their pricing based on the requirements set forth in the **Sample Agreement, Exhibit A, Scope of Work.**

Question #5

Will CAL FIRE provide any system-specific equipment or secure access tools, or must all equipment be Contractor-provided?

Answer #5

Except for CAL FIRE-issued system access (e.g., Point and Click, CAL FIRE email, CAL FIRE training management system, and other authorized applications), the Contractor shall provide and maintain all equipment necessary to perform services under the Agreement, as specified in **Sample Agreement, Exhibit A, Scope of Work.**

Question #6

Should minimum qualification proof be provided only for the Lead Medical Consultant, or for every physician listed in **IFB Solicitation, Attachment 13**?

Answer #6

Minimum qualification documentation shall be submitted for the Contractor/Lead Medical Consultant and all personnel identified in **IFB Solicitation, Attachment 13,** who are proposed to perform services under the Agreement.

Question #7

Can CAL FIRE confirm that Internal Medicine, Family Practice, and Medical Toxicology are not mandatory minimum qualifications for bid responsiveness?

Answer #7

Internal Medicine, Family Practice, and Medical Toxicology certifications are not mandatory qualifications in determining bid responsiveness.

Question #8

Will CAL FIRE provide Point and Click access, system training, CAL FIRE-issued email, and related onboarding after award and before notice to proceed?

Answer #8

Yes, CAL FIRE will provide Point and Click access, system training, CAL FIRE issued email, and related onboarding after award and before notice to proceed. Following contract award and prior to commencement of services, CAL FIRE MAU will coordinate onboarding, including access to Point and Click, CAL FIRE issued email, CAL FIRE training management system, required system access, and applicable Contractor training necessary to perform services under the Agreement.

Question #9

Will CAL FIRE provide any system-specific hardware, secure access tools, or authentication devices, or must all equipment be Contractor-provided?

Answer #9

Except for CAL FIRE-issued system access (e.g., Point and Click, CAL FIRE email, CAL FIRE training management system, and other authorized applications), the Contractor shall provide and maintain all equipment necessary to perform services under the Agreement, as specified in the Scope of Work.

Question #10

Does CAL FIRE require a separate Generative Artificial Intelligence (GenAI) disclosure attachment or format beyond written disclosure in the bid response?

Answer #10

Written disclosure of the usage of Generative Artificial Intelligence (GenAI) in the Contractor's bid proposal shall suffice.

Question #11

Should Attachments 4, 10, and 12 in the IFB Solicitation be omitted when not applicable, or included with a "Not Applicable" notation for packaging clarity?

Answer #11

Yes, IFB Attachments 4, 10, 12, can be omitted when not applicable, and a "Not Applicable" notation for packaging is acceptable.

Question #12

Can WorkCare provide an additional attachment outlining our detailed pricing?

Answer #12

Yes, the Contractor can provide an additional attachment outlining clarification on the pricing. However, the Contractor's listed Unit Price provided in the Rate Sheet on **IFB Solicitation, Attachment 3**, must be all-inclusive for the services depicted in **Sample Agreement, Exhibit A, Scope of Work.** The Contractor must fully conform to the rate sheet depicted in **IFB Solicitation, Attachment 3.** Failure to adhere to the established rate sheet may result in the bid proposal being deemed non-responsive.

Question #13

Can CAL FIRE provide an estimate of annual volume of the exams below?

1) Pre-employment exams

2) Annual firefighter physicals

3) Annual health history questionnaire review

4) Annual Respiratory questionnaire review

Answer #13

The historical "All Reviews" data represents the total number of medical review activities completed during each reporting period. This includes, but is not limited to, initial reviews, follow-up reviews, reviews of required medical examinations, and other medical reviews necessary to reach a final medical determination.

Timeframe	Pre-Employment Medical (PEM) Exams	Respiratory Protection Program (RPP) Exams	Employee Medical Questionnaire (EMQ)	All Reviews
9/1/2022 – 8/31/2023	446	4,323	10,903	16,742
9/1/2023 – 8/31/2024	437	4,386	11,060	16,977
9/1/2024 – 8/31/2025	482	4,941	11,449	18,064

Question #14

Is it acceptable for a bidder to submit a cover letter and CV along with the required documents?

Answer #14

Yes, it is acceptable for a bidder to submit a cover letter and CV along with the required documents.

Question #15

Regarding the Insurance requirements in Exhibit E of the Sample Agreement: Are Sections B, C, and D only required as applicable to the specific bidder?

Answer #15

Contractor shall adhere to and meet all insurance requirements depicted in **Sample Agreement, Exhibit E, Insurance Requirements**. The insurance requirements include the following coverages: Commercial General Liability, Worker's Compensation Insurance, Commercial Automobile Insurance on Owned, Hired, and Non-Owned Vehicles, Professional Liability Insurance, and Malpractice Insurance.

Question #16

Regarding the Insurance requirement in Exhibit E of the Sample Agreement, Section F, Malpractice Insurance: Please confirm that this is not applicable as it pertains to direct patient treatment, which is outside the scope of this IFB.

Answer #16

Contractor shall adhere to and meet all insurance requirements depicted in **Sample Agreement, Exhibit E, Insurance Requirements.** This includes Malpractice Insurance for direct patient treatment, professional committee services, and office premises liability of not less than $1,000,000.00 as depicted in **Sample Agreement, Exhibit E, Insurance Requirements, Provision 1.F.**

Question #17

During the previous contract term, approximately how many Medical Evaluation Reviews were completed annually? If available, please provide average monthly volume and anticipated workload for the upcoming contract term.

Answer #17

CAL FIRE cannot estimate or guarantee the anticipated workload for the upcoming contract term, as workload fluctuates based on operational needs. For informational purposes only, the historical annual volume of medical review activities is provided below:

Timeframe	All Reviews*
9/1/2022 – 8/31/2023	16,742
9/1/2023 – 8/31/2024	16,977
9/1/2024 – 8/31/2025	18,064

*The historical "All Reviews" data represents the total number of medical review activities completed during each reporting period. This includes, but is not limited to, initial reviews, follow-up reviews, reviews of required medical examinations, and other medical reviews necessary to reach a final medical determination. Historical volumes are provided for informational purposes only and do not constitute a guarantee or commitment of future workload. Bidders should develop pricing based on the requirements set forth in **Sample Agreement, Exhibit A, Scope of Work.**

Question #18

Can CAL FIRE provide a general breakdown of the types of reviews anticipated, including fitness-for-duty evaluations, medical qualification determinations, return-to-work reviews, restrictions, accommodations, disability-related reviews, or other occupational medical reviews?

Answer #18

The Medical Consultant shall evaluate the medical suitability of the CAL FIRE employees whose duties include the use of respiratory protection, performance of arduous duties, or exposure to occupational hazards.

Contractor shall ensure determinations are based on review of the Employee Medical Questionnaire (EMQ) and any required medical examinations such as Respiratory Protection Program (RPP) physical examinations, pre-employment medical (PEM) evaluations, United States (U.S.) Department of Transportation (DOT) physicals, Hazardous Materials (HAZMAT) evaluations, and Peace Officer Standards and Training (POST) evaluations. Additional responsibilities are described in **Sample Agreement, Exhibit A, Detailed Scope of Work.**

Question #19

Approximately what percentage of cases require routine review versus complex medical record analysis or additional clinical consultation?

Answer #19

Based on historical data, approximately two percent (2%) of all medical reviews required complex medical case review. The remaining reviews consisted of varying levels of occupational medical review and medical clearance determinations. Historical data is provided for informational purposes only and does not constitute a guarantee of future workload or case complexity.

Question #20

What documentation will typically be provided for review (e.g., medical records, physician reports, diagnostic testing, job descriptions, essential job functions, prior determinations)?

Answer #20

The documentation provided for review varies depending on the type of medical evaluation and the individual case. Documentation may include, but is not limited to:

1) Employee Medical Questionnaire (EMQ)
2) Medical examination records including but not limited to Respiratory Protection Program, Pre-Employment Medical (PEM) Exams, Department of Transportation (DOT), Hazardous Materials (HAZMAT), Peace Officer Standards and Training (POST), Exercise Treadmill Test (ETT), etc.
3) Stress Duty Statements and applicable job information
4) Applicable occupational health standards and guidance, including National Fire Protection Association (NFPA) standards
5) Medical records and physician reports provided by the employee or the employee's treating physician
6) Medical release documentation
7) Laboratory test results, including specialty laboratory testing and tuberculosis (TB) test results, when applicable
8) California Department of Human Resources (CalHR) classification specifications, when applicable

The documentation provided for each review will vary based on the employee's medical history, the type of medical evaluation, and the information necessary to support an occupational medical determination.

Question #21

What written deliverables are required following completion of each Medical Evaluation Review (e.g., medical opinion, written report, recommendations, determination)?

Answer #21

The Medical Consultant shall document the medical review and complete the applicable medical determination in CAL FIRE's Electronic Health Record (EHR) system, Point and Click. Deliverables may include the medical clearance determination, documentation of medical findings, work restrictions or limitations (when applicable), recommendations for additional medical information or testing, and other documentation necessary to support the occupational medical determination. Employee notification of the medical determination is managed by CAL FIRE Medical Assessment Unit (MAU) in accordance with established procedures.

Question #22

Will the Contractor receive secure electronic access to medical records and supporting documentation, or will records be transmitted individually for each assigned review?

Answer #22

Yes, the Contractor shall be provided secure access to CAL FIRE's EHR system, Point and Click (PnC), to perform services under the Agreement. Medical records and supporting documentation shall be made available electronically within PnC for each assigned medical review.

Question #23

What turnaround times are expected for routine, priority, and urgent Medical Evaluation Reviews?

Answer #23

The expected turnaround times for medical evaluation reviews are as follows:

1) Routine Reviews: Within forty-eight (48) hours of receipt of all required medical documentation.
2) Priority and Urgent Reviews: Within twenty-four (24) hours of receipt of all required medical documentation.

Question #24

During the previous contract term, approximately how many requests required expedited or same-day review?

Answer #24

Historical volumes are provided for informational purposes only and do not constitute a guarantee or commitment of future workload.

Timeframe	Emergency Hire and High Priority Reviews
9/1/2024 – 8/31/2025	3,350

Question #25

Are there preferred qualifications or experience requirements beyond those identified in the solicitation, such as occupational medicine, firefighter medical evaluations, public safety experience, or fitness-for-duty determinations?

Answer #25

The minimum qualifications and required licenses/certifications are identified in the **IFB Solicitation, Section B, Bidder Minimum Qualifications**, and **Sample Agreement, Detailed Scope of Work, Section D, Licenses and Certifications**, as well as **Sample Agreement, Exhibit E, Provision 4, Licenses and Permits**. There are no additional mandatory qualifications beyond those identified in the IFB Solicitation document. Additional experience or certification in Internal Medicine or Family Practice is desirable but not required.

Question #26

If additional qualified physicians are needed during the contract term due to workload or coverage requirements, may physicians be added subject to CAL FIRE approval?

Answer #26

Bidders shall identify all personnel proposed to perform services under this Agreement in **IFB Solicitation, Attachment 13**. Personnel identified in **IFB Solicitation, Attachment 13** shall be considered available to perform services under the Agreement and must meet all applicable minimum qualifications. Any addition, removal, or substitution of personnel after contract award shall require prior written approval by CAL FIRE MAU.

Question #27

Approximately how frequently is the Medical Consultant expected to meet with CAL FIRE Medical Assessment Unit staff, and are meetings conducted virtually, in person, or both?

Answer #27

The Medical Consultant shall be expected to participate in meetings with CAL FIRE MAU staff to support onboarding, case consultation, and program operations. During the initial onboarding period (approximately the first three (3) months), meetings are anticipated to occur weekly to facilitate training on workload, processes, and program expectations. Thereafter, meetings are anticipated to occur on a biweekly basis, or as needed based on operational needs.

Question #28

Will CAL FIRE provide support for case assignment, record collection, scheduling, and communication, or will these responsibilities reside with the Contractor?

Answer #28

CAL FIRE MAU will provide administrative support, including case assignments, case management, scheduling, medical record collection, and external communications with employees and contracted medical providers.

Question #29

Is the Contractor required to provide ongoing utilization reports, performance metrics, turnaround tracking, or quality assurance reporting?

Answer #29

Sample Agreement, Exhibit A, Scope of Work, does not require the Contractor to provide ongoing utilization reports, performance metrics, turnaround tracking, or quality assurance reports. However, CAL FIRE welcomes such reports if the Contractor elects to provide them as part of its quality improvement or performance monitoring practices.

Question #30

Was the current contract utilized as anticipated? If available, please provide approximate annual hours utilized or billed during the previous contract term.

Answer #30

Yes, the current contract has generally been utilized as anticipated. The Agreement provides for a minimum of one hundred (100) hours per month, or approximately one thousand two hundred (1,200) hours annually. Historically, the Contractor has been compensated based on the monthly minimum hours established in the Agreement. Future utilization may vary based on operational needs and should not be construed as a guarantee of future workload or hours.

Question #31

Please identify the current contractor providing Medical Consultant Services under the existing agreement. If publicly available, please provide the contract number and contract term.

Answer #31

The current Medical Consultant services are provided under Agreement No. 9CA06424. The contract term is September 1, 2023, through August 31, 2026.

Question #32

If publicly available, please provide the current awarded hourly rate for Medical Consultant Services.

Answer #32

The current awarded hourly rate for Medical Consultant Services under Agreement No. 9CA06424 is $170.00 per hour.

Question #33

Please clarify which activities are considered billable under the hourly rate, including medical record review, report preparation, consultations, meetings, and communications related to assigned cases.

Answer #33

The Unit Price provided on the rate sheet on **IFB Solicitation, Attachment 3**, shall be all-inclusive and shall include all services necessary to perform the requirements of the Agreement, including, but not limited to, medical record review, medical determinations, documentation, consultations, meetings, communications, travel, and other activities required to perform the Scope of Work.

Question #34

During the previous contract term, how often was travel outside the Sacramento area required? If applicable, please provide the destination, purpose, and whether travel was planned or urgent.

Answer #34

Historically, travel outside the Sacramento area has been infrequent, averaging approximately two (2) to three (3) planned trips per year. Travel has primarily been to attend Peace Officer Standards and Training (POST) medical examinations in CAL FIRE Ione Training Center and to represent CAL FIRE's Occupational Health Program at CAL FIRE Units for meetings or program-related activities. Historically, travel has been planned rather than urgent. Historical travel information is provided for informational purposes only and does not constitute a guarantee of future travel requirements.

Question #35

Please clarify whether travel time is billable and whether reasonable travel expenses are reimbursable separately or should be included within the proposed hourly rate.

Answer #35

The Unit Price provided on the rate sheet on **IFB Solicitation, Attachment 3**, shall be all-inclusive. Travel time, travel expenses, and all other costs associated with performing the services under this Agreement shall be included in the Contractor's proposed rate. No separate reimbursement for travel will be provided unless otherwise specified in the Agreement.

Question #36

If a new Contractor is selected, does CAL FIRE anticipate a formal transition period or knowledge transfer process?

Answer #36

Yes, CAL FIRE anticipates a transition period following contract award. To facilitate continuity of operations, the current contracted Medical Consultant is expected to be available on an as-needed basis for up to twelve (12) months, if necessary, to support institutional knowledge transfer, program orientation, and consultation on complex medical cases.