



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Gregory C. Polk, M.P.A.
Chief Deputy Director

Curley L. Bonds, M.D.
Chief Medical Officer

Lisa H. Wong, Psy.D.
Senior Deputy Director

REQUEST FOR APPLICATIONS (RFA) NO. DMH091521B1 24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT

ADDENDUM NUMBER TWO – APPLICANTS' QUESTIONS AND ANSWERS RELEASED ON NOVEMBER 4, 2021

Question #1: The RFA DMH091521B1 was forwarded to me here at [current LE provider]. I'm pretty new to [current LE provider] but in reading through this RFA, it appears as though this may not be intended for us. We currently have contracts for acute psychiatric inpatient services and for 24-Hour Crisis Residential Treatment services. Would you be able to confirm this RFA would not be applicable to [current LE provider]? We are interested in expanding our 24-Hour Crisis Residential Treatment services by doubling our beds. Would we still go through this RFA, or is there another mechanism to work through?

Answer: The RFA was sent to all DMH vendors. If you are a current provider, we will reach out to you with a new contract and applicable SOW. You do not need to apply to this RFA. However, if you are interested in providing new services that are part of this RFA, you do have to apply for these new services. This RFA is applicable to the following levels of care: acute inpatient psychiatry (FFS), subacute (including MHRC and SNF-STP), medical SNF serving psychiatric patients, ERS, congregate care, and CRTP.

Question #2a: I am the contracting manager, management office for [a] Skilled Nursing Facility. This is a medical state licensed 78 bed capacity (secured lock facility). By looking at the SOW, our facility falls under SOW #1135 Medical SNF more than 16 beds, the rate methodology is fixed at \$375 per day. Can you please confirm if this is the correct SOW that our facility is eligible for... ?

Answer: It is the responsibility of the Bidder to tell us which SOW they are applying for. You must meet the minimum mandatory requirements

for the SOW you are interested in (See Appendix J). If you meet these then you are eligible to apply.

Question #2b: Under this rate of reimbursement can you please confirm if this will cover for custodial Room and Board stay correct? Not including rehab services, IV therapy and other skilled services....
I also would like to confirm if the Acute Psychiatric Inpatient Contract, fixed methodology [rate] of \$847 per day is applicable to our facility?

Answer: The rate for each SOW is included in the RFA.

Question #2c: Reimbursement: the Contract state the county will pay within NET 60 from claims submission. Can you confirm this? There is language in terms of County Available funds and if the county does not have any available funds that claims are open for settlement. Can you please explain the reimbursement process?

Answer: The provider submits a Treatment Authorization Request (TAR) with documentation no later than the 14th day after discharge for services to the County for approved services provided to eligible clients.

DMH reviews the documentation provided for approval. Within 45 days of receipt of the claims documentation, DMH will submit a log containing the claims and authorization results to the contractor with an Invoice Summary. Once the Invoice Summary Request Form has been completed by the contractor and has been agreed upon by both DMH and contractor, it should be returned to the TAR Unit.

Question #2d: If we do not meet the phase 1 deadline submission, and submit our application after the phase 1 deadline how soon does the county review future RFA applications for approvals?

Answer: RFA responses after phase 1 will be reviewed and processed at DMH's discretion.

Question #3: Could the County confirm that agencies may submit a single PDF in response to this RFA and include our minimum mandatory qualification documentation per program type within section 2.3.7? In other words, specific MMQ documentation will be submitted in

response to 2.7.3 dependent on program type, but all other required documents will be submitted once.

Answer: Yes, agencies may submit a single PDF in response to this RFA.

Question #4: Could the County confirm whether or not it is mandatory to participate in this RFA process if agencies already operate a program within LA County that falls into these categories?

Answer: If you are a current provider it is not mandatory to respond or participate in this RFA. However, if you are interested in providing new services that are part of this RFA, you must apply through this RFA.

Question #5: Is it required for Bidders to be qualified under this RFA in order to submit responses to RFPs for these services in the future?

Answer: It is required that Bidders respond to this RFA in order to provide services described in this RFA only. This RFA is not linked to any other programs.

Question #6: Are agencies required to qualify under this RFA if awarded a project for the recent Bid No. DMH121720B1: Crisis Residential Treatment Programs?

Answer: No. All qualifications and requirements for this RFA are included in the RFA documents. This RFA is not linked to any other programs..

Question #7: Appendix J: Minimum Mandatory Qualifications for Mental Health Rehabilitation Center (MHRC). "Applicants must submit a copy of the eHR contract and label as "Attachment I -1a MMQ." Can this requirement be met through providing a letter from a provider's eHR vendor confirming the provider is under contract, instead of including a lengthy copy of the contract in the proposal?

Answer: Yes. As long as the letter includes the contract term.

Question #8: Due to local ordinances regarding the COVID-19 pandemic, corporate staff are requested to work from home as much as possible. For this reason, is the County open to bidders utilizing authorized electronic signatures?

Answer: Yes. Electronic signatures are acceptable.

Question #9: Do you happen to have DMH guidelines for the discharge criteria MHRC to ERS level of care?

Answer: Example of portion of guidelines for discharge include: no longer needing a locked environment, i.e. resolution of assaultive behavior, destruction of property, angry outburst that are responsive to de-escalation by staff or medications within the past week.

Question #10: We are an existing provider. For 2021-2022 we received a separate new ERS contract and have already submitted the required documentation for that contract. Contract ##### ERS is executed. This contract is for 1 year with 2 OPTIONAL extensions. Do we need to reapply via the RFA at this time, or do we wait to hear back from you regarding our contract?

Answer: If you are a current provider, we will reach out to you with a new contract and applicable SOW. You do not need to apply to this RFA. However, if you are interested in providing new services that are part of this RFA, you do have to apply for these new services.

Question #11: We have reviewed the SOW and we are not clear if we fall under SOW 1126 (ERS) or SOW 1134 (Congregate Living). We are licensed as Social Rehabilitation Facility and have a contract with DMH, billing mode 05 for our bundled service at the adult residential rate as well as bill mode 15 for MHS services (ie. Doctor, peer support) for ERS clients. What is the difference between SOW 1126 and SOW 1134?

Answer: Please read the SOWs carefully. SOW 1126 is intended for contractors with facilities that have greater than 6 slots / beds and less focused 1:1 programming. SOW 1134 is intended for facilities that have up to 6 slots / beds and more focused 1:1 programming.

Question #12: In our new ERS contract received, we do not show either of the above SOWs; in our exhibit C we have listed 1092 Alternative Crisis Services- Adults which describes generally all Alt Crisis types of programs. Please explain. Why is SOW 1126 not in our new executed contract?

Answer: Current providers will be contacted by DMH shortly with a new contract that includes the applicable SOW(s). Our intent is that all providers will have the same contracts.

Question #13: Please provide reimbursement methodology and rates for SOWs 1126 and 1134. We don't see this information in the sample contract nor in Exhibit L.

Answer: Appendix G-1 is the sample contract for these SOWs. The reimburse provisions are included here.

Question #14: Under our current ERS contract, we have not been able to receive payment for our mental health services (mode 15). Our SRF can only bill mode 05. In all our previous years we billed the mental health services for ERS, including psychiatry, through our outpatient clinic (Project Independence #7595) but the new ERS contract does not give us that option. Please advise.

Answer: This is a Q&A for the current RFA. Please contact your DMH analyst for assistance with this.

Question #15: For 24 HR Residential Treatment Contract SOW 1135 – Medical SNF: per the contract the fixed reimbursement is \$357 per day for 16 beds or more. Are we able to bill Medicare and Medical in addition to the \$357 per contract for SNF claims services?

Answer: The contract maximum of \$375 per day for facilities of 16 beds or more does not apply to the Medical SNF. The Medical SNF may bill Medicare and Medical in addition to the max rate.

Question #16: Will an increase in the Medi-Cal rate be part of this? As you are aware, hospitals have not had an increase since and we continue to care for these patients. Our current rate is well below all other payers despite the significant increase in costs we have incurred over the past two years.

Answer: As indicated above, this RFA does not currently include a Medi-Cal rate increase for the Acute Psychiatric Hospitals.

Question #17a: The documents have confirmed the Medi-Cal Inpatient per diem rate to be \$847, however there is no language confirming a new rate or a plan for future percentage rate increases. Inflation, personnel shortages, and influx to the supply and demand chain have led to a significant increase in the cost of doing business. The County certainly cannot expect hospitals to continue providing the same business for less reimbursement. Will there be an inpatient rate increase for 2022? If YES, what will the rate be?

Answer: General Acute Psychiatric Hospitals will have a rate increase to \$847. There is no inpatient acute rate increase for Acute Psychiatric Hospitals for inpatient psychiatry at this time.

Question #17b: Will there be a built in annual rate increase for all future years to compensate for the annual increase in the cost of doing business?

Answer: No.

Question #18: The documents do not confirm a plan to reimburse for Mental Health IOP/PHP services. Will the County be implementing a system to reimburse hospitals for IOP/PHP levels of care in 2022? If YES, what will the rates be?

Answer: There will be a separate solicitation for IOP/PHP.

Question #19: One of our facilities recently was disenrolled from the Medical/medicare program but continues to hold a SNF license with STP certification. Since the facility has 120 beds and does not receive Medical reimbursement, we don't need to have a medical/medicare certification to complete the solicitation for an IMD, correct?

Answer: You must meet the Minimum Mandatory Requirements for the program you are applying for.

Question #20: It was mentioned that the fixed daily rate has a maximum of \$375 per patient, how can we get access to the maximum rate?

Answer: The maximum daily rate will be provided if the contractor meets specific performance targets. These targets are found in the SOWs.

Question #21: For 24 HR Residential Treatment Contract SOW 1135 – Medical SNF: per the contract the fixed reimbursement is \$357 per day for 16 beds or more. Are we able to bill Medicare and Medical in addition to the \$357 per contract for SNF claims services?

Answer: Per the contract, we will pay the Medical SNF a patch rate. The patch rate shall be a maximum of \$250 per day. The contract maximum of \$375 per day for facilities of 16 beds or more does not apply to the Medical SNF. The Medical SNF may bill Medicare and Medical in addition to the patch rate.

Question #22: Will an increase in the Medi-Cal rate be part of this? As you are aware, hospitals have not had an increase since and we continue to care for these patients. Our current rate is well below all other payers despite the significant increase in costs we have incurred over the past two years.

Answer: As indicated above, this RFA does not currently include a Medi-Cal rate increase for the Acute Psychiatric Hospitals.

Question #23: We have 2 facilities [that are] not operating yet, still in the licensing process, and hopefully will open in the next 1-3 months. How do we initiate the applications since we would not be able to provide the necessary requirements at this time?

Answer: You can initiate the process once you have all your licensing in order and can provide documentation to substantiate that you meet all minimum mandatory requirements.

Question #24: Do you have an estimated date when the boards will get approval and release the contracts with the effective date to facilities that applied?

Answer: We are targeting going to the Board of Supervisors sometime in late December but approval is up to the Board.

Question #25: We were in the middle of the application process when this approach was announced. Do we continue with our original application process or abandon that and move forward with this RFA?

Answer: Yes, please do. If anything is missing we will reach out to your agency.

Question #26: Do you have an idea when you will be setting up the meeting with current providers?

Answer: We don't but it will be soon. Within the next few weeks.

Question #27: Does this RFA process include PDP and IMD exclusion .. do we need to submit the RFA if we are currently being paid for each? If we already have a PDP contract, do we need to re-apply?

Answer: You do not need to re-apply. We will reach out to current providers.

Question #28: We were in the middle of applying to provide service and have submitted all we were requested to submit. I believe we are only waiting for UR plan to be reviewed. Will continuing under the original application process qualify us under this newly announced RFA or do we need to submit all information again?

Answer: If you have already responded you don't need to re-submit. We will review your information and reach out if anything is missing.

Question #29: The RFA and SOW refer to Appendix G, Exhibit C for a listing of site locations, but this list is blank and it appears that it was meant to be filled in. Is the County making facilities available for any of the Acute Psych and other 24-Hour Residential programs? If so, which ones and where are they located?

Answer: No. These will be populated when a contract is executed and the contractor provides their site information.

Question #30: Is this a re-bidding of existing contracts for any or all of these Acute Psych and other 24-Hour Residential programs? If so, which providers currently have these contracts?

Answer: Yes. This is a re-bidding of existing Acute Psych and other 24-Hour residential programs. We can provide a listing of current providers.

Question #31: Is the County seeking to expand the number of CRTPs beyond those that are currently operating and contracting with DMH and the 15 that the County is developing on County property?

Answer: Yes. The County is seeking to expand the number of CRTPs beyond those that are currently contracted and those currently being developed on County sites.

Question #32: Does this RFA cover a PHF, UCC, or other services that may be developed at the MLK MRT Behavioral Health Center in Willowbrooks?

Answer: This RFA does not cover Urgent Care Center (UCC) services. It does cover PHF and MHRC which may be developed at the MLK MRT.

Question #33: In the “Appendices A through L” document and in Appendix L on page 44 of the PDF, it gives a fixed rate for 24-hour and for acute psyche inpatient. That is the only place we saw mention of funding. What funding has the County allocated for these programs?

Answer: Various funding streams will be used for these services, depending on the service and number of beds being offered.

Question #34: In the RFA, page 22 in section 2.7 for Preparation and Format of the Application mentions that the PDF should be sent via a One Drive editable and downloadable link. Will the County be providing this link as they did for another recent RFP? If so, our company’s IT Security department had strong concerns about allowing links to our tenant that anyone can access and edit. They believe that any open and anonymous exposure to a company’s systems/cloud should be a concern for any behavioral healthcare provider.

Answer: A PDF application may be sent to our Solicitations Team email if there are IT concerns.

Question #35: Page 6 of the RFA in section 1.7 mentions the contract term, that it will be effective through June 30, 2026, and that the contract term will be five fiscal years. When does the County expect these contracts to begin? Five fiscal years ending June 2026 would need to have been started June 2021.

Answer: The contract term is for five fiscal years. Every agency will have a different start date as it is all dependent on when the agency submits a complete package.