



DEPARTMENT OF MENTAL HEALTH

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

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

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

June 30, 2022

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

ADDENDUM NUMBER FOUR – CHANGES TO THE RFA AND APPLICANTS' QUESTIONS AND ANSWERS AS OF JUNE 2022

The Los Angeles County Department of Mental Health (DMH) issues Addendum Number Four to the Request for Applications (RFA) for 24-Hour Residential Treatment Contract and Acute Psychiatric Inpatient Contract released on September 15, 2021 (Bid No. DMH091521B1).

The following changes shall be made by this Addendum:

Appendix G – 24-Hour Residential Treatment Contract Section 3.9 Staff Training and Supervision Subsection 3.9.5 is deleted in its entirety.

Appendix M – FY 2022-23 Rates and Patches Per Day is added to RFA, attached hereto and incorporated herein by reference.

In addition to the questions and answers addressed in Addendum Two, the following are also added and made public:

APPLICANTS' QUESTIONS AND ANSWERS AS OF JUNE 2022

Statement of Work (SOW) Clarifications

Question #1: **SOW C-4 #1127 SNF-STP Section 9.0**
Will the obligation to discharge/move no less than 10% of their clients per month to next level of care take into consideration circumstances outside of the facility's control? (i.e. conservator refusal, lack of downstream placement options, etc.)

Answer: We will take into consideration lack of downstream placement options.

Question #2: **SOW C-4 #1127 SNF-STP Section 9.2**
“Contractor shall admit and provide SNF-STP services to ALL clients that are referred by DMH” - we will not be able to attain 100% adherence to this obligation.

Answer: The more patients that are admitted upon referral, the more patients will qualify for a patch.

Question #3: **SOW C-4 #1127 SNF-STP Section 9.2.7.5**
Would clients with order for 4 or more PRN medications qualify for a patch?

Answer: No.

Question #4: **SOW C-4 #1127 SNF-STP Section 9.3.1**
Will DMH provide the InterQual assessment as part of the referral packet and quarterly reporting to make sure it aligns with our treatment plans?

Answer: No. InterQual is a proprietary tool and does not allow to provide the entire assessment.

Question #5: **SOW C-4 #1127 SNF-STP Section 9.4.5**
Will one group session per day and one weekly 1:1 session meet our obligation? Does this need to be performed by a certified counselor? What does DMH want this program to look like? Would we make period of time “patch” eligible?

Answer: One group session per day and one weekly session 1:1 meets the obligation depending on the quality and content of the sessions. They do not need to be performed by a certified counselor if the individual performing the sessions has equivalent years of training/experience.

Question #6: **SOW C-4 #1127 SNF-STP Section 9.4.18.1**
Do the individualized therapy sessions need to be performed by a licensed therapist? We currently offer counseling sessions – will this suffice?

Answer: Counseling sessions will suffice depending on the quality and the content of the therapy.

Question #7: **SOW C-4 #1127 SNF-STP Section 9.4.20.13**
Can this be done by psychologists, pre-licensed therapists or counselors?

Answer: Yes.

Question #8: **SOW C-4 #1127 SNF-STP Section 9.4.21.2.5**
Will DMH be communicating to our centers when we will not be able to bill for these temporary absences? Our centers would need to assume the patient's return and bill for those temporarily leaves unless formally instructed not to.

Answer: Yes. Our clinical reviewers will be communicating with your centers on a regular basis.

Patch Rate Q&A

Question #9: Criteria for the patch?

Answer: *See below.*

Question #10: Who decides which client is assign the patch rate?

Answer: *ICD staff*

Question #11: Will the facility be able to request the patch rate for current clients?

Answer: Yes

Question #12: Will the patch be removed once the client is stable/at baseline?

Answer: *Yes. For example, if patch is applied because client is admitted Covid positive, patch will be discontinued once client is no longer in isolation and returns to routine programming.*

Question #13: Will the criteria be based off solely on mental health or will it include medical issues as well?

Answer: *Both behavioral and medical.*

Question #14: Some facilities do not want to admit because clients have too many medical problems. Will there be additional forms to complete for clients that have the patch rate?

Answer: *ICD staff will submit form approving client for patch(es)*

Question #15: When will the patch rate go into effect?

Answer: *Upon contract execution.*

Question #16: Is there a standard form DMH will use to identify the patches applied to new referrals? Or will this be the responsibility of the facilities?

Answer: *There will be a standard form.*

Question #17: Under Physical Patch, if it triggers 2 or more Clinical criteria - would it be \$25 multiplied by total number of triggers? Example: Visual impairment, Wound Care, Morbid Obesity (\$25.00 X 3 = \$75.00)

Answer: *Will be reviewed on case-by-case basis.*

Question #18: Additional Clinical presentation?

Answer: *Will be reviewed on case-by-case basis.*

Question #19: Patches are effective by referral date starting 7/1 or by admission date 7/1?

Answer: *Begin at admission date.*

Question #20: Patches applicable only to new admissions as of 7/1/22?

Answer: *Apply to all residents and effective at date of contract execution.*

Question #21: What about existing clients at the facilities? Are they eligible for new patches?

Answer: *Yes*

Question #22: Some facilities with different levels of care already accommodate some of these patches, will they qualify for additional patches in addition to Levels 1 and 2?

Answer: *No. They will have one rate.*

Question #23: Is there a maximum number of patches that can be approved within each category? For example, once a behavioral patch has been approved can the provider continue to request another behavioral patch say 6 months later? Is there a limit?

Answer: *Unless there are extenuating circumstances, there should generally be only one patch per category.*

Question #24: Is the +65 y/o patch applicable to all providers excluding La Paz? Or does this patch apply to all older adult clients regardless?

Answer: *Applies to all providers.*

Question #25: Is the physical patch applicable for any temporary ambulation devices (e.g., boot?)

Answer: *Yes, applicable for the time the client is using the temporary device.*

Question #26: What is ICD's definition of Forensic history? Does it include for example, 2 or more + jail episodes, placement in prison, placement at Atascadero, on probation, on parole, involvement with the Diversion Program, and so on, if the \$25.00 would apply to these types of referrals?

Answer: *See below.*

Question #27: Clarification on Medical Issues that include wound care, catheter, BMI, Morbid Obesity (what does ICD's definition of Morbid Obesity? Percentile?) If a referral is borderline obese and admits to a facility such as MHRC and becomes obese would the facility be able to obtain the \$25 per day additional rate after the client admitted to MHRC?

Answer: *Percentile is BMI 40. Patch will not be added if patient gains weight at the facility. Goal is for patient NOT to gain weight. Not for patient to gain weight.*

Question #28: Medical condition: one rate regardless of severity?

Answer: *See attached. May also review on case-by-case basis.*

Question #29: Pregnancy: would this fall under the Special Need category to obtain additional \$25 per day rate? If MHRC is able to obtain a \$25 for

accepting pregnant clients would the \$25 per day rate be until the clients delivers and then the \$25 be removed?

Answer: *Pregnancy ok until client delivers.*

Question #30: If a client is admitted to the referring facility and then requires a CPAP or develops Hyponatremia where the client requires fluid monitoring would the facility be able to obtain the \$25 per day rate?

Answer: Yes

Question #31: Diet? What is considered a special diet (blending food, having to chop the food, Kosher, Vegan, Vegetarian meals?)

Answer: *Special diet is having to feed patient meals daily due to delusions or other factors. May be reviewed on case-by-case basis.*

Question #32: Would facilities be able to obtain additional pay rate for accepting indigent clients? Especially for medical meds and labs, etc?

Answer: *Indigent ok. Other costs should be claimed via Medi-Cal and this should be applied for by conservator.*

Question #33: If someone is "away without leave" (awol) or out of the facility for medical reasons and is discharged and the client is referred back to MHRC does the person qualify for special need rate of \$25 if the hospital provides a new medical diagnosis?

Answer: *Not all medical diagnoses will qualify. Only medical diagnoses that require special management qualify. Please see below. May also review on case-by-case basis.*

Question #34: We ask that any penalty(s) related to unsigned certs be forgiven d/t to the high volume of certs not signed by DMH liaison?

Answer: *Unclear question. Why is DMH liaison not signing certs? Is it because they do not agree with treatment plan or because they do not agree client belongs at that level of care?*

Utilization Review Clarifications **Physical Patch**

Question #35: Vision impaired – what would be the criteria?

- a. wears glasses
- b. Documented Sensory Diagnosis by MD
- c. Dx: Glaucoma, Retinal disease, Cataract, Macular Degeneration, Diabetic Neuropathy, etc...
- d. C/O Blurry vision, eye pain

Answer: *Legally blind.*

Question #36: Hearing impaired – what would be the criteria?

- e. Dx: HOH
- f. Wears a HA
- g. Dx: Ringing in the ear, Dizziness due to equilibrium

Answer: *Hearing loss range 71-95 dB.*

Question #37: Active wound criteria?

- h. Stage 1
- i. Pressure Injury
- j. Abrasion
- k. Skin Tear

Answer: *Will depend on clean vs infected wound and wet vs dry dressings needed as determined by ICD review team.*

Question #38: Morbid Obesity criteria?

- l. Is it BMI based or Lbs.?
- m. Dx: Obesity that requires Bariatric Bed only (with or without specialized bed)
- n. Bariatric Bed – financially responsible? Exclusion?

Answer: *BMI>40; bariatric bed necessary.*

Question #39: Isolation due

- o. Approved for Bacterial and or Viral microorganism?
- p. Can we assume

Answer: *COVID positive and any other communicable disease.*

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Except for the revisions contained in this Addendum Number Four, there are no other revisions to the RFA. All other terms and conditions of the RFA remain in full force and effect.

Thank you for your interest in contracting with the County of Los Angeles.

Sincerely,

DMH Solicitations Team

Attachment (1)