

ATTACHMENT I - APPLICATION
24-Hour Residential Treatment and Acute Psychiatric Inpatient Contract
Addendum 13 for Adult Psychiatric Health Facility

APPLICATION FORMAT

1.0 Executive Summary (Section A)

The Executive Summary must condense and highlight the Applicant's background and experience and provide Los Angeles County (LAC) Department of Mental Health (DMH) with a broad understanding of the Applicant's approach for the provision of Adult Psychiatric Health Facility (PHF) services.

This summary must include the following information:

- 1.1** Applicant's full business name and business address; and
- 1.2** Lead staff for this application (title, e-Mail, and telephone number);

This section will not be scored but instead will be used as an introduction to the Applicant. Executive Summary should be no more than one page.

2.0 Applicant's Minimum Mandatory Requirements (Section B)

Interested and qualified Applicants that can demonstrate their ability and qualifications to successfully provide the required services outlined in Attachment III – Statement of Work (SOW) are invited to apply provided they meet all of the following mandatory requirements:

This section will be scored on a pass/fail basis. If the Applicant does not fully meet all requirements indicated in subparagraphs 2.1 through 2.4 of Paragraph 2.0, the application will be immediately disqualified.

- 2.1** As of the date of release of this Addendum 13, Applicant must have three (3) years of experience, within the last five (5) years, providing PHF services as indicated in Attachment III – SOW **OR** services equivalent or similar to PHF services in scope and intensity. For purposes of this requirement, "services equivalent or similar to PHF services" refers to acute or subacute inpatient psychiatric care for adults (ages 18+) provided in a licensed setting with 24-hour clinical oversight, as identified in Attachment III – SOW.

Submit a copy of a current license and fully-executed contract(s) or program documentation to substantiate licensure and experience. Applicants must be licensed as a Psychiatric Health Facility (PHF) by the California

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Department of Health Care Services (DHCS) or as an Acute Psychiatric Hospital by the California Department of Public Health (CDPH).

If using Los Angeles County contract, please provide contract number. LACDMH will verify. Document submission not required.

- 2.2** Applicant must submit audited financial statements for a financial viability assessment. Applicants must provide copies of the agency's most current AND prior two (2) fiscal years financial statements, [per LACDMH fiscal policy 813.04](#). Applicants with annual operating revenues based on the following parameters must submit either compiled, reviewed, or audited financial statements:

- 2.2.1 Compiled statements: annual operating revenues averaging up to \$49,999.
- 2.2.2 Reviewed statements: annual operating revenues averaging from \$50,000 to \$499,999
- 2.2.3 Audited statements: annual operating revenues averaging \$500,000 or more. The opinion of a third party Certified Public Accountant (CPA) must be included. If the opinion is qualified in any way, an explanation regarding the nature of the qualification must be provided.

LACDMH will conduct a fiscal viability assessment based on provided documentation.

- 2.3** If Applicant's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Applicant must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

LACDMH will verify. No submission required.

3.0 Applicant's Pending Litigation and Judgments (Section C)

Identify by name, case and court jurisdiction any pending litigation in which Applicant is involved as a defendant or plaintiff, or judgments against Applicant in

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the past five years. Applicant must provide a statement describing the size and scope of any pending litigation against the Applicant or principals of the Applicant. Only include those items that have moved on to litigation. Do not include pending claims that have not progressed to litigation.

If Applicant does not have any pending litigation or judgements to report, please provide a statement attesting this. Do not leave this section blank.

This section will be scored on a pass/fail basis. Upon receipt of this information, LACDMH will conduct a review of items reported. Depending on the scope and size of items reported, the County, in consultation with legal counsel, may disqualify the application in its entirety.

4.0 Applicant's Proposed Annual Budget (Section D)

Complete an annual proposed budget using the Excel template provided as Exhibit 7 (Proposed Budget) in Section F (Required Forms). Applicant must provide an estimated annual budget for PHF services at full occupancy (16 beds).

- 4.1** Applicant must not include any building lease/rent expenses, utilities, or building maintenance amounts in Exhibit 7 (Proposed Budget) in Section F (Required Forms). These items will be part of a County gratis occupancy license for the site that is awarded. The gratis occupancy license for the pod includes the site and all utilities (gas, water, and electricity). The selected Contractor will be the sole occupancy license holder.
- 4.2** Start-up costs must not be included in the proposed budget. Start-up costs may be negotiated with the awarded Applicant upon contract award. Negotiations will include an implementation plan of the program to be developed between LACDMH and awardees.

Note: The implementation of California Advancing and Innovating Medi-Cal (CalAIM - <https://www.dhcs.ca.gov/CalAIM>) became effective on July 1, 2023. LACDMH adheres to the California Department of Health Care Services (DHCS) requirements for claiming and reporting.

100 points max

5.0 Evaluation Items (Section E)

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- 5.1** Applicant must provide a brief description in narrative form of experience (type, scale, duration, location) providing services to adults. This description must include collaboration(s) with psychiatric mental health facilities/hospitals.

5-page limit for description. May include copies of program information, pamphlets, contracts, etc. that support these experiences. Attachments will not count against page limit.

150 points max

- 5.2** Applicant must describe the organization's staff training and program implementation of trauma-informed practices. This description must include cultural and linguistic competencies.

3-page limit for description. May include staffing plan with licenses, certifications, languages spoken, etc.

100 points max

- 5.3** Applicant must describe the organization's experience, plans, and policies for providing services to the adult (18 and over) population, including:

5.3.1 General Lanterman-Petris-Short (LPS) conservatees, for psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings; *4-page limit*

5.3.2 Experience in treating adult clients with substance abuse and co-occurring disorders; *3-page limit*

5.3.3 Experience in addressing treatment needs of Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), Intersex, Asexual, Two-Spirit, and other identities not explicitly mentioned (LGBTQIA2S+); *3-page limit*

5.3.4 Experience treating adult clients with suicidal behavior and/or ideation; and *3-page limit*

5.3.5 Experience in serving adult clients with intellectual and developmental disabilities, in coordination with regional centers. *3-page limit*

All descriptions in section 5.3 must include your organization's expertise, challenges and plans for the provision of services to this population. Best

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practices, success stories, and innovative processes must be included in this description.

This description must include a structured plan for services to this population substantiated by program policies, procedures, pamphlets, organization training manuals, etc.

150 points max

- 5.4** Applicant must describe the organization's plan and procedures to ensure the client and/or family, caregiver, or surrogate decision maker actively participate in and agree with the treatment plan throughout all phases of care until discharge. The plan must also include discharge and aftercare planning protocols to support continuity of care.

3-page limit for description
100 points max

6.0 Required Forms (Section F)

Applicant must include all completed, signed, and dated forms identified in Section F (Required Forms) and as listed below.

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|------------|--|
| Exhibit 1 | Organization Questionnaire/Affidavit |
| Exhibit 2 | Certification of Compliance |
| Exhibit 3 | Request for Preference Consideration |
| Exhibit 4 | Debarment History and List of Terminated Contracts |
| Exhibit 5 | Community Business Enterprise (CBE) Information |
| Exhibit 6 | <i>Minimum Mandatory Requirements - Intentionally Omitted</i> |
| Exhibit 7 | Budget Template |
| Exhibit 8 | <i>List of References - Intentionally Omitted</i> |
| Exhibit 9 | Contribution and Agent Declaration Form |
| Exhibit 10 | <i>Pricing Schedule - Intentionally Omitted</i> |
| Exhibit 11 | Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76) |
| Exhibit 12 | Declaration |

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7.0 Acceptance of Terms and Conditions of Sample Contract and/or Requirements of Statement of Work and Attachments (Section G)

- 7.1** It is every Applicant's duty to thoroughly review Attachment II - Sample Contract and Attachment III - Statement of Work to ensure compliance with all terms, conditions, and requirements. Applicant will be evaluated, on a pass/fail basis, on their willingness to accept the Terms and Conditions outlined in the Sample Contract and the requirements of the Statement of Work.

It is the County's expectation that, in submitting an application, the Applicant will accept, as stated, the County's terms and conditions in the Sample Contract and the County's requirements in the Statement of Work.

Applicants are further notified that the County may, in its sole determination, disqualify any Applicant with whom the County cannot satisfactorily negotiate a contract.

- 7.2** Section G of an Applicant's response must include:

- 1) A statement offering the Applicant's acceptance of all terms and conditions listed in the Sample Contract; and
- 2) A statement offering the Applicant's acceptance of all requirements listed in the SOW.