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**WEDNESDAY, MARCH 9, 2016**

**LACDMH MANDATORY PROPOSERS' CONFERENCE**

**CRISIS RESIDENTIAL TREATMENT PROGRAM**

**600 S. COMMONWEALTH AVE., 2<sup>ND</sup> FLOOR ROOM 113**

**LOS ANGELES, CA 90005**

**CAPTIONED BY TOTAL RECALL, WWW.YOURCAPTIONER.COM**

**BIDDER'S CONFERENCE: QUESTIONS AND ANSWERS**

- 1. LISA BERGER, LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE, SANTA FE SPRINGS**
- 2. YVONNE LOZANO, STARS BEHAVIORAL HEALTH GROUP**
- 3. ADRIENNE SHEFF, SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.**
- 4. KEN BACHRACK, TARZANA TREATMENT CENTERS**
- 5. ELIZABETH BERGER, SPECIAL SERVICE FOR GROUP (SSG)**
- 6. MARK SCOTT, LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE**
- 7. SUSAN FELDMAN, MENTAL HEALTH OF AMERICA FOR LOS ANGELES**
- 8. BILL DONNELLY, GATEWAYS**
- 9. MARY ANNE STERN, MENTAL HEALTH AMERICA**
- 10. ADRIENNE SHEFF, SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH**

**11. SUSAN FELDMAN, MENTAL HEALTH OF AMERICA FOR LOS ANGELES**

**12. DAVID HEFFRON, TELECARE**

**13. YVONNE LOZANO, STAR VIEW**

**14. KEN BACHRACK, TARZANA TREATMENT CENTER**

**15. SUSAN FELDMAN, MENTAL HEALTH OF AMERICA FOR LOS ANGELES**

**16. LISA BERGER, LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE IN SANTA FE SPRINGS**

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**QUESTIONS BY: LISA BERGER,  
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE,  
SANTA FE SPRINGS**

**Q: LISA BERGER.** I'M WITH LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE IN SANTA FE SPRINGS. AND MY QUESTION IS THE CHFFA -- IS THAT HOW YOU SAY IT? CHFFA LOAN? IS THAT A LOAN OR A GRANT FOR RENOVATIONS AND PURCHASE?

**A: MARY MARX:** IT'S A GRANT.

**Q:** IT'S A GRANT. OKAY. CAN I ASK ANOTHER QUESTION? ARE YOU GOING TO BE REFERRING MALE AND FEMALE CLIENTS OR JUST ONE GENDER TO EACH RESIDENTIAL?

**A: MARY MARX:** IT'S ANTICIPATED THAT WE WOULD BE REFERRING BOTH GENDERS. AND WE ALSO HOPE TO DEVELOP SOME SPECIALIZED PROGRAMS FOR PARTICULAR AGE GROUPS, LIKE T[RANSITION] A[GE] Y[OUTH] [(AGES 18-25)] OR OLDER ADULTS

[(AGES 60 AND OVER)]. BECAUSE WE KNOW THAT THOSE PROGRAMS HAVE SPECIAL NEEDS THAT MIGHT NOT NECESSARILY FIT IN WITH THE REGULAR ADULTS.

**Q:** AND JUST ONE MORE. THANK YOU. THE SCOPE OF WORK SAYS THAT ADMISSIONS WILL OCCUR BETWEEN 8:00 A.M. AND 5:00 P.M. BUT DID I HEAR THAT WE'RE TO DO 24/7 ADMISSIONS?

**A: MARY MARX:** I THINK YOU HAVE TO HAVE THE CAPACITY TO DO ADMISSIONS 24/7. BUT, GENERALLY, FOR THOSE OF YOU WHO HAVE WORKED UNDER COUNTYWIDE RESOURCE MANAGEMENT ACCESS POLICIES, WE GENERALLY REFER BETWEEN 8 AND 5.

**Q:** OKAY, THANK YOU, MARY.

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**QUESTIONS BY:  
YVONNE LOZANO,  
STARS BEHAVIORAL HEALTH GROUP**

**Q: YVONNE LOZANO:** FROM STARS BEHAVIORAL HEALTH GROUP. SO I'VE GOT A COUPLE OF QUESTIONS RELATED TO THE CMA. ONCE WE DID THE MATH ON IT, IT LOOKS LIKE THE DAILY CMA THAT'S BEING PAID OUT OF THIS IS \$251.32 PER DAY. BUT THE COUNTY ALLOWANCE IS \$362.86? WAS THAT PURPOSELY DONE? OR WHAT DOES THAT IN RELATION TO?

**A: MARY MARX:** ~~I WILL TELL YOU THAT THE BUDGET THAT WE HAVE FOR THESE FACILITIES IS BASED ON WHAT WAS APPROVED BY OUR SLT STAKEHOLDERS AND OUR BUDGETED ALLOCATION. AND, SO, THAT IS THE DAILY RATE FOR THESE FACILITIES.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A: COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE. A PROVIDER MAY BE DISQUALIFIED FROM THE SOLICITATION PROCESS IF A PROVIDER'S BUDGETED COSTS FOR THESE COMBINED SERVICES (MENTAL HEALTH SERVICES AND BOARD AND CARE) EXCEEDS THE COUNTY MAXIMUM ALLOWANCE OF \$362.86 PER BED PER DAY WITHOUT A SUFFICIENT EXPLANATION OF HOW THE PROVIDER WILL ADEQUATELY COVER COSTS IN EXCESS OF THE COUNTY MAXIMUM ALLOWANCE.**

**THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.**

**Q: OKAY. IN TERMS OF THE BEDS, YOU SAID EARLIER IT WAS 16 BEDS. YOU CAN'T DO A 6-BED FACILITY BASED ON THE ZONING REQUIREMENTS FOR THE CITY THAT YOU'RE TRYING TO GET INTO? IS THERE'S NO ROOM AROUND THAT?**

**A: MARY MARX: ~~THE STATE HAS BEEN VERY CLEAR WITH US THAT THEY EXPECT US TO DO 560 BEDS. AND THEY'VE GIVEN US \$35 MILLION TO DO THAT. AND THAT MEANS THAT EACH FACILITY NEEDS TO HAVE 16 BEDS.~~**

**THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:**

**A: DMH WILL EVALUATE PROPOSALS WITH A CAPACITY OF 6-16 BEDS PER FACILITY.**

**Q:** OKAY. IT SAYS HERE, CAN PROPOSERS FOR THE USE OF THE CHFFA FUNDS BE MADE UP TO THE MAXIMUM AMOUNT PER, REGARDLESS OF THE NUMBER OF BEDS. SO I GUESS IT'S NO MATTER WHAT ACROSS-THE-BOARD?

**A:** **MARY MARX:** ~~IT'S 16 BEDS.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **DMH WILL EVALUATE PROPOSALS WITH A CAPACITY OF 6-16 BEDS PER FACILITY. PROPOSERS MAY REQUEST UP TO \$62,500 IN CHFFA FUNDING FOR EACH BED.**

**Q:** OKAY. I'M GET IN BACK OF THE LINE NOW.

**A:** CLAIRE MATSUSHITA: FOR LICENSING PURPOSES, IF YOU LOOK AT OUR REGULATIONS, IT SAYS THE MAXIMUM FOR A SOCIAL REHAB IS 15, BUT YOU CAN REQUEST A WAIVER FOR UP TO 16. SO THAT'S IMPORTANT FOR ANYBODY WHO DOES THIS. AND IN TERMS OF, YOU KNOW, GOING TO THE 16 BEDS, YES, IT DOES MEAN THAT YOU'LL HAVE TO MEET THE STANDARDS, THE FIRE, WHICH MAY MEAN SPRINKLERS, BUT THAT'S A FIRE SAFETY ISSUE. AND THEN THERE MAY BE OVERCONCENTRATION, THERE MAY BE A CONDITIONAL USE PERMIT. IT'S ALL, YOU HAVE TO MEET THOSE LOCAL REGULATIONS.

**Q:** AND THEN IN TERMS OF THE FEES, BECAUSE THE FEES WERE BROKEN DOWN BETWEEN 7 AND 15, WOULD THERE BE ADDITIONAL FEES FOR ANYTHING OVER THAT?

**A:** CLAIRE MATSUSHITA: YES. AND I'LL HAVE ONE OF MY STAFF LOOK UP THE 16. OH. I'LL HAVE ONE OF MY STAFF LOOK UP THE 16 BEDS, THE COST OF THAT.

THIS ANSWER HAS BEEN AMENDED TO INCLUDE:

**A: THE APPLICATION FEE FOR A 16 BED SOCIAL REHABILITATION FACILITY IS \$1,815. THE ANNUAL LICENSING FEE FOR A 16 BED SOCIAL REHABILITATION FACILITY IS \$908.**

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**QUESTIONS BY:  
ADRIENNE SHEFF,  
SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER**

**Q: ADRIENNE SHEFF WITH SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER. ACTUALLY, COUPLE OF MY QUESTIONS, I BELIEVE, IT GOT ADDRESSED, BUT JUST FOR CLARIFICATION, IS THE AGE FOR THIS PARTICULAR HOUSE PROGRAM 18 TO 59? OR CAN IT EXPAND BEYOND THAT?**

**A: MARY MARX: THAT'S A GOOD QUESTION.**

**A: CLAIRE MATSUSHITA: IT CAN EXPAND ABOVE THAT.**

**Q: IT CAN. SO IT COULD BE 60-65 ELDERLY OR OLDER ADULTS. OKAY. GOOD. ALSO, I GET THE BED RATE, THE DAY RATE FOR SERVICES WAS JUST STATED AT \$251 PER DAY? IS THAT CORRECT?**

**A: MARY MARX: ~~YEAH, FOR 16 BEDS, YES. AND THERE ARE TWO COMPONENTS TO THE PROVISIONAL RATE, SO PROGRAMS WILL HAVE A PROVISIONAL RATE THAT'S CONSISTENT WITH THE COUNTY'S POLICIES AND PROCEDURES FOR PROVISIONAL RATE SETTING. BUT THERE ARE TWO COMPONENTS TO THE PROVISIONAL RATE. ONE IS FOR THE BOARD AND CARE DAILY RATE, WHICH IS NOT MEDICAL REIMBURSABLE. AND THE SECOND RATE, WHICH IS THE MODE 5 IS FOR THE 24-HOUR PROGRAM. AND IT'S BILLABLE TO MEDICAL.~~**

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A: COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE. A PROVIDER MAY BE DISQUALIFIED FROM THE SOLICITATION PROCESS IF A PROVIDER'S BUDGETED COSTS FOR THESE COMBINED SERVICES (MENTAL HEALTH SERVICES AND BOARD AND CARE) EXCEEDS THE COUNTY MAXIMUM ALLOWANCE OF \$362.86 PER BED PER DAY WITHOUT A SUFFICIENT EXPLANATION OF HOW THE PROVIDER WILL ADEQUATELY COVER COSTS IN EXCESS OF THE COUNTY MAXIMUM ALLOWANCE.**

**THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.**

**Q: RIGHT, SO I WAS WONDERING, THERE WAS THIS PROGRAM DAY RATE AND ALSO A BED RATE; IS THAT CORRECT?**

**A: MARY MARX: ~~THERE'S A PROGRAM RATE, AND, YEAH, THERE'S TWO COMPONENTS.~~**

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A: COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE. A PROVIDER MAY BE DISQUALIFIED FROM THE SOLICITATION PROCESS IF A PROVIDER'S BUDGETED COSTS FOR THESE COMBINED SERVICES**

**(MENTAL HEALTH SERVICES AND BOARD AND CARE) EXCEEDS THE COUNTY MAXIMUM ALLOWANCE OF \$362.86 PER BED PER DAY WITHOUT A SUFFICIENT EXPLANATION OF HOW THE PROVIDER WILL ADEQUATELY COVER COSTS IN EXCESS OF THE COUNTY MAXIMUM ALLOWANCE.**

**THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.**

**Q:** RIGHT. OKAY. AND IS THERE – IF THEY’RE NOT FILLED, EVEN THOUGH I ASSUME THAT IF THE COUNTY IS WORKING AS THE GATEKEEPER, THE BEDS WOULD BE FILLED, BUT IF A BED IS NOT FILLED, DO YOU STILL GET THE BED RATE OR NOT?

**A:** **MARY MARX:** NO, WE PAY BASED ON OCCUPANCY.

**Q:** I MEAN, 16 PEOPLE MEANS YOU EITHER HAVE TO – I DON’T KNOW IF TWO PER ROOM IS A MAXIMUM? I CAN’T REMEMBER BECAUSE IT WAS HOW WE ALWAYS OPERATED IN THE PAST, BUT IS THAT DIFFERENT NOW?

**A:** **CLAIRE MATSUSHITA:** IT’S TWO PER ROOM.

**Q:** SO THAT WOULD DETERMINE THE SIZE OF THE FACILITY. CAN IT BE OTHER THAN A HOUSE? LIKE COULD IT BE AN APARTMENT-TYPE COMPLEX?

**A:** **CLAIRE MATSUSHITA:** WE WOULD HAVE TO LOOK AT HOW THAT WAS SET UP. IT HAS TO MEET THE TITLE 22 REQUIREMENTS AND OPERATE AS A LICENSED FACILITY.

**Q:** OKAY. THANK YOU.

**A: MARY MARX: THANK YOU.**

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**QUESTIONS BY:  
KEN BACHRACK,  
TARZANA TREATMENT CENTERS**

**Q: KEN BACHRACH** FROM TARZANA TREATMENT CENTERS. I'VE GOT A FEW QUESTIONS. OKAY. ONE, IT HAS TO DO – PART OF IT IS ABOUT EXTENDING THE APPLICATION DEADLINE, BECAUSE THERE'S SEVERAL ELEMENTS REQUIRED SUCH AS A DETAILED PLAN FOR BUILDING RENOVATIONS AND TIMELINE WHICH REQUIRE MULTIPLE STEPS IN ORDER TO ACCOMPLISH. AND HAVING MORE TIME TO DO THIS WOULD ALLOW US TO A MORE THOROUGH AND REALISTIC PLAN. SO I'M JUST WONDERING IF TO DO ALL OF THAT BY THE APPLICATION DEADLINE IS THERE ANY POSSIBILITY OF CHANGING THAT? OR IS ALL OF THAT STILL REQUIRED IN THE APPLICATION?

**A: OTILIA HOLGUIN:** ~~RIGHT NOW, CURRENTLY, WE'RE KIND OF BOUND BY THE TIMELINE THE STATE HAS GIVEN US. SO THAT'S WHY THE TIME CONSTRAINTS ARE SO TIGHT. WE CAN CERTAINLY GO BACK AND LOOK AT THAT TIMETABLE. BUT, YEAH, WE'RE ALSO BOUND BY THAT TIME ABLE TO AS WELL. BUT WE WILL GO BACK AND LOOK AT THAT AND WE WILL ANSWER THAT FOR YOU.~~

**THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:**

**A: THE DEPARTMENT OF MENTAL HEALTH HAS EXTENDED THE DEADLINE FOR SUBMISSION TO June 6, 2016.**

**Q: NEXT QUESTION, DOES THE APPLICANT HAVE TO DEMONSTRATE SITE CONTROL OF THE ADDRESS OR BUILDING WHERE THE SERVICES WILL**

BE PROVIDED? AND DOES THE SITE CONTROL DOCUMENTATION VERIFICATION NEED TO BE SUBMITTED WITH THE APPLICATION? IF SITE CONTROL IS REQUIRED, WOULD THE DEPARTMENT CONSIDER AGAIN, YOU KNOW, US BEING ABLE TO SUBMIT IT EVEN IF WE HAVE AN INTEREST, BUT WE DON'T HAVE A COMPLETED TRANSACTION YET?

**A:** **MARY MARX:** THAT WAS A DISCUSSION WITHIN THE DEPARTMENT. YOU MUST HAVE A[N] IDENTIFIED SITE AND [SUBMIT] SOME KIND OF DOCUMENTATION THAT THE SITE CAN BE USED FOR THAT PURPOSE, WHETHER IT'S ON LETTERHEAD, WHATEVER, SHOWING THAT IT COULD BE USED SUCCESSFULLY FOR THAT SITE.

**Q:** CAN A PROPOSED SITE OR BUILDING FOR THE 16-BED FACILITY, IF LARGE ENOUGH, COULD IT HOUSE MORE THAN ONE, YOU KNOW, PROGRAM IN THE SAME SERVICE AREA? I MEAN, BASICALLY, COULD WE HAVE A HOUSE THAT COULD JUST ESSENTIALLY BE DIVIDED INTO TWO, TO BE TWO CRISIS RESIDENTIAL PROGRAMS AT THE SAME LOCATION?

**A:** **MARY MARX:** I DON'T THINK SO. HENRY AND CLAIRE?

**A:** **HENRY OMOREGIE:** HOW MANY BEDS ARE THESE? 8/8?

**Q:** THAT'S WHAT WE DIDN'T KNOW IF YOU COULD SOMEHOW HAVE A FACILITY THAT SOMEHOW COULD BE DIVIDED. PART OF WHAT WE'RE LOOKING AT IS SHARING COSTS. YOU KNOW WHAT I MEAN? YOU KNOW ADMINISTRATIVE COST AND THINGS LIKE THAT? SO THAT YOU MIGHT HAVE TWO SEPARATE FACILITIES WITH MAYBE LIKE A SHARED, ALMOST, ADMISSIONS? DO YOU KNOW WHAT I MEAN? LIKE AN ENTRY PLACE AND THEY WOULD BE TWO SEPARATE. OR DO THEY HAVE TO HAVE TWO DISTINCT ADDRESSES AND THINGS LIKE THAT?

**A: HENRY OMOREGIE:** FROM OUR END, IT WILL BE OKAY, PROVIDED IT'S BELOW 16 BEDS TO AVOID MEDI-CAL ISSUES. BUT IF IT'S BELOW 16 BED, 8/8, IT WILL BE FINE WITH US.

**Q:** BUT YOU COULDN'T HAVE 16/16 NEXT TO EACH OTHER?

**A: MARY MARX:** NO. BECAUSE THEN YOU WOULD TRIGGER –

**Q:** IS THAT THE IMD EXCLUSION?

**A: MARY MARX:** THEN YOU WOULD TRIGGER THE IMD EXCLUSION.

**Q:** OKAY.

**A: MARY MARX:** AND IT WOULD NOT BE MEDI-CAL BILLABLE.

**Q:** HOW LIKELY ARE YOU TO AWARD MORE THAN ONE OF THESE PROGRAMS TO THE SAME ENTITY IN A SERVICE AREA?

**A: MARY MARX:** WELL, YOU KNOW, I HAVEN'T THOUGHT ABOUT THAT. THAT'S A GOOD QUESTION, KEN. I THINK THAT WE WILL CONSIDER ALL PROPOSALS.

**Q:** OKAY. CAN THE PROPOSED SITE FOR THE 16-BED FACILITY ALSO BE A SITE WHERE OTHER MEDICAL OR BEHAVIORAL HEALTH SERVICES ARE PROVIDED WITH THE UNDERSTANDING THAT THE 16-BED FACILITY IS A SEPARATE UNIT?

**A: CLAIRE MATSUSHITA:** IF I UNDERSTAND YOUR QUESTION IS THAT YOU'RE LOOKING TO HAVE MAYBE A BUILDING THAT IS MULTIPLE SERVICE THAT MAY HAVE MENTAL HEALTH TREATMENT ON-SITE –

**Q:** OR PRIMARY CARE.

**A: CLAIRE MATSUSHITA:** PRIMARY CARE. WE WOULD HAVE TO LOOK AT IT TO ENSURE THAT THERE IS NO VIOLATION OF PERSONAL RIGHTS

WHERE THOSE PEOPLE AREN'T GOING INTO THE UNITS OF THE BEDROOMS WHERE OUR CLIENTS WERE RESIDING. THAT THE RECORDS ARE SAFE AND OUR CLIENTS, AGAIN, ARE NOT BEING EXPOSED TO OTHER PEOPLE COMING IN. AND THE OTHER QUESTION, JUST, I WANT TO GO BACK TO THE OTHER QUESTION. WE DIDN'T TALK ABOUT OVERCONCENTRATION, BUT SOCIAL REHAB FACILITIES ARE UNDER THE COMMUNITY CARES ACT, SO YOU CAN'T HAVE ANOTHER ADULT FACILITY, GROUP HOME FOR CHILDREN, OR SMALL FAMILY HOME WITHIN 300 FEET. IF IT IS WITHIN 300 FEET, THE CITY HAS TO APPROVE, BECAUSE WE'RE, AGAIN, LOOKING AT OVERCONCENTRATION ISSUES.

**Q:** WELL, THAT MAY HAVE ANSWERED MY LAST QUESTION. IF YOU ALREADY HAVE A LARGE RESIDENTIAL FACILITY, COULD YOU SEQUESTER, DO YOU KNOW WHAT I MEAN, A PORTION OF THOSE BEDS TO THIS CRISIS UNIT?

**A:** **CLAIRE MATSUSHITA:** FROM LICENSING PERSPECTIVE, THAT'S A COMPLETELY DIFFERENT LICENSE. WE ARE LOOKING AT THE FACT OF WE MAY HAVE AN OVERCONCENTRATION ISSUE. WE MAY ALSO HAVE AN ISSUE OF, AGAIN, MIXING POPULATIONS.

**Q:** WHEN YOU SAY "MIXING POPULATIONS," IF IT'S AN ADULT PROGRAM, WHAT IS THE MIXING OF THE POPULATION?

**A:** **HENRY OMOREGIE:** WELL, FROM OUR END, YOU KNOW, BASED ON YOUR DESCRIPTION OF WHAT YOU WANT TO DO, I THINK THAT WILL AUTOMATICALLY TRIGGER IMD EXCLUSION RULES THERE. BECAUSE NUMBER ONE, YOU HAVE TO PASS THE CMS RULE. IS THIS FACILITY OWNED BY ONE ENTITY? SO IF YOU HAVE 16 BEDS HERE, SOCIAL REHAB, YOU HAVE MAYBE FIVE OR SIX ADULT RESIDENTIAL TREATMENT PROGRAM AND IT'S RUN BY YOUR ORGANIZATION, THAT WILL ALMOST TRIGGER IMD EXCLUSION FROM CMS.

SO I WOULD STRONGLY RECOMMEND THAT YOU LOOK AT THOSE RULES BEFORE YOU START ANY PROPOSAL, SO YOU DON'T GO FOR THAT, AND THEN YOU FIND OUT YOU CANNOT DO IT BASED ON THE CMS RULES. BECAUSE THAT 16 BEDS, THAT'S ACTUALLY FROM CMS RULES. ANYTHING ABOVE 16 BED IS CONSIDERED AN IMD. SO THERE'S VARIOUS FACTORS ALMOST FROM 1 TO 10 THAT, YOU KNOW, YOU HAVE TO GET ENGAGED SO YOU DON'T FALL INTO THAT CATEGORY.

**A: MARY MARX:** I ALSO THINK THAT IN OUR RFP, WHAT WE'RE LOOKING FOR IS SMALLER HOME-LIKE ENVIRONMENTS FOR OUR CLIENTS. AND, SO, YOU KNOW, THAT SOUND MORE LIKE AN INSTITUTIONAL OR IMD-LIKE IDEA. YEAH.

**Q:** OKAY, THANKS.

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**QUESTIONS BY:  
ELIZABETH BERGER,  
SPECIAL SERVICE FOR GROUP (SSG)**

**Q: ELIZABETH BERGER** FROM SPECIAL SERVICES FOR GROUPS. I ALSO HAVE A LIST. ALTHOUGH I'VE BEEN CROSSING OFF. THE FIRST QUESTION IS FOR THOSE OF US WHO WERE TO BE AWARDED; ARE THERE ANY ADDITIONAL TA OR TRAINING TO PREPARE FOR THE SERIES OF LICENSES AND CERTIFICATIONS?

**A: MARY MARX:** WELL, ONE OF THE THINGS WE TALKED ABOUT IS HAVING A CENTRALIZED TRAINING FOR ALL THE DIFFERENT LICENSES. AND CLAIRE'S STAFF ACTUALLY DID THAT FOR OUR STAFF WHEN WE WERE BEGINNING TO WRITE THE RFP. AND, SO, RATHER THAN HAVE PEOPLE ONE BY ONE GOING AND GETTING THE TRAINING, WE ARE THINKING

THAT WOULD BE GOOD TO HAVE ALL THE AWARDEES TRAINED AT THE SAME TIME.

**Q:** OKAY. AND THEN ON THE FOCAL POPULATION LIST AND THE PROPOSAL, THERE IS A REFERENCE TO PEOPLE WITH RECENT CRIMINAL JUSTICE INVOLVEMENT. IS THERE A TYPICAL PERSON THAT WOULD FIT THAT? AND ARE THERE ANY RULES THAT WOULD BE INCLUDED OUTSIDE OF THE ONES THAT ARE LICENSURES, FOR EXAMPLE, REGISTERED SEX OFFENDERS THAT WOULD APPLY?

**A:** **MARY MARX:** MARY MARX: WELL, I WILL TELL YOU, AS I'VE SAID BEFORE, THAT THE URGENT CARE CENTERS, THESE FACILITIES ARE INTENDED TO HELP DECOMPRESS OUR COUNTY HOSPITALS, AND OUR JAILS, AS WELL AS TAKE PEOPLE FROM THE COMMUNITY AND OUR URGENT CARE CENTERS. SO ONE OF THE THINGS THAT THE COUNTY IS PLANNING ON IMPLEMENTING WITH THE NEW URGENT CARE CENTERS IS TO HAVE PRE-BOOKING DIVERSION PROGRAM PILOTED AT THE URGENT CARE CENTERS. SO RATHER THAN PEOPLE GOING TO JAIL FOR SOME CHARGE, MINOR CHARGE, THEY COULD BE OFFERED TREATMENT IN THE COMMUNITY AND AVOID INCARCERATION. SO IN THAT RESPECT, YOU WOULD HAVE INDIVIDUALS THAT, YOU KNOW, HAVE CRIMINAL JUSTICE BACKGROUNDS.

I WILL TELL YOU THAT WE ARE ARE FINDING THAT OUR POPULATION IS MORE AND MORE BECOMING JUSTICE INVOLVED DUE TO CHANGES IN THE STATE JUDICIAL SYSTEM. SO WE DO NEED TO BE ABLE TO ACCOMMODATE THOSE INDIVIDUALS. AND THE MODEL FOR THIS TYPE OF CRISIS RESIDENTIAL, EVEN THOUGH THEY CAN STAY FOR 30 DAYS, THE COUNTY'S EXPECTATION FURTHER THAT PEOPLE WILL GO FROM URGENT CARES, IN-PATIENT UNITS, EMERGENCY ROOMS TO THESE FACILITIES GET LINKED, FURTHER STABLED, LINKED TO SERVICES

WITHIN A RELATIVELY SHORT PERIOD OF TIME AND MOVE ON. SO THIS IS PART OF A BIGGER SYSTEM OF CARE.

THIS ANSWER WILL BE SUPPLEMENTED BELOW:

A: WELL, I WILL TELL YOU, AS I'VE SAID BEFORE, THE CRISIS RESIDENTIAL TREATMENT PROGRAMS ARE INTENDED TO HELP DECOMPRESS OUR COUNTY HOSPITALS, AND OUR JAILS, AS WELL AS TAKE PEOPLE FROM THE COMMUNITY AND FROM URGENT CARE CENTERS. SO ONE OF THE THINGS THAT THE COUNTY IS PLANNING ON IMPLEMENTING WITH THE NEW URGENT CARE CENTERS IS TO HAVE PRE-BOOKING DIVERSION PROGRAM PILOTED AT THE URGENT CARE CENTERS THAT WOULD LINK CLIENTS TO CRISIS RESIDENTIAL TREATMENT PROGRAMS UPON DISCHARGE. SO RATHER THAN PEOPLE GOING TO JAIL FOR SOME CHARGE, MINOR CHARGE, THEY COULD BE OFFERED TREATMENT IN THE COMMUNITY AND AVOID INCARCERATION. SO IN THAT RESPECT, YOU WOULD HAVE INDIVIDUALS THAT, YOU KNOW, HAVE CRIMINAL JUSTICE BACKGROUNDS.

I WILL TELL YOU THAT WE ARE FINDING THAT OUR POPULATION IS MORE AND MORE BECOMING JUSTICE INVOLVED DUE TO CHANGES IN THE STATE JUDICIAL SYSTEM. SO WE DO NEED TO BE ABLE TO ACCOMMODATE THOSE INDIVIDUALS. AND THE MODEL FOR THIS TYPE OF CRISIS RESIDENTIAL, EVEN THOUGH THEY CAN STAY FOR 30 DAYS, THE COUNTY'S EXPECTATION [IS] THAT PEOPLE WILL GO FROM URGENT CARES, IN-PATIENT UNITS, EMERGENCY ROOMS TO THESE FACILITIES GET LINKED, FURTHER STABILIZED, LINKED TO SERVICES WITHIN A RELATIVELY SHORT PERIOD OF TIME AND MOVE ON. SO THIS IS PART OF A BIGGER SYSTEM OF CARE.

THIS ANSWER HAS BEEN SUPPLEMENTED TO INCLUDE:

**A:** **CRISIS RESIDENTIAL TREATMENT PROGRAMS MAY SERVE REGISTERED SEX OFFENDERS.**

**Q:** THANK YOU. WE ASSUME THERE WILL BE SOME RENT COSTS INCLUDED IN THE OPERATING BUDGET? AND WE WEREN'T CLEAR FROM THE FORM WHERE WE SHOULD REFLECT THAT ON THE EXHIBIT 10?

**A:** **MARY MARX:** ~~WE CAN GET BACK TO YOU ON THAT.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **RENT COSTS ARE TO BE INCLUDED IN THE "OFFICE/PROGRAM SUPPLIES" LINE OF EXHIBIT 10.**

**Q:** OKAY. AND THEN THE REST OF MY QUESTIONS ARE ALSO ABOUT THE PROPOSAL ITSELF. IT SAYS ON PAGE 60, WE NEED TO INCLUDE A CD COPY OF THE PROPOSAL IN ADDITION TO THE HARDCOPIES. CAN THAT BE ON A FLASH DRIVE USB?

**A:** **OTILIA HOLGUIN:** YES, IT CAN. YES.

**Q:** ALL RIGHT. AND THERE ARE COUPLE OF PLACES WHERE THE NARRATIVE CALLS FOR SUPPORTING DOCUMENTS, LIKE LETTERS OR MOU'S, ESPECIALLY IN SECTION C, SHOULD THOSE BE INCLUDED AT THE END OF THAT SECTION IMMEDIATELY FOLLOWING THAT NARRATIVE OR OTHER?

**A:** **OTILIA HOLGUIN:** YES, IT'S AT THE END OF THAT SECTION, YES.

**Q:** END OF THE SECTION? OKAY. THERE ARE A COUPLE OF PLACES WHERE A DOCUMENT IS REFERENCED TWICE IN THE INSTRUCTIONS,

THE BUDGET AND BUDGET NARRATIVE, THE REFERENCE LETTER, AND EXHIBIT 13. I CAN GO THROUGH THE SPECIFIC QUESTIONS, BUT FOR THE BUDGET NARRATIVE, SHOULD IT BE IN I AND REQUIRED DOCS? OR JUST IN I? PAGE 59.

SO THE BUDGET IS LISTED AS SECTION I, AND THEN IT'S ALSO EXHIBIT 10 AMONG THE REQUIRED DOCUMENTS. SHOULD WE INCLUDE IT TWICE? WE'RE TAKING THE INSTRUCTION TO SEE FOLLOW THE RULES REALLY SERIOUSLY. [CHUCKLES]

**A: OTILIA HOLGUIN:** OKAY TO THAT SPECIFIC SECTION, YOU SAID SECTION I, RIGHT? THE PROGRAM BUDGET? IT SAYS TO USE – PROPOSER WILL PREPARE A BUDGET FOR THE CRTP FOLLOWING THE INSTRUCTIONS USING THE PROVIDED BUDGET FORM, SET FORTH IN APPENDIX E EXHIBIT 10. SO, YES, YOU WOULD ATTACH THAT HERE TO THIS SECTION 7.8.1.13.

**Q:** SO JUST IN I. OKAY. THE REFERENCE LETTERS ARE MENTIONED IN THE MINIMUM MANDATORY REQUIREMENTS AND ALSO IN SECTION B. DO WE WANT TWO COPIES OF THOSE?

**A: OTILIA HOLGUIN:** NO, JUST THE MINIMUM MANDATORY. YES.

**Q:** OKAY. LAST ONE. EXHIBIT 13 IS ALSO IN THE MINIMUM MANDATORY AND IT'S ONE OF THE REQUIRED DOCS THAT'S LISTED ON PAGE 60.

**A: OTILIA HOLGUIN:** YEAH, JUST ONE.

**Q:** JUST THE MANDATORY?

**A: OTILIA HOLGUIN:** CORRECT. CORRECT.

**Q:** OKAY. THERE'S A REFERENCE IN APPENDIX A ITEM 13.1 ON PAGE 17, IF YOU DO CHOOSE TO USE SUBCONTRACTORS, YOU NEED A STATEMENT

INDICATING THEIR WILLINGNESS TO WORK WITH YOU IN THIS PROJECT.  
I DON'T SEE IT LISTED IN THE PROPOSAL INSTRUCTIONS?

**A:** **OTILIA HOLGUIN:** CAN YOU REPEAT THAT? WHAT SECTION IS IT?

**Q:** 13.1 ON PAGE 17.

**A:** **AUDIENCE MEMBER:** ARE YOU TALKING ABOUT THE RFP?

**Q:** APPENDIX A.

**A:** **MARY MARX:** AND THE QUESTION IS WHAT?

**Q:** WHERE DOES IT GO IN THE PROPOSAL? IT'S NOT LISTED IN THE INSTRUCTIONS FOR THE PROPOSAL ITSELF.

**A:** **OTILIA HOLGUIN:** SO I'M LOOKING AT APPENDIX A. IT'S A STATEMENT OF WORK, RIGHT?

**Q:** YEAH.

**A:** **OTILIA HOLGUIN:** OKAY. AND YOU'RE SAYING SECTION 13.1?

**Q:** YEAH, IT SAYS THAT, A STATEMENT OF INDICATION OF WILLINGNESS TO WORK NEEDS TO BE INCLUDED IN THE PROPOSAL. WORK WITH THE PROPOSER.

**A:** **OTILIA HOLGUIN:** RIGHT, WORK WITH THE SUBCONTRACTOR.

**A:** **MARY MARX:** SO YOUR QUESTION IS WHERE DO YOU PUT THAT?

**Q:** WHERE DOES IT GO ON THE PROPOSAL? YEAH. THE PROPOSAL STATES SEVERAL TIMES NOT TO PUT ANYTHING OUT OF ORDER, SO WE WANT TO BE CERTAIN WE HAVE EVERYTHING.

**A:** **OTILIA HOLGUIN:** OKAY, I'LL GET BACK TO YOU ON THAT ONE. I WILL ADD IT TO THE TRANSCRIPT. I'M NOT SURE THAT STATEMENT IS

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NECESSARY FOR THE PROPOSAL, BUT I WILL ADD IT TO THE TRANSCRIPT TO CLARIFY FOR EVERYONE.

THIS ANSWER HAS BEEN AMENDED TO INCLUDE:

**A: ONCE RELEASED, PLEASE REFER TO ADDENDUM ONE.**

**Q:** OKAY, ONE MORE QUESTION. ALONG THE SAME LINES, THERE'S ONE REFERENCE TO ONLY PUTTING TWO SUPPORTING DOCUMENTS FOR EACH THING, EACH PROMPT? BUT EXCEPT IN E3 REGARDING THE SITE, IT SAYS SUPPORTING DOCUMENTS PROVIDED IN THIS SECTION WILL NOT COUNT TOWARDS THE PAGE TOTAL AS DESIGNED IN SECTION E OF THIS RFP. AND I JUST WASN'T CLEAR. I JUST WANTED TO CONFIRM IF OUR SITE SUPPORTING DOCUMENTS EXCEEDS TWO DOCUMENTS, THAT'S OKAY?

**A: OTILIA HOLGUIN:** CORRECT. FOR THAT SECTION, YES. EXCLUDING SUPPORTING DOCUMENTS, YES.

**Q:** BUT ALSO, THERE'S A LIMIT TO TWO SUPPORTING DOCUMENTS THAT'S STATED EARLIER?

**A: OTILIA HOLGUIN:** WELL, FOR SECTION E, I'M SHOWING LIMIT OF FOUR PAGE EXCLUDING DOCUMENTS.

**Q:** WHATEVER NUMBER WE NEED?

**A: OTILIA HOLGUIN:** RIGHT.

**Q:** OKAY. THANK YOU.

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**QUESTIONS BY:  
MARK SCOTT,**

## LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE

**Q:** **MARK SCOTT** FROM LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE. I ALSO HAVE A FEW QUESTIONS. UNDER THE HARM REDUCTION PROponent, WHAT ABOUT MEDICAL MARIJUANA IF A CLIENT COMES IN AND INSIST THEY WANT TO KEEP THEIR CARD?

**A:** **MARY MARX:** I THINK THAT THAT WOULD BE UP TO THE PROVIDER AND A DISCUSSION WITH THE DEPARTMENT ABOUT HOW TO MANAGE THAT.

**Q:** OKAY. AND CAN WE SUBMIT TWO PROPOSALS THAT WOULD BE IN A DIFFERENT AREA BUT IN A DIFFERENT SPOT?

**A:** **MARY MARX:** CORRECT.

**Q:** OKAY. AND COULD WE USE PART OF THE OPERATING FUNDS TO HELP CLIENTS IN HOUSING? YOU KNOW, SOMETIMES IT'S DIFFICULT TO PLACE A CLIENT, AND YOU MAY WANT TO HELP THEM OUT WITH THE FIRST MONTH'S RENT, LIKE IF THEY'RE GOING TO SOBER LIVING OR ANOTHER TRANSITIONAL LIVING.

**A:** **MARY MARX:** WHAT YOU'RE TALKING ABOUT IS FLEXIBLE FUNDS, CORRECT?

**Q:** UMM-HMM, RIGHT.

**A:** **MARY MARX:** THE PROVISIONAL RATE DOES NOT INCLUDE FLEX FUNDS IN THIS CONTRACT.

**Q:** ALL RIGHT. AND YOU SAID YOU WERE GOING TO GET THE PROVIDERS TOGETHER TO GET TRAINING ON THE APPLICATION, VARIOUS APPLICATIONS? ABOUT HOW LONG WOULD THAT TAKE ONCE YOU SUBMIT THE APPLICATION TO GET A RESPONSE?

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**A: MARY MARX:** FOR AWARDING THE CONTRACTS?

**Q:** FOR THE APPLICATIONS FOR, LIKE, MEDI-CAL, AND THE COMMUNITY CARE LICENSE, AND THE VARIOUS LICENSES, AND CERTIFICATIONS.

**A: HENRY OMOREGIE:** FROM DHCS, IT DEPENDS ON HOW COMPLETE YOUR APPLICATION IS. IT COULD TAKE LIKE ONE WEEK UP TO 30 DAYS.

**Q:** WHAT ABOUT MEDI-CAL?

**A: HENRY OMOREGIE:** MEDI-CAL.

**A: NORMA CANO:** IT DEPENDS ON HOW PREPARED THE PROVIDER IS. AND ONCE WE SUBMIT IT TO THE STATE, THEY GIVE THEMSELVES THREE TO SIX WEEK FOR A TURNAROUND. BUT THEY HAVE BEEN DOING IT PRETTY QUICKLY. THE BIGGEST DELAY IS JUST MAKING SURE THE PROVIDER CAN FULFILL ALL THEIR OBLIGATIONS.

**Q:** THANK YOU.

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**QUESTIONS BY:  
SUSAN FELDMAN,  
MENTAL HEALTH OF AMERICA, LOS ANGELES**

**Q: SUSAN FELDMAN** FROM MENTAL HEALTH OF AMERICA FOR LOS ANGELES. MY FIRST QUESTION IS MAY A CRTP REFUSE ADMISSION TO KNOWN SEX OFFENDERS? THIS WOULD HAVE RAMIFICATIONS IF A FACILITY WAS NEXT TO A CHILDCARE CENTER OR SCHOOL.

**A: MARY MARX:** RIGHT. AND THAT'S ONE OF THE BENEFITS OF HAVING THE REFERRALS COME THROUGH COUNTYWIDE RESOURCE MANAGEMENT, BECAUSE WE DO HAVE FACILITIES UNDER OUR

PURVIEW THAT CAN TAKE REGISTERED SEX OFFENDERS AND OTHERS THAT'S ABSOLUTELY NOT POSSIBLE. SO, AS WE BRING PROVIDERS ON LINE, WE WILL, OUR GATEKEEPERS WILL BE AWARE OF THE LIMITATIONS AS A RESULT OF NEIGHBORHOOD ZONING, THOSE KINDS OF THINGS.

**Q:** OKAY. SO THE ANSWER IS YES.

**A:** **MARY MARX:** ~~YES~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **THE PROVIDER MAY NOT REFUSE A REFERRAL FROM CRM. CRM WILL CONSIDER ANY FACILITY RELATED RESTRICTIONS WHEN REFERRING CLIENTS.**

**Q:** AND THEN I HAD A QUESTION. NOW HOW LONG ARE CRTP'S EXPECT TO DO TRACK OUTCOMES ON CLIENTS WHO HAVE BEEN DISCHARGED? AND I'M ASKING THIS BECAUSE SECTION 9 OF THE STATEMENT OF WORK IS ASKING FOR SOME LONG-TERM METRICS, SUCH AS REDUCTIONS IN LAW ENFORCEMENT, AND HOW ARE WE SUPPOSED TO KEEP TRACK OF THIS IF WE'RE PASSING ON CLIENTS IN TWO WEEKS OR 30 DAYS?

**A:** **MARY MARX:** OKAY, YES, THOSE ARE ACTUALLY – WE HAVE A VARIETY OF WAYS OF TRACKING THAT. SO YOU WOULD MOST LIKELY NOT HAVE THAT KIND OF INFORMATION ABOUT LAW ENFORCEMENT. BUT YOU WILL BE ENTERING UNITS OF SERVICE INTO OUR ELECTRONIC SYSTEM. AND WE HAVE WAYS OF MATCHING PEOPLE'S RATES OF HOSPITALIZATION, ADMISSIONS TO U.C.C.'S, AND EMERGENCY ROOMS, AND ALSO INCARCERATIONS. SO WE WOULD BE ABLE TO COLLECT THAT INFORMATION. ONE OF THE GOALS OF THE PROJECT UNDER

CHFFA IS TO REDUCE LAW ENFORCEMENT INVOLVEMENT. AND THAT IS ACTUALLY ONE OF THE PRIMARY RULES OF OUR MOBILE CRISIS SUPPORT TEAMS UNDER CHFFA. AND OF COURSE WE WANT TO UTILIZE THE TRIAGE WORKERS THAT WERE UNDER THE GRANT THAT WAS ISSUED FIRST UNDER SENATE BILL 82, WHICH IS UNDER THE OFFICE OF ACCOUNTABILITY, WHERE WE HAVE MOBILE TRIAGE WORKERS SPREAD ALL OVER THE COUNTY. THEY WILL BE WORKING WITH YOUR FACILITIES TO HELP INCREASE OUTREACH AND ENGAGEMENT, AND INCREASE THE SUCCESSFUL LINKAGE TO ONGOING PROGRAM SERVICES. SO WE WILL ALL BE WORKING WITH YOU ON THOSE TYPES OF OUTCOMES. CHFFA HASN'T JUST DESCRIBED TO US HOW LONG WE WILL HAVE TO COLLECT THOSE, BUT THOSE ARE OUTCOMES THAT WE GENERALLY COLLECT FOR MHSA ANYWAY FOR MOST OF OUR PROGRAMS.

**Q:** JUST TO KIND OF EXPAND ON THAT ANSWER. IT SEEMED THAT A LOT OF THE SERVICE THAT IS BEING ASKED OR SERVICES TO BE PROVIDED WERE NOT NECESSARILY SERVICES THAT COULD BE PROVIDED IN A TWO-WEEK PERIOD. SO ARE THERE SUPPOSED TO BE CASE MANAGEMENT FOLLOW-UP WITH PEOPLE THAT ARE IN THE FACILITIES THAT EXPECT IT?

**A:** **MARY MARX:** NO. OUR THOUGHT IS THAT THE MOBILE TRIAGE WORKERS WILL BE WORKING WITH YOU. AND THEY ACTUALLY CAN PROVIDE TRIAGE AND LINKAGE AND A SHORT-TERM CASE MANAGEMENT.

**Q:** OKAY. THANK YOU VERY MUCH.

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**QUESTIONS BY:**

## **BILL DONNELLY, GATEWAYS**

**Q:** **BILL DONNELLY** WITH GATEWAYS. THE STATEMENT OF WORK TALKS ABOUT A STAFFING RATIO OF 1 TO 1.6. AND CCL IS 1 TO 3. I JUST WANT TO CONFIRM THE HIGHER RATE THAT 1 TO 1.6 IS WHAT YOU'RE LOOKING FOR?

**A:** **MARY MARX:** YES.

**Q:** CAN AN ORGANIZATION APPLY FOR SOMETHING LIKE \$50,000 FOR CAPITAL IMPROVEMENTS OR DOES IT HAVE TO GO FOR THE WHOLE LARGER AMOUNT? IS \$50,000 ALLOWED?

**A:** **MARY MARX:** YOU CAN APPLY FOR HOWEVER MUCH YOU NEED.

THIS ANSWER HAS BEEN AMENDED TO INCLUDE:

**A:** **PROPOSERS CAN APPLY FOR ANY AMOUNT IN CHFFA FUNDING UP TO \$62,500 PER BED. DMH WILL EVALUATE PROPOSALS WITH A CAPACITY OF 6-16 BEDS PER FACILITY.**

**Q:** OKAY.

**A:** **MARY MARX:** THERE MAY BE, IN FACT, SOME PROVIDERS WHO ARE INTERESTED NOT IN THE CHFFA DOLLARS; THEY'RE ONLY INTERESTED IN THE SERVICE DOLLARS, IN WHICH CASE YOU CAN APPLY FOR THAT.

**Q:** OKAY. FROM A PROGRAMMATIC AND LICENSING STANDPOINT, IS A FURNISHED KITCHEN ON-SITE REQUIRED? SINCE WE'RE HOSPITAL BASED, FOOD WOULD BE PREPARED AT A CENTRAL KITCHEN, AT THE HOSPITAL, AND TRANSPORTED TO THE SITE.

**A:** **CLAIRE MATSUSHITA:** IN ORDER TO DO THAT, YOU WOULD HAVE TO REQUEST A WAIVER. WE WOULD LOOK AT IT TO SEE WHETHER OR NOT THE FOOD WAS PROPERLY TRANSPORTED. THERE'S NO QUESTIONS OF CONTAMINATION. BUT THE OTHER PART WE REALLY ARE LOOKING

AT IS, AGAIN, THIS IS SUPPOSED TO BE LIKE A HOME-LIKE ENVIRONMENT.

**Q:** RIGHT, THAT'S WHY I ASKED THE PROGRAMMATIC PART OF THAT.

**A:** **CLAIRE MATSUSHITA:** HOME-LIKE ENVIRONMENT, SO PART OF THE ISSUE IS FOR THEM TO BE ABLE TO BE MAKING THEIR OWN FOOD, LEARNING THAT INDEPENDENT SKILL.

**A:** **MARY MARX:** RIGHT. EXACTLY.

**A:** **HENRY OMOREGIE:** THAT'S RIGHT.

**A:** **MARY MARX:** YES, THAT WOULD BE PART OF THE TREATMENT. THE WHOLE IDEA IS TO PREPARE PEOPLE TO MOVE ON TO COMMUNITY LIVING.

**Q:** SO NOW WE NEED MORE THAN \$50,000. [LAUGHTER]

**A:** **MARY MARX:** THERE YOU GO. GOOD THING YOU ASKED THAT QUESTION.

**Q:** YOU MENTIONED TWO RATES AND IT FLEW BY ME. I HEARD A BASE RATE OF \$251 AND WHAT WAS THE SECOND? IS THAT RIGHT?

**A:** **MARY MARX:** ~~WELL, THE PROVISIONAL RATE IS \$251 AND IT'S GOT TWO COMPONENTS. SO IT HAS A RATE FOR THE BOARD AND CARE RATE. AND THEN IT HAS THE REST OF IT IS ALL-INCLUSIVE SERVICES RATE.~~

THIS ANSWER IS STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE. A PROVIDER MAY BE DISQUALIFIED FROM THE SOLICITATION PROCESS IF A**

**PROVIDER'S BUDGETED COSTS FOR THESE COMBINED SERVICES (MENTAL HEALTH SERVICES AND BOARD AND CARE) EXCEEDS THE COUNTY MAXIMUM ALLOWANCE OF \$362.86 PER BED PER DAY WITHOUT A SUFFICIENT EXPLANATION OF HOW THE PROVIDER WILL ADEQUATELY COVER COSTS IN EXCESS OF THE COUNTY MAXIMUM ALLOWANCE.**

**THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.**

**Q:** OKAY, BUT THE MOST THAT YOU'RE GOING TO GET PER DAY IS \$251? IS THAT WHAT YOU SAID?

**A:** **MARY MARX: CORRECT.**

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE. A PROVIDER MAY BE DISQUALIFIED FROM THE SOLICITATION PROCESS IF A PROVIDER'S BUDGETED COSTS FOR THESE COMBINED SERVICES (MENTAL HEALTH SERVICES AND BOARD AND CARE) EXCEEDS THE COUNTY MAXIMUM ALLOWANCE OF \$362.86 PER BED PER DAY WITHOUT A SUFFICIENT EXPLANATION OF HOW THE PROVIDER WILL ADEQUATELY COVER COSTS IN EXCESS OF THE COUNTY MAXIMUM ALLOWANCE.**

**THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT**

**SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.**

**Q:** OKAY, GOT YOU. THE RFP TALKS ABOUT OWNER SITES THAT ARE OWNED BY THE PROVIDER, AND THERE'S A LEASEBACK PROVISION. IS THAT LEASEBACK WHERE THE COUNTY LEASES BACK, THE ORGANIZATION HANDS OVER THE PROPERTY TO, I GUESS, THE COUNTY. AND THEN THERE'S A LEASEBACK ARRANGEMENT. DOES THAT HAVE TO BE THAT WAY IN EVERY CASE? IF I UNDERSTAND THAT SECTION CORRECTLY?

**A:** **MARY MARX:** THE STATE REQUIRES THE COUNTY MAINTAIN PROPRIETARY [POSSESSORY] INTEREST. AND, SO, IN ORDER TO DO THAT, THERE IS THE REQUIREMENT OF LEASE/LEASEBACK. SINCE TOM IS UNFORTUNATELY NOT HERE TODAY, WE CAN FOLLOW-UP WITH HIM AND HE CAN EXPLAIN THAT IN MORE DETAIL.

THIS ANSWER HAS BEEN AMENDED TO INCLUDE:

**A:** **PLEASE REFER TO SUBSECTION 3.7 OF THE REQUEST FOR PROPOSALS FOR CRISIS RESIDENTIAL TREATMENT PROGRAMS FOR THE LEASING STRUCTURES.**

**Q:** SO THEN LET'S SAY THAT, AND I NOTICE THE INITIAL TERM IS 10 YEARS. SO LET'S SAY 5 YEAR DOWN THE ROAD, THE PROVIDER UNILATERALLY TERMINATES. WHAT HAPPENS WITH REST OF THAT 5 YEARS ON THAT LEASEBACK AGREEMENT?

**A:** **MARY MARX:** ~~WE'LL TAKE THAT COMMENT BACK TO TOM.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

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**A: IF THE PROVIDER TERMINATES OR DEFAULTS IN ANY WAY, DMH WOULD EXERCISE ITS RIGHTS UNDER THE LEASE AND MAY REPLACE THE OPERATOR AND/OR SEEK LEGAL REMEDIES, INCLUDING BUT NOT LIMITED TO REPAYMENT OF ANY EXPENDED GRANT FUNDS.**

**Q: OKAY. THANK YOU.**

**A: MARY MARX: THE USEFUL LIFE OF THE PROJECT IS THE COUNTY IS DEFINING IT AS 10 PLUS TWO 5-YEAR RENEWALS. SO 20 YEARS.**

**Q: I WAS TRYING TO LOOK AT WHAT WOULD HAPPEN IF THERE WAS, AGAIN, WHERE THERE WAS A CASE OF THIS UNILATERAL TERMINATION, YOU KNOW, OF THE CONTRACT? AND WHAT WOULD HAPPEN WITH THAT LEASEBACK? SO I'D APPRECIATE THAT RESPONSE, THANKS.**

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**QUESTIONS BY:  
MARY ANNE STERN,  
MENTAL HEALTH AMERICA**

**Q: MARY ANNE STERN FROM MENTAL HEALTH AMERICA. I THINK I HAVE A COUPLE OF CHFFA QUESTIONS WHICH I JUST LIKE TO GET THEM ON THE RECORD. I PROBABLY CAN'T ANSWER THEM. THE FIRST ONE HAS TO DO WITH – ACTUALLY WE'VE LOCATED SOME PROPERTY, AND THE OWNER IS VERY INTERESTED IN HAVING THIS PROGRAM. HOWEVER, THIS OWNER IS PLANNING ON DEMOLISHING THIS BUILDING IN ABOUT YEAR SIX, AND BUILDING A NEW BUILDING THAT WOULD BE A PERMANENT HOME. SO IS IT POSSIBLE TO COLLECT CHFFA FUNDS ON SOME SORT OF MEASURED OR STRUCTURED, LIKE AN INITIAL AMOUNT FOR THE FIRST FIVE YEARS, AND THEN A STRUCTURED AMOUNT FOR THE NEW BUILDING DONE OVER TIME?**

**A: MARY MARX: ~~WELL, WE CAN FOLLOW-UP WITH TOM ON THAT, BUT WE HAVE BEEN TOLD BY THE STATE THAT THE CHFFA FUNDS CANNOT BE USED FOR TEMPORARY SITES.~~**

**THE ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:**

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**A:** THIS TYPE OF ARRANGEMENT IS NOT AUTHORIZED UNDER THE CHFFA REGULATIONS.

**Q:** OKAY, SO ANYTHING THAT'S NOT 20 YEARS WOULD BE CONSIDERED A TEMPORARY SITE?

**A:** **MARY MARX:** IF YOU'RE GOING TO TEAR SOMETHING DOWN AND BUILD SOMETHING ELSE, I MEAN WE CAN GO BACK AND ASK AND WE'LL CONSULT WITH TOM, BUT WE'VE BEEN TOLD BY THE CHFFA PEOPLE THAT THEY'RE ONLY INTERESTED IN PERMANENT.

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** CHFFA WILL ONLY FUND PROJECTS THAT INCLUDE A SITE WHERE A CRTP CAN OPERATE CONTINUOUSLY, FOR THE USEFUL LIFE OF THE PROJECT.

**Q:** SO THEY'RE ONLY INTERESTED IN A 20-YEAR COMMITMENT IN THE SAME LOCATION? WHAT IF IT'S JUST A NEW BUILDING IN THE SAME LOCATION? ACTUALLY I HAVE THE DETAILS HERE.

**A:** ~~**MARY MARX:** YEAH, THAT'S OUR UNDERSTANDING AS WELL, BUT WE CAN TAKE THAT BACK AND GET THE ANSWER OF THAT.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** THE COUNTY HAS DEFINED THE USEFUL LIFE OF THE PROJECT TO MEAN NOT LESS THAN 10 YEARS, WITH TWO OPTIONAL 5 YEAR RENEWAL PERIODS.

**Q:** YEAH, I THINK THAT WOULD BE AFFECTED BY A LOT OF PEOPLE. AND THEN SECTION 2.3 OF THE CHFFA GRANT APPLICATION LIMITS ELIGIBLE COST TO "REAL PROPERTY ACQUISITION AND CONSTRUCTION THAT MEETS THE REQUIREMENTS OF THE REGULATION." DO THESE COST

INCLUDE REIMBURSEMENT FOR THE UPFRONT COST OF GETTING A BUILDING PUT TOGETHER SUCH AS THE APPRAISAL, THE TITLE REPORT, THE CONSTRUCTION PLAN, THE BUILDING PERMITS, THE CONDITIONAL USE PLAN, THE CEQA COMPLIANCE, ARE THESE ALL REQUIRED TO BE DONE PRIOR TO THE RELEASE OF FUNDS?

**A:** **MARY MARX:** LUIS, DO YOU WANT TO ANSWER THAT?

**A:** LUIS QUINTANILLA: GOOD AFTERNOON. LUIS QUINTANILLA. SO YOU CAN USE CHFFA FUNDS FOR WHAT YOU'VE DESCRIBED. EACH PROJECT IS GOING TO BE DIFFERENT IN TERMS OF WHERE THEY'RE AT AND WHERE THEY'RE GOING TO START. BUT CHFFA DOES ALLOW CONDITIONAL USE PERMIT, THOSE SUCH THINGS TO BE FUNDED.

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **COSTS INCURRED PRIOR TO THE EXECUTION OF A LEASE AGREEMENT WILL NOT BE REIMBURSED. ELIGIBLE PROJECT COSTS, AS DEFINED IN TITLE 4, DIVISION 10, CHAPTER 5, WILL ONLY BE REIMBURSED AFTER EXECUTING A LEASE WITH THE COUNTY OF LOS ANGELES, AND UPON APPROVAL BY DMH.**

**Q:** OKAY. COOL, THANKS. AND I THINK MY LAST CHFFA QUESTION IS THE GRANT AGREEMENT SAYS IN AN EVENT OF A DEFAULT, CHFFA SHALL HAVE THE RIGHT TO TAKE AND HOLD TITLE TO THE REAL PROPERTY. SO WHAT HAPPENS TO, IF, WE, AS THE PROVIDER, OR THE PROGRAM PROVIDER, RENT THE SPACE AND THEY GET THE IMPROVEMENT MONEY AND WE DEFAULT SOMEHOW, THEY LOSE THEIR PROPERTY? IS THAT HOW IT WORKS?

**A:** **LUIS QUINTANILLA:** CAN YOU REPEAT THE QUESTION AGAIN?

**Q:** IF WE ARE LEASING PROPERTY, AND WE GET CHFFA FUNDS TO IMPROVE THAT PROPERTY, THE PROPERTY THAT SOMEONE ELSE OWNS, AND THEN FOR SOME REASON WE DEFAULT UNDER THAT, WE, THE PROGRAM DEFAULTS. IT SAYS HERE, CHFFA HAS IT RIGHT TO TAKE HOLD OF AND TITLE TO REAL PROPERTY. DOES THAT MEAN BECAUSE OF US THEY LOSE THEIR PROPERTY?

~~A: LUIS QUINTANILLA: OKAY, SO THERE ARE TWO DIFFERENT THINGS. ONE IS WHEN USING CHFFA DOLLARS TO BUY PROPERTY. SO IN THE EVENT THAT YOU'RE USING, YOU KNOW, YOU WANT TO SPEND THE MILLION ON A HOUSE, YOU HAVE TO GO THROUGH THE STATE FOR THAT PROCESS. IF YOU DEFAULT, THEN THE STATE THEN TAKES OVER THE PROPERTY. OR IF THE COUNTY, HOWEVER WE STRUCTURE THE LEASE, THE COUNTY WILL TAKE THE PROPERTY. BOTTOM LINE IS, IF THERE'S A DEFAULT ON THE PROVIDER, PROVIDER WILL BE TAKEN OUT OF THAT LEASE.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** IF THE PROVIDER TERMINATES OR DEFAULTS IN ANY WAY, DMH WOULD EXERCISE ITS RIGHTS UNDER THE LEASE AND MAY REPLACE THE OPERATOR FOR THE REMAINING TERM OF THE LEASE AND/OR SEEK LEGAL REMEDIES, INCLUDING BUT NOT LIMITED TO REPAYMENT OF ANY EXPENDED GRANT FUNDS.

**Q:** OKAY. THAT I'M CLEAR ON. I THINK I'M ASKING IF WE ARE PROPOSING PROPERTY TO BE LEASED FROM SOMEONE ELSE WHO OWNS THAT BUILDING AND THEY GET CHFFA FUNDS TO IMPROVE IT. DO THEY HAVE THE POTENTIAL TO LOSE THEIR PROPERTY BECAUSE OF DEFAULT? THAT'S THE WAY I'M READING THE REGULATIONS.

**A:** ~~**MARY MARX:** YOU KNOW WHAT? I THINK WE WILL CLARIFY THAT WITH TOM. BUT I THINK IN THE CASE OF WHERE YOU'RE LEASING FROM SOMEONE, THEN THEY WOULD LEASE TO THE COUNTY AND WE WOULD LEASEBACK TO YOU. SO IF YOU DEFAULTED, WE WOULD BASICALLY END UP BEING THE LANDLORD OR BEING THE LEASE, RIGHT? SO WE COULD PUT ANOTHER SERVICE PROVIDER INTO THAT BUILDING TO CONTINUE SERVICES.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** IF THE PROVIDER TERMINATES OR DEFAULTS IN ANY WAY, DMH WOULD EXERCISE ITS RIGHTS UNDER THE LEASE AND MAY REPLACE THE OPERATOR FOR THE REMAINING TERM OF THE LEASE AND/OR SEEK LEGAL REMEDIES, INCLUDING BUT NOT LIMITED TO REPAYMENT OF ANY EXPENDED GRANT FUNDS.

**Q:** SO THEN, IN OTHER WORDS, WE HAVE TO TELL THE OWNER OF THE PROPERTY GOING IN THAT THEY HAVE TO BE WILLING TO COMMIT TO THE COUNTY BASICALLY OWNING THEIR PROPERTY FOR 20 YEARS. THAT'S KIND OF THE BOTTOM LINE.

**A:** **MARY MARX:** YEAH.

**Q:** OKAY.

**A:** ~~**MARY MARX:** BUT JUST TO BE SURE WE'RE UNDERSTANDING YOUR QUESTION CORRECTLY, WE'LL HAVE TOM RESPOND.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY

**Q:** SO UNDER THIS USEFUL LIFE OF THE PROJECT CLAUSE, IF YOU BUY A PROPERTY WITH CHFFA DOLLARS, AT THE END OF 20 YEARS, WHO OWNS THAT PROPERTY?

**A:** **MARY MARX:** WELL, THAT'S A GOOD QUESTION, BECAUSE, I, MYSELF HAVE ASKED MR. SHEPOS THAT QUESTION. BECAUSE IT'S REALLY A BUSINESS DECISION THAT HAS TO BE MADE WITHIN THE COUNTY. AND WHAT HE INFORMED ME IS THAT WOULD STILL NEED TO BE DISCUSSED AND HE WOULD WANT TO CONSULT WITH COUNTY COUNSEL ABOUT THAT.

THIS ANSWER HAS BEEN AMENDED TO INCLUDE:

**A:** **PROPERTIES ACQUIRED WITH CHFFA FUNDING, WILL BE OWNED AS DESCRIBED IN THE TITLE TO THE REAL PROPERTY, AND CONSISTENT WITH ANY RESULTANT AGREEMENT(S) WITH THE COUNTY OF LOS ANGELES.**

**Q:** AND WE JUST RESPECTFULLY WANT TO PUT THAT ON THE RECORD, BECAUSE THESE ARE SOME THINGS THAT COULD BE REAL IMPEDIMENTS TO PROVIDERS IN THE COMMUNITY FINDING SITES. I MEAN THAT MIGHT BE A HUGE ISSUE FOR PEOPLE. I JUST WANT TO GET ON RECORD WITH THAT. AND WE'D LIKE TO GET ANSWERS AS QUICKLY AS POSSIBLE IF WE ONLY HAVE ANOTHER, WHAT IS IT? 15 DAYS TO GET THIS DONE?

**A:** **MARY MARX:** WE WILL GET THAT INFORMATION TO HIM SO HE CAN RESPOND AS SOON AS POSSIBLE.

**Q:** OKAY, GREAT. THANK YOU. AND THEN I HAVE TWO PROGRAMMATIC QUESTIONS. IN THE RFP SECTION C.2, THERE'S A TABLE 1. AND THE TABLE ASKS THE BIDDER TO SHOW OR LIST WHO THEY INTEND TO SERVE. "THE FOCAL POPULATION TO BE SERVED."

**A:** **MARY MARX:** RIGHT.

**Q:** AND THEN THE STATEMENT OF WORK, SECTION 4.11 SAYS THE PROGRAM MUST BE WILLING TO ACCEPT ANYONE REFERRED BY THE

COUNTY RESOURCE MANAGEMENT. SO HOW DO YOU ANTICIPATE THAT BIDDERS WILL RECONCILE THESE TWO STATEMENTS? HOW SHOULD A BIDDER PROPOSE A FOCAL POPULATION WHEN IT'S REQUIRED TO ACCEPT ANYONE WHO IS REFERRED TO THE PROGRAM EVEN IF THEY DON'T MEET THE FOCAL POPULATION? SO WE'RE JUST WONDERING HOW TO ANSWER THAT QUESTION. BECAUSE THEY APPEAR TO CONFLICT.

**A: MARY MARX:** OKAY, I'M CLEAR THAT YOU HAVE NOT – WE DON'T GATEKEEP ANY OF YOUR RESOURCES AT THIS POINT, BUT COUNTYWIDE RESOURCE MANAGEMENT TYPICALLY DEVELOPS PROGRAMS THAT ARE SPECIALIZED FOR CERTAIN POPULATIONS. SO WE'RE HOPING TO DO THAT UNDER THIS GRANT AS WELL AS SERVE TRADITIONAL POPULATIONS.

WE'RE ASKING YOU IN THE TABLE TO IDENTIFY THE PEOPLE THOSE POPULATIONS THAT YOU FEEL YOU CAN BEST SERVE AND WOULD BE INTERESTED IN SERVING UNDER THIS GRANT. IN THE STATEMENT OF WORK, WE AT COUNTY RESOURCE MANAGEMENT WILL THEN KNOW WHAT YOUR PARTICULAR SPECIALIZED PROGRAM IS. AND THOSE ARE THE INDIVIDUALS THAT WE WILL BE REFERRING TO YOU, BECAUSE ALL OF THE REFERRALS WILL COME FROM OUR PROGRAM.

**Q:** OKAY. THANK YOU. SO STATEMENT OF WORK APPENDIX A SECTION 10.0, IT HAS THE CHART SHOWING THE PERFORMANCE-BASE CRITERIA ON WHICH WE AS CONTRACTS WILL BE MEASURED. AND NO. 8, IN THAT CHART SHOWS THE PERFORMANCE TARGETS THAT ARE SERVING PEOPLE 20% UNINSURED, 40% MCE ELIGIBLE BUT NOT YET ENROLLED, AND 40% HAVING BENEFITS.

**A: MARY MARX:** RIGHT.

**Q:** NOW, IF YOU GO OVER TO THE RFP, SECTION 2.3.5 FUNDING TO OPERATE THE CRTP. IT ESTIMATES THE ANNUAL FUNDING THERE AS 38% UNINSURED. THAT'S [\$]557[,],845. 38% MCE, [\$]557[,],537. AND 24% MEDI-CAL, [\$]351[,],820. NOW WE KNOW THERE'S MATCH. SO THERE'S THAT.

BUT EVEN GIVEN THAT, HOW DOES D.M.H. ANTICIPATE BIDDERS SHOULD PLAN AND BUDGET FOR THIS RFP WHEN THERE ARE NOTABLE DIFFERENCES BETWEEN THE PERFORMANCE TARGETS AND THE FUNDING STREAMS THAT SERVE THEM?

AND WHAT, IF ANY, ARE D.M.H.'S PLANS FOR ADJUSTING THESE FUNDING STREAMS SHOULD THE POPULATION TURN OUT TO BE EVEN MORE DIFFERENT THAN THESE PROJECTIONS? PARTICULARLY THIS IS THE GOOD OLD UNINSURED QUESTION AGAIN. IT'S BEEN ASKED IN A LOT OF DEPARTMENT AROUND THE COUNTY. I KNOW, HERE IT IS AGAIN.

**A:** ~~MARY MARX: OKAY. WELL, THANK YOU FOR ASKING THAT. YEAH, THAT'S AN INCONSTANCY, SO I WILL NEED TO GO BACK AND TALK TO OUR ANALYST ABOUT THAT. AND WE CAN RESPOND TO YOUR QUESTION. WE KNOW THAT THERE ARE A LOT OF INDIVIDUALS COMING THROUGH THAT ARE MEDICAID EXPANSION, SO WE MAY NEED TO RELOOK AT THAT, BUT WE WILL.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **PROPOSERS SHOULD DEVELOP THEIR OPERATIONAL BUDGETS TO SERVE THE CLIENT POPULATION IDENTIFIED IN SECTION 10.2 OF THE STATEMENT OF WORK. IF PROGRAM FUNDING SHIFTS ARE REQUESTED, PROVIDER WOULD FOLLOW THE DMH STANDARDIZED PROCESS TO COMPLETE PROGRAM FUNDING SHIFTS.**

**Q:** AGAIN, I JUST LIKE TO RESPECTFULLY GO ON RECORD THAT THIS IS A HUGE ISSUE FOR SOME PEOPLE. PARTICULARLY IN THE AREA OF PEOPLE GETTING ON SSI BENEFIT. AS A PROVIDER WHAT WE'RE FINDING IS WE MAKE AN APPLICATION, IT COULD BE SEVERAL MONTHS UNTIL THEY'RE APPROVED. THEY APPROVE BACK TO THE APPLICATION DATE. THEN EVERYTHING HAS TO BE VOIDED OUT AND RE-PUT IN THE SYSTEM. IT'S AN I.S. NIGHTMARE FOR PROVIDERS.

**A:** **MARY MARX:** RIGHT, BECAUSE YOU HAVE TO GO BACK AND BILL REGULAR MEDI-CAL, AND DISABILITY MEDI-CAL INSTEAD OF MEDICAID EXPANSION.

**Q:** RIGHT. AND THEN THE POTS DON'T GET USED.

**A:** **MARY MARX:** RIGHT.

**Q:** SO IT'S A HUGE STRUCTURAL ISSUE. IT'S A HUGE STRUCTURAL ISSUE AND WE WANT TO GET AS MUCH CLARITY AS MUCH AS POSSIBLE, PLEASE. THANKS.

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**QUESTIONS BY:  
ADRIENNE SHEFF,  
SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH**

**Q:** **ADRIENNE SHEFF** WITH SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH. I JUST WANT TO GO BACK TO TWO QUESTIONS THAT I DID POSE EARLIER, BECAUSE I'M THINKING OF A PARTICULAR SITUATION. CCL AS I RECALL IS 18 TO 59. THAT IS THE DEFINITION OF ADULT RESIDENTIAL. AND AFTER THAT, IT BECOMES ELDERLY RC WHATEVER

IT'S CALLED. I FORGET. SO I JUST WANT TO DO CLARIFY, BECAUSE YOU ALSO SAID IT WAS MHSA MONEY AND THE PERSONS WHO ARE OLDER THAN 60 COULD BE MIXED WITH THE ADULT RESIDENTIAL. BUT I THINK THAT MIGHT CONFLICT WITH THE LICENSING? SO I JUST WANT TO ASK IF YOU KNEW ANYTHING ABOUT THAT?

**A: CLAIRE MATSUSHITA:** AGAIN, THESE ARE SOCIAL REHAB FACILITIES WHERE REGULATIONS ARE DIFFERENT THAN ADULT RESIDENTIAL. AND EVEN FOR BOTH POPULATIONS, ANYONE OVER 60 CAN BE ACCEPTED AND RETAINED IN OUR ADULT CATEGORIES AS LONG AS THEY'RE COMPATIBLE. SO EVEN THOUGH ARE TO THE ADULT RESIDENTIAL, IT DOES SAY 18 TO 59. BUT THE SOCIAL REHAB, I BELIEVE THERE IS NO UPPER LIMIT.

**Q:** RIGHT, BUT YOU HAVE TO HAVE BOTH AT THE SAME TIME. I'VE BEEN IN THAT SITUATION BEFORE. AND, SO, YOU'RE SAYING ONE SUPERSEDES THE OTHER, THE SOCIAL REHAB?

**A: CLAIRE MATSUSHITA:** I'M NOT SURE WHAT YOU'RE SAYING IN TERMS OF –

**Q:** WELL, YOU HAVE TO HAVE COMMUNITY CARE LICENSING AND SOCIAL REHAB LICENSING, AND THEY BOTH SAY DIFFERENT THINGS.

**A: CLAIRE MATSUSHITA:** IT'S TWO DIFFERENT PROGRAMS. WHAT THIS MONEY IS FOR AND WHAT WE'RE TALKING ABOUT IS A SOCIAL REHABILITATION LICENSE, NOT AN ADULT RESIDENTIAL LICENSE. TWO DIFFERENT FACILITY CATEGORIES.

**Q:** BUT YOU ALSO HAVE TO GET COMMUNITY CARE LICENSE.

**A: CLAIRE MATSUSHITA:** THE COMMUNITY CARE LICENSE THAT YOU GET IS FOR A SOCIAL REHAB FACILITY.

**Q:** OH, OKAY.

**A:** **HENRY OMOREGIE:** YOU KNOW, JUST FOR THE RECORD, THERE'S ALREADY AN EXISTING PROGRAM IN SAN FRANCISCO SERVING THE ELDER SOCIAL REHAB. THAT'S THERE IF YOU WANT TO USE IT AS A RESOURCE.

**A:** **MARY MARX:** DO YOU KNOW WHAT THE NAME OF IT IS?

**A:** **HENRY OMOREGIE:** IT'S RUN BY PROGRESS FOUNDATION.

**A:** **MARY MARX:** SO IT'S RUN BY PROGRESS FOUNDATION.

**Q:** UH-HUH. OH, OKAY. AND, AGAIN, ONE MORE QUESTION ABOUT A DIFFERENT SITUATION, APARTMENT LIKE SITUATION MEETING THE CRITERIA. IF YOU HAD, LET'S SAY, 10 APARTMENTS AND TWO PEOPLE, THEY'RE ALL ATTACHED, TWO PEOPLE IN EACH APARTMENT, THEY EACH HAVE A KITCHEN, BUT YOU RAN THE PROGRAM LIKE SOCIAL REHAB WHERE, LET'S SAY, ONE NIGHT ALL THE RESIDENTS WOULD PREPARE IN ONE APARTMENT, ET CETERA. IS THAT SOMETHING THAT COULD BE CONSIDERED? AS OPPOSED TO, SAY A 10-BED HOUSE?

**A:** **CLAIRE MATSUSHITA:** AGAIN, WE GET BACK TO THE FACT THE MAXIMUM CAPACITY OF THE SOCIAL REHAB FACILITIES HAS TO BE 16.

**Q:** RIGHT. WELL, YEAH, WE WOULD USE ONE OF THE UNITS FOR OFFICES. SO IT WOULD BE 16.

**A:** **CLAIRE MATSUSHITA:** THE OTHER QUESTION THAT WE WOULD HAVE IS, WE WOULD HAVE TO LOOK AT THE PROGRAM AND DETERMINE WHETHER OR NOT YOU'RE MEETING THE SCOPE OF WORK IN TERMS OF WHAT KIND OF SERVICES THAT YOU'RE PROVIDING FOR THOSE INDIVIDUALS. YOU KNOW, AND IT'S HARD FOR ME TO BE VERY SPECIFIC OR GIVE YOU A YES OR NO ANSWER, BECAUSE IT REALLY IS

DEPENDING ON PLAN OF OPERATION THAT YOU SUBMIT TO US, THE PLAN THAT YOU SUBMIT TO MENTAL HEALTH, THE SCOPE OF THE WORK, AND FOR US TO LOOK AT THE FACILITY. IT'S NOT SOMETHING THAT CAN'T BE DONE, BUT WE WOULD HAVE CONCERNS ABOUT IT.

**Q:** OKAY. AND DO ALL SERVICES NEED TO BE PROVIDED ON-SITE OR CAN SOME BE AT, LET'S SAY, A WELLNESS CENTER OR SOMETHING LIKE THAT?

**A:** **MARY MARX:** NO, THE SERVICES ARE ON-SITE SERVICES.

**Q:** ALL ON-SITE SERVICES.

**A:** **HENRY OMOREGIE:** YEAH, THERE'S SOME COLLABORATIVE SERVICES THAT COULD BE ALLOWED? LIKE A LINKAGE. BUT SHORT-TERM RESIDENTIAL TREATMENT PROGRAM IN MOST CASES IS ON-SITE.

**A:** **MARY MARX:** SO IF THEY NEEDED MEDICAL, YOU KNOW, THOSE MEDICAL AND OTHER KINDS OF SERVICES, VOCATIONAL, THOSE THINGS WOULD BE NOT BE PROVIDED.

**Q:** SO THE GENERAL SERVICES HAVE TO BE PROVIDED ON-SITE. OKAY. THANK YOU.

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**QUESTIONS BY:  
SUSAN FELDMAN,  
MENTAL HEALTH AMERICA, LOS ANGELES**

**Q:** **SUSAN FELDMAN,** MHA. JUST A COUPLE OF QUESTIONS: WHO IS RESPONSIBLE FOR FINDING HOUSING IF THE CLIENT COMES TO THE CRTP HOMELESS? OFTEN IT'S NOT POSSIBLE TO FIND PERMANENT HOUSING IN 10 TO 14 DAYS, OR EVEN 30 FOR THAT MATTER.

**A: MARY MARX:** WELL, THAT'S ONE OF THE REASONS THAT WE HAVE MOBILE TRIAGE TEAMS IN EACH OF OUR SERVICE AREAS. SO WHAT WE WOULD PROBABLY DO IS REDIRECT THEM TO ASSIST IN SPECIFIC PROGRAMS.

**Q:** OKAY. ON THE STATEMENT OF WORK, SECTION 5, IT SAYS THAT THE CRTP IS RESPONSIBLE FOR PROVIDING EMERGENCY MEDICAL CARE AND TRANSPORTATION IF IT'S NECESSARY, BUT THAT THESE SERVICES ARE NOT REIMBURSABLE UNDER THE AGREEMENT? SO WHO DOES D.M.H. ANTICIPATE WILL COVER THESE COST FOR UNINSURED INDIVIDUALS?

**A: MARY MARX:** SO IF YOU WERE TO UTILIZE – SO YOU NEEDED TO TRANSFER SOMEBODY TO A HOSPITAL AND THEY WERE INDIGENT, YOU [WOULD] CONTACT OUR ACCESS CENTER, OUR GATEKEEPING STAFF WILL HELP TO ARRANGE TRANSPORTATION. IF THE PERSON HAS MEDICAL OR MEDICAID EXPANSION, YOU WOULD ARRANGE WITH AN AMBULANCE SERVICE TO TRANSPORT THE CLIENT.

**Q:** OKAY, AND IF THEY DON'T HAVE –

**A: MARY MARX:** IF THEY'RE INDIGENT?

**Q:** YEAH.

**A: MARY MARX:** YOU WOULD CONTACT OUR [CRM] GATEKEEPING UNIT AT ACCESS. AND THEY WOULD HELP YOU TO ARRANGE TRANSPORTATION

**THIS ANSWER HAS BEEN SUPPLEMENTED TO INCLUDE:**

**A: DMH WILL PAY ANY COST ASSOCIATED WITH THE TRANSPORTATION OF INDIGENT CLIENTS, DIRECTLY TO THE TRANSPORTATION PROVIDER.**

**Q:** OKAY, STATEMENT OF WORK SECTION 4.11 MAKES REFERENCE TO CONSERVATOR INPUT WHEN A PROGRAM ACCEPTS OR DENIES,

ADMITTANCE TO A CLIENT. MAY CONSERVATORS REQUEST ADMITTANCE ON BEHALF OF THEIR CLIENT EVEN THOUGH THIS PROGRAM IS, FROM MY UNDERSTANDING, VOLUNTARY?

A: MARY MARX: WELL, THIS PROGRAM MAY – I MEAN THIS PROGRAM MIGHT SERVE PEOPLE WHO COME THROUGH THE URGENT CARE CENTERS OR TRANSITION OUT OF A HOSPITAL WHO MIGHT BE ON A CONSERVATORSHIP FOR SOME PERIOD OF TIME. AND, SO, WE WOULD ALL WANT TO BE COLLABORATING ABOUT WHETHER OR NOT THAT'S AN APPROPRIATE ADMISSION.

Q: OKAY.

A: **MARY MARX:** IT'S POSSIBLE. YOU WOULD GET SOMETIMES PEOPLE ON CONSERVATORSHIP. ~~WOW, THE WHOLE – DID THEY ALL A LOT OF?~~ [LAUGHTER] ~~YEAH, IT'S POSSIBLE YOU COULD GET PEOPLE.~~ WE DO SOMETIME SEE PEOPLE IN OUR URGENT CARE CENTERS THAT ARE ON CONSERVATORSHIP.

THIS ANSWER HAS BEEN AMENDED TO INCLUDE:

A: **THE DMH COUNTYWIDE RESOURCE MANAGEMENT UNIT WILL AUTHORIZE ALL ADMISSIONS TO THE CRTP.**

Q: BUT IF THIS IS AN UNLOCK PROGRAM AND PEOPLE ARE FREE TO COME AND GO AS THEY PLEASE, THEN YOU CAN IMAGINE THERE COULD BE CONFLICTS?

A: **MARY MARX:** WELL, WE HAVE MANY RESIDENTIAL PROGRAMS THAT HAVE PEOPLE ON CONSERVATORSHIP THAT ARE OPEN AND FUNDED BY MHSA. AND PEOPLE ARE FREE TO LEAVE AND COME AND GO, AND WE'RE ABLE TO WORK WITH THOSE PROGRAMS, SO I DON'T KNOW IF IT WOULD BE ANY DIFFERENT HERE.

**Q:** OKAY, LAST QUESTION. STATEMENT OF WORK SECTION 10.2 SAYS THE CONTRACTOR SHALL PROVIDE PROCESSES FOR SYSTEMATICALLY INVOLVING FAMILIES, KEY STAKEHOLDERS, AND DIRECT STAFF INTO FINDING, SELECTING AND MEASURING QUALITY INDICATORS AT THE PROGRAM AND COMMUNE LEVELS? COULD YOU CLARIFY HOW THIS WILL WORK IN LIGHT OF THE FACT THAT THE QUALITY INDICATORS AND PERFORMANCE CRITERIA HAVE ALREADY BEEN DEFINED AND LAID OUT BY THE RFP?

**A:** **MARY MARX:** WELL THOSE ARE ONLY SOME OF THE THINGS WE INTEND TO HAVE PROVIDER INPUT AND FAMILY INPUT FOR ONGOING PERFORMANCE MEASURES. SO THERE WILL BE OPPORTUNITIES FOR YOU TO MEET WITH US AND TO DEVELOP THOSE ACTUALLY.

**Q:** OKAY, THANK YOU VERY MUCH.

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**QUESTIONS BY:  
DAVID HEFFRON, TELECARE**

**Q:** **DAVID HEFFRON,** TELECARE. SOME OF THESE I THINK WERE ASKED AND ANSWERED BUT I WANT TO DOUBLE CHECK. SHOULD OTHER COSTS LIKE THE LEASE, UTILITIES, JANITORIAL, DIETARY BE INCLUDED IN THE EXHIBIT 10 A UNDER OFFICE/PROGRAM SUPPLIES OR REPRESENTED IN ANOTHER WAY?

**A:** **MARY MARX:** LET'S SEE. OH, IN THE BUDGET NARRATIVE?

**Q:** YEAH.

**A:** **MARY MARX:** LUIS, DO YOU WANT TO ANSWER THAT?

**A:** **LUIS QUINTANILLA:** CAN YOU LIST THOSE OUT? OR LIST THOSE OFF?  
CAN YOU LIST THOSE OFF AGAIN, DAVID?

**Q:** WELL, IF WE HAVE LIKE THE LEASE, UTILITIES, ANY CONTRACTED JANITORIAL SERVICES, ET CETERA, SHOULD THEY BE INCLUDED UNDER EXHIBIT 10 A UNDER OFFICE/PROGRAMS SUPPLIES OR IN SOME OTHER WAY?

**A:** **LUIS QUINTANILLA:** OFFICE, AND SOME OF THESE WOULD BE YOUR OPERATING AND ADMINISTRATIVE, AND YOUR SERVICES AND SUPPLIES. SO THOSE WOULD BE UNDER OFFICE/PROGRAM SUPPLIES. YOU SHOULD DETAIL THOSE OUT.

**Q:** DETAIL THEM, BUT THAT'S WHERE YOU WOULD INCLUDE THEM. OKAY.

**A:** **LUIS QUINTANILLA:** YEAH, IN THE NARRATIVE, YOU'RE GOING TO WRITE A NARRATIVE DETAILING ALL COSTS. SO UNDER THAT, WE WANT YOU DETAIL OUT ALL THOSE.

**Q:** OKAY. ASSUMING THERE WILL BE A TIME BETWEEN WHEN A PROMPT SITE IS IDENTIFIED AND WHEN IT'S ACTUALLY OCCUPIED, ARE PROPOSERS PERMIT TO BUILD IN REAL ESTATE CARE AND COST INTO THEIR BUDGETS?

**A:** MARY MARX: ~~WE HAVE TO GO BACK TO TOM TO ASK HIM THAT QUESTION.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **PROPOSERS INTENDING TO USE CHFFA FUNDS SHOULD CONSULT CCR TITLE 4, DIVISION 10, CHAPTER 5 TO IDENTIFY ELIGIBLE PROJECT COSTS AND INCLUDE ALL ELIGIBLE COSTS IN THEIR BUDGETS.**

**COSTS INCURRED PRIOR TO THE EXECUTION OF A LEASE AGREEMENT WILL NOT BE REIMBURSED. ELIGIBLE PROJECT COSTS, AS DEFINED IN TITLE 4, DIVISION 10, CHAPTER 5, WILL ONLY BE REIMBURSED AFTER EXECUTING A LEASE WITH THE COUNTY OF LOS ANGELES, AND UPON APPROVAL BY DMH.**

**Q:** OKAY. LUIS, I THINK YOU ANSWERED THIS, SO CAN COST ASSOCIATED WITH THE CONDITIONAL USE PERMIT PROCESS BE REIMBURSED OR INCLUDED IN THE BUDGET?

**A:** **LUIS QUINTANILLA:** THEY CAN BE INCLUDED IN YOUR BUDGET.

THIS ANSWER HAS BEE AMENDED TO INCLUDE:

**COSTS INCURRED PRIOR TO THE EXECUTION OF A LEASE AGREEMENT WILL NOT BE REIMBURSED. ELIGIBLE PROJECT COSTS, AS DEFINED IN TITLE 4, DIVISION 10, CHAPTER 5, WILL ONLY BE REIMBURSED AFTER EXECUTING A LEASE WITH THE COUNTY OF LOS ANGELES, AND UPON APPROVAL BY DMH.**

**Q:** RIGHT.

**A:** ~~**LUIS QUINTANILLA:** SO YOU INCLUDE THOSE COSTS OF COURSE IN YOUR CHFFA, BUDGET SECTION. UNTIL YOU HAVE AN ESTABLISHED LEASE, AN ESTABLISHED AGREEMENT WITH THE DEPARTMENT, YOU WILL NOT BE ABLE TO RECEIVE REIMBURSEMENT FOR COSTS INCURRED PRIOR TO THE EXECUTION OF THE AGREEMENTS.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** **COSTS INCURRED PRIOR TO THE EXECUTION OF A LEASE AGREEMENT WILL NOT BE REIMBURSED. ELIGIBLE PROJECT COSTS, AS DEFINED IN TITLE 4, DIVISION 10, CHAPTER 5, WILL ONLY BE REIMBURSED AFTER**

**EXECUTING A LEASE WITH THE COUNTY OF LOS ANGELES, AND UPON APPROVAL BY DMH.**

**Q:** ASSUMING YOU'VE GOT A CONTRACT, IF A CONDITIONAL USE PERMIT PROCESS FOR A PARTICULAR SITE ENDS UP BEING DENIED, ARE THOSE EXPENSES ASSOCIATED WITH THE PROJECTS STILL REIMBURSABLE?

**A:** ~~LUIS QUINTANILLA: THAT'S SOMETHING WE HAVE TO CHECK WITH THE STATE. I THINK THIS HAS BEEN BROUGHT UP BEFORE, BUT WE'LL GET BACK TO YOU HOW FAR THE STATES ARE WILLING TO GO WITH REIMBURSEMENT. AND JUST TO KEEP IN MIND, YOU HAVE \$1 MILLION TO USE, RIGHT? YOUR \$1 MILLION IS \$1 MILLION IN CHFFA FUND. ANY ELIGIBLE PROJECT COST THAT GO BEYOND THAT WON'T BE COVERED.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** COSTS INCURRED PRIOR TO THE EXECUTION OF A LEASE AGREEMENT WILL NOT BE REIMBURSED. ELIGIBLE PROJECT COSTS, AS DEFINED IN TITLE 4, DIVISION 10, CHAPTER 5, WILL ONLY BE REIMBURSED AFTER EXECUTING A LEASE WITH THE COUNTY OF LOS ANGELES, AND UPON APPROVAL BY DMH.

**Q:** OKAY. THANK YOU.

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**QUESTIONS BY:**

**YVONNE LOZANO, STAR VIEW**

**Q:** YVONNE LOZANO FROM STAR VIEW AGAIN. I HAVE A QUESTION REGARDING THE NEED TO HAVE A 24-HOUR FACILITY AND STAFF LEVEL REGARDLESS OF WHETHER OR NOT THE FACILITY IS AT FULL CAPACITY, SAY, IF 16 BEDS ARE FULL, WILL FUNDING BE LIMITED TO UNITS OF SERVICE CLAIMING OR COSTS BE REIMBURSED, FOR

EXAMPLE, USING THE MODEL BEING ESTABLISHED FOR THE URGENT CARE CENTERS CONTRACTS?

**A: MARY MARX:** NO WE ARE NOT CONSIDERING REIMBURSEMENT STRUCTURE THAT WE'RE DEVELOPING FOR URGENT CARE CENTERS. IT WILL BE BASED ON THE UNITS OF SERVICE.

**Q:** OKAY. SO SINCE RFP DOESN'T GIVE A LOT OF TIME TO LOOK AT REAL PROPERTY AND LOOKING FOR 16-BED FACILITIES AND THINGS LIKE THAT, CAN A PROPOSER PUT IN SOMETHING TO THE PROPOSAL SAYING THAT WE DON'T HAVE A SPECIFIC SITE, BUT WE HAVE AN AREA WITHIN A SPOT THAT WE HAVE IN MIND, OR A GENERAL LOCATION, OR DO YOU NEED A PHYSICAL ADDRESS?

**A: MARY MARX:** WE NEED TO HAVE A PHYSICAL LOCATION.

**A: LUIS QUINTANILLA:** AND JUST SO, YOU KNOW, SECTION 3.7 OF THE RFP CLEARLY LAYS OUT WHAT THE OPTIONS ARE IN TERMS OF SITES. AND, SO, READ THROUGH THOSE SECTIONS AGAIN TO KNOW WHAT YOU CAN ACTUALLY SUBMIT.

**Q:** OKAY. CAN CRISIS INTERVENTION SERVICES BE BUDGETED INCLUDED IN THE CONTRACT AND CLAIMED, AND, IF SO, DOES THE FUNDING LIMIT INCLUDE THOSE SERVICES OR IS THERE ADDITIONAL FUNDING AVAILABLE?

**A: MARY MARX:** ~~CRISIS INTERVENTION IS A SPECIALTY MENTAL HEALTH SERVICE. AND THIS IS AN ALL-INCLUSIVE PROVISIONAL RATE. SO YOU WOULD NOT BILL SEPARATELY. IT WOULD BE INCLUDED IN YOUR PROVISIONAL RATE.~~

[THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:](#)

DISCLAIMER: This is NOT a certified or verbatim transcript, but rather represents only the context of the class or meeting, subject to the inherent limitations of realtime captioning. The primary focus of realtime captioning is general communication access and as such this document is not suitable, acceptable, nor is it intended for use in any type of legal proceeding.

**A:** THERE IS NO ADDITIONAL FUNDING FOR CRISIS INTERVENTION SERVICES. COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE, WHICH INCLUDES CRISIS INTERVENTION SERVICES.

**Q:** OKAY. SO FOR MEDICATION SUPPORT SERVICES, IS THAT THE SAME?

**A:** ~~MARY MARX: MEDICATION SUPPORT SERVICES IN MANY CASES, THESE INDIVIDUALS WILL BE THEIR MEDICAID EXPANSION OR MEDICAL. SO THOSE MEDICATION SUPPORT SERVICES SHOULD BE BILLED THROUGH FEE FOR SERVICE.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE. A PROVIDER MAY BE DISQUALIFIED FROM THE SOLICITATION PROCESS IF A PROVIDER'S BUDGETED COSTS FOR THESE COMBINED SERVICES (MENTAL HEALTH SERVICES AND BOARD AND CARE) EXCEEDS THE COUNTY MAXIMUM ALLOWANCE OF \$362.86 PER BED PER DAY WITHOUT A SUFFICIENT EXPLANATION OF HOW THE PROVIDER WILL ADEQUATELY COVER COSTS IN EXCESS OF THE COUNTY MAXIMUM ALLOWANCE.

THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.

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**Q:** FEE-FOR-SERVICE. OKAY. NEXT ONE. CASE MANAGEMENT IS CLAIMABLE TO MEDI-CAL DURING THE LAST 30 DAYS AND STAY AT RESIDENTIAL TREATMENTS SUCH AS CRTP. CAN CASE MANAGEMENT BE BUDGETED AND CLAIMED? IF SO, DOES THE FUNDING LIMIT INCLUDE THOSE SERVICES OR IS ADDITIONAL FUNDING AVAILABLE?

**A:** ~~MARY MARX: CRISIS INTERVENTION IS A SPECIALTY MENTAL HEALTH SERVICE. AND THIS IS AN ALL-INCLUSIVE PROVISIONAL RATE. SO YOU WILL NOT BILL SEPARATELY. IT WOULD BE INCLUDED IN YOUR PROVISIONAL RATE.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** THERE IS NO ADDITIONAL FUNDING FOR CASE MANAGEMENT SERVICES. COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE, WHICH INCLUDES CASE MANAGEMENT SERVICES.

**Q:** OKAY. OKAY. I THINK THAT'S IT.

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**QUESTIONS BY:  
KEN BACHRACH,  
TARZANA TREATMENT CENTER**

**Q:** **KEN BACHRACH**, TARZANA TREATMENT CENTER. SO MARY, YOU JUST MENTIONED ABOUT MEDICATION SUPPORT FEE-FOR-SERVICE MEDICAL, SO THAT WOULD NOT GO THROUGH D.M.H.? WE WOULD JUST BE BILLING DIRECTLY? THAT'S WHAT WAS UNCLEAR TO ME. BECAUSE

YOU SAID IT'S AN ALL-INCLUSIVE RATE. SO COULD YOU CLARIFY WHAT YOU MEANT BY THAT?

**A:** ~~MARY MARX: SO MEDICATION SUPPORT, SO GENERALLY WHAT HAPPENS IN OUR RESIDENTIAL PROGRAM IS THAT PARTICULAR PHYSICIANS THAT ARE AFFILIATED WITH THE PROGRAMS BILL FEE-FOR-SERVICE MEDICAL THROUGH A MANAGED CARE DIVISION.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** COUNTY WILL REIMBURSE A PROVIDER'S COSTS FOR MENTAL HEALTH SERVICES AND BOARD AND CARE FOR A TOTAL OF \$362.86 PER BED PER DAY, THE CURRENT COUNTY MAXIMUM ALLOWANCE. A PROVIDER MAY BE DISQUALIFIED FROM THE SOLICITATION PROCESS IF A PROVIDER'S BUDGETED COSTS FOR THESE COMBINED SERVICES (MENTAL HEALTH SERVICES AND BOARD AND CARE) EXCEEDS THE COUNTY MAXIMUM ALLOWANCE OF \$362.86 PER BED PER DAY WITHOUT A SUFFICIENT EXPLANATION OF HOW THE PROVIDER WILL ADEQUATELY COVER COSTS IN EXCESS OF THE COUNTY MAXIMUM ALLOWANCE.

THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.

**Q:** SO THAT WOULDN'T BE THROUGH A SPECIALTY MENTAL HEALTH? THAT WOULD BE THROUGH - .

**A:** ~~MARY MARX: WELL, OUR MANAGED CARE DIVISION IS SPECIALTY MENTAL HEALTH. IT'S MEDICATION SUPPORT. BUT THEY'RE INDEPENDENT PSYCHIATRISTS.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY.

**A:** THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.

**Q:** SO THERE WOULD NOT BE – THERE WOULD BE NO BILLING TO D.M.H. DIRECTLY?

**A:** ~~MARY MARX: AS PART OF THE PROVISIONAL RATE, THAT WOULD BE – THE MEDICATION SUPPORT WOULD BE OUTSIDE OF THAT.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.

**Q:** MAYBE I'M NOT UNDERSTANDING, BUT GENERALLY, MY UNDERSTANDING IS IF YOU HAVE MEDICAL, YOU'RE EITHER TIED TO THE MANAGED CARE COMPANIES LIKE BEACON OR MHN, AND THAT IS GENERALLY NOT CONSIDERED SPECIALTY MENTAL HEALTH. THAT'S CONSIDERED MORE OF THE MILD TO MODERATE AND YOU CAN BILL THROUGH THOSE SERVICES. IS THAT WHAT YOU'RE REFERRING TO WHEN YOU'RE SAYING MANAGED CARE?

**A:** ~~MARY MARX: NO, WE HAVE A MANAGED CARE DIVISION IN THE DEPARTMENT OF MENTAL HEALTH THAT RECEIVES – HAS CLAIMS FROM FEE-FOR-SERVICE PHYSICIAN NETWORKS. AND PHYSICIANS THAT ARE CREDENTIALLED WITH OUR DEPARTMENT BILL FOR SERVICES THAT THEY DELIVERED TO OUR CLIENTS.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.

**Q:** CAN THE PHYSICIANS BE TIED TO THE LEGAL ENTITY? BECAUSE THE LEGAL ENTITY EMPLOYEES OR CONTRACTS WITH THOSE PHYSICIANS, AND THEN TAKES REIMBURSEMENT FROM THAT, BECAUSE WE'RE PAYING THE PHYSICIANS FOR THEIR TIME. SO THAT'S WHAT I WAS ALSO UNCLEAR. CAN IT BE THE LEGAL ENTITY BILL, JUST LIKE ANY –

**A:** **MARY MARX:** SO YOU WANT TO BILL THE MEDICATION SUPPORT FOR THIS PROGRAM THROUGH YOUR LEGAL ENTITY?

**Q:** WELL, THEY'RE GOING TO HAVE TO SEE A PSYCHIATRIST. THEY'RE GOING TO STILL NEED THOSE SERVICES; SO GENERALLY, IT WOULD BE ONE OF OUR PSYCHIATRISTS WORKING IN OUR OTHER PROGRAMS, SPECIALTY MENTAL HEALTH PROGRAMS. SO NOW THEY WOULD SEE THESE CLIENTS TOO, BUT SINCE THEY CAPTAIN BILL THROUGH THE REGULAR SPECIALTY MENTAL HEALTH, YOU'RE SAYING THEY WOULD BILL THROUGH THE MANAGED CARE DIVISION OF D.M.H., BUT THEY WOULD ESSENTIALLY BE BUILDING UNDER THE LEGAL ENTITY'S TAX I.D.

**A:** **MARY MARX:** ~~NO, THEY WOULDN'T BE BILLING UNDER THEIR OWN.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

**A:** THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT

**SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.**

**Q:** WELL, GENERALLY, WHEN WE HAVE SOMEONE IN SPECIALTY MENTAL HEALTH, THEY BILL UNDER OUR TAX I.D. THEY DON'T GET PAID DIRECTLY FOR SERVICES. THEY'RE BEING CONTRACTED BY THE LEGAL ENTITY, THE LEGAL ENTITY IS PAYING THEM AN HOURLY RATE AND THEY'RE SEEING OUR PATIENTS.

**A:** ~~MARY MARX: YOU KNOW WHAT? I WOULD TAKE THAT BACK TO DR. SHANER AND I'LL RESPOND BACK TO YOU, KEN. THANK YOU FOR THAT QUESTION.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY AND AMENDED TO READ:

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**A:** **THE COSTS FOR MEDICATION SUPPORT ARE EXCLUDED FROM THE COUNTY MAXIMUM ALLOWANCE. COSTS FOR MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.**

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**QUESTIONS BY:**

**SUSAN FELDMAN, MENTAL HEALTH AMERICA,  
LOS ANGELES**

**Q:** **SUSAN FELDMAN, MHA.** ONE SIMPLE QUESTION: WHAT OTHER SERVICES OUTSIDE OF THE MEDICATION SUPPORT ARE BILLABLE OUTSIDE OF THE PROVISIONAL RATE PROVIDED FOR CRTP'S?

**A:** ~~MARY MARX: IT'S AN ALL-INCLUSIVE RATE.~~

THIS ANSWER HAS BEEN STRICKEN IN ITS ENTIRETY TO READ:

**A: NO ADDITIONAL SERVICES OTHER THAN MEDICATION SUPPORT SERVICES WILL BE REIMBURSED AS SET FORTH IN ANY RESULTANT AGREEMENT(S) WITH THE COUNTY.**

**Q: SO THERE'S NOTHING OTHER THAN MEDICATION SUPPORT THAT WE'LL BE ABLE TO BILL SEPARATELY FOR? OKAY. THANK YOU.**

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**QUESTIONS BY:**

**LISA BERGER,**

**LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE,**

**SANTA FE SPRINGS**

**Q: LISA BERGER, L.A. CADA. SOME OF US DID NOT GET POWERPOINT PRESENTATIONS. ARE THEY AVAILABLE NOW OR WILL THEY BE MADE AVAILABLE ON THE WEBSITE?**

**A: OTILIA HOLGUIN: NO, WE HAVE THEM HERE. WE MADE MORE COPIES. AND I APOLOGIZE FOR THAT. WE WERE EXPECTING A SMALLER GROUP. BUT, YES, WE DO HAVE COPIES FOR ALL OF YOU HERE AT THE END. AND PLEASE FOR THOSE OF YOU WHO DID FEEL OUT THE CARDS OR HAVE YOUR QUESTIONS WRITTEN OUT, IF YOU CAN LEAVE THEM HERE IN THIS FRONT TABLE FOR US. AGAIN, IT WILL BE VERY HELPFUL FOR THE TRANSCRIPT SO WE CAN CAPTURE EVERYTHING.**

AND IF AGENCIES BROUGHT A LETTER OF INTENT, EVEN THOUGH THEY'RE DUE ON MARCH 14, BUT SOMETIMES AGENCIES DO BRING IT

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WITH THEM. SO IF YOU DO HAVE THEM, PLEASE DROP THEM OFF HERE WITH ME HERE IN THE FRONT TABLE. THANK YOU.

[MEETING ADJOURNS AT 3:50 P.M.]