



Los Angeles County
DEPARTMENT OF MENTAL HEALTH
REQUEST FOR APPLICATIONS (RFA) - NO. DMH022718B1
PSYCHIATRIC URGENT CARE CENTERS
PROPOSERS' QUESTIONS & ANSWERS

AGENCY #1

- **Question #1: Will MHSA funds be designated and available for capital improvements to meet LPS facilities requirements?**

Question # 1 is from DMH RFA UCC Page 21, Paragraph 3

Contract Readiness Objective 7.0: Site Requirements state under 7.2 that applicant program's facilities and site will meet criteria for Lanterman-Petris-Short designation to evaluate and treat individuals who are involuntarily detained.

Answer: Funding has not been identified for capital improvements to meet LPS facilities requirements.

- **Question #2: Will LAC DMH consider funding applicant programs with age-specific expertise, e.g. children and adolescents 0-17 and/or transitional-age youth 18-25, or will all applicants be required to serve the full age-spectrum?**

Question # 2 is from SOW Objective 1.0, Page 1, Paragraph 1

The Statement of Work indicates that PUCCs typically serve adolescents ages 13-17, adults and older adults.

Answer: Applicants will not be required to serve the full age-spectrum. We will process another addendum to add ages 0-13 since the RFA only addresses 13+. For applicants with expertise with the child/adolescent population, we would need expertise to be identified.

- **Question #3: It is very likely that expansion of the LA County's network of PUCCs will increase the number of beneficiaries who may require emergency inpatient care. Is LACDMH initiating any expansion of inpatient psychiatry resources, particularly inpatient units for individuals with comorbid medical needs, eating disorders, and comorbid substance abuse needs?**

Question #3 is from SOW Objective 4.4.1 Program Goals, Page 3, Paragraph 2.

The Statement of Work indicates that goals of PUCCs include reduction of utilization of psychiatric inpatient units.

Answer: This question is outside the scope of this RFA.

- **Question #4a: Will physicians who are board-certified in primary care specialties such as family medicine or pediatrics be eligible for staffing PUCCs for the purposes of providing physical health assessments?**

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- **Question #4b: Is it required that physicians providing mental health assessment in PUCCs be board-eligible or certified in psychiatry or child-adolescent psychiatry?**

Question #4a and b are from DMH RFA UCC Page 22, Paragraph 1

Contract Readiness Objective Staffing Objective 7.4.1 states that a physician shall be on call at all times for the provision of Crisis Stabilization services that may only be provided by a physician; and Objective 7.3.2 states that all beneficiaries receiving Crisis Stabilization Services shall receive an assessment of physical and mental health.

Answer for 4A and 4B: All qualifications for physicians must be consistent with Title 9 regulations.

AGENCY #2

- **Question #1: If the applicant is licensed as an outpatient behavioral health clinic and meets the Crisis Stabilization Contact and Site Requirements and Staffing requirements of 9 CCR 1840.338 and 1840.348 as a hospital based outpatient program and already listed in the County LPS Designated Outpatient Clinics and CSU available on the California DHCS website, will it also be eligible to apply for the UCC contract?**

RFA Page 1, Section 1.1 - RFA Language - Psychiatric Urgent Care Centers (UCCs) are Medi-Cal certified and Lanterman – Petris – Short (LPS) designated free-standing crisis stabilization units that provide rapid access to mental health evaluation and assessment, crisis intervention and medication support, 24 hours per day, 7 days per week (24/7), as well as case management for individuals experiencing psychological distress and/or psychiatric crisis. UCC services, including integrated services for co-occurring substance use disorders, are focused on stabilization and linkage to recovery-oriented community based resources.

Answer: Yes

- **Question #2: The RFA does not state that every entity awarded a contract must serve all of these age groups. May an applicant apply to serve only adults, where the physical site would not permit segregating adults from adolescents and families with children? Neither the Minimum Mandatory Requirements identified in Section 1.4, at page 3, or the SOW in Appendix B require that an applicant serve all patient populations.**

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RFA page 1, Section 1.1 - RFA Language - Although not limited to the following, UCCs primarily serve adolescents, ages 13-17, and adults, ages 18 years and older, including older adults (60+), and families whose presenting problems can be met with short-term (under 24 hours), immediate care and linkage to on-going community services and supports.

Answer: The RFA does not require an entity serve all age groups.

- **Question #3: Please further define “families” within this service description. Is this referring to primary services provided to anyone within the family unit and/or support services for the family whose family member (within the age population served) may be actively treated within this unit?**

RFA page 1, Section 1.1 - RFA Language - Although not limited to the following, UCCs primarily serve adolescents, ages 13-17, and adults, ages 18 years and older, including older adults (60+), and families whose presenting problems can be met with short-term (under 24 hours), immediate care and linkage to on-going community services and supports. Such individuals are characterized by the following:

Answer: DMH definition of Family: Parents, siblings, children, spouses, extended family, foster family, life partner and, potentially, other persons defined by the client who are significant in a personal support system.

- **Question #4: If the applicant provides rapid access to mental health evaluation and assessment, crisis intervention and medication support, 24 hours per day, 7 days per week, as well as case management for individuals experiencing psychological distress and/or psychiatric crisis not only in the proposed contract site, but also in related sites, e.g., where the applicant provides both inpatient, outpatient, and emergency department psychiatric services, will that experience requirement be met?**

RFA page 3, Section 1.4.1 - RFA Language - Applicant must have at least three (3) years of experience, within the last five (5) years, from the date of application providing UCC, Crisis Stabilization Services, or services equivalent/similar to those identified in Appendix B – SOW, including but not limited to psychiatric emergency services.

Answer: Refer to Appendix B- SOW, Section 10.0 services and services equivalent/similar.

- **Question #5: May the three years of experience requirement be met by a hospital based outpatient behavioral unit, based on the psychiatric experience of the general acute care hospital of which it is part?**

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RFA page 3, Section 1.4.1 - RFA Language - Applicant must have at least three (3) years of experience, within the last five (5) years, from the date of application providing UCC, Crisis Stabilization Services, or services equivalent/similar to those identified in Appendix B – SOW, including but not limited to psychiatric emergency services.

Answer: No

- **Question #6: Where a hospital with a licensed outpatient behavioral unit or a freestanding behavioral unit is part of a multi-hospital health system, may the three years of experience requirement be met by the psychiatric experience of other affiliated hospitals that provide inpatient and/or outpatient psychiatric care as experience to meet the requirement set forth in Section 1.4.1?**

RFA page 3, Section 1.4.1 - RFA Language - Applicant must have at least three (3) years of experience, within the last five (5) years, from the date of application providing UCC, Crisis Stabilization Services, or services equivalent/similar to those identified in Appendix B – SOW, including but not limited to psychiatric emergency services.

Answer: No

- **Question #7: To what types of contracts with DMH would this provision apply, e.g., contracts for any mental or behavioral health service by the licensed entity or only contracts related to providing Psychiatric Urgent Care services, crisis stabilization services or the services identified in Appendix B - SOW? What if the applicant has a contract with DMH for inpatient services?**

RFA page 3, Section 1.4.2 - RFA Language - If Applicant has a current contract with DMH, Applicant must be in good standing and have all licensing requirements and certifications up to date.

Answer: This section refers to any and all current contracts with DMH.

- **Question #8: Related to Question #7 above, on the application does a facility answer question 2 (Appendix A, Section B) related to DMH contract as “yes” if they have any type of DMH contract or “yes” only if it is a contract to provide psychiatric urgent care services?**

RFA, Appendix A, Section B, Question 2 - RFA Language

1. Does Applicant have a current contract with DMH?

2a. If yes, please provide Contract Number: _____

2b. Is Applicant up to date with all licensing requirements and certifications?

DMH shall verify that Applicant is in good standing.

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Answer: Yes. The question is about any and all current contracts with DMH.

- **Question #9: What if the site already meets 9 CCR 1840.338 by virtue of licensure by the State Department of Public Health as a provider based site?**

RFA, page 21, Section 7.1 - RFA Language - Facility site must be certified by the State Department of Health Care Services (DHCS) to provide Crisis Stabilization Services.

Answer: Site must be certified as a Crisis Stabilization Unit by DCHS.

- **Question #10: If certification by the State Department of Health Care Services is required in addition to licensing by State Department of Public Health, may applicant file its application indicating that it will seek such certification should it receive an award of a contract under this RFA?**

RFA, page 21, Section 7.1 - RFA Language - Facility site must be certified by the State Department of Health Care Services (DHCS) to provide Crisis Stabilization Services.

Answer: Yes

- **Question #11: What clinical staff are counted in the clinical staffing ratio, e.g., not only staff referenced in Section 6.3.3, but other staff as well as referenced in Sections 6.3.1, 6.3.2, and 6.3.4, such as RNs, psychiatric technicians, licensed vocational nurses or other staff, according to need?**

RFA, Appendix B, Page 5, Section 6.3.3 & Page 6, Section- RFA Language - 6.3.3 At a minimum, there shall be a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving crisis stabilization at any given time.

6.4.2 Contractor is required to maintain a clinical staffing ratio of at least one staff to two clients between the hours of 8:00 am – 6:00 p.m. daily.

Answer: The staffing ratio must be in compliance with regulations for certification as a Crisis Stabilization Services and DMH Statement of Work.

- **Question #12: Is this requirement met so long as the Contractor gives notice of such changes within 30 days following the change in staff? Also, how does this 30 day notice requirement apply when staff is out due to illness and other staff, including registry staff, may be required to cover the sick staff's shifts? Similarly, is notice required only regarding the licensed mental health or waived/registered professions or for nursing and physician staff as well?**

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RFA, Appendix B, Page 6, Section 6.4.7 - RFA Language –

6.4.7 Contractor is required to provide County with a roster of all staff which includes: (1) name and payroll title/position; (2) work schedules; and (3) facsimile and telephone numbers upon commencing work on this Agreement and at the beginning of each fiscal year thereafter for the effective term of the Agreement and all its option terms. Contractor is also required to notify County of all staffing changes within 30 days of such change.

Answer: Contractor needs to be in compliance with regulations for Crisis Stabilization Services and DMH Statement of Work at all times. All staffing information for all staff involved in UCC operations will be included in the monthly invoice of operational costs. UCCs will be reimbursed for actual costs monthly which will include the names, positions, and costs each month.

- **Question #13: Please clarify what staff, other than management staff and the project manager, are considered to be “key personnel?” Also, does the provision as to “interim or new personnel” apply only to “key personnel?”**

RFA, Appendix B, Page 6, Section 6.4.8 - RFA Language –

6.4.8 Contractor must advise the County of any change(s) in Contractor’s key personnel, which includes management staff and the project manager, in writing and at least 24 hours prior to the proposed change(s). Interim or new personnel should also be included in this notice. Contractor must ensure that no interruption of services occurs as a result of personnel changes.

Answer: This includes management personnel, program director, and medical director associated with the program.

- **Question #14: Please clarify what is meant by “no refusal” and identify the relevant WIC and CCR provisions relating to “no refusal?” What if patient doesn’t meet admission criteria, e.g., if the patient is not medically stable, etc.? Is the “no refusal” provision for the admission policy an obligation to receive indigent or no pay patients?**

RFA, Appendix B, Page 7, Section 6.5.1 - RFA Language –

6.5.1 Admission Policy (no refusal);

Answer: Clients who cross the threshold of the UCC cannot be turned away without services. It is the expectation of DMH that all individuals who cross the threshold of the UCC will be provided services according to their individual needs and payor status.

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- **Question #15: If the outpatient LPS Clinic is operated under a hospital license and on the hospital grounds, would it be acceptable that the 'drop off' for psych patients be the main Emergency Department to meet federally required EMTALA requirements for the hospital as to the Medical Screening Exam with a transfer thereafter to the Clinic, if appropriate? See also RFA Section 7.3.1 and 7.3.2 as to compliance with 9 CCR 1840.338 where medical backup services are available either on site or by written contract with a general acute care hospital and that all beneficiaries receiving Crisis Stabilization services shall receive an assessment of their physical and mental health. 9 CCR 1840.338 recognizes that outside services may be used for such assessments.**

RFA, Appendix B, Page 7, Section 6.5.7 - RFA Language –

6.5.7 Partnering with local law enforcement agencies to accept appropriate referrals of individuals with mental illness; and,

Answer: Yes, it is acceptable for individuals to be dropped off and screened at the main ER, then transferred to the on-grounds CSU if found appropriate for those services. The actual crisis stabilization assessment should occur at the CSU.

- **Question #16: What if the Contractor is already licensed by the California Department of Public Health because the Clinic is under the hospital license, in keeping with Sections 1840.338 ?**

RFA Appendix B, Page 8, Section 6.9.3 - Contractor must obtain Medi-Cal certification as a Crisis Stabilization Unit by the California Department of Health Care Services (DHCS) pursuant to California Code of Regulations, Title 9, Sections 1840.338 and 1840.348 within a reasonable period of time following the execution of a contract. If Contractor and an extension has not been granted by DMH, Contract may be subject to termination.

RFA Section 7.3 Page 21- Facility must meet the contact and site requirements specified in California Code of Regulations (CCR) Title 9 Section § 1840.338, which states in part:

Answer: Not acceptable. Crisis Stabilization Units are certified by DHCS.

- **Question #17: Would the County accept applicant's application with the commitment to work with the County to obtain Medi-Cal certification after the contract award?**

RFA Appendix B, Page 8, Section 6.9.3 - Contractor must obtain Medi-Cal certification as a Crisis Stabilization Unit by the California Department of Health Care Services (DHCS) pursuant to California Code of Regulations, Title 9, Sections 1840.338 and 1840.348 within a reasonable period of time following the execution of

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a contract. If Contractor and an extension has not been granted by DMH, Contract may be subject to termination.

Answer: Yes

- **Question #18: Please clarify what would be considered by the County to be a “reasonable period of time following the execution of a contract.”**

RFA Appendix B, Page 8, Section 6.9.3 - Contractor must obtain Medi-Cal certification as a Crisis Stabilization Unit by the California Department of Health Care Services (DHCS) pursuant to California Code of Regulations, Title 9, Sections 1840.338 and 1840.348 within a reasonable period of time following the execution of a contract. If Contractor and an extension has not been granted by DMH, Contract may be subject to termination.

Answer: This will be determined on a case-by-case basis and will depend upon the readiness of the agency and the emergent need of services in a particular geographic area.

- **Question #19: What actions does the County expect the Contractor to employ if there are no available inpatient psych beds? Does the County provide assistance in placing the patient?**

RFA Appendix B, Page 8, Section 6.9.4 - NOTE: A person brought to a designated 5150/5585.50 UCC MAY NOT remain in that facility beyond 23 hours and 59 minutes and must be released if assessed and determined not to meet 5150/5585.50 criteria, or must be transferred to an LPS designated inpatient hospital within that time.

Answer: UCCs are required to have a default destination for individuals who cannot be placed in the community after 23 hours and 59 minutes and meet 5150/5585 criteria i.e. acute inpatient hospital.

- **Question #20: Please clarify what tasks should be included in the work schedules. Is this applicable to only the items under Appendix B, Section 10.0 for specific work requirements?**

RFA, Appendix B, Page 9, Section 8.1 - Contractor shall submit for review and approval a work schedule for each facility to the County Project Director within thirty (30) days prior to starting work. Said work schedules shall be set on an annual calendar identifying all the required on-going tasks and task frequencies. The schedules shall list the time frames by day of the week and time of day (i.e. morning, afternoon, evening) the tasks will be performed.

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Answer: All tasks associated with UCC operations.

- **Question #21: Attachment II, Financial Exhibit A, was not included in documents released by the County for review. Can a copy of the sample Financial Exhibit A be made available? Does the financial exhibit provide any information related to payment for indigent clients? Are there any prohibitions that would prevent Contractor from contracting with other insurances or organizations for clients that are non-MediCal?**

RFA, Appendix A, Page 6, Section 6

6. FINANCIAL PROVISIONS: In consideration of services and/or activities provided by Contractor, County shall reimburse Contractor in the amount and manner described in Attachment II, Financial Exhibit A (FINANCIAL PROVISIONS) attached thereto and by this reference incorporated herein.

Answer: Yes, a copy of Financial Exhibit will be provided shortly.

- **Question #22: Is there flexibility in terms of the RFA related around human resources practices? Facilities that may have other types of contracts with DMH (e.g. fee-for-service for inpatient psych) have not had similar provisions/requirements added to their contract.**

RFA Page 13, Section 1.34 Jury Service Program - The prospective Agreement is subject to the requirements of the County's Contractor Employee Jury Service Ordinance ("Jury Service Program") (Los Angeles County Code, Chapter 2.203). Prospective Contractors should carefully read the Jury Service Ordinance, as set forth in Appendix G, and the pertinent jury service provisions as set forth in Appendix A - Sample Agreement, Paragraph 58, both of which are incorporated by reference into and made a part of this RFA. The Jury Service Program applies to both the Contractors and their Subcontractors.

Answer: For those Board-mandated (Board of Supervisors) provisions and requirements, there is no flexibility.

- **Question #23: While we will meet the regulatory staffing ratios of Section 1840.348, would we be able to have the contract and financial budget recognize and take into account that we plan to expand our patient volume from its current level to our center's full capacity?**

RFA Page 22, Section 7.4 - Facility must meet the staffing requirements specified in CCR Title 9 Section § 1840.348, which states:

Answer: This can be addressed at contract negotiations with each individual agency, however, any staffing changes must comply with Title 9 regulations.

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AGENCY #3

- **Question #1: Does the awarded contractor need to establish a Psychiatric UCC(s) physical location or are those locations provided by the County? (SOW, Section 2.1)**

Answer: Yes, the awarded contractor needs to establish a PUCC's physical location. Locations will not be provided by the County.

- **Question #2: May an applicant reply to the RFA and be awarded for clinical staffing services only? (Non-referenceable)**

Answer: No.

- **Question #3: What clinical Specialties are the contractor required to provide/staff? (SOW, Section 6.3)**

Answer: See RFA for details.

- **Question #4: Does Emergency Room staffing qualify as UCC staffing experience? (DMH RFA, Section 1.4.1)**

Answer: No

- **Question #5: How many contractors will be awarded? (Non-referenceable)**

Answer: There isn't a set number. The County will award, on a flow basis, based on funding availability, readiness of agency(ies) and according to the needs of the County.

- **Question #6: How many locations does an awarded Contractor have to establish? (Non-referenceable)**

Answer: Minimum of one

- **Question #7: Will a list of the awarded Contractor(s) be published or accessible by the public? (Non-referenceable)**

Answer: Yes

- **Question #8: How many vendors will be awarded?**

Answer: See Question #5

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- **Question #9: Can payment terms be negotiated? (Section 1.7, page 4)**

Answer: No

- **Question #10: Can any language changes be made? (ie..indemnification, insurance, etc)**

Answer: For those Board-mandated (Board of Supervisors) provisions and requirements, there is no flexibility. Any items that are not Board-mandated will be discussed at negotiations.

- **Question #11: Can we include our own confidentiality/independent contractor language? (section 1.8, pg. 7)**

Answer: No

- **Question #12: Our providers are independent contractors, do we still have to comply with child support? (Section 1.22, pg. 10)**

Answer: Yes

- **Question #13: How often are interviews conducted? Are they in person?**

Answer: DMH is not conducting interviews. Site visits may take place at the time of contract negotiations but these will be scheduled as negotiations progress.

- **Question #14: Does the immediate termination apply to the agency also? (contract pg. 3)**

Answer: Yes.

- **Question #15: Who provides the medical director?**

Answer: The vendor.

- **Question #16: Do we have to provide all staff? (admin, medical, mid-level, etc.)**

Answer: Yes

- **Question #17: Do we have to provide our own technology? What technology is currently being used?**

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Answer: Yes, you must provide your own technology. Technology requirements are found the sample Agreement attached to this RFA.

- **Question #18: If we are awarded, but can't agree to terms/conditions, can we withdraw without penalty?**

Answer: Yes

- **Question #19: Are contract negotiations done before or after award?**

Answer: Contract negotiations take place before award.

AGENCY #4

- **Question #1: Are for-profit agencies eligible to participate in this RFA process?**

Answer: Yes

- **Question #2: Do bidders need to have a site identified prior to submission?**

Answer: Yes, general location (city and zip code).

AGENCY #5

- **Question #1: Under your open bids for Mental Health, under bid title, "Request for Applications for Psychiatric Urgent Care Centers", we wanted to know if there was a previous bid matrix? Thank you for your time.**

Answer: No. All closed/awarded solicitations are removed from our site.

AGENCY #6

- **Question #1: Is it possible to have a Limited Liability Corporation created and have it managed by a commonly owned psychiatric hospital team that is fully knowledgeable in the day-to-day operations of Crisis Stabilization Units?**

RFA Section 1.4.1, page 3-Applicant must have at least (3) years of experience, within the last five (5) years, from the date of application providing UCC, Crisis Stabilization Services, or services equivalent/similar to those identified in Appendix B-SOW, including but not limited to psychiatric emergency services.

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Answer: Yes.

- **Question #2: Has any consideration been given to using an hourly Short-Doyle rate for reimbursement purposes as an optional payment system in place of the cost-reimbursement model? And if so, is there a “best estimate” of what the hourly rate would be?**

RFA Section 1.7.1, page 4-County will provide monthly reimbursement for UCC services based on actual allowable costs, consistent with the cost reimbursement methodology.

Answer: No. Not at this time.

- **Question #3: What is the square footage requirement for each outpatient chair within the UCC?**

RFA Section SOW-Psychiatric Urgent Care Centers, Appendix B, section number 6.9.2, page 8-Contractor must maintain the approved number of adult psychiatric outpatient beds (chairs) in the UCC facility and provide written notice to the DMH Program Manager when a change to the number of approved chairs in the UCC is anticipated.

Answer: The square footage must be approved by certification standards and local fire codes and certificate of occupancy.

- **Question #4: Is it a requirement that the UCC be a locked facility?**

RFA Section SOW- Psychiatric Urgent Care Centers, Appendix B, section number 6.9.4, page 8-Contractor must be LPS designated by DMH to evaluate and treat individuals that are involuntarily detained pursuant to Welfare and Institutions Code (W&I Code), Sections 5150 and 5585.

Answer: No. The UCC may be locked but it should always be secure.

- **Question #5: In the event that a patient in a UCC has been in the clinic for 23 hours and 59 minutes and requires continued treatment in an LPS designated inpatient hospital what requirements must be taken by the UCC? And, will the UCC still be able to bill for patients who are retained within the UCC due to the inability to obtain a community inpatient psychiatric bed?**

RFA Section SOW- Psychiatric Urgent Care Centers, Appendix B, section number 6.9.4, page 8-A person brought to a designated 5150/5585.50 UCC MAY NOT remain in that facility beyond 23 hours and 59 minutes and must be released if

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assessed and determined not to meet 5150/5585.50 criteria, or must be transferred to an LPS designated inpatient hospital within that timeframe.

Answer: 20 hours is the max that can be billed to Medi-Cal for a 23 hour 59 minute CSU stay.

- **Question #6: If a UCC applicant has multiple locations that are being considered as a possible sites for the new clinic, how should the initial RFA be submitted?**

Answer: You may submit one (1) application and note all the service areas and Supervisorial Districts for each site that you are considering.