



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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

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

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

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

July 28, 2021

ADDENDUM NUMBER FOUR REQUEST FOR PROPOSALS FOR CRISIS RESIDENTIAL TREATMENT PROGRAMS (BID NO. DMH121720B1)

PROPOSERS' QUESTIONS AND ANSWERS

The Los Angeles County (LAC or County) Department of Mental Health (DMH or Department) is issuing Addendum Number Four to the Request for Proposals (RFP) for Crisis Residential Treatment Programs (CRTPs) BID NO. DMH121720B1 released on December 17, 2020.

Agency 1

- 1. Question:** "Are for-profit agencies able to apply to BID No. DMH#171720B1?"

Answer: Yes, as long as proposers can demonstrate their ability and qualification to successfully provide the required services outlined in Appendix A (Statement of Work -SOW) are invited to submit proposals provided they meet all the Mandatory qualifications in Section 3 of the RFP. Business structures (non-profit, not-for-profit, for-profit) is not a requirement for this solicitation.

- 2. Question:** Alternatively, will you be accepting applications on a rolling basis?

Answer: No, applications will not be accepted on a rolling basis. This is a timed solicitation.

- 3. Question:** Regarding "Statement of Work - Pg 3 - 6.2 Furnished Items - Refer to Service Exhibit 4 (LAC Lease Contract) of Appendix B for all County furnished items," there is no list of furnished items in the Sample Lease Contract (Appendix B). Does each program come fully equipped with all licensing bedroom requirements?

Answer: Yes, County furnished items are the building sites and their contents. All furnishings needed to provided services shall be provided by the County per the Sample CRTP License Agreement.

4. Does each location come equipped with full kitchen equipment to meet food requirements?

Answer: No. Full kitchens and equipment will not be provided for service providers.

At the Mark Ridley-Thomas (MRT) Behavioral Health Center (BHC) on the MLK campus, the provider must contract with Homeboy Industries (HBI) for food services. Three meals per day plus snacks will be delivered to the CRTP. Please use an estimate of \$39/day per client for budgeting.

For the LAC+USC, Rancho Los Amigos and Olive View sites, providers will have the option of contracting directly with the food services vendor on each campus.

Each building will be equipped with a commercial dishwasher, refrigerator, microwave and rethermalization unit. Meals will be delivered, plated and served by the vendor's food services staff. Equipment and dinnerware will also be cleaned by this staff.

5. Regarding "Statement of Work - Pg 13 - 10.2.2 Referrals and Admissions," can providers with pre-existing intake structures continue their own intake carve outs?

Answer: Provider will be expected to take all referrals from the Intensive Care Division (ICD) for which it has available beds and will be expected to have an available bed daily, if possible, by 10:00 am. If referrals are not provided from ICD and provider continues to have empty beds by after 2 p.m., provider may utilize its pre-existing intake structure to continue intake carve out. Provider acknowledges they remain subject to concurrent review and intake must meet criteria for medical necessity.

Agency 2

6. **Question:** "Does the estimated budget take into consideration any increases yearly to account for rising costs and salary?"

Answer: Proposers shall provide an estimated budget for services only, for each of the years this Contract is expected to be in effect. Proposers' estimates shall include any increases/decreases that the proposer anticipates during the term of the expected Contract.

7. Question: “Are medical services billed separately or part of the same bundled rate?”

Answer: Medical support services may be billed directly through the DMH Integrated Behavioral Health Information System (IBHIS).

8. Question: “Are (Targeted Case Management)TCM services billing allowed, as per new guidance in CRTPs?”

Answer: Yes, TCM is billable as Mode 05, Service Function Code (SFC) 43.

9. Question: “Does the contracting party or the location provide all staff?”

Answer: No. Contract awardees shall provide all staff.

10. Question: “What are the requirements for admission related to accepting all referrals from DMH?”

Answer: Please review Section 10.2.2 of the SOW that states that “Contractor shall accept ALL referrals from DMH ICD.”

11. Question: “Does the location come fully prepped for client? (beds, kitchen equipment, etc.)”

Answer: Refer to answer to Question #4.

12. Question: Will the Crisis Residential Treatment Programs be branded as programs of the contracting agency or of the county?

Answer: The CRTPs will be programs of the County of Los Angeles.

13. Question: Are for-profit agencies able to apply for this project/funding?

Answer: Refer to answer for Question #1.

14. Question: What is the anticipated contract start date for awarded contracts?

Answer: While we will move as quickly as possible, we are bound by the Board of Supervisors’ timeline and approval. We are targeting this calendar year but cannot commit to a specific date.

15. Question: When is the County’s envisioned start date for these services?

Answer: Refer to answer for Question #14.

16. Question: Can the County please provide a list of all of the attendees at the Bidders Conference?

Answer: This information is confidential until contract awards are approved by the LAC Board of Supervisors. If attendees wish to self-disclose, they may do so.

17. Question: Can the County please provide additional detail on the Evaluation Committee that will be selected by the Department as outlined in Section 8.1.1 on page 42 of the RFP? Is the Committee made up of County personnel, community stakeholders, etc.?

Answer: The evaluation committee is comprised of County personnel/subject matter experts selected by the Department.

18. Question: In addition to providing floor plans, can the County also please provide photos or additional detail regarding the layout of the facilities and the location of facilities in proximity to the hospital complexes they will be a part of?

Answer: Photos are not available to provide at this time. General diagrams will be provided of the floor plans.

19. Question: Is there any outdoor space available for client utilization?

Answer: Yes. Please refer to general diagrams.

20. Will the County be re-releasing the RFP originally released in December 2020 with the Addendum information added, or, are bidders to work off of the file released in December 2020, noting the Addendum updates where provided? Could the County please release a final updated version of the RFP?

Answer: No. All addenda were released to reflect revisions of the original RFP. Proposers must read all addenda to see the areas of the RFP that were revised.

21. Question: The RFP states the programs will be rate-based. Will they be settled at cost?

Answer: The sample contract and all attachments include fiscal provisions that detail the settlement process.

22. Question: What utilization level should we assume when determining our rates?

Answer: Utilization should be assumed at 80%-90%. It is the ultimate responsibility of the Contractor to keep beds full to the extent that it is possible.

23. Question: Will we permitted to submit a start-up budget?

Answer: No. Start-up costs must not be included in the proposer's budget. They must not be factored into the rate either. DMH will provide start-up costs but these shall be based on the implementation plan of the program that will be developed between DMH and each individual awardee.

24. Question: Will furnishings be provided or should they be included in a start-up budget?

Answer: Startup costs should not be included in the budget. County furnished items are the building sites and their contents. All furnishings needed to provided services shall be provided by the County per the Sample CRTP License Agreement.

25. Question: Should telephone, data line, and cellular phone expense be included in the budget?

Answer: Yes.

26. Question: Should laundry services and housekeeping expenses be included in the budget?

Answer: Yes.

27. Question: If an entity is awarded more than one CRT and they are located in close physical proximity, will shared staff be permitted?

Answer: Proposers cannot submit bids for and be awarded for more than one (1) CRTP per hospital site.

28. Question: Will the meals be prepared by the program in house, or as these are co-located with other facilities, will be the meals be provided by the host facility and charged to the program at a fixed rate?

Answer: Refer to answer for Question #4.

29. Question: May bidders propose utilizing LVNs for the nursing services for this program?

Answer: Yes, provided that the LVN has a minimum of three years full time experience working in a program serving persons with mental disabilities. Such experience must be in the direct provision of services to clients.

30. Question: Can the County please provide additional information regarding the documentation requirements for this program?

Answer: In addition to the admission health and physical, each client shall have a specific and individualized treatment plan that shall be reviewed weekly. The treatment plan shall include the client's presenting problem and diagnosis, individualized and specific treatment needs & goals, current psychological, educational, vocational and other functional limitations, a summary of their medications and other treatment modalities, as well as a review of the clients progress towards treatment (or any services client has received for their treatment needs). The treatment plan should also address any work being completed towards discharge planning.

31. Question: Will the County be providing transportation or is the provider responsible for client transportation?

Answer: The sending agency is typically responsible for providing transportation. However, many providers will be responsible for transporting clients to outside services such as medical consults, social services, etc.

32. Question: Should bidders include utilities in their budgets or will that be covered by the County?

Answer: Yes. Bidders should include utilities in their budgets.

33. Question: Could the County please provide additional information about the desired security coverage? Is 1.0 FTE of security required 24/7? Will each CRTP unit operated by each provider have a dedicated security staff? Or is it appropriate to share security across all CRTP programs at a single location?

Answer: The minimum requirement for security coverage by each provider for each individual CRTP is 1.0 Full-Time Equivalent (FTE), 24/7. DMH's Security Manager will work with providers to coordinate security resources on each campus between providers, as well as with existing campus security and local law enforcement agencies.

34. Question: Could the County please provide all of the Required Forms (Exhibit 1-23) in Word format?

Answer: No, the Portable Document Format (PDF) forms are fillable.

Agency 3

35. Question: “Section 1.2 includes: Prospective proposers may not submit more than one proposal for each of the hospital site locations: for the 3 sites with 5 CRTPs:

A. Are proposals to be for all 5 CRTPs at the site proposed?

Answer: No. There are four (4) hospital sites and proposers can bid on one (1) site or all four (4), if they chose. However, proposers can only bid on one (1) CRTP contract per hospital site.

B. Are proposals to be for only one CRTP at a site and will providers only be contracted to operate one CRTP per site?

Answer: Proposers can only bid for one (1) CRTP contract per hospital site.

C. Can proposers identify the number of CRTPs they are proposing to operate per site?

Answer: If bidding on more than one (1) CRTP contract for different hospital sites, each proposal must be separate and distinct.

D. If proposers propose to operate more than one CRTP per site, will the award decision be limited to the number proposed or could it be fewer or more?”

Answer: Proposers can only bid on one (1) CRTP contract per site.

36. Question: “Are floor plans available for the CRTPs? Space design may impact staffing levels required for adequate supervision of residents.”

Answer: The exact CRTPs square footage varies for each of the hospital campus site location, from approximately 9,000-12,500 sq. ft.

37. Question: Under Staffing 6.5.4 it states a Nurse Practitioner is to administer medication in an emergency. Since medications can be administered by other staff, including RNs or LVNs, including in an emergency with a doctor’s or nurse

practitioner's order, to be clear it is not only the nurse practitioner that is administering medications, correct?

Answer: Provided there is a psychiatrist's order, a licensed and trained professional such as an RN or an LVN may also administer medication.

38. Question: Are Medication Support Services to be claimed in addition to the CRT daily claim?

Answer: Refer to answer for Question #7.

39. Question: "Does this mean that a proposer is limited to proposing to operate no more than 1 CRT at a hospital location:

Prospective Proposers can submit a proposal for one or more hospital site location(s). A separate proposal shall be submitted for each hospital site location. Prospective proposers MAY NOT submit more than one proposal for each of the hospital site locations."

Answer: Correct. Prospective Proposers can submit a proposal for one or more hospital site location(s). A separate proposal shall be submitted for each hospital site location. Prospective proposers MAY NOT submit more than one proposal for each of the hospital site locations.

40. Question: Can two separate corporations that each meet qualifications submit proposals for separate CRTs at a hospital site if the corporations are subsidiaries of the same parent organization?

Answer: Two separate corporations that meet the qualifications may submit proposals if they have and operate under two separate and distinct Legal Entity (LE) Numbers.

41. Question: Can a proposer which is a current DMH LE and is a subsidiary of a statewide organization meet the experience criteria in 3.1.1 and 3.2.1 through a different subsidiary corporation of the statewide organization which operates CRTs in other counties?

Answer: Yes, but only if the DMH LE and the statewide organization operate under the same LE number.

42. Question: In the SOW, section 10.3.6, what is meant by:

Contractor shall work collaboratively with DMH Psychiatric Mobile Response Team or Service Area (SA) Mobile Crisis Teams to provide crisis response as necessary, before law enforcement intervenes or involuntary assessment at a County hospital PES or UCC is required.

Answer: Contractor shall make every effort possible to prevent hospitalization and diffuse situations in collaboration with the Psychiatric Mobile Response Teams and other Mobile Crisis Teams.

43. Question: Are providers expected to provide and claim Crisis Intervention services?

Answer: Yes, providers shall provide Crisis Intervention services.

44. Question: Are providers expected to provide crisis intervention services in locations other than the CRTP?

Answer: No.

45. Question: In the SOW, section 10.3.8 regarding Self Help and Support Groups, is the expectation that the provider will establish ongoing support groups at the CRTP or at another location operated by the provider? Or is this a requirement to refer and link clients and families to such support groups in the community, for example those provided by NAMI chapters?

Answer: The selected provider shall establish ongoing support groups at the CRTP. The provider may also link clients and family to appropriate support groups in the community such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and National Alliance on Mental Illness (NAMI), as applicable.

46. Question: Can the three year experience requirement in RFP section 3.1.2 include time when a licensed CRTP operator provider, under a contract with a county, is developing and starting up the CRTP?

Answer: Yes, the three-year experience requirement in the RFP may include time when a licensed CRTP provider, under contract with a county, is developing and starting up the CRTP.

47. Question: Can RFP section 3.1.5 be met through providing a letter from a provider's eHR vendor confirming the provider is under contract, instead of including a lengthy copy of the contract in the proposal?

Answer: Yes. The letter must include the term of the contract and contract number.

48. Question: Can floor plans of the facilities be provided?

Answer: General diagrams will be provided.

49. Question: The requested budget is for full operations of the CRTP for a single year. Will there be pre-opening startup funds available? Are those to be included in the budget?

Answer: Start up costs are not to be included in the budget. Refer to answer for Question #23.

50. Question: The requested budget is for full operations of the CRTP for a single year. How will increases in funding to cover annual inflationary increases in expenses in contract years 2 and 3 and the option years, be handled?

Answer: Proposers shall provide an estimated budget for services only, for each of the years this Contract is expected to be in effect. Proposers' estimates shall include any increases/decreases that the proposer anticipates during the term of the expected Contract.

51. Question: "Page 29 of the RFP, 7.8.2.5 states, "The proposal narrative comprised of Sections A-F shall not exceed 15 pages." [all presumed to be double-spaced]. Please clarify that this stipulation *excludes* Section B, which per page 32 of the RFP is said to have no page limits"

Answer: Correct, Section B has no page limits. The proposal must be single sided and double spaced, unless specified otherwise.

52. Question: "Re: the Transmittal Letter, 7.9.1 on page 30 of the RFP, should this be double-spaced? Is there any page limit for this letter?"

Answer: Yes, the proposal shall be double spaced unless otherwise specified. No, there are no page limits for the transmittal letter.

53. Question: "Re: page 34 of the RFP, 7.9.7, the Proposer's Quality Control Plan that should not exceed 3 double-spaced pages, we have several questions:

A. 7.9.7.1 says, "For the current CRTP that Proposer operates, provide a sample comprehensive Quality Control Plan utilized by the proposer as a self-

monitoring tool to ensure the required services are provided as specified in Appendix A, SOW.”

This cannot be done within the page limit (especially given that there are other questions in this section). Do you intend for bidders to provide a sample comprehensive plan as an *attachment or appendix* to the proposal?

Answer: Proposers can submit them as an attachment which is excluded from the page limits.

- B. 7.9.7.2 says, “For the current CRTP that proposer operates, provide a description of all activities that are monitored to ensure compliance with contractual requirements.” If the bidder operates *more than one* CRTP, can they provide a representative summary of activities?

Answer: No.

- C. 7.9.7.2.c requests “Samples of forms used in monitoring.” Can these be provided as an *attachment or appendix* to the proposal since they cannot fit within the 3 double-spaced pages?

Answer: Yes.

- 54. Question:** Are any attachments like Organizational Charts, résumés, or Job Descriptions desired?

Answer: Proposers can include these items as attachments if they desire.

- 55. Question:** Can the bidder include other attachments such as performance evaluations, etc.?

Answer: Yes.

- 56. Question:** Where should any attachments be placed in the proposal order?

Answer: The Attachment shall be placed within the respective section and must be labeled appropriately.

- 57. Question:** With regard to 7.9.6 Proposer’s Budget (Section C - Limit 10 Pages, excludes charts and supporting documentation), does the requirement for double-spacing apply to budget tables and/or budget narrative sections?

Answer: No it doesn't apply to tables; however, it does apply to the budget narrative.

58. Question: Does an Excel Budget table count within the 10 pages (since it may be in chart form)?

Answer: No, charts are excluded from any page limits.

59. Question: Page 14 of Addendum 2, 12.2.1, states: "Contractor shall ensure CRTP operations are aligned with the 9 Performance-based Criteria identified in Appendix C - Service Exhibit 2 (Performance-Requirements Summary Chart)." The location of this Exhibit appears to be mislabeled. Could it be in Appendix B? Can you clarify the location for this exhibit?

Answer: Yes, this is found in Appendix B-SOW Exhibits.

60. Question: It says on page 28 in section 7.7.2 that "Potential Proposers shall submit a Mandatory Letter of Intent to Submit a Proposal no later than seven business days after attending the Mandatory Proposers' Conference." That would be July 21st. However the list of deadlines gives proposers until August 4th to submit. Which is the correct deadline for the Letter of Intent?

Answer: The Mandatory Letter of Intent to Submit a Proposal is due August 4th. Please review all the RFP documents in its entirety. Addendum No. 2 deleted and replaced sub-paragraph 7.7.2 language referenced on page 28.

61. Question: Page 36 – Section 7.9.10 says the proposal shall included signed forms. Can these forms be signed digitally? Also can the transmittal letter be signed digitally?

Answer: Yes, a digital signature is acceptable.

62. Question: In Addendum 3, it says: "7.8.2.4 Tables, charts, figures, graphs, diagrams, and footnotes must be on a separate page and shall be numbered to continue the sequence." At the same time, Section B is said to have no page limits.

Are you saying that if in Section B, we use a table or chart to illustrate a narrative point, we have to put that table/chart on a completely different page?

Answer: Yes, tables and charts should be on a separate page. Tables and charts are excluded from the page limits.

63. Question: In the bidder's conference on 7/14, it was suggested that the budget submitted with the proposal is simply a jumping off point and that a final budget amount would be negotiated between the county and a bidder. However, the RFP says:

The Proposer's budget shall be scored and will account for 60% (600 max points) of the final score. It will be compared against other submissions and ranked from lowest to highest. The lowest estimated budget amount shall receive the highest score, the second lowest will receive the second highest score, etc.

It seems like a bidder could artificially decrease their proposed budget to gain a higher score, and then negotiate a higher budget later. Will DMH take this into account in its scoring rubric?

Answer: Contracts will not be finalized and awarded until negotiations are completed. If at negotiations the budget changes substantially and the bidder does not provide reasonable justification (reasonable in the Department's opinion), we may not proceed with award.

Mandatory Proposer's Conference Questions received on 07/14/21

64. Question: The RFP - Pg 3 - 2.2.3 Contract Rates states that "Selected contractor's rates shall remain firm and fixed for the term of the Contract." Yet Addendum 3 page 1 states that "Prospective proposers' estimates shall include any increases/decreases that the proposer anticipates during the term of the Contract." Should we include salary staffing increases and if so, do we have to then cut other expenses to ensure that our budget remains flat from year to year?

65. Question: Can you further define 'no controlled substance that require handling' as an exclusion criteria? or Medication assisted treatment (MAT) wanted to ensure that was ok!

Answer: Under the program physician's direction, appropriately licensed program personnel may administer or dispense medications to patients for Medication Assisted Treatment or for the treatment of the symptoms of their psychiatric illness. All medication shall be properly stored in a lockable cabinet or compartment and shall be properly labeled in compliance with federal and state laws.

66. Is Medication Assisted Treatment (MAT) okay or appropriate?

Answer: Yes, if you have a clinician that is comfortable to provide this service it would be appropriate.

67. Question: Will you be issuing a revised RFP that incorporates all of the addendum information?

Answer: No. All addenda were released to reflect revisions of the original RFP. Proposers must read all addenda to see the areas of the RFP that were revised.

68. Question: Will providers be required to get licensed under CCL and DHCS?

Answer: Yes, providers will need to be licensed/certified by both Community Care Licensing Division and Department Health Care Services.

69. Question: Statement of Work - Page 3 - 6.2 Furnished Items - says to refer to Service Exhibit 4 (LAC Lease Contract) of Appendix B for all County furnished items. However, there is no list of furnished items in the Sample Lease Contract. Where might we find this?

Answer: County furnished items are the building sites and their contents. All furnishings needed to provided services shall be provided by the County per the License Agreement.

70. Question: DMH, CCL, and DHCS have different requirements related to clinical documentation. Will there be something standardized or will it remain different and cumbersome or streamlined?

Answer: In terms of clinical documentation, DMH will ascertain that the client meets medical necessity for CRTP services. This may be done either via a review of the record or via a verbal presentation of the over the telephone. Additional clinical documentation that may be reviewed to make determinations for continued stay include: client Needs and Services plan, medical assessment, and functional capacities assessment.

71. Question: Can you clarify the reasons a provider could decline a DMH referral? how would providers make their own referrals internally?

Answer: Provider will be expected to take all referrals from the Intensive Care Division for which it has available beds and will be expected to have an available bed daily, if possible, by 10:00 am. If referrals are not provided from Intensive Care Division and provider continues to have empty beds by after 2 p.m., provider may utilize its pre-existing intake structure to continue intake carve out. Provider acknowledges they remain subject to concurrent review and intake must meet criteria for medical necessity.

72. Question: Since CCL requires 24/7 admission to be provided, will DMH provide 24/7 referrals?

Answer: Currently DMH does not have staff to submit referrals 24/7, but will provide referrals seven days per week.

73. Question: In regards to 7.96 Proposers Budget, should we include costs for COVID precautions? Cleaning crews? Bed bug treatment?

Answer: Yes. The budget shall include these items, however, hazard pay for these services must not be included and will not be a covered expense.

74. Question: Are for-profit agencies able to apply for this project/funding?

Answer: Yes, refer to answer for Question #1.

75. Question: Are any of the CRTPs focused on special populations, i.e. justice-involved? Will they be gender specific (i.e. women only) or co-ed?

Answer: DMH has not designated any of the CRTP to be justice involved or gender specific; however, DMH does have current programs that are special population focused so will not preclude anyone from submitting a proposal for a special population.

76. Question: What is the anticipated contract start date and start date for services?

Answer: Refer to answer for Question #14.

77. Question: What is the anticipated contract start date for awarded contracts?

Answer: Refer to answer for Question #14.

78. Question: Can one company win bids for multiple sites?

Answer: Yes, but each site should be a distinct proposal. Prospective Proposers can not submit the same proposal for multiple sites.

79. Question: If DMH is the only entry for a referral, how do sites manage a low census if they are not getting referrals from DMH?

Answer: Provider will be expected to take all referrals from the Intensive Care Division for which it has available beds and will be expected to have an available bed daily, if possible, by 10:00 am. If referrals are not provided from Intensive Care

Division and provider continues to have empty beds by after 2 p.m., provider may utilize its pre-existing intake structure to continue intake carve out. Provider acknowledges they remain subject to concurrent review and intake must meet criteria for medical necessity.

80. Question: Addendum 3 says to take into account anticipated increases from year to year but the RFP says the budget should be flat from year to year. Which is correct?

Answer: Addendum Number three is correct, sub-paragraph 7.9.6 in the original RFP was deleted in its entirety and replaced in both Addendum Number two and again in Addendum Number three. All addenda were released to reflect revisions of the original RFP. Proposers must read all addenda to see the areas of the RFP that were revised.

81. Question: Outside of the bed day rate - can MSS and TCM be billed separate?

Answer: MSS can be billed separately. TCM cannot be billed separately.

82. Question: Will DMH provide a list of the EBPs that are sought? Will they provide trainings for the selected Contractors or are we expected to train our own employees?

Answer: Providers shall train their own employees, DMH can provide some guidance regarding the Evidence-Based Practices (EBPs) that are expected.

83. Question: Will this contract cover DHCS and CCL licensing costs?

Answer: No.

84. Question: Will the answering service be provided by DMH or is this something we should include in our budget? Answering service question relates to the requirement that the contractor must respond to calls received through the answering service within 24 hours of receipt - 6.9 Contractor's Service Site - SOW

Answer: The answering service shall be provided by the selected agency so yes, this should be included in the budget.

85. Question: Can Dr. Ruiz ball park when she thinks the first site would be up and running?

Answer: Refer to answer to Question #14.

86. Question: What guidance can be offered regarding the requirement that we should have sufficient ethnically and linguistically diverse staff or is that up to us to define?

Answer: No, the sample Legal Entity Contract and SOW expands on this. Ethnic staff shall be in proportion to the percentage of ethnic minority clients to be served.

87. Question: Can two separate corporations that each meet qualifications submit proposal for separate CRTs at a hospital site if the corporations are subsidiaries of the same parent organization?

Answer: Two separate corporations that meet the qualifications may submit proposals if they have and operate under two separate and distinct Legal Entity (LE) Numbers.

88. Question: Where on the campuses will the CRTPs be located? can we know that before we apply for a site? For example is it a different building than the hospitals or stand-alone location on the same campus?

Answer: Per sub-paragraph 1.3.2 of the RFP, The CRTP sites will be located within the hospital campus sites. Each CRTP will have its own distinct address within each hospital campus. Yes, each of the CRTP sites are stand alone on the hospital campus.

89. Question: Can floor plans of the facilities be provided?

Answer: General diagrams will be provided.

90. Question: Can a proposer which is a current DMH LE and is a subsidiary of a statewide organization meet the experience criteria in 3.1.1 and 3.2.1 though a different subsidiary corporation of the statewide organization which operates CRTS in other counties?

Answer: Yes, but only if the DMH LE and the statewide organization operate under the same LE number.

91. Question: Could a provider decide to make a program monolingual Spanish speaking?

Answer: No. The sample Legal Entity Contract expands on this. All County threshold languages must be available.

92. Question: Will the provider be able to change the building cosmetically? i.e. paint and landscape

Answer: No.

Please contact me at Bmejia@dmh.lacounty.gov if you have any questions.

Sincerely,



Beatriz Mejia
Administrative Services Manager II

BM:bm

c: Jo Ann Yanagimoto-Pinedo
Amanda Ruiz, M.D.
Emily Issa
Stella Krikorian
Otilia Holguin