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**REQUIRED FORMS - EXHIBIT 1
APPLICANT'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Applicant and to bind the applicant in a Contract.

1. Is your firm a corporation or limited liability company (LLC)? **Yes** **No**
 If yes, complete:
 Legal Name (found in Articles of Incorporation) _____
 State _____ Year Inc. _____

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. Is your firm doing business under one or more DBA's? **Yes** **No**
 If yes, complete:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly/majority owned by, or a subsidiary of another firm? **Yes** **No**
 If yes, complete:
 Name of parent firm: _____
 State of incorporation or registration of parent firm: _____

5. Has your firm done business as other names within last five (5) years? **Yes** **No**
 If yes, complete:
 Name _____ Year of Name Change _____
 Name _____ Year of Name Change _____

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?
 Yes **No** If yes, provide information:

Applicant acknowledges and certifies that the firm meets and will comply with the Applicant's Minimum Qualifications as stated in Section 1.4, of this Request for Applications, as listed below.

Check the appropriate boxes:

- Yes** **No** Applicant acknowledges and certifies that the firm can provide proof for all criteria outlined in Appendix J – Minimum Mandatory Qualifications.

- Yes** **No** Applicant does not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

Yes **No** Applicant attests that it is not on the Los Angeles County's Debarment List (<http://doingbusiness.lacounty.gov/debarmentlist.htm>) or on the Office of Inspector General (OIG) Health and Human Services (HHS) Debarment List: (www.oig.hhs.gov/fraud/exclusions.asp).

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Application are made, the Application may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

APPLICANT NAME:		COUNTY WEBVEN NUMBER:
ADDRESS:		
PHONE NUMBER:	E-MAIL:	
INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:	CALIFORNIA BUSINESS LICENSE NUMBER:	
APPLICANT OFFICIAL NAME AND TITLE (PRINT):		
SIGNATURE		DATE

**REQUIRED FORMS – EXHIBIT 1a
COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

Instructions for Completing Form

The County seeks diverse broad-based participation in its contracting and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION

Total Number of Employees in California	Using numerical digits, enter the total number of individuals employed by the firm in the state of California.
Total Number of Employees (including owners)	Using numerical digits, enter the total number of individuals employed by the firm regardless of location.
Race/Ethnic Composition of Firm Table	Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE

If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director’s sole judgment and his/her judgment shall be final.

REQUIRED FORMS - EXHIBIT 2
CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any Applications submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Applicant Name

Applicant Official Title

Official's Signature

**REQUIRED FORMS - EXHIBIT 3
APPLICANT'S EEO CERTIFICATION**

Company Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Applicant certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	YES	NO
1. Applicant has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Applicant periodically conducts a self-analysis or utilization analysis of its work force.	()	()
3. Applicant has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When areas are identified in employment practices, Applicant has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	()	()

Signature

Date

Name and Title of Signer (please print)

REQUIRED FORMS - EXHIBIT 4

INTENTIONALLY OMITTED

REQUIRED FORMS - EXHIBIT 5
FAMILIARITY WITH THE COUNTY
LOBBYIST ORDINANCE CERTIFICATION

The Applicant certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Applicant organization have and will comply with it during the application process; and
- 3) Applicant is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: _____ Date: _____

REQUIRED FORMS - EXHIBIT 6

INTENTIONALLY OMITTED

**REQUIRED FORMS - EXHIBIT 7
PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

Contractor's Name: _____

List of all public entities for which the Applicant has provided service within the last three (3) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

**REQUIRED FORMS - EXHIBIT 8
PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

Applicant's Name: _____

List all contracts that have been terminated with the past three (3) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		

**REQUIRED FORMS - EXHIBIT 9
ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Applicant shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Applicant shall attest to a willingness to provide employed GAIN/GROW participants access to the Applicant's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: GAINGROW@DPSS.LACOUNTY.GOV and BSERVICES@WDACS.LACOUNTY.GOV.

Applicants unable to meet this requirement shall not be considered for contract award.

Applicant shall complete all of the following information, sign where indicated below, and return this form with any resumes and/or fixed price bid being submitted:

A. Applicant has a proven record of hiring GAIN/GROW participants.

_____ YES (subject to verification by County) _____ NO

B. Applicant is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Applicant is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

C. Applicant is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____ YES _____ NO _____ N/A (Program not available)

Applicant Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Telephone No.: _____ Fax No.: _____

REQUIRED FORMS - EXHIBIT 10
COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Applications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Applicants, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Applicant is given an exemption from the Program

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 11
CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

- Applicant or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Applicant engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

- Applicant or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature

Date

Name and Title of Signer (please print)

**REQUIRED FORMS - EXHIBIT 12
CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Applicant/Bidder/Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Applicant/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Applicant/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 13**ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

APPLICANT CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance policy on human trafficking that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Applicant acknowledges and certifies compliance with Section 8.53 (Compliance with County's Zero Tolerance Policy on Human Trafficking) of the proposed Contract and agrees that Applicant or a member of his staff performing work under the proposed Contract will be in compliance. Applicant further acknowledges that noncompliance with the County's Zero Tolerance Policy on Human Trafficking may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 14

INTENTIONALLY OMITTED

REQUIRED FORMS - EXHIBIT 15**COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES
CERTIFICATION**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

APPLICANT/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Applicant/Contractor acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952 and agrees that Applicant/contractor and staff performing work under the Contract will be in compliance. Applicant/Contractor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal, or termination of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title:
Signature:	Date:

REQUEST FOR APPLICATION (RFA) TRANSMITTAL TO REQUEST AN APPLICATION REQUIREMENTS REVIEW

Applicant requesting an Application Requirements Review must submit this form to the County within the timeframe identified in the solicitation document

Applicant Name:	Date of Request:
Solicitation Title:	Solicitation No.:

An **Application Requirements Review** is being requested because the Applicant asserts that they are being unfairly disadvantaged for the following reason(s): *(check all that apply)*

- Application of **Minimum Qualifications**
- Application of **Business Requirements**
- Due to **unclear instructions**, the process may result in the County not receiving the best possible responses

For each area contested, Applicant must explain in detail the factual reasons for the requested review. *(Attach supporting documentation.)*

Request submitted by:

(Name)

(Title)

For County use only

Date Transmittal Received by County: _____ Date Solicitation Released: _____

Reviewed by: _____

COUNTY OF LOS ANGELES POLICY ON DOING BUSINESS WITH SMALL BUSINESS

Forty-two percent of businesses in Los Angeles County have five or fewer employees. Only about four percent of businesses in the area exceed 100 employees. According to the Los Angeles Times and local economists, it is not large corporations, but these small companies that are generating new jobs and helping move Los Angeles County out of its worst recession in decades.

WE RECOGNIZE. . . .

The importance of small business to the County. . .

- in fueling local economic growth
- providing new jobs
- creating new local tax revenues
- offering new entrepreneurial opportunity to those historically under-represented in business

The County can play a positive role in helping small business grow. . .

- as a multi-billion dollar purchaser of goods and services
- as a broker of intergovernmental cooperation among numerous local jurisdictions
- by greater outreach in providing information and training
- by simplifying the bid/proposal process
- by maintaining selection criteria which are fair to all
- by streamlining the payment process

WE THEREFORE SHALL:

1. Constantly seek to streamline and simplify our processes for selecting our Applicants and for conducting business with them.
2. Maintain a strong outreach program, fully-coordinated among our departments and districts, as well as other participating governments to: a) inform and assist the local business community in competing to provide goods and services; b) provide for ongoing dialogue with and involvement by the business community in implementing this policy.
3. Continually review and revise how we package and advertise solicitations, evaluate and select prospective Applicants, address subcontracting and conduct business with our Applicants, in order to: a) expand opportunity for small business to compete for our business; and b) to further opportunities for all businesses to compete regardless of size.
4. Insure that staff who manage and carry out the business of purchasing goods and services are well trained, capable and highly motivated to carry out the letter and spirit of this policy.

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

2.203.010 Findings.

The Board of Supervisors makes the following findings. The County of Los Angeles allows its permanent, full-time employees unlimited jury service at their regular pay. Unfortunately, many businesses do not offer or are reducing or even eliminating compensation to employees who serve on juries. This creates a potential financial hardship for employees who do not receive their pay when called to jury service, and those employees often seek to be excused from having to serve. Although changes in the court rules make it more difficult to excuse a potential juror on grounds of financial hardship, potential jurors continue to be excused on this basis, especially from longer trials. This reduces the number of potential jurors and increases the burden on those employers, such as the county of Los Angeles, who pay their permanent, full-time employees while on juror duty. For these reasons, the county of Los Angeles has determined that it is appropriate to require that the businesses with which the county contracts possess reasonable jury service policies. (Ord. 2002-0015 § 1 (part), 2002)

2.203.020 Definitions.

The following definitions shall be applicable to this chapter:

- A. "Contractor" means a person, partnership, corporation or other entity which has a contract with the county or a subcontract with a county contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more such contracts or subcontracts.
- B. "Employee" means any California resident who is a full-time employee of a contractor under the laws of California.
- C. "Contract" means any agreement to provide goods to, or perform services for or on behalf of, the county but does not include:
 - 1. A contract where the board finds that special circumstances exist that justify a waiver of the requirements of this chapter; or
 - 2. A contract where federal or state law or a condition of a federal or state program mandates the use of a particular contractor; or
 - 3. A purchase made through a state or federal contract; or
 - 4. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, or reseller, and must match and inter-member with existing supplies, equipment or systems maintained by the county pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-3700 or a successor provision; or
 - 5. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, Section 4.4.0 or a successor provision; or
 - 6. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-2810 or a successor provision; or
 - 7. A non-agreement purchase with a value of less than \$5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section A-0300 or a successor provision; or
 - 8. A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section PP-1100 or a successor provision.

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

- D. "Full time" means 40 hours or more worked per week, or a lesser number of hours if:
1. The lesser number is a recognized industry standard as determined by the chief administrative officer, or
 2. The contractor has a long-standing practice that defines the lesser number of hours as full time.
- E. "County" means the county of Los Angeles or any public entities for which the board of supervisors is the governing body. (Ord. 2002-0040 § 1, 2002: Ord. 2002-0015 § 1 (part), 2002)

2.203.030 Applicability.

This chapter shall apply to contractors who enter into contracts that commence after July 11, 2002. This chapter shall also apply to contractors with existing contracts which are extended into option years that commence after July 11, 2002. Contracts that commence after May 28, 2002, but before July 11, 2002, shall be subject to the provisions of this chapter only if the solicitations for such contracts stated that the chapter would be applicable. (Ord. 2002-0040 § 2, 2002: Ord. 2002-0015 § 1 (part), 2002)

2.203.040 Contractor Jury Service Policy.

A contractor shall have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees' regular pay the fees received for jury service. (Ord. 2002-0015 § 1 (part), 2002)

2.203.050 Other Provisions.

- A. Administration. The chief administrative officer shall be responsible for the administration of this chapter. The chief administrative officer may, with the advice of county counsel, issue interpretations of the provisions of this chapter and shall issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other county departments.
- B. Compliance Certification. At the time of seeking a contract, a contractor shall certify to the county that it has and adheres to a policy consistent with this chapter or will have and adhere to such a policy prior to award of the contract. (Ord. 2002-0015 § 1 (part), 2002)

2.203.060 Enforcement and Remedies.

For a contractor's violation of any provision of this chapter, the county department head responsible for administering the contract may do one or more of the following:

1. Recommend to the board of supervisors the termination of the contract; and/or,
2. Pursuant to chapter 2.202, seek the debarment of the contractor. (Ord. 2002-0015 § 1 (part), 2002)

Title 2 ADMINISTRATION
Chapter 2.203.010 through 2.203.090
CONTRACTOR EMPLOYEE JURY SERVICE

2.203.070. Exceptions.

- A. Other Laws. This chapter shall not be interpreted or applied to any contractor or to any employee in a manner inconsistent with the laws of the United States or California.
- B. Collective Bargaining Agreements. This chapter shall be superseded by a collective bargaining agreement that expressly so provides.
- C. Small Business. This chapter shall not be applied to any contractor that meets all of the following:
 - 1. Has ten or fewer employees during the contract period; and,
 - 2. Has annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, are less than \$500,000; and,
 - 3. Is not an affiliate or subsidiary of a business dominant in its field of operation.

“Dominant in its field of operation” means having more than ten employees and annual gross revenues in the preceding twelve months which, if added to the annual amount of the contract awarded, exceed \$500,000.

“Affiliate or subsidiary of a business dominant in its field of operation” means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation. (Ord. 2002-0015 § 1 (part), 2002)

2.203.090. Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. 2002-0015 § 1 (part), 2002)

LISTING OF CONTRACTORS DEBARRED IN LOS ANGELES COUNTY

List of Debarred Contractors in Los Angeles County may be obtained by going to the following website:

<https://doingbusiness.lacounty.gov/listing-of-contractors-debarred-in-los-angeles-county/>

IRS NOTICE 1015

Latest version is available from IRS website at



Department of the Treasury
Internal Revenue Service

Notice 1015

(Rev. December 2020)

Have You Told Your Employees About the Earned Income Credit (EIC)?

What Is the EIC?

The EIC is a refundable tax credit for certain workers.

Which Employees Must I Notify About the EIC?

You must notify each employee who worked for you at any time during the year and from whose wages you did not withhold income tax.

However, you do not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Certificate.

Note: You are encouraged to notify each employee whose wages for 2020 are less than \$56,844 that he or she may be eligible for the EIC.

How and When Must I Notify My Employees?

You must give the employee one of the following.

- The IRS Form W-2, Wage and Tax Statement, which has the required information about the EIC on the back of Copy B.
- A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the IRS Form W-2.
- Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).
- Your written statement with the same wording as Notice 797.

If you give an employee a Form W-2 on time, no further notice is necessary if the Form W-2 has the required information about the EIC on the back of the employee's copy. If you give an employee a substitute Form W-2, but it does not have the required information, you

must notify the employee within 1 week of the date the substitute Form W-2 is given. If Form W-2 is required but is not given on time, you must give the employee Notice 797 or your written statement by the date Form W-2 is required to be given. If Form W-2 is not required, you must notify the employee by February 8, 2021.

You must hand the notice directly to the employee or send it by first-class mail to the employee's last known address. You will not meet the notification requirements by posting Notice 797 on an employee bulletin board or sending it through office mail. However, you may want to post the notice to help inform all employees of the EIC. You can download copies of the notice at www.irs.gov/FormsPubs. Or you can go to www.irs.gov/OrderForms to order it.

How Will My Employees Know if They Can Claim the EIC?

The basic requirements are covered in Notice 797. For more detailed information, the employee needs to see Pub. 596, Earned Income Credit (EIC), or the Instructions for Forms 1040 and 1040-SR.

How Do My Employees Claim the EIC?

An eligible employee claims the EIC on his or her 2020 tax return. Even an employee who has no tax withheld from wages and owes no tax may claim the EIC and ask for a refund, but he or she must file a tax return to do so. For example, if an employee has no tax withheld in 2020 and owes no tax but is eligible for a credit of \$800, he or she must file a 2020 tax return to get the \$800 refund.

Notice **1015** (Rev. 12-2020)
Cat. No. 20599I

<http://www.irs.gov/pub/irs-pdf/n1015.pdf>

BACKGROUND AND RESOURCES: CALIFORNIA CHARITIES REGULATION

Page 1 of 2

There is a keen public interest in preventing misuse of charitable contributions. California's "Supervision of Trustees and Fundraisers for Charitable Purposes Act" regulates those raising and receiving charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) tightened Charitable Purposes Act requirements for charitable organization administration and fundraising.

The Charitable Purposes Act rules cover California public benefit corporations, unincorporated associations, and trustee entities. They may include similar foreign corporations doing business or holding property in California. Generally, an organization is subject to the registration and reporting requirements of the Charitable Purposes Act if it is a California nonprofit public benefit corporation or is tax exempt under Internal Revenue Code § 501(c)(3), and not exempt from reporting under Government Code § 12583. Most educational institutions, hospitals, cemeteries, and religious organizations are exempt from Supervision of Trustees Act requirements.

Key new Charitable Purposes Act requirements affect executive compensation, fund-raising practices and documentation. Charities with over \$2 million of revenues (excluding grants and service-contract funds a governmental entity requires to be accounted for) have new audit requirements. Charities required to have audits must also establish an audit committee whose members have no material financial interest in any entity doing business with the charity.

Organizations or persons that receive or raise charitable contributions are likely to be subject to the Charitable Purposes Act. An Applicant to a Los Angeles County contract must determine if it is subject to the Charitable Purposes Act and certify either that:

- It is not presently subject to the Act, but will comply if later activities make it subject, or,
- If subject, it is currently in compliance.

RESOURCES

The following references to resources are offered to assist Applicants who engage in charitable contributions activities. Each Applicant, however, is ultimately responsible to research and determine its own legal obligations and properly complete its compliance certification (Appendix A, Exhibit 11 – Charitable Contributions Certification).

In California, supervision of charities is the responsibility of the Attorney General, whose website, <http://oag.ca.gov/> contains much information helpful to regulated charitable organizations.

1. LAWS AFFECTING NONPROFITS

The "Supervision of Trustees and Fundraisers for Charitable Purposes Act" is found at California Government Code §§ 12580 through 12599.7. Implementing regulations are found at Title 11, California Code of Regulations, §§ 300 through 312. In California, charitable solicitations ("advertising") are governed by Business & Professions Code §§ 17510 through 17510.95. Regulation of nonprofit corporations is found at Title 11, California Code of Regulations, §§ 999.1 through 999.5. (Amended regulations are pending.) Links to all of these rules are at: <http://oag.ca.gov/charities/laws>

2. **SUPPORT FOR NONPROFIT ORGANIZATIONS**

Several organizations offer both complimentary and fee-based assistance to nonprofits, including in Los Angeles, the Center for Nonprofit Management, 606 S. Olive St #2450, Los Angeles, CA 90014 (213) 623-7080 <http://www.cnmsocal.org/> and statewide, the California Association of Nonprofits, <http://www.calnonprofits.org/>. Both organizations' websites offer information about how to establish and manage a charitable organization.

The above information, including the organizations listed, provided under this sub-section of this Appendix H is for informational purposes only. Nothing contained in this sub-section shall be construed as an endorsement by the County of Los Angeles of such organizations.

Title 2 ADMINISTRATION
Chapter 2.206
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

- 2.206.010 Findings and declarations.**
- 2.206.020 Definitions.**
- 2.206.030 Applicability.**
- 2.206.040 Required solicitation and contract language.**
- 2.206.050 Administration and compliance certification.**
- 2.206.060 Exclusions/Exemptions.**
- 2.206.070 Enforcement and remedies.**
- 2.206.080 Severability.**

2.206.010 Findings and declarations.

The Board of Supervisors finds that significant revenues are lost each year as a result of taxpayers who fail to pay their tax obligations on time. The delinquencies impose an economic burden upon the County and its taxpayers. Therefore, the Board of Supervisors establishes the goal of ensuring that individuals and businesses that benefit financially from contracts with the County fulfill their property tax obligation. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.020 Definitions.

The following definitions shall be applicable to this chapter:

- A. "Contractor" shall mean any person, firm, corporation, partnership, or combination thereof, which submits a bid or proposal or enters into a contract or agreement with the County.
- B. "County" shall mean the county of Los Angeles or any public entities for which the Board of Supervisors is the governing body.
- C. "County Property Taxes" shall mean any property tax obligation on the County's secured or unsecured roll; except for tax obligations on the secured roll with respect to property held by a Contractor in a trust or fiduciary capacity or otherwise not beneficially owned by the Contractor.
- D. "Department" shall mean the County department, entity, or organization responsible for the solicitation and/or administration of the contract.
- E. "Default" shall mean any property tax obligation on the secured roll that has been deemed defaulted by operation of law pursuant to California Revenue and Taxation Code section 3436; or any property tax obligation on the unsecured roll that remains unpaid on the applicable delinquency date pursuant to California Revenue and Taxation Code section 2922; except for any property tax obligation dispute pending before the Assessment Appeals Board.
- F. "Solicitation" shall mean the County's process to obtain bids or proposals for goods and services.
- G. "Treasurer-Tax Collector" shall mean the Treasurer and Tax Collector of the County of Los Angeles. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.030 Applicability.

This chapter shall apply to all solicitations issued 60 days after the effective date of the ordinance codified in this chapter. This chapter shall also apply to all new, renewed, extended, and/or amended contracts entered into 60 days after the effective date of the ordinance codified in this chapter. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.040 Required solicitation and contract language.

All solicitations and all new, renewed, extended, and/or amended contracts shall contain language which:

- A. Requires any Contractor to keep County Property Taxes out of Default status at all times during the term of an awarded contract;
- B. Provides that the failure of the Contractor to comply with the provisions in this chapter may prevent the Contractor from being awarded a new contract; and
- C. Provides that the failure of the Contractor to comply with the provisions in this chapter may constitute a material breach of an existing contract, and failure to cure the breach within 10 days of notice by the County by paying the outstanding County Property Tax or making payments in a manner agreed to and approved by the Treasurer-Tax Collector, may subject the contract to suspension and/or termination. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.050 Administration and compliance certification.

- A. The Treasurer-Tax Collector shall be responsible for the administration of this chapter. The Treasurer-Tax Collector shall, with the assistance of the Chief Executive Officer, Director of Internal Services, and County Counsel, issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other departments.
- B. Contractor shall be required to certify, at the time of submitting any bid or proposal to the County, or entering into any new contract, or renewal, extension or amendment of an existing contract with the County, that it is in compliance with this chapter is not in Default on any County Property Taxes or is current in payments due under any approved payment arrangement. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.060 Exclusions/Exemptions.

- A. This chapter shall not apply to the following contracts:
 - 1. Chief Executive Office delegated authority agreements under \$50,000;
 - 2. A contract where federal or state law or a condition of a federal or state program mandates the use of a particular contractor;
 - 3. A purchase made through a state or federal contract;
 - 4. A contract where state or federal monies are used to fund service related programs, including but not limited to voucher programs, foster care, or other social programs that provide immediate direct assistance;
 - 5. Purchase orders under a master agreement, where the Contractor was certified at the time the master agreement was entered into and at any subsequent renewal, extension and/or amendment to the master agreement.

Title 2 ADMINISTRATION
Chapter 2.206
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

6. Purchase orders issued by Internal Services Department under \$100,000 that is not the result of a competitive bidding process.
 7. Program agreements that utilize Board of Supervisors' discretionary funds;
 8. National contracts established for the purchase of equipment and supplies for and by the National Association of Counties, U.S. Communities Government Purchasing Alliance, or any similar related group purchasing organization;
 9. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, reseller, and must match and inter-member with existing supplies, equipment or systems maintained by the county pursuant to the Los Angeles Purchasing Policy and Procedures Manual, section P-3700 or a successor provision;
 10. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, section 4.6.0 or a successor provision;
 11. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, section P-2810 or a successor provision;
 12. A non-agreement purchase worth a value of less than \$5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, section A-0300 or a successor provision; or
 13. A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual section P-0900 or a successor provision;
 14. Other contracts for mission critical goods and/or services where the Board of Supervisors determines that an exemption is justified.
- B. Other laws. This chapter shall not be interpreted or applied to any Contractor in a manner inconsistent with the laws of the United States or California. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.070 Enforcement and remedies.

- A. The information furnished by each Contractor certifying that it is in compliance with this chapter shall be under penalty of perjury.
- B. No Contractor shall willfully and knowingly make a false statement certifying compliance with this chapter for the purpose of obtaining or retaining a County contract.
- C. For Contractor's violation of any provision of this chapter, the County department head responsible for administering the contract may do one or more of the following:
 1. Recommend to the Board of Supervisors the termination of the contract; and/or,
 2. Pursuant to chapter 2.202, seek the debarment of the contractor; and/or,
 3. Recommend to the Board of Supervisors that an exemption is justified pursuant to Section 2.206.060.A.14 of this chapter or payment deferral as provided pursuant to the California Revenue and Taxation Code. (Ord. No. 2009-0026 § 1 (part), 2009.)

Title 2 ADMINISTRATION
Chapter 2.206
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

2.206.080 Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. No. 2009-0026 § 1 (part), 2009.)

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT
MINIMUM MANDATORY QUALIFICATIONS**

ACRONYMS

CDPH - California Department of Public Health
 CMS - Centers for Medicare & Medicaid Services
 CCL - Community Care Licensing
 DHCS - Department of Health Care Services

DSS - Department of Social Services
 eHR – Electronic Health Record
 LPS - Lanterman-Petris-Short (LPS)

- *Programs with 16 beds or fewer require Medi-Cal certification. This process shall commence upon contract execution.*
- *Medi-Cal certification process and requirements can be accessed [here](#).*

<p align="center">Mental Health Rehabilitation Center (MHRC)</p>	<p>16 Beds and Under</p> <ol style="list-style-type: none"> 1. Must have eHR. <i>Applicants must submit a copy of the eHR contract and label as “Attachment I-1a – MMQ”</i> 2. Must be licensed by the California DHCS as MHRC defined by Title 9, Article 22, Chapter 3.5 Section 782.34. <i>Applicants must submit a copy of this DHS license and label as “Attachment I-2a – MMQ”.</i> 3. Must be LPS designated. <i>Applicants must submit copy of LPS designation document and label as “Attachment I-3a – MMQ”</i> 	<p>More than 16 Beds</p> <ol style="list-style-type: none"> 1. Must be licensed by California DHCS as MHRC defined by Title 9, Article 22, Chapter 3.5 Section 782.34; <i>Applicants must submit a copy of this DHCS license and label as “Attachment I-1b – MMQ”</i> 2. Must have current fire clearance. <i>Applicants must submit proof of current fire clearance and label as “Attachment I-2b – MMQ”</i> 3. Must be LPS designated. <i>Applicants must submit copy of LPS designation document and label as “Attachment I-3b – MMQ”</i>
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT
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<p align="center">Psychiatric Health Facility (PHF)</p>	<p>16 Beds and Under</p> <ol style="list-style-type: none"> Must have eHR. <i>Applicants must submit a copy of the eHR contract and label as “Attachment II-1a – MMQ”</i> Must be licensed by DHCS as PHF defined by Chapter 9, Division 5 of Title 22 beginning with section 77001. <i>Applicants must submit a copy of this DHCS license and label as “Attachment II-2a – MMQ”</i> Must be certified by CMS. <i>Applicants must submit a copy of this CMS certification document and label as “Attachment II-3a – MMQ”</i> Must be LPS designated. <i>Applicant must submit a copy of LPS designation document and label as “Attachment II-4a – MMQ”</i> 	<p>More than 16 Beds</p> <ol style="list-style-type: none"> Must be licensed by DHCS as PHF defined by Chapter 9, Division 5 of Title 22 beginning with section 77001. <i>Applicants must submit a copy of this DHCS license and label as “Attachment II-1b – MMQ”</i> Must be certified by CMS. <i>Applicants must submit a copy of this CMS certification document and label as “Attachment II-2b – MMQ”</i> Must be LPS designated <i>Applicants must submit a copy of LPS designation document and label as “Attachment II-3b – MMQ”</i> Must have current fire clearance. <i>Applicants must submit proof of current fire clearance and label as “Attachment II-4b – MMQ”</i>
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT
MINIMUM MANDATORY QUALIFICATIONS**

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<p align="center">Skilled Nursing Facility (SNF) Special Treatment Program (STP)</p>	<p>16 Beds and Under</p> <ol style="list-style-type: none"> 1. Must have eHR. <i>Applicants must submit a copy of the eHR contract and label as “Attachment III-1a – MMQ”</i> 2. Must be licensed by CDPH as a SNF-STP as defined by Chapter 3, Division 5 of Title 22 beginning with Section 72443. <i>Applicants must submit a copy of this CDPH license and label as “Attachment III-2a – MMQ”</i> 3. Mental health program must be certified by DHCS. <i>Applicants must submit a copy of this DHCS certification document and label as “Attachment III-3a – MMQ”</i> 4. Program Director must have two years of experience leading certified mental health programs. <i>Applicants must submit a copy of the Program Director’s resume and label as “Attachment III-4a – MMQ”</i> 5. Must be LPS designated <i>Applicants must submit a copy of LPS designation document and label as “Attachment III-5a – MMQ”</i> 	<p>More than 16 Beds</p> <ol style="list-style-type: none"> 1. Must be licensed by CDPH as a SNF-STP as defined by Chapter 3, Division 5 of Title 22 beginning with Section 72443. <i>Applicant must submit a copy of this CDPH license and label as “Attachment III-1b – MMQ”</i> 2. Mental health program must be certified by DHCS. <i>Applicant must submit a copy of this DHCS certification document and label as “Attachment III-2b – MMQ”</i> 3. Program Director must have two years of experience leading certified mental health programs. <i>Applicant must submit a copy of Program Director’s resume and label as “Attachment III-3b – MMQ”</i> 4. Must be LPS designated <i>Applicants must submit a copy of LPS designation document and label as “Attachment III-4b – MMQ”</i> 5. Must have current fire clearance <i>Applicants must submit proof of current fire clearance and label as “Attachment III-5b – MMQ”</i>
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
 24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT
 MINIMUM MANDATORY QUALIFICATIONS**

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<p align="center">Crisis Residential Treatment Program (CRTP)</p>	<p>16 Beds and Under</p> <ol style="list-style-type: none"> 1. Must have eHR. <i>Applicants must submit a copy of the eHR contract and label as “Attachment IV-1 – MMQ”</i> 2. Must be licensed by the California Department of Social Services (DSS) Community Care Licensing (CCL) Division as a Social Rehabilitation Program as defined by Title 9, Division 1, Article 2, section 1810.208 <i>Applicants must submit a copy of this DSS CCL license and label as “Attachment IV-2 – MMQ”</i> 3. Mental Health Program must be certified by DHCS. <i>Applicants must submit a copy of this DHCS certification document and label as “Attachment IV-3 – MMQ”</i>
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT
MINIMUM MANDATORY QUALIFICATIONS**

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<p align="center">Enriched Residential Services (ERS)</p>	<p>Any Number of Beds</p> <ol style="list-style-type: none"> 1. Must have eHR. <i>Applicants must submit a copy of the eHR contract and label as “Attachment V-1 – MMQ”</i> 2. Must be licensed by CCL as a Social Rehabilitation Program. <i>Applicants must submit a copy of this CCL license and label as “Attachment V-2 – MMQ”</i> 3. Mental Health Program must be certified by DHCS. <i>Applicants must submit a copy of this DHCS certification document and label as “Attachment V-3 – MMQ”</i> 4. If agency meets definition of Adult Residential Facility: <i>Applicants must submit a copy of licensing/certification and label as “Attachment V-4 – MMQ”</i> If not, this item is not applicable.
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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
 24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT
 MINIMUM MANDATORY QUALIFICATIONS**

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 eHR – Electronic Health Record
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<p align="center">Medical Skilled Nursing Facility (SNF)</p>	<p>More than 16 Beds</p> <ol style="list-style-type: none"> 1. Must have eHR. <i>Applicants must submit a copy of the eHR contract and label as “Attachment VI-1 – MMQ”</i> 2. Must be licensed with CDPH as a skilled nursing facility as defined by HSC 1250. <i>Applicants must submit a copy of this CDPH license and label as “Attachment VI-2 – MMQ”</i> 3. Must provide psychiatric services including psychotropic medication management and group therapy. <i>Applicant must submit copies of treatment programming schedules and label as “Attachment VI-3 – MMQ”</i>
<p align="center">Mental Health Congregate- Style Care Services</p>	<p>16 Beds and Under</p> <ol style="list-style-type: none"> 1. Must have eHR. <i>Applicants must submit a copy of the eHR contract and label as “Attachment VII-1 – MMQ”</i> 2. Must be licensed by CCL. <i>Applicants must submit a copy of this CCL license and label as “Attachment VII-2 – MMQ”</i>

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
24-HOUR RESIDENTIAL TREATMENT CONTRACT and ACUTE PSYCHIATRIC INPATIENT CONTRACT
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<p align="center">Acute Inpatient Psychiatry</p>	<p>16 Beds and Under</p> <p>All hospital facilities are required by law to be licensed. They are licensed, regulated, inspected, and/or certified by numerous public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification Program (L&C) and the U.S. Department of Health and Human Services’ Centers for Medicare and Medicaid Services (CMS). CDPH and CMS collaborate to make sure health care facilities meet federal requirements for accepting Medicare and Medi-Cal payments. In California, the Medicaid program is referred to as Medi-Cal.</p> <p>Must be LPS designated.</p> <ol style="list-style-type: none"> <i>Applicants must submit a copy of the eHR contract and label as “Attachment A-1a – MMQ”</i> <i>Applicants must submit a copy of their CDPH license and label as “Attachment A-2a – MMQ”</i> <i>Applicants must submit a copy of this CMS certification document and label as “Attachment A-3a – MMQ”</i> <i>Applicants must submit a copy of LPS designation document and label as “Attachment A-4a – MMQ”</i> 	<p>More than 16 Beds</p> <p>All hospital facilities are required by law to be licensed. They are licensed, regulated, inspected, and/or certified by numerous public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification Program (L&C) and the U.S. Department of Health and Human Services’ Centers for Medicare and Medicaid Services (CMS). CDPH and CMS collaborate to make sure health care facilities meet federal requirements for accepting Medicare and Medi-Cal payments. In California, the Medicaid program is referred to as Medi-Cal.</p> <p>Must be LPS designated.</p> <ol style="list-style-type: none"> <i>Applicants must submit a copy of their CDPH license and label as “Attachment A-1b – MMQ”</i> <i>Applicants must submit a copy of this CMS certification document and label as “Attachment A-2b – MMQ”</i> <i>Applicants must submit a copy of LPS designation document and label as “Attachment A-3b – MMQ”</i>
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**REQUEST FOR APPLICATIONS
24-HOUR RESIDENTIAL TREATMENT CONTRACT and
ACUTE PSYCHIATRIC INPATIENT CONTRACT
APPLICATION CHECKLIST
RFA No. DMH091521B1**

Applicant Name and Doing Business As (DBA) (if applicable):	
Headquarter (HQ) Address:	
Supervisorial District of HQ Address:	Service Area of HQ Address:
Name of Director, President or Chief Executive Officer:	Contact Number: E-mail Address:
Date Application Submitted:	WebVen ID Number:

This serves as an application for the 24-Hour Residential Treatment Contract and/or the Acute Psychiatric Inpatient Contract. All details about this Request for Applications are available at:

- LACDMH - <https://dmh.lacounty.gov/contract-opportunities/>
- LA County Doing Business With Us - <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>

To complete the Application, please check off all applicable boxes.

1. Please check the appropriate box if you are currently a DMH provider as a:

- | | |
|---|--------------------|
| <input type="checkbox"/> Legal Entity/Mental Health Services provider | Contract No. _____ |
| <input type="checkbox"/> Legal Entity/Institution for Mental Disease (IMD) provider | Contract No. _____ |
| <input type="checkbox"/> Fee-For-Service Individual or Group provider | Contract No. _____ |
| <input type="checkbox"/> Consultant provider - please describe: _____ | Contract No. _____ |
| <input type="checkbox"/> Other provider or N/A - please describe: _____ | Contract No. _____ |

2. Please check the appropriate box pertaining to a Settlement Agreement with DMH:

- No, I do not** have a current Settlement Agreement with DMH.
- Yes, I do** have a current Settlement Agreement with DMH and am aware that there is a moratorium on expansion and/or implementation of any new programs during the Settlement Agreement's repayment period and that any exemption from this penalty requires justification that this restriction will negatively impact planned program services.

3. Please check the appropriate box for your agency:

- For Profit Nonprofit For Profit with a Nonprofit parent company or affiliate

4. Please check all Los Angeles County Supervisorial Districts where you provide services and those Service Areas where you do not currently provide services, but have an interest in providing services. You will be considered only for the Supervisorial Districts checked below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Supervisorial District 1 | <input type="checkbox"/> Supervisorial District 3 | <input type="checkbox"/> Supervisorial District 5 |
| <input type="checkbox"/> Supervisorial District 2 | <input type="checkbox"/> Supervisorial District 4 | |

5. Please check all Service Areas where you provide services and those Service Areas where you do not currently provide services, but have an interest in providing services. You will be considered only for Service Areas checked below.

- | | |
|---|---|
| <input type="checkbox"/> Service Area 1 (Antelope Valley) | <input type="checkbox"/> Service Area 5 (West Los Angeles) |
| <input type="checkbox"/> Service Area 2 (San Fernando Valley) | <input type="checkbox"/> Service Area 6 (South Los Angeles) |
| <input type="checkbox"/> Service Area 3 (San Gabriel Valley) | <input type="checkbox"/> Service Area 7 (East Los Angeles) |
| <input type="checkbox"/> Service Area 4 (Metro) | <input type="checkbox"/> Service Area 8 (South Bay/Harbor) |
| <input type="checkbox"/> Out of County | |

**REQUEST FOR APPLICATIONS
24-HOUR RESIDENTIAL TREATMENT CONTRACT and
ACUTE PSYCHIATRIC INPATIENT CONTRACT
APPLICATION CHECKLIST
RFA No. DMH091521B1**

6. As referenced in Section 1.1 (Scope of Work) of the RFA, below are the residential and acute psychiatric treatment types of service. Please check all categories for which your entity is qualified:

24-Hour Residential Treatment Contract Residential Treatment Services	
<input type="checkbox"/> Mental Health Rehabilitation Center (MHRC) – 16 Beds and Under	<input type="checkbox"/> Mental Health Rehabilitation Center (MHRC) – More than 16 Beds
<input type="checkbox"/> Psychiatric Health Facility (PHF) – 16 Beds and Under	<input type="checkbox"/> Psychiatric Health Facility (PHF) – More than 16 Beds
<input type="checkbox"/> Skilled Nursing Facility (SNF) Special Treatment Program (STP) – 16 Beds and Under	<input type="checkbox"/> Skilled Nursing Facility (SNF) Special Treatment Program (STP) – More than 16 Beds
<input type="checkbox"/> Crisis Residential Treatment Program (CRTP) – 16 Beds and Under	<input type="checkbox"/> Enriched Residential Services (ERS) – Any Number of Beds
<input type="checkbox"/> Medical Skilled Nursing Facility (SNF) – More than 16 Beds	<input type="checkbox"/> Mental Health Congregate-Style Care Services – 16 Beds and Under
Acute Psychiatric Inpatient Contract Inpatient Services	
<input type="checkbox"/> Acute Psychiatric Inpatient Services – 16 Beds and Under	<input type="checkbox"/> Acute Psychiatric Inpatient Services – More than 16 Beds

7. **Yes**, my organization is qualified to provide the types of services checked above and I am able to provide all appropriate and valid licensures, certifications, and/or documentation for any and all types of service as described in Appendix J, Minimum Mandatory Qualifications.

Continued on Page 3

**REQUEST FOR APPLICATIONS
24-HOUR RESIDENTIAL TREATMENT CONTRACT and
ACUTE PSYCHIATRIC INPATIENT CONTRACT
APPLICATION CHECKLIST
RFA No. DMH091521B1**

Please sign this Application Short Form and attach the Settlement Agreement justification (if applicable) and all required forms listed under the RFA’s Section 2.7 (Preparation and Format of the Application) and Section 2.8 (Application Submission). Incomplete forms or forms lacking necessary documentation will not be considered.

I hereby acknowledge and confirm understanding that the submission of this Application constitutes acknowledgement and acceptance of, and willingness to comply with all terms and conditions of Appendix G – Sample 24-Hour Residential Treatment Contract and/or Appendix G-1 – Sample Acute Psychiatric Inpatient Contract should a contract be eventually awarded by the County to provide services. Neither the RFA nor this Application constitutes a Request for Proposal, Request for Services/Work Order solicitation or an offer of a contract.

On behalf of _____,
(Applicant’s Name)

I, _____, certify that all statements made in this Application
(Name of Applicant’s Authorized Official)

submitted by my organization are true and complete to the best of my knowledge and belief. I understand that any false statement(s) of material facts or omissions may be subject to disqualification.

Submitted by: _____
Print Name and Title of Authorized Agency Representative

Signature of Authorized Agency Representative

Application Submission Date

**COUNTY LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
24 - HOUR RESIDENTIAL TREATMENT CONTRACT and
ACUTE PSYCHIATRIC INPATIENT SERVICES CONTRACT
RATE METHODOLOGY CHART**

24-Hour Residential Treatment Contract

The Fixed Rate is maximum \$375 per day. The Provisional Rate Methodology (16 beds or less) is subject to settlement at lower of cost or Publish Charges and the Fixed Rate Methodology (more than 16 beds) is not subject to the settlement process.

The Maximum Contract Amount (MCA) will be based on 16 beds if/when the Department of Mental Health awards a contract.

Acute Psychiatric Inpatient Contract

The Fixed Rate is \$847 per day.

Type of Facility	Statement of Work (SOW) #	Services/ Number of Beds	Rate Methodology	Medi-Cal Services ^{1, 2} <i>Contract includes MCA and Cash Flow Advance (CFA)</i>	Non Medi-Cal Services
Mental Health Rehabilitation Center (MHRC)	1124	More Than 16 Beds	Fixed		X
Mental Health Rehabilitation Center (MHRC)		16 Beds or Less	Provisional	X	
Psychiatric Health Facility (PHF)	1125	More Than 16 Beds	Fixed		X
Psychiatric Health Facility (PHF)		16 Beds or Less	Provisional	X	
Enriched Residential Services (ERS)	1126	Outpatient	Provisional	X	
Skilled Nursing Facility (SNF) - Special Treatment Programs (STP)	1127	More Than 16 Beds	Fixed		X
Skilled Nursing Facility (SNF) - Special Treatment Programs (STP)		16 Beds or Less	Provisional	X	
Mental Health Congregate-Style Care Services	1134	16 Beds or Less	Provisional	X	
Medical SNF	1135	More Than 16 Beds	Fixed		X
Crisis Residential Treatment Program (CRTP)	1136	16 Beds	Provisional	X	
Acute Psychiatric	Exhibit A and Service Exhibits I and/or II	Inpatient	Fixed	X	

¹ Requires submission of annual cost report

² Acute Psychiatric Facilities are not required to submit cost reports, agreement will not have a MCA and are not eligible for CFA.