



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: May 14, 2025

TIME: 9:30 a.m. – 11:30 a.m.

MEETING CHAIR: Tyler Cash, 5th Supervisorial District

CEO MEETING FACILITATOR: Jack Arutyunyan

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 140

To participate in the meeting virtually, please call teleconference number:

1 (323) 776-6996 and enter the following: 880 681 649# or [Click here to join the meeting](#)

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to ClusterAccommodationRequest@bos.lacounty.gov

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

- I. Call to order
- II. **Information Item(s) (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):**
 - a. **DHS:** Authorize the Acquisition of the Surgical Microscope for Los Angeles General Medical Center
 - b. **DHS:** Authorization to Accept a Standard Agreement From the State Emergency Medical Services Authority to Support the Regional Disaster Medical Health Coordination Program

- c. **DPH:** Recommendation to Continue the Declared Local Health Emergency for the January 2025 Critical Fire Events (#08093)
- d. **DMH:** Approval to Extend the Existing Contract with California Psychiatric Transitions, Inc. on a Sole Source Basis for a Mental Health Rehabilitation Center Providing Sub-Acute Psychiatric Services
- e. **DMH:** Approval to Amend Existing Legal Entity and 24-Hour Residential Treatment Contracts for Fiscal Years 2024-25 And 2025-26 to Increase Their Maximum Contract Amounts for the Continuous Provision and Expansion of Specialty Mental Health Services

III. **Presentation Item(s):**

- a. **DHS:** Approval of Funding Methodology and Amendments to the Memorandum of Agreements for Non-County Trauma Center Provisions for Reimbursement
Speaker(s): Jacqueline Rifenburg (EMS Assistant Director), Ferris Ling (Chief Financial Manager), Julio Alvarado (Director of Contracts and Monitoring), Ruth Guerrero (C&G Manager), and Peter Tam (C&G Supervisor)

- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda.
- VI. Public Comment
- VII. Adjournment

IF YOU WOULD LIKE TO EMAIL A COMMENT ON AN ITEM ON THE HEALTH AND MENTAL HEALTH SERVICES CLUSTER AGENDA, PLEASE USE THE FOLLOWING EMAIL AND INCLUDE THE AGENDA NUMBER YOU ARE COMMENTING ON:

HEALTH_AND_MENTAL_HEALTH_SERVICES@CEO.LACOUNTY.GOV

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	5/14/2025	
BOARD MEETING DATE	6/3/2025	
SUPERVISORIAL DISTRICT AFFECTED	<input type="checkbox"/> All <input checked="" type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Health Services	
SUBJECT	Authorize the Acquisition of the Surgical Microscope for Los Angeles General Medical Center	
PROGRAM	N/A	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – Not Applicable If unsure whether a matter is subject to the Levine Act, email your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board Letter.	
DEADLINES/ TIME CONSTRAINTS	N/A	
COST & FUNDING	Total cost: \$587,000	Funding source: DHS Fiscal Year 2024-25 Final Budget
	TERMS (if applicable): N/A	
	Explanation:	
PURPOSE OF REQUEST	Authorize the Director of Internal Services Department, as the LA County's Purchasing Agent, to proceed with the sole source acquisition of the surgical microscope from Mitaka USA, Inc. (Mitaka) for Department of Health Services' (DHS) Los Angeles General Medical Center (LA General MC), with an estimated cost of \$587,000.	
BACKGROUND (include internal/external issues that may exist including any related motions)	<p>The acquisition of the Mitaka surgical microscope will be used in the operating room for the new service of surgical management of lymphedema patients. Because of the highest level of magnification, this is the standard of care operating microscope for super microsurgery, including plastic-reconstructive and lymphedema procedures. DHS is unable to perform these surgeries with existing microscopes.</p> <p>The acquisition of the Mitaka surgical microscope marks a significant technological advancement for lymphatic microsurgery at LA General. The purchase of the new, state-of-the-art equipment designed to enhance the precision and efficacy of lymphatic microsurgical procedures performed at LA General.</p> <p>DHS plans to purchase the proprietary Mitaka surgical microscope for LA General. While other surgical microscopes exist, the Mitaka surgical microscope's combination of features-particularly its superior light transmission, extensive zoom ratio, and high-resolution imaging is unparalleled. The Mitaka surgical microscope is the only microscope</p>	

	<p>on the market with the magnification of 22x and zoom ratio of 10:1, this is the highest resolution video microscope available. This is the only microscope that can be used to perform the lymphatic surgeries. This advanced microscope offers superior optical resolution, enhanced illumination, and an ergonomic design that is ideally suited for the intricate demands of lymphatic surgery. Its capabilities are particularly critical for the identification and preservation of minute lymphatic channels during reconstructive procedures for lymphedema management. The Mitaka surgical microscope is known for its high-resolution optics, extended depth of field, and precision, that are important for lymphedema procedures, which involve the manipulation of extremely small lymphatic vessels. The illumination and high-resolution imaging facilitate the identification and suturing of these delicate structures, improving patient surgical outcomes.</p> <p>The integration of the Mitaka surgical microscope is not intended to replace existing equipment but to complement and expand the current surgical resources. By acquiring the most advanced microscope on the market, LA General will be better positioned to meet the increasing demand for complex lymphatic reconstructions, ultimately improving patient outcomes and expanding the scope of our surgical services.</p>
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: Board Priority #2: Health Integration/ Alliance for Health Integration – The acquisition of these systems will ensure patients that receive services through this alliance, receive high-quality health care services.
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: DHS - Jason Ginsberg, Chief of Supply Chain Operations, (323) 914-7926, jginsberg@dhs.lacounty.gov DHS – Daniel Amaya, Medical Center Unit Administrator II, (323) 409-4066, damaya@dhs.lacounty.gov ; Brandi Clark, Associate Hospital Administrator II, bclark2@dhs.lacounty.gov ; County Counsel- Sara Zimbler, Principal Deputy County Counsel, (213) 503-9950, szimbler@counsel.lacounty.gov

June 3, 2025

DRAFT

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**AUTHORIZE THE ACQUISITION OF THE SURGICAL MICROSCOPE FOR LOS
ANGELES GENERAL MEDICAL CENTER
(SUPERVISORIAL DISTRICT 1)
FISCAL YEAR 2024-25
(3 VOTES)**

SUBJECT

Authorize the Director of the Internal Services Department (ISD), as the Los Angeles County (LA County) Purchasing Agent, to proceed with the sole source acquisition of the surgical microscope for Department of Health Services' (DHS) Los Angeles General Medical Center (LA General).

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director of ISD, as LA County's Purchasing Agent, to proceed with the sole source acquisition of the surgical microscope from Mitaka USA, Inc. (Mitaka) for LA General, with an estimated cost of \$587,000.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended action will authorize ISD, as LA County's Purchasing Agent, to proceed with the sole source acquisition of the surgical microscope from Mitaka for LA General. The acquisition of the Mitaka surgical microscope will be used in the operating room for the new service of surgical management of lymphedema patients. Because of the highest level of magnification, this is the standard of care operating microscope for super microsurgery, including plastic-reconstructive and lymphedema procedures. DHS is unable to perform these surgeries with existing microscopes.

The acquisition of the Mitaka surgical microscope marks a significant technological advancement for lymphatic microsurgery at LA General. The purchase of the new, state-of-the-art equipment designed to enhance the precision and efficacy of lymphatic microsurgical procedures performed at LA General.

DHS plans to purchase the proprietary Mitaka surgical microscope for LA General. While other surgical microscopes exist, the Mitaka surgical microscope's combination of features-particularly its superior light transmission, extensive zoom ratio, and high-resolution imaging is unparalleled. The Mitaka surgical microscope is the only microscope on the market with the magnification of 22x and zoom ratio of 10:1, this is the highest resolution video microscope available. This is the only microscope that can be used to perform the lymphatic surgeries. This advanced microscope offers superior optical resolution, enhanced illumination, and an ergonomic design that is ideally suited for the intricate demands of lymphatic surgery. Its capabilities are particularly critical for the identification and preservation of minute lymphatic channels during reconstructive procedures for lymphedema management. The Mitaka surgical microscope is known for its high-resolution optics, extended depth of field, and precision, that are important for lymphedema procedures, which involve the manipulation of extremely small lymphatic vessels. The illumination and high-resolution imaging facilitate the identification and suturing of these delicate structures, improving patient surgical outcomes.

The integration of the Mitaka surgical microscope is not intended to replace existing equipment but to complement and expand the current surgical resources. By acquiring the most advanced microscope on the market, LA General will be better positioned to meet the increasing demand for complex lymphatic reconstructions, ultimately improving patient outcomes and expanding the scope of our surgical services.

Implementation of Strategic Plan Goals

This recommendation supports North Star 1 – A “Healthy Individuals and Families” and North Star 3 – G “Internal Controls and Processes” of LA County’s Strategic Plan.

FISCAL IMPACT/FINANCING

The estimated cost for the Mitaka surgical microscope is approximately \$587,000. The estimated cost includes the equipment, a one-year manufacturer’s warranty, freight & handling, and tax. Funding is included in the Fiscal Year 2024-25 Final Budget, and continued funding associated with ongoing maintenance costs will be requested in future fiscal year, as needed. There is no net County cost impact associated with the recommendation.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On October 16, 2001, the Board of Supervisors (Board) approved the classification categories for fixed assets and new requirements for major fixed asset (now referred to as capital asset) acquisitions requiring LA County departments to obtain Board approval to acquire or finance equipment with a unit cost of \$250,000 or greater prior to submitting their requisition to ISD.

CONTRACTING PROCESS

The acquisition of equipment falls under the statutory authority of the LA County Purchasing Agent and will be accomplished in accordance with LA County's purchasing policies and procedures for sole source purchases.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendation will have a transformative impact on current clinical services, bolster the current surgical services at LA General, and catalyze further advancements in both clinical practice and research, thereby sustaining our commitment to excellence in patient care and innovation in lymphatic surgery.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:jc

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Internal Services Department

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	5/14/2025	
BOARD MEETING DATE	6/3/2025	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	HEALTH SERVICES	
SUBJECT	AUTHORIZATION TO ACCEPT A STANDARD AGREEMENT FROM THE STATE EMERGENCY MEDICAL SERVICES AUTHORITY TO SUPPORT THE REGIONAL DISASTER MEDICAL HEALTH COORDINATION PROGRAM	
PROGRAM	EMERGENCY MEDICAL SERVICES AGENCY	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Not Applicable	
DEADLINES/ TIME CONSTRAINTS	Because the Standard Agreement with the State Emergency Medical Services Authority (EMSA) is for the period between 7/1/2024 – 6/30/2025, DHS will need to authorize the acceptance before the period of the Standard Agreement expires.	
COST & FUNDING	Total cost: \$250,000	Funding source: State Funding
	TERMS (if applicable):	
	Explanation: N/A	
PURPOSE OF REQUEST	Request the Board to authorize the acceptance of a Standard Agreement from the State EMSA to offset a portion of personnel costs for two Regional Disaster Medical Health Specialist positions that support the Regional Disaster Medical Health (RDMH) Coordination Program.	
BACKGROUND (include internal/external issues that may exist including any related motions)	As part of the State's Standard Emergency Management System, the State EMSA appointed a RDMH Coordinator in each of the State's six Mutual Aid Regions. In LA County, the County EMS Agency Director acts as the RDMH Coordinator, To support the RDMH Coordinator, State EMSA introduced the Regional Disaster Medical Health Specialist (RDMHS) position to the RDMH Coordination Program. State EMSA provides some financial support for the funding of RDMHS positions to the six Mutual Aid Regions. County EMS Agency plans to accept the funding to partially offset personnel and administrative costs.	
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	

SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: (C&G) Peter Tam; ASM II; (213) 288-7325; ptam@dhs.lacounty.gov (C&G) Ruth Guerrero; ASM III; (213) 288-8170; rguerrero@dhs.lacounty.gov (EMS) Roel Amara; EMS Nursing Director; (562) 378-1598; ramara@dhs.lacounty.gov (CoCo) Sara Zimbler; Principal County Counsel; (213) 503-9950; szimbler@counsel.lacounty.gov

DRAFT

June 3, 2025

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**AUTHORIZATION TO ACCEPT A STANDARD AGREEMENT FROM THE
STATE EMERGENCY MEDICAL SERVICES AUTHORITY TO SUPPORT THE
REGIONAL DISASTER MEDICAL HEALTH COORDINATION PROGRAM
(ALL DISTRICTS)
(3 VOTES)**

SUBJECT

Request authorization to accept a Standard Agreement and future Agreements and/or Amendments from the State Emergency Medical Services Authority to support the Regional Disaster Medical Health Coordination Program.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize the Director of Health Services (Director), or authorized designee, to execute Standard Agreement (SA) C24-017 (Exhibit I) from the State Emergency Medical Services Authority (EMSA) to accept funding for the period between July 1, 2024, through June 30, 2025 in the amount of \$240,000, for the provision of offsetting a portion of existing salaries, employee benefits, and other administrative costs for two Regional Disaster Medical Health Specialist (RDMHS) positions to support the Regional Disaster Medical Health Coordination Program (RDMHC Program).
2. Delegate authority to the Director, or authorized designee, to execute future SAs from the State EMSA for the provision of offsetting the salaries, employee benefits, and other administrative costs for the RDMHS positions in subsequent Fiscal Years (FYs), not to exceed \$500,000 per award, or budget period (in the event of multi-year awards), upon review and approval as to form by County Counsel and notification to the Board of Supervisors (Board) and Chief Executive Officer.
3. Delegate authority to the Director, or authorized designee, to execute amendments to SAs with the State EMSA to effectuate any changes or updates, in accordance

with the applicable terms and conditions, with all amendments subject to review and approval as to form by County Counsel.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION

Background

As part of the State's Standardized Emergency Management System, the RDMHC is an appointed position in each of the six Mutual Aid Regions established by California Health and Safety Code §1797.152. The RDMHC is responsible for coordinating disaster information and medical and health mutual aid and assistance within their Mutual Aid Region or in support of other affected regions. To assist the RDMHC, the State EMSA introduced the Regional Disaster Medical Health Specialist (RDMHS) position as a component of the RDMHC Program that directly supports regional preparedness, response, mitigation and recovery activities.

Since 1995, the Department of Health Services (DHS), through its Emergency Medical Services (EMS) Agency, has received funding from the State EMSA as a grant through on-going SAs to help offset a portion of existing salaries and employee benefits and administrative costs of the RDMHS positions. It has recently been determined that State EMSA ceased to consider funding of the RDMHS positions as a grant. Therefore, DHS is returning to the Board to request authority to enter into SAs with State EMSA.

Approval of the first recommendation will allow the Director, or authorized designee, to execute SA No. C24-017 (Exhibit I) to accept funding to offset the salaries and employee benefits to support one (1) full time Senior Disaster Services Analyst and one (1) full time Disaster Services Analyst. The funding enables the EMS Agency, with these personnel resources, to continue serving as the RDMHC for intra-regional medical and health mutual aid response in the event of a major emergency or disaster within California Office of Emergency Services (Cal OES) Mutual Aid Region (Region) 1.

Approval of the second recommendation will allow the Director, or authorized designee, to execute future SAs from the State EMSA to accept funding for the ongoing funding of the RDMHS positions to support the RDMHC Program.

Approval of the third recommendation will allow the Director, or authorized designee, to execute amendments to SAs with the State EMSA for any changes or updates with the applicable terms and conditions.

Implementation of Strategic Plan Goal

These recommendations support the LA County Strategic Plan's: North Star 3, Goal G, Strategy i. – "Maximize Revenue;" North Star 3, Goal A, Strategy i., "Customer Service;" and North Star 1, Goal A, Strategy ii., "Improve Health Outcomes."

FISCAL IMPACT/FINANCING

The funding to be received through SA C24-017 from the State EMSA, in the amount of \$240,000, will offset a portion of existing salaries, benefits, and other associated expenses related to the RDMHC Program for the period from July 1, 2024, through June 30, 2025.

Funding is included in the DHS FY 2024-25 Final Budget; and continued funding will be requested in future fiscal years as necessary. There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

As authorized by Section 1797.152 of Division 2.5 of the California Health & Safety Code, the RDMHC, together with the California Department of Public Health, State EMSA, and DHS, assists in the on-going coordination of a regional medical and health disaster plan. The RDMHC coordinates the intra-regional health and medical disaster mutual aid response in the event of a major emergency or a disaster within the region.

Original funding for the program was through the Federal Prevention 2000 Block Grant program. During program development, three Regions were given funding to support one (1) full-time equivalent position (FTE) while the other three regions were given funds at approximately a one-half (0.5) FTE to offset personnel costs to the Local Emergency Medical Services Agencies.

County Counsel has approved Exhibit I as to form.

CONTRACTING PROCESS

Not applicable.

The Honorable Board of Supervisors
June 3, 2025
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IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of these actions will enable DHS' EMS Agency to continue participation in the RDMHC Program for CAL OES Region 1 and coordinate the intra-regional health and medical disaster mutual aid response in the event of an emergency or disaster.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:pt

Enclosure(s)

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

C24-017

PURCHASING AUTHORITY NUMBER (If Applicable)

EMSA-4120

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Emergency Medical Services Authority (EMSA)

CONTRACTOR NAME

Los Angeles County Emergency Medical Services Agency

2. The term of this Agreement is:

START DATE

July 1, 2024

THROUGH END DATE

June 30, 2025

3. The maximum amount of this Agreement is:

\$240,000.00 (Two Hundred Forty Thousand Dollars and Zero Cents)

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibits	Title	Pages
Exhibit A	Scope of Work	8
Exhibit B	Budget Detail and Payment Provisions	4
Exhibit C *	General Terms and Conditions	GTC 04/2017
+ - Exhibit D	Special Terms and Conditions	3
+ - Exhibit E	Sample Invoice	1

Items shown with an asterisk (), are hereby incorporated by reference and made part of this agreement as if attached hereto.**These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>***IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.****CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

Los Angeles County Emergency Medical Services Agency

CONTRACTOR BUSINESS ADDRESS

10100 Pioneer Blvd., Suite 200

CITY

Santa Fe Springs

STATE

CA

ZIP

90670

PRINTED NAME OF PERSON SIGNING

Richard Tadeo

TITLE

Director

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER C24-017	PURCHASING AUTHORITY NUMBER (If Applicable) EMSA-4120
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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME Emergency Medical Services Authority (EMSA)			
CONTRACTING AGENCY ADDRESS 11120 International Drive 2nd Floor	CITY Rancho Cordova	STATE CA	ZIP 95670
PRINTED NAME OF PERSON SIGNING Elizabeth Basnett	TITLE Director		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable) Exempt per: SCM Vol 1,4.04 (A)(4)		

Exhibit A**Scope of Work**

The Regional Disaster Medical and Health Specialist (RDMHS) is a component of the Regional Disaster Medical and Health Coordination (RDMHC) Program. The RDMHC Program is a 24/7/365 program that directly supports regional preparedness, response, mitigation, and recovery activities. The RDMHS reports directly to the RDMHC and receives policy guidance and direction concerning regional issues to include day to day operations and for regional response coordination in local, state and federal-declared disasters. Where an RDMHC does not exist in a given region or the RDMHC does not reside in the LEMSA with the RDMHS, the RDMHS shall continue to coordinate with the RDMHC as it relates to regional issues but shall report directly to the administrator/director of the local EMS agency in which the RDMHS resides for administrative and operational needs.

The Term of this agreement shall be July 1, 2024 through June 30, 2025.

Representatives

All inquiries related to and during the term of this Agreement shall be addressed to the authorized representatives listed below:

Agency: Emergency Medical Services Authority	Contractor: Los Angeles County Emergency Medical Services Agency
Name: Jody Durden	Name: Roel Amara
Title: Contract Manager	Title: Nursing Director
Phone: (916) 698-8008	Phone: (562) 378-1598
E-Mail: jody.durden@emsa.ca.gov	Email: ramara@dhs.lacounty.gov

Direct all administrative inquiries to this agreement to:

Agency: Emergency Medical Services Authority	Contractor: Los Angeles County Emergency Medical Services Agency
Name: Daniel Campbell	Name: Roel Amara
Title: Contract Analyst	Title: Nursing Director
Phone: (916) 591-2047	Phone: (562) 378-1598
Email: Daniel.Campbell@emsa.ca.gov	Email: ramara@dhs.lacounty.gov

Activities to assist in accomplishing this shall include:

1. Continue to support the implementation and improvement of the California Public Health and Medical Emergency Operations Manual (EOM).
 - 1.1. Conduct and/or participate in local and Regional EOM trainings. When possible, work with external and approved EOM instructors to co-facilitate trainings.
 - 1.1.1. Invite State partners that are based locally to participate, when appropriate, in EOM trainings.
 - 1.2. Provide input as requested on the EOM during the update process, including ongoing improvements of the Health and Medical Resource Requesting System (HAMRRS) as the platform to request medical and health resources. Seek input from local partners on EOM improvement opportunities.
 - 1.3. Provide input and collaboration in the development or revision of the Medical/Health Mutual Aid/Assistance Plan.
2. Collaborate with respective Regional Disaster Public Health Representative (RDPHR). The RDPHR will provide support with public health functions and initiatives, including during disaster response.
 - 2.1. Participate in activities related to Medical Countermeasure (MCM) programs, including the Strategic National Stockpile (SNS) program and CHEMPACK.
 - 2.2. Participate in statewide, regional and operational area exercises and other significant medical and health related training and exercises authorized by EMSA and/or CDPH.
3. Assist in the development of a comprehensive Medical Health Operational Area Coordination (MHOAC) program in each operational area within the region.
 - 3.1. Conduct training for Medical Health Operational Area Coordination Programs (MHOAC) and other medical and health partners in the operational areas as needed.
 - 3.1.1. Provide Medical/Health Operations Center Support Activities (MHOCSA) training annually. The RDMHS shall coordinate fiscal support from state partners for travel, teaching materials, and additional equipment as needed.
 - 3.1.2. Assist operational areas with the development and update of MHOAC Program Guides, using either the State template or a local version.

- 3.2. Assist operational areas in developing contact lists to support the functions of a MHOAC program.
- 3.3. Assist operational areas in developing local Situation Report distribution procedures consistent with the EOM.
- 3.4. Provide updated MHOAC contact list to Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH) Program Leads on a monthly basis.
- 3.5. Assist operational areas in the ongoing training and updates of the electronic resource requesting system: Cal Health and Medical Resource Requesting System (Cal HAMRRS).
4. Continue to develop the Regional Disaster Medical and Health Coordination (RDMHC) Program.
 - 4.1. Develop and maintain RDMHC Program response procedures.
 - 4.1.1. Coordinate with RDMHC to develop response procedures for declared disasters within the region.
 - 4.1.2. The RDMHC Program should maintain situational awareness of all automatic aid agreements, cooperative assistance agreements or other agreements and response procedures between LEMSAs, LHDs, Environmental Health Departments (EHD), and other med/health partners within the region.
 - 4.1.3. Coordinate planning for and development of cooperative assistance agreements between counties and regions.
 - 4.2. Conduct at least three medical and health regional meetings per year for the purpose of planning, coordination, training, and information sharing.
 - 4.3. Participate in the local Mutual Aid Regional Advisory Committee (MARAC) and Local Emergency Planning Committee (LEPC) meetings and represent the RDMHC Program as requested (ongoing).
 - 4.4. Represent the RDMHC Program in coordination with the state, region and OA level at emergency management, mental/behavioral health, environmental health, public health, medical, and coalition meetings.
 - 4.5. Coordinate and plan with other RDMHCs to further develop the RDMHC Program. This may include responding to another region to provide backup and assistance during an emergency or to participate in other regional drills.

5. Assist EMSA and the Emergency Medical Services Administrators' Association of California (EMSAAC) in the development, implementation, and evaluation of the California Statewide Patient Movement Plan.
 - 5.1. Participate in California Patient Movement Workgroup as requested if and when it is stood up.
 - 5.2. Train operational areas on the California Patient Movement Plan.
 - 5.3. Participate in exercise of plan.
 - 5.4. Support a regional patient movement coordination function in accordance with the California Patient Movement Plan.
6. Participate in activities related to Medical Countermeasure (MCM) programs, including the Strategic National Stockpile (SNS) program and CHEMPACK.
 - 6.1. Participate on the monthly Center for Preparedness and Response Local Health Jurisdiction Updates (CLU) call.
 - 6.2. Review LHD SNS Operational Readiness Review (ORR) annual self-assessments and provide feedback to the LHD as appropriate. Participate in the Cities Readiness Initiative (CRI) ORR assessments and assist CPR in review and analysis of all LHD SNS preparedness activities within the mutual aid region.
 - 6.3. Promote Regional CHEMPACK training to include dissemination of training flyers provided by CDPH CPR and encourage participation of emergency dispatchers and CHEMPACK host site representatives. Participate in the planning and conduct of annual regional CHEMPACK training.
 - 6.4. Develop and/or update regional CHEMPACK Plans annually and distribute to partners as appropriate.
 - 6.4.1. Maintain current CHEMPACK host site point-of-contact lists.
7. With respective RDPHR, coordinate operational area participation in catastrophic planning projects, such as the Southern California Catastrophic Earthquake Response Plan, the Bay Area Earthquake Response Plan and the Cascadia Subduction Zone Earthquake and Tsunami Response Projects.
 - 7.1. Development of plans to include operational needs obtained through data collection from regional partners including medical and health data from operational areas (as requested). Schedule meetings as needed with operational areas to discuss plan development and next steps.

- 7.2. Conduct meetings with operational areas in conjunction with EMSA, CDPH and United States Department of Health and Human Services Administration for Strategic Preparedness and Response (ASPR).
- 7.3. Collect data to enhance plan.
- 7.4. Assist with the socialization of completed disaster plans.
- 7.5. Exercise plan in conjunction with EMSA, CDPH and ASPR.
8. Coordinate and/or participate in inter-State collaboration workgroups, such as the California/Nevada Border Counties Workgroup and the Oregon/California Counties Workgroup, as appropriate.
 - 8.1. Conduct at least one meeting annually of the California/Nevada Counties Workgroup and the Oregon/California Counties Workgroup (ongoing).
 - 8.2. Maintain point-of-contact lists for participants in the California/Nevada Border Counties Workgroup and the Oregon/California Counties Workgroup (ongoing).
 - 8.3. Region III, IV, and VI to participate in the California/Nevada Counties Workgroup and Region II and III to participate in the Oregon/California Counties Workgroup.
9. Participate in statewide, regional, and operational area exercises and other significant medical and health related training and exercises authorized by EMSA or CDPH.
 - 9.1. Collaborate with respective RDPHR to participate annually in regional planning and post-exercise evaluation activities for the State-level public health and medical exercises. Participation will involve performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid. Potential annual exercises include:
 - 9.1.1. Statewide Medical and Health Exercise (SWMHE).
 - 9.1.2. Annual Full-scale CAL-MAT Exercise(s).
 - 9.1.3. CalOES Exercise(s).
 - 9.1.4. CPR Trainings and Exercises, as needed.
 - 9.2. Participate in the CDPH/EMSA Emergency Preparedness Training Workshop (EPTW) annually.

- 9.3. Attend emergency preparedness/disaster response conferences as requested by EMSA or CDPH-CPR, as budget allows.
10. Respond in accordance with the EOM to medical and health events in the region (ongoing), to include requests by EMSA, CDPH, or the RDMHC to respond to declared disasters within the State.
 - 10.1. Maintain incident logs and data related to response. Data to be provided in quarterly reports.
 - 10.2. Prepare regional after-action reports for any local, state or federal-declared disasters that impacted the region.
 - 10.3. Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from within the region.
 - 10.4. Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from outside the region.
 - 10.5. Report number of times that medical and/or health mutual aid or mutual assistance requests required reimbursement coordination.
 - 10.6. Report number of times the RDMHC Program polled the operational areas within the region to assess available resources for a potential request.
 - 10.6.1. Report number of times RDMHC Program assisted operational areas with completing the Medical and Health Situation Report or Flash Report or completed the Situation Report or Flash Report for the operational area.
 - 10.6.2. Report number of times the RDMHC Program assisted operational areas with completing the Medical Health Resource Request process.
 - 10.6.3. Report the number of meetings attended.
 - 10.6.4. Report the number of presentations delivered.
 - 10.6.5. Report number of times the RDMHC Program is contacted by the state for additional information regarding unusual events of emergency system activation within the region.
 - 10.6.6. Report the number of times the RDMHC Program is requested to act as a conduit to share information with operational areas within the region.

- 10.6.6.1. Number of times operational areas from within the region request the RDMHC program to share material/information with all operational areas within the region.
 - 10.6.6.2. Number of times operational areas from within the region request the RDMHC Program to assist with communications and questions to the State.
 - 10.6.6.3. Number of times the State requests the RDMHC program to share material/information with all operational areas within the region.
 - 10.6.6.4. Report the number of ambulance strike teams sent to assist another region.
 - 10.6.6.5. Report the number of ambulance strike teams provided to your region.
11. Coordinate and assist EMSA and CDPH with statewide, regional, and operational area response project, such as:
- 11.1. Assist EMSA with regional handheld radio caches. EMSA will provide two handheld radios to each region for RDMHS use, as well as a cache of twelve radios per region to be managed by the RDMHS and utilized as a regional asset.
 - 11.2. Coordinate and assist EMSA with regional site assessments to pre-identify mobile medical structures (MMS) deployment sites.
 - 11.3. Coordinate and assist EMSA with regional pre-identification of vendors/resources for wrap-around services to support MMS.
12. Additional Provisions
- 12.1. Participate in the RDMHC Program quarterly onsite meetings and monthly conference calls convened by EMSA.
 - 12.2. Submit quarterly reports to the EMSA and CDPH RDMHC Program Leads.
 - 12.3. Submit agendas for meetings held by RDMHSs to EMSA and CDPH RDMHC program leads.
 - 12.4. Represent the RDMHC Program as a participant on working/advisory committees as authorized by EMSA in conjunction with CDPH. Committee assignments reviewed annually and subject to change based on RDMHS workload and availability. Potential committee assignments include:

- 12.4.1. RDMHC/MHOAC Training Video Project.
 - 12.4.2. Bio Watch program planning and response.
 - 12.4.3. State workgroup for annual Statewide Medical and Health Exercise (SWMHE).
 - 12.4.4. EOM workgroup.
 - 12.4.5. Ambulance Strike Team Project Advisory Committee.
 - 12.4.6. Emergency Function (EF) 8 Technical Workgroup.
 - 12.4.7. HPP/PHEP Grant Guidance workgroup.
 - 12.4.8. Pediatrics Surge workgroup.
 - 12.4.9. High security, high profile event planning workgroups, such as NSSE designated events, dignitary visits, Olympics, World Cup, Super Bowl, other as needed.
- 13. During a declared disaster that will require the RDMHS to respond for an extended period, the RDMHS will work with EMSA and CDPH to prioritize objectives that may include deferring day to day assignments and committees.
 - 14. If additional activities are identified during this contract period, the RDMHS will work with the EMSA, CDPH, and RDMHC Program leads to evaluate current workload and responsibilities and determine how the additional activities support the tasks identified in this SOW. All parties will agree on the appropriateness of the assignment prior to it becoming a requirement.

Exhibit B
Budget Details and Payment Provisions

1. INVOICING AND PAYMENT: For services satisfactorily rendered and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the rates listed in Exhibit B, Attachment 1 Budget Detail and Narrative as specified herein.

Invoices shall be submitted in accordance with this agreement and Exhibit E-Sample Invoice, which is attached hereto and made a part of this Agreement.

Itemized invoices shall be submitted on company letterhead. The invoice shall include the following:

- A. Agreement Number
- B. Invoice Number
- C. Remit to Address
- D. Bill to Address
- E. Sufficient scope and detail to define the actual work performed and specific milestones completed, including a description of the activities of the Contractor and subcontractor, the hours allocated to those activities, the locations where work was performed, the expenses claimed, and any required reports

If any of this information is not on the invoice, it may cause delays in payment processing.

Submit all invoices to:

Emergency Medical Authority Services
Attn: Jody Durden, Contract Manager
Agreement Number: C24-017
11120 International Drive Suite 200
Rancho Cordova, CA 95670

Final Invoices must be submitted no later than sixty (60) days after the end date of this agreement.

Payment will be for actual services provided or actual costs. If the Emergency Medical Services Authority (EMSA) does not approve the invoice in accordance with identified general tasks or deliverables in this contract, payment of the invoice will be withheld by EMSA and the Contractor will be notified. The Contractor must take timely and appropriate measures to correct or remedy the reason(s) for non-acceptance and demonstrate to EMSA that the Contractor has successfully completed the scheduled work for each general task or deliverable before payment will be made.

2. ADVANCE PAYMENT: Pursuant to Health and Safety Code Section 1797.110, and upon request of the contractor, the state may pay in advance up to 25 percent of the total annual contract amount awarded. Any Regional Disaster Medical Health

Specialist (RDMHS) requesting a 25 percent advance will be required to certify that the RDMHS does not have the funds to proceed with the contract without the advance. The request must include the following documents and must be submitted to the EMSA EMS Plans Coordinator concurrently with the original signed contract:

- A Cover letter that state the RDMHS does not have funds to proceed with the contract without the advance.
- An invoice that reflects the state and local contract amount, and the advance amount requested. A Sample Invoice, Attachment E is attached.

Note: The advance cannot be processed for payment until the contract becomes fully executed.

Any RDMHS receiving an advance will be required to submit claims on a quarterly or monthly basis and are required to list all items for which the 25 percent advance is expended.

3. **BUDGET CONTINGENCY CLAUSE:** It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to the Contractor or to furnish any other considerations under this Agreement and the Contractor shall not be obligated to perform any provisions of this Agreement.

If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either: cancel this Agreement with no liability occurring to the State or offer an Agreement Amendment to the Contractor to reflect the reduced amount.

4. **PROMPT PAYMENT CLAUSE:** Payment will be made in accordance with and within the time specified in Government Code, Chapter 4.5 (commencing with Section 927).
5. **TAXES:** The State of California is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on employees' wages. The State will pay for any applicable State of California or other State's local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this contract. California may pay any applicable sales or use tax imposed by another state.
6. **STATE FISCAL YEAR BREAKDOWN:**

Fiscal Year	Total Estimated Cost per Year
FY 24/25 (July 1, 2024 - June 30, 2025)	\$240,000.00
Total Agreement Amount	\$240,000.00

A. BUDGET DETAIL

BUDGET CATEGORIES	FY 2023-2024
Personnel	
Base Salary - RDMHS	\$ 177,719.04
Fringe Benefits	\$ 38,280.96
Materials & Supplies	\$ 0
Travel*	
In-State	\$ 0
Mileage	N/A
Travel Out of State	\$ 0
Administrative/Indirect (10% of direct costs allowable)	\$ 24,000
Total	\$ 240,000.00

B. BUDGET DETAIL AND NARRATIVE

Personnel: Actual annual salary: \$91,488+\$86,231.04= \$ 177,719.04

These funds are used to directly support two RDMHS positions: one full time Senior Disaster Service Analyst and one full time Disaster Service Analyst. The Senior DSA estimated salary is \$91,488. The Disaster Service Analyst estimated salary is \$86,231.04. See EMSA job duties and responsibilities for specifics of the position.

FRINGE BENEFITS: Actual annual benefits: \$121,986.35 with \$ 38,280.96 paid by the RDMHS grant.

LA County Department of Health Services fringe benefits are currently calculated at 68.64%. The State allowable fringe benefit rate of 37% is used for this budget. LA County is covering the remainder: \$83,705.39 of benefit costs.

MATERIAL, SUPPLIES, AND COMMUNICATION TOOLS: \$0

The RDMHS grant does not provide adequate funding to cover expenses related to office supplies, computer supplies, and monthly costs of cellular devices. LA County is covering these costs.

MEMBERSHIP, SUBSCRIPTIONS, AND PROFESSIONAL ACTIVITIES: \$0

TRAVEL-IN-STATE AND MILEAGE: \$0

The RDMHS grant does not provide adequate funding to cover the required In-State travel. All in-state travel will have to be covered by the State.

TRAVEL OUT OF STATE: \$0

INDIRECT/ADMINISTRATIVE COSTS: Allowable indirect cost: \$24,000.00

Administrative/Indirect costs of up to 10% of the direct cost allocation are allowable and include but not limited to administrative management, accounting, bookkeeping, legal expense, maintenance, and repairs of space.

Exhibit D
Special Terms and Conditions

1. LIABILITY FOR NONCONFORMING WORK: The Contractor will be fully responsible for ensuring that the completed work conforms to the agreed upon terms. If nonconformity is discovered prior to the Contractor's deadline, the Contractor will be given a reasonable opportunity to cure the nonconformity. If the nonconformity is discovered after the deadline for the completion of project, the State, in its sole discretion, may use any reasonable means to cure the nonconformity. The Contractor shall be responsible for reimbursing the State for any additional expenses incurred to cure such defects.
2. SETTLEMENT OF DISPUTES: In the event of a dispute, Contractor shall file a "Notice of Dispute" with the Emergency Medical Services Authority, Director, or his/her designee within ten (10) days of discovery of the problem. Within ten (10) days, the Director or his/her designee shall meet with the Contractor and Project Manager for purposes of resolving the dispute. The decision of the Director or his/her designee shall be final.
In the event of a dispute, the language contained within this agreement shall prevail over any other language including that of the bid proposal.
3. AGENCY LIABILITY: The Contractor warrants by execution of this Agreement, that no person or selling agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the State shall, in addition to other remedies provided by law, have the right to annul this Agreement without liability, paying only for the value of the work actually performed, or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee.
4. IMPRACTICABILITY OF PERFORMANCE: This Agreement may be suspended or cancelled, without notice at the option of the Contractor, if the Contractor's or State's premises or equipment is destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Contractor is unable to render service as a result of any action by any governmental authority.
5. LICENSES AND PERMITS: The Contractor shall be an individual or firm licensed to do business in California and shall obtain at his/her expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this Agreement.

If you are a Contractor located within the State of California, a business license from the city/county in which you are headquartered is necessary; however, if you are a corporation, a copy of your incorporation documents/letter from the Secretary of State's Office can be submitted. If you are a Contractor outside the State of California, you will need to submit to the Emergency Medical Services Authority (EMSA) a copy of your business license or incorporation papers for your respective State showing that your company is in good standing in that state.

In the event the Contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to other remedies it may have, terminate this Agreement upon occurrence of such event.

6. AMENDMENTS: This agreement allows for amendments to add time for completion of specified deliverables and/or to increase funding. Should either party, during the term of this agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made through the State's official agreement amendment process. No amendment will be considered binding on either party until it is formally approved by both parties and the Department of General Services if such approval is required.
7. FORCE MAJEURE: Neither party shall be liable to the other for any delay in or failure of performance, nor shall any such delay in or failures of performance constitute default, if such delay or failure is caused by "Force Majeure", as used in this section, "Force Majeure" is defined as follows: unforeseen circumstances that make performance of the agreement impossible such as acts of war, civil unrest, acts of governments (such as changes in law), acts of God such as earthquakes, floods, and other natural disasters such that performance is impossible.
8. INSPECTION OF SERVICES: Services performed by Contractor under this Agreement shall be subject to inspection by EMSA at any and all times during the performance thereof. If EMSA official conducting the inspection determines that the services performed by Contractor (and/or materials furnished in connection therewith) are not in accordance with the specification, EMSA may, at its option, have the work performed by an alternate provider, charging the Contractor with any excess cost occasioned thereby.
10. RIGHT TO TERMINATE: The State reserves the right to terminate this agreement subject to 30 days written notice to the Contractor. The Contractor may submit a written request to terminate this agreement only if the State should substantially fail to perform its responsibilities as provided herein.

However, the agreement can be immediately terminated for cause. The term "for cause" shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of the agreement. In this instance, the agreement termination shall be effective as of the date indicated on the State's notification to the Contractor.

11. LIABILITY FOR LOSS AND DAMAGES: Any damages by the Contractor to the State's facility including equipment, furniture, materials, or other State property will be repaired or replaced by the Contractor to the satisfaction of the State at no cost to the State. The State may, at its option, repair any such damage and deduct the cost thereof from any sum due Contractor under this Agreement.

12. CONFIDENTIALITY OF DATA: No reports, information, inventions, improvements, discoveries, or data obtained, repaired, assembled, or developed by the Contractor pursuant to this Agreement shall be released, published, or made available to any person (except to the State) without prior written approval from the State.

The contractor by acceptance of this Agreement is subject to all of the requirements of California Civil Code Sections 1798, et seq., regarding the collections, maintenance, and disclosure of personal and confidential information about individuals.

13. POTENTIAL SUBCONTRACTORS: Nothing contained in this Agreement or otherwise shall create any contractual relation between the State and any subcontractors, and no subcontract shall relieve the Contractor of its responsibilities and obligations hereunder. The Contractor agrees to be as fully responsible to the State for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor. The Contractor's obligation to pay its subcontractors is an independent obligation from the State's obligation to make payments to the Contractor. As a result, the State shall have no obligation to pay or to enforce the payment of any moneys to any subcontractor.

14. GOODS AND SERVICES: The State reserves the rights to inspect, reject, and/or accept all goods and services provided within this agreement.

**Exhibit E
Invoice Template**

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY
FAIT 601B (Rev. 8-2024)

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY
CONTRACTOR REIMBURSEMENT INVOICE

Bill to: Emergency Medical Services Authority
Attention: Jody Durden
11120 International Drive, Suite 200
Rancho Cordova, CA 95670

DATE:
CONTRACT NUMBER:
INVOICE NUMBER:
INVOICE PERIOD:
INVOICE AMOUNT: \$ -

Remit To:

Purpose of this invoice is to reimburse contractor for actual expenditures incurred while performing the activities agreed upon as contained n Contract

Number#XXXXXXX, Supporting documentation of requested reimbursement will be provided upon request.

Budget Categories	Contract Budget	Contract Expenditures			Remaining Balance
		Current	Prior	YTD	
Salary Expenses		-	-	-	-
Benefit Expenses		-	-	-	-
Operating Expenses		-	-	-	-
<hr/>					
Total	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative/Indirect Costs (10%)					-
Less Advance (if applicable)					-
Total Reimbursement Request		\$ -			-

I certify that I am the duly appointed and acting officer of the herein named agency and the costs being claimed herein are in all respects true, correct, and in accordance with the contract provisions: that funds were expended or obligated during the contract period; and the amount claimed above has not previously presented to or reimbursed by the Emergency Medical Services Authority.

Signature: _____

Title: _____

Printed Name: _____

Date: _____

For EMSA Use Only

I certify that this reimbursement is in compliance with all terms/conditions, laws, and regulations governing it's payment and hereby approved for payment.

Signature: _____

Title: _____

Printed Name: _____

Date: _____

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter☐ Board Memo☐ Other

CLUSTER AGENDA REVIEW DATE	5/14/2025	
BOARD MEETING DATE	6/3/2025	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Department of Public Health	
SUBJECT	RECOMMENDATION TO CONTINUE THE DECLARED LOCAL HEALTH EMERGENCY FOR THE JANUARY 2025 CRITICAL FIRE EVENTS	
PROGRAM	Executive Office Services	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Not Applicable If unsure whether a matter is subject to the Levine Act, email your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board Letter.	
DEADLINES/ TIME CONSTRAINTS		
COST & FUNDING	Total cost: \$	Funding source:
	TERMS (if applicable):	
	Explanation: There is no fiscal impact related to the continuance of this local health emergency, but the proclamation of local health emergency could allow the County to seek recovery of eligible costs from the Federal Emergency Management Agency and State of California. The County will incur costs associated with the response to and recovery from the local health emergency.	
PURPOSE OF REQUEST	<p>The local health emergency declared by the local health officer on January 10, 2025, was ratified by the Board on January 14, 2025, and initially extended on February 11, 2025, and continued thereafter, must be reviewed by the Board to determine the need for the local health emergency to remain in effect at least once every 30 days, until it is terminated; and (2) proclaim the local health emergency terminated at the earliest possible date that conditions warrant the termination.</p> <p>Public Health and the Los Angeles County Health Officer have reviewed the need for the proclaimed local health emergency referenced above to remain in effect and recommend that the local health emergency be continued.</p>	
BACKGROUND	The January 2025 Windstorm and Critical Fire Events are an ongoing local health emergency in Los Angeles County, which has required an ongoing response to several	

<p>(include internal/external issues that may exist including any related motions)</p>	<p>destructive and wind-driven fires, especially the Palisades and Eaton Fires. These fires have burned thousands of residences and structures and resulted in massive amounts of post-fire health hazards in the form of burned hazardous materials and hazardous ash, soot and fire debris remaining in the burn and surrounding areas. The recovery response to these catastrophic fire events requires the ongoing need for federal, State and local emergency response and recovery operations to implement and complete a large scale urban wildfire debris removal and disposal and evaluate related human health risks.</p> <p><u>Board Motion</u> On January 14, 2025, via motion, the Board ratified the County Health Officer's Declaration of Local Health Emergency made on January 10, 2025, for the January 2025 Windstorm and Critical Fire Events, in the County of Los Angeles. The Proclamation of Local Health Emergency shall remain in effect until its termination is proclaimed by the Board.</p>
<p>EQUITY INDEX OR LENS WAS UTILIZED</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:</p>
<p>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:</p>
<p>DEPARTMENTAL CONTACTS</p>	<p>Name, Title, Phone # & Email:</p> <ul style="list-style-type: none"> • Joshua Bobrowsky Director of Government Affairs, Public Health jbobrowsky@ph.lacounty.gov • Blaine D. McPhillips Senior Deputy County Counsel Health Services Division bmcphillips@counsel.lacounty.gov



DRAFT



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

ANISH P. MAHAJAN, M.D., M.S., M.P.H.
Chief Deputy Director

313 North Figueroa Street, Suite 806
Los Angeles, CA 90012
TEL (213) 288-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

June 3, 2025

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**RECOMMENDATION TO CONTINUE THE DECLARED LOCAL HEALTH
EMERGENCY FOR THE JANUARY 2025 CRITICAL FIRE EVENTS
(ALL AFFECTED) (3 VOTES)**

SUBJECT

The Department of Public Health (Public Health) is recommending that the Board of Supervisors (Board) continue the local health emergency declared on January 10, 2025, in response to the January 2025 Windstorm and Critical Fire Events impacting Los Angeles County (County).

IT IS RECOMMENDED THAT THE BOARD:

Adopt and instruct the Chair of the Board to execute the attached Resolution to Continue the Local Health Emergency due to the January 2025 Windstorm and Critical Fire Events.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The local health emergency declared by the local health officer on January 10, 2025, was ratified by the Board on January 14, 2025, and initially continued by the Board on February 11, 2025, must be reviewed by the Board to determine the need for the local health emergency to remain in effect at least once every 30 days, until it is terminated; and (2) proclaim the local health emergency terminated at the earliest possible date that conditions warrant the termination.

Public Health and the County Health Officer have reviewed the need for the proclaimed local health emergency referenced above to remain in effect and is recommending that the local health emergency be continued. This review included considerations of the extent to which the specified conditions for the proclaimed local health emergency, such as the continued existence of hazardous materials, hazardous waste in the form of fire ash, soot, and debris remaining inside and near the burn areas; the ongoing need for federal, State and local emergency response and recovery operations to implement and complete a large scale urban wildfire debris removal and disposal response; the ongoing need for federal and/or State financial assistance; and the extent to which departments continue to engage in essential emergency-related activities that are dependent on the local health emergency remaining in effect.

The January 2025 Critical Fire Events are an ongoing local health emergency in the County, which has required an ongoing response to several destructive and wind-driven fires, especially the Palisades and Eaton Fires. These fires have resulted in massive amounts of post-fire health hazards in the form of burned hazardous materials and hazardous ash, soot and fire debris remaining in the burn and surrounding areas. These catastrophic fire events have caused the loss of life, displacement of thousands of residents, widespread damage and destruction to residential structures, businesses, and infrastructure. These conditions are beyond the control of the resources of the County and have continued to require the combined forces of federal, State and other political subdivisions to combat. To mitigate the risks to health created by the fires, post-fire health hazards must be removed from properties in accordance with federal and State standards for safe removal of hazardous materials and waste.

Given the current and ongoing risks posed by post-fire health hazards, Public Health recommends that the Board find that the local health emergency be continued.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: North Star 2 – Foster Vibrant and Resilient Communities, Focus Area A – Public Health, Strategy i - Population Based Health.

FISCAL IMPACT/FINANCING

There is no fiscal impact related to the continuance of this local health emergency, but the proclamation of local health emergency could allow the County to seek recovery of eligible costs from the Federal Emergency Management Agency and State of California. The County will incur costs associated with the response to and recovery from the local health emergency.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

California Health and Safety Code Section 101080 and Chapter 2.68 of the Los Angeles County Code requires the Board to review the need for a proclaimed local health emergency to remain in effect at least once every 30 days, until it is terminated. California Health and Safety Code Section 101080 requires the Board to terminate a proclaimed local health emergency at the earliest possible date that conditions warrant.

ENVIRONMENTAL DOCUMENTATION

This action is not subject to the California Environmental Quality Act (CEQA) because it is excluded from the definition of project under section 15378(b)(5) of the State CEQA Guidelines.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

There is no impact on current services.

CONCLUSION

Upon approval by the Board, the Public Health requests that an executed, stamped copy of the attached Resolution be returned to Public Health.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

BF:db
#08093

Enclosure

c: Chief Executive Officer
County Counsel
Executive Office, Board of Supervisors
Public Works
CEO Office of Emergency Management

**RESOLUTION BY THE COUNTY OF LOS ANGELES BOARD OF SUPERVISORS TO
CONTINUE THE LOCAL HEALTH EMERGENCY FOR THE JANUARY 2025
CRITICAL FIRE EVENTS**

WHEREAS, pursuant to Section 101080 of the California Health and Safety Code, the existence of a local health emergency was declared by the County Health Officer on January 10, 2025, and ratified by the Board of Supervisors (Board) on January 14, 2025, due to conditions of disaster or of extreme peril to the safety of persons and property arising from the January 2025 Windstorm and Critical Fire Events, beginning on January 7, 2025, affecting areas throughout the County of Los Angeles (County); and

WHEREAS, the January 2025 Critical Fire Events, beginning on January 7, 2025, are an ongoing local health emergency in the County, whose conditions have included an ongoing response to a number of destructive and wind-driven fires, which include, among others, the Palisades Fire, Eaton Fire, Hurst Fire, Creek Fire, Lidia Fire, and the Kenneth Fire, and post-fire hazards in the form of burned common household hazardous materials and contaminated ash, soot and fire debris remaining in the burn zones and surrounding areas. These conditions are or will likely be beyond the control of the resources of the County and require the combined forces of other political subdivisions and the ongoing need for federal and/or State financial assistance. To the extent which departments continue to engage in essential emergency-related activities that are dependent on the local health emergency remaining in effect; and

WHEREAS, there continues to be conditions of disaster or of extreme peril to the safety of persons and property arising from the January 2025 Critical Fire Events in the County, and to mitigate the risks to health created by the fires and post-fire health hazards, which include the presence of extensive amounts of common household items burned in the wildfires that created contaminated ash and fire debris, must be removed, transported, and disposed of from properties in accordance with federal and State standards, which is an on-going effort; and

WHEREAS, Health and Safety Code Section 101080 and Chapter 2.68 of the Los Angeles County Code requires the Board to review the need for a declared local health emergency to remain in effect at least once every 30 days, until it is terminated by the Board at the earliest possible date that conditions warrant; and

WHEREAS, the Board has reviewed the need to continue the local emergency for the January 2025 Critical Fire Events, which was already ratified on January 14, 2025, and continued thereafter; and

WHEREAS, the Board determines that there continues to exist conditions of disaster or of extreme peril to the health and safety of people arising from the local health emergency for the January 2025 Critical Fire Events such that continuation of this local health emergency is warranted.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Los Angeles that the local health emergency due to the January 2025 Critical Fire Events in the County continues to exist and is hereby extended for thirty (30) additional days, unless sooner terminated by the Board.

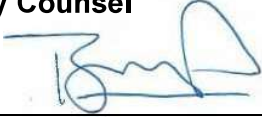
The foregoing resolution was on the *3rd* day of *June* 2025, adopted by the Board of Supervisors of the County of Los Angeles and ex officio the governing body of all other special assessment and taxing districts, agencies and authorities for which said Board so acts.

EDWARD YEN
Executive Officer
Board of Supervisors

By _____
Deputy

APPROVED AS TO FORM:

DAWYN R. HARRISON
County Counsel

By  _____
BLAINE D. McPHILLIPS
Senior Deputy County Counsel
Health Services Division

DRAFT**BOARD LETTER/MEMO
CLUSTER FACT SHEET**☒ Board Letter☐ Board Memo☐ Other

CLUSTER AGENDA REVIEW DATE	5/14/2025	
BOARD MEETING DATE	6/3/2025	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Mental Health	
SUBJECT	Approval to Extend the Existing Contract with California Psychiatric Transitions, Inc. on a Sole Source Basis for a Mental Health Rehabilitation Center Providing Sub-Acute Psychiatric Services	
PROGRAM	NA	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: It is in the best economic interest of the County to extend the existing Contract.	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – Not Applicable If unsure whether a matter is subject to the Levine Act, email your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board Letter.	
DEADLINES/ TIME CONSTRAINTS	6/3/2025	
COST & FUNDING	Total cost: Reimbursed based on rates	Funding source: 2011 Realignment Mental Health Revenue
	TERMS (if applicable): 1 year extension with 1 year optional	
	Explanation: The existing contract is set to expire on June 30, 2025.	
PURPOSE OF REQUEST	This Board Letter will allow DMH to extend the existing Contract with California Psychiatric Transitions, Inc. on a sole source basis for their Mental Health Rehabilitation Center (MHRC) providing sub-acute psychiatric services.	
BACKGROUND (include internal/external issues that may exist including any related motions)	DMH executed the existing contract under Board Motion for CPT's 98- bed licensed MHRC through June 30, 2025. CPT specializes in offering state hospital alternative services designed for clients with complex and challenging behavioral health needs, some of these clients often include arson registrants and murphy conserved individuals. CPT has committed a minimum of 32 beds exclusively to DMH to ensure clients declined by other local sub-acute providers receive the treatment and support they require.	
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: The contract supports access to care for individuals with complex behavioral health needs who often face significant barriers to placement. CPT provides dedicated beds for clients who are frequently declined by other providers, including those with Murphy conservatorships or on arson registries. Extending this contract ensures these high-need individuals continue to receive appropriate treatment in a specialized setting, in alignment with the County's commitment to equitable service delivery for all populations.	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: <ul style="list-style-type: none"> • Care First, Jails Last – by ensuring clients with serious mental health needs receive care in a therapeutic environment rather than being routed through the justice system. • Health Integration – by maintaining access to a facility that supports the continuum of mental health care, especially for individuals who are hard to place. • Anti-Racism, Diversity, and Inclusion (ARDI) – by addressing long-standing service gaps for vulnerable groups who have been historically excluded from many traditional treatment settings. 	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Rachel Kleinberg, Senior Deputy County Counsel, 213.974.7735, rkleinberg@counsel.lacounty.gov Jaclyn Baucum, Senior Deputy Director, 213.943.838, jbaucum@dmh.lacounty.gov	



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

June 3, 2025

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO EXTEND THE EXISTING CONTRACT WITH CALIFORNIA
PSYCHIATRIC TRANSITIONS, INC. ON A SOLE SOURCE BASIS FOR A
MENTAL HEALTH REHABILITATION CENTER PROVIDING SUB-ACUTE
PSYCHIATRIC SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to extend the existing contract with California Psychiatric Transitions, Inc. on a sole source basis for their Mental Health Rehabilitation Center providing sub-acute psychiatric services.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Mental Health (Director), or designee, to prepare, sign, and execute an amendment, substantially similar to Attachment I, to continue providing sub-acute psychiatric services to clients under conservatorship at California Psychiatric Transitions, Inc.'s (CPT) Mental Health Rehabilitation Center (MHRC) on a sole source basis effective July 1, 2025, through June 30, 2026. The funding for Fiscal Year (FY) 2025-26 is fully covered by 2011 Realignment Mental Health revenues. This contract does not have a total contract amount, as reimbursement is done based on rates.
2. Delegate authority to the Director, or designee, to prepare, sign, and execute future amendments to the contract described in Recommendation 1 to exercise an optional one year extension; revise the contract language; add, delete, modify, or

replace the Statement of Work (SOW); revise the rates; and/or reflect federal, State, and County regulatory and/or policy changes provided that 1) sufficient funds are available; and 2) the amendments will be subject to prior review and approval as to form by County Counsel, with written notice to the Board and Chief Executive Office (CEO).

3. Delegate authority to the Director, or designee, to terminate Contract in accordance with the termination provisions, including Termination for Convenience. The Director, or designee, will provide written notification to your Board and CEO of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Board approval of Recommendation 1 will allow DMH to amend CPT's contract to extend the term on a sole source basis, effective July 1, 2025 through June 30, 2026.

Board approval of Recommendation 2 will allow DMH execute future amendments, extend the contract term, revise contract language; add, delete, modify, or replace the SOW as necessary, without interruption to services

Board approval of Recommendation 3 will allow DMH to terminate the Contract in accordance with Contract's termination provisions, including Termination for Convenience, in a timely manner, as necessary.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the County's North Star 1, Make Investments that Transform Lives, specifically Focus Areal Goal A., Healthy Individual and Families.

FISCAL IMPACT/FINANCING

The total cost for this contract is included in FY 2025-26 annual budget and fully funded by 2011 Realignment Mental Health revenues.

If needed, funding for future fiscal years will be requested through DMH's annual budget request process.

There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Each Supervisor
6/3/2025
Page 3

On December 3, 2019, your Board adopted Board Motion 19-7599, "Addressing the Shortage of Mental Health Hospital Beds." The Motion authorized the Director of Mental Health, or designee, to negotiate, execute, and/or amend contracts with State-licensed, approved, or exempt facilities as-needed to increase the existing mental health bed capacity.

The Department of Mental Health (DMH), utilizing the authority under Board Motion 19-7599, negotiated and executed a contract with CPT for their 98-bed licensed MHRC through June 30, 2025. DMH is seeking to extend the Contract on a sole source basis to ensure continuity of care and access to these essential services. CPT specializes in offering state hospital alternative services designed for clients with complex and challenging behavioral health needs. These clients often include arson registrants, Murphy conserved individuals, individuals with a history of violent behavior, and individuals with severe personality disorders. CPT has committed a minimum of 32 beds exclusively for DMH clients, ensuring that clients denied by other local sub-acute providers receive the treatment and support they require.

The attached amendment format (Attachment I) has been approved as to form by County Counsel.

In accordance with Board Policy No. 5.100 (Sole Source Contracts and Amendments), DMH is required to notify your Board at least six months prior to the expiration of an existing contract when there is not delegated authority to amend. On December 19, 2024, DMH notified your Board (Attachment II) of its intent to extend the term of the existing contract with CPT to continue MHRC services, as they are the sole provider of such services to clients with complex and challenging behavioral health needs. As we did not hear otherwise, we are moving forward with this action. The required Sole Source Checklist (Attachment III) identifying and justifying the need for a sole source extension has been approved by CEO.

IMPACT ON CURRENT SERVICES OR PROJECTS

Board approval of the recommended actions will maintain DMH's relationship with CPT and ensure the provision of CPT's unique and critical services, which are not readily available from other providers.

Respectfully submitted,

LISA H. WONG., Psy.D.
Director

Each Supervisor
6/3/2025
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LHW:RH:KN:SK:zw:atm

Attachments (3)

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel

DRAFT

DRAFT

CONTRACT NO. MH460001AMENDMENT NO. 8

THIS AMENDMENT is made and entered into this ____ day of June 2025, by and between the COUNTY OF LOS ANGELES (hereafter "County") and California Psychiatric Transitions, Inc. (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Contract by and between County of Los Angeles Department of Mental Health and California Psychiatric Transitions, Inc. for Mental Health Rehabilitation Center Services", dated September 6, 2020, and further identified as County Contract No. MH460001, and any amendments thereto (hereafter collectively "Contract"); and

WHEREAS, on June ____, 2025, the County Board of Supervisors delegated authority to the Director of Mental Health (DMH), or designee, to execute amendments to the Contract to add, delete, revise language, and to make certain other designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, County and Contractor intend to amend the Contract to extend the term for one Fiscal Year (FY) beginning July 1, 2025 through June 30, 2026, and make other hereinafter designated changes; and

WHEREAS, Contractor warrants that it continues to possess the competence, expertise, and personnel necessary to provide services consistent with the requirements of the Contract, and consistent with the professional standard of care for these services.

NOW, THEREFORE, County and Contractor agree as follows:

1. This amendment is hereby incorporated into the original Contract, and all its terms and conditions, including capitalized terms defined therein, will be given full force and effect as if fully set forth herein.
2. The Amendment is effective July 1, 2025.
3. The term of the Contract is extended from July 1, 2025, and will continue in full force through June 30, 2026.
4. Exhibit B-8 (RATE SHEET), attached hereto and incorporated herein by reference, will be added to the Contract.
5. Exhibit Q (Contribution and Agent Declaration Form) will be deleted in its entirety and replaced with Exhibit Q-8 (Contribution and Agent Declaration Form), attached hereto and incorporated herein by reference.
6. Paragraph 10.0 (Survival) is added to the Contract as follows:
“10.0 In addition to any terms and conditions of this Contract that expressly survive the expiration or termination of this Contract by their terms, the following provisions will survive the expiration or termination of this Contract for any reason:

Paragraph 1.0	Applicable Documents
Paragraph 2.0	Definitions
Paragraph 3.0	Work
Paragraph 7.5	Confidentiality
Paragraph 8.1	Amendments
Paragraph 8.2	Assignment and Delegation/mergers or Acquisitions
Paragraph 8.6	Compliance with Applicable Law
Paragraph 8.19	Fair Labor Standards
Paragraph 8.20	Force Majeure
Paragraph 8.21	Governing Law, Jurisdiction, and Venue
Paragraph 8.23	Indemnification
Paragraph 8.24	General Provisions for all Insurance Coverage
Paragraph 8.25	Insurance Coverage
Paragraph 8.34	Notices

Paragraph 8.38	Record Retention and Inspection-Audit Settlement
Paragraph 8.42	Termination for Convenience
Paragraph 8.43	Termination for Default
Paragraph 8.48	Validity
Paragraph 8.49	Waiver
Paragraph 8.58	Prohibition from Participation in Future Solicitation(s)
Paragraph 8.60	Campaign Contribution Prohibition Following Final Decision in Contract Proceeding
Paragraph 9.2	Health Insurance Portability and Accountability Act of 1996(HIPAA)
Paragraph 10.0	Survival

8. Except as provided in this amendment, all other terms and conditions of the Contract will remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by the County's Director of Mental Health or designee, and Contractor has caused this Amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
LISA H. WONG., Psy. D.
Director of Mental Health

California Psychiatric Transitions, Inc.
CONTRACTOR

By _____

Name Aaron Stocking

Title Director
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

By: RACHEL KLEINBERG
Senior Deputy County Counsel

California Psychiatric Transitions

Dedicated Bed Rate Table FY 2025-2026

Main/ReEntry	
LAC-DMH Dedicated Bed Rate	\$736/Day
1:1 Monitoring	\$59.00/Hour
DBU/Diversion	
LAC-DMH Dedicated Bed Rate	\$1024/Day
1:1 Monitoring	\$59.00/Hour

LAC-DMH shall retain priority access to beds paid under the Dedicated Bed Rate for LAC-DMH clients transitioning in and out of Contractor's facility. When LAC-DMH clients work through the program and eventually discharge from Contractor's facility, that Dedicated Bed will be made available for new LACDMH client admissions for immediate transfer to the bed. All admissions must be approved by Contractor, and Contractor does reserve the right to deny any admissions that Contractor feels would not be a good fit for the facility. Contractor agrees to dedicate beds for LAC-DMH use and set aside beds for LAC-DMH use as they become available, with the eventual goal of prioritizing at least 32 LAC-DMH Dedicated Beds at Contractor's facility. New admission into beds that are set aside for LAC-DMH will be paid for at the Dedicated Bed Rate by LAC-DMH. If a new LAC-DMH client admission cannot be mutually agreed upon by both parties, Contractor and/or LAC-DMH can choose to release that bed.

Bed hold rate will be the same rate as the corresponding unit that the bed is being held in.

California Psychiatric Transitions

Rate Table FY 2024-2025 (for LAC-DMH Clients admitted to CPT prior to the initiation of LAC-DMH Dedicated bed rates)

MHRC	
LPS	\$518/Day
1:1 Monitoring	\$59.00/Hour
DBU	
LPS, IST, DIV, Murphy	\$1024/Day
1:1 Monitoring	\$59.00/Hour
FORENSIC	
IST, DIV, Murphy	\$736/Day
1:1 Monitoring	\$59.00/Hour

Bed hold rate will be the same rate as the corresponding unit that the bed is being held in.

CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act (Government Code section 84308), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.

This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.

HOA.104008393.4
Rev. [4/16/24]

CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State "none" if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal: _____

b) If applicable, variations and acronyms of Declarant Company's name used within the past 12 months: _____

c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. "Controlled or directed" means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

b) Subsidiaries:

c) Related Business Entities:

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

CONTRIBUTION AND AGENT DECLARATION FORM

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

Date (contribution solicited, or directed)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

Date (contribution made)	Name (of the contributor)	Recipient Name (elected official)	Amount

*Please attach an additional page, if necessary.

CONTRIBUTION AND AGENT DECLARATION FORM**C. DECLARATION**

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as _____ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

CONTRIBUTION AND AGENT DECLARATION FORM**INDIVIDUAL BIDDERS OR APPLICANTS**

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

December 19, 2024

TO: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn

FROM: Lisa H. Wong, Psy.D. *RHundal*
Director

SUBJECT: **NOTICE OF INTENT TO EXECUTE A SOLE SOURCE AMENDMENT TO EXTEND THE EXISTING CONTRACT WITH CALIFORNIA PSYCHIATRIC TRANSITIONS, INC., A MENTAL HEALTH REHABILITATION CENTER FOR THE CONTINUED PROVISION OF SUB-ACUTE PSYCHIATRIC SERVICES TO CLIENTS UNDER CONSERVATORSHIP**

In accordance with the Los Angeles County Board of Supervisors' (Board) Policy No. 5.100 (Sole Source Contracts and Amendments), the Department of Mental Health (DMH) is notifying your Board of our Department's intent to amend the existing contract with California Psychiatric Transitions, Inc., (CPT) a Mental Health Rehabilitation Center (MHRC) for the continued provision of sub-acute psychiatric services to clients under conservatorship.

DMH will request that your Board approve a sole source extension amendment with CPT, effective upon Board approval through Fiscal Year (FY) 2025-26 with one optional extension. The Total Contract Amount for FY 2025-26 is \$7,791,072, fully funded by 2011 Realignment revenue.

JUSTIFICATION

On September 6, 2020, DMH utilized the authority granted under Board Motion 19-7599, "Addressing the Shortage of Mental Health Hospital Beds," to negotiate and execute the current contract with CPT for their 98-bed licensed MHRC. This authority has since expired.

To ensure continuity of care and maintain access to these essential services, DMH intends to continue its relationship with CPT on a sole-source basis. This determination is supported by the unique and critical nature of the services CPT provides, which are not readily available through other providers.

CPT specializes in offering highly specialized, state hospital alternative services designed for clients with complex and challenging behavioral health needs. These clients often include:

- Arson registrants
- Murphy Conserved individuals (clients under the jurisdiction of Murphy Conservatorships)
- Violent individuals
- Individuals with severe personality disorders

These clients are typically admitted to CPT following denials from local sub-acute providers in Los Angeles County (County), underscoring the necessity of CPT's role in the continuum of care. Since execution of the contract in 2020, CPT has accepted an average of 23 admissions per year. These admissions involve individuals identified as among the most severely mentally ill within the County, requiring intensive psychiatric care and specialized intervention services.

Furthermore, CPT has committed to dedicating a minimum of 32 beds exclusively to serve County clients. This allocation ensures that some of the County's most difficult-to-place individuals receive the treatment and support they require, contributing to DMH's mission of providing comprehensive and equitable mental health services.

This sole-source agreement aligns with the County's best economic interest by addressing the critical gap in services for these specialized populations and avoiding potential costlier placements or legal ramifications resulting from lack of care availability.

NOTIFICATION TIMELINE

Pursuant to Board Policy No. 5.100, DMH is required to notify the Board at least six months prior to the expiration of an existing contract to amend the contracts when departments do not have delegated authority to execute such amendment. If requested by a Board Office or the Chief Executive Office, DMH will place this item on the Health and Mental Health Services Cluster Agenda. Unless otherwise instructed by your Board Office within four weeks of this notice, DMH will begin contract negotiations, and after the six-month notification period, DMH will present to

Each Supervisor
December 19, 2024
Page 3

your Board a letter for approval to execute a sole source amendment to extend the existing contract with CPT.

If you have any questions, or require additional information, please contact me at LWong@dmh.lacounty.gov or (213) 947-6670, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at SKrikorian@dmh.lacounty.gov or (213) 943-9146.

LHW:RH:KN
SK:RLR:ZW:atm

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel

SOLE SOURCE CHECKLIST

Department Name: _____

- ☐ New Sole Source Contract
- ☐ Sole Source Amendment to Existing Contract
- Date Existing Contract First Approved: _____

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS Identify applicable justification and provide documentation for each checked item.
	➤ Only one bona fide source (monopoly) for the service exists; performance and price competition are not available. A monopoly is an <i>“Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist.”</i>
	➤ Compliance with applicable statutory and/or regulatory provisions.
	➤ Compliance with State and/or federal programmatic requirements.
	➤ Services provided by other public or County-related entities.
	➤ Services are needed to address an emergent or related time-sensitive need.
	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➤ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract which has no available option periods.
	➤ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available option periods.
	➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Chief Executive Office

Date

DRAFT**BOARD LETTER/MEMO
CLUSTER FACT SHEET**☒ Board Letter☐ Board Memo☐ Other

CLUSTER AGENDA REVIEW DATE	5/14/2025	
BOARD MEETING DATE	6/3/2025	
SUPERVISORIAL DISTRICT AFFECTED	<input type="checkbox"/> All <input type="checkbox"/> 1 st <input checked="" type="checkbox"/> 2 nd <input checked="" type="checkbox"/> 3 rd <input checked="" type="checkbox"/> 4 th <input checked="" type="checkbox"/> 5 th	
DEPARTMENT(S)	Mental Health (DMH)	
SUBJECT	Request approval to amend existing six Department of Mental Health (DMH) Legal Entity (LE) and one 24-Hour Residential Treatment Contracts for Fiscal Years (FYs) 2024-25, and 2025-26, to increase their Maximum Contract Amounts (MCAs) for the continued provision and expansion of specialty mental health services.	
PROGRAM	DMH Legal Entity Contractors	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
SB 1439 SUP. DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – Not Applicable If unsure whether a matter is subject to the Levine Act, email your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board Letter.	
DEADLINES/ TIME CONSTRAINTS	06/03/2025	
COST & FUNDING	Total cost: \$3,401,805 for LE Contracts, and \$320,052 for the 24-Hour Residential Treatment Contract.	Funding source: Federal Financial Participation, State and Mental Health Services Act Revenues
	TERMS (if applicable): FYs 2024-25 and 2025-26	
	Explanation: To increase the MCAs for FYs 2024-25 and 2025-26	
PURPOSE OF REQUEST	Amend existing LE and 24-Hour Residential Treatment contracts to increase MCA for the continued provision of specialty mental health services due to the LE and 24-Hour Residential Treatment contracts reached their previously Board-approved 25 percent delegated authority for FYs 2024-25 and 2025-26.	
BACKGROUND (include internal/external issues that may exist including any related motions)	On May 7, 2024, the Board authorized the Director to extend the term of the LE contracts through June 30, 2026. The same Board Letter also delegated authority to DMH to amend the LE Contracts up to 25 percent of their approved MCA. As such, using the authority delegated, DMH amended LE Contracts attached to this Board Letter up to the allowed 25 percent and is now returning to the Board for authority to further amend the contracts to increase their MCAs for FYs 2024-25 and 2025-26. Additionally, On May 3, 2022, the Board authorized the Director to execute 24-Hour Residential Treatment contracts through June 30, 2026. The same Board letter also delegated authority to DMH to amend the 24-Hour Residential Treatment contracts to increase their MCAs up to 25 percent of their approved MCAs. A 24-Hour Residential Treatment contract has reached its 25 percent delegated authority for FYs 2024-25 and 2025-26 and is seeking the Board's authority to amend this contract to increase its MCA for FYs 2024-25 and 2025-26.	
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: The request supports: Intervene Early and Emphasize Long Term Prevention. The specialty mental health services to be provided through this request, seek to address and reduce the negative impact of mental illness of children, youth, adults, and families. The request will allow for the continued provision and expansion of mental health services to racially diverse underserved populations throughout the County, including prevention and early intervention services, with a goal of increasing positive outcomes for those being served, for their families and communities.	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: Priority 1 Child Protection; Priority 3 Care First, Jails Last; Priority 4 Homeless Initiative; and Priority 8 Anti-Racism, Diversity, and Inclusion. These Priorities allows DMH to provide specialty mental health and support to vulnerable populations, including children and youth; families; residents experiencing mental health crisis; residents experiencing homelessness and/or at risk of becoming homeless; and residents involved in/at-risk of becoming involved with the justice system.	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Joo Yoon, Acting Deputy Director, (213) 943-8898, jyoon@dmh.lacounty.gov Emily Issa, Senior Deputy County Counsel, (213) 787-2431, eissa@counsel.lacounty.gov	



DEPARTMENT OF MENTAL HEALTH

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LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

June 3, 2025

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**APPROVAL TO AMEND EXISTING LEGAL ENTITY AND 24-HOUR RESIDENTIAL
TREATMENT CONTRACTS FOR FISCAL YEARS 2024-25 AND 2025-26 TO
INCREASE THEIR MAXIMUM CONTRACT AMOUNTS FOR THE CONTINUOUS
PROVISION AND EXPANSION OF SPECIALTY MENTAL HEALTH SERVICES
(SUPERVISORIAL DISTRICTS 2, 3, 4, and 5)
(3 VOTES)**

SUBJECT

Request approval to amend six existing Department of Mental Health Legal Entity and one 24-Hour Residential Treatment contracts for Fiscal Years 2024-25 and 2025-26 to increase their Maximum Contract Amounts for the continuous provision and expansion of specialty mental health services.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Mental Health (Director), or designee, to prepare, sign, and execute amendments similar to Attachment I to existing Department of Mental Health (DMH) Legal Entity (LE) contracts as identified on Attachment III, to increase and reset the Maximum Contract Amounts (MCAs) for Fiscal Years (FYs) 2024-25 and 2025-26. The amendments will be effective upon Board approval; the total increase is \$3,401,805, with \$2,577,954 for FY 2024-25 and \$823,851 for FY 2025-26, fully funded by Federal Financial Participation (FFP), State Mental Health Services Act (MHSA) revenues.
2. Approve and authorize the Director, or designee, to prepare, sign, and execute an amendment similar to Attachment II to the existing DMH 24-Hour Residential

Treatment contract as identified on Attachment III, to increase and reset the MCA for FYs 2024-25 and 2025-26. The amendment will be effective upon Board approval; the total increase for this 24-Hour Residential Treatment contract is \$320,052, with \$160,026 for FY 2024-25 and \$160,026 for FY 2025-26, fully funded by Federal, State, and MHSA revenues.

3. Delegate authority to the Director, or designee, to prepare, sign, and execute future amendments to LE and/or 24-Hour Residential Treatment contracts in Recommendations 1 and 2 to revise the boilerplate language; revise the annual MCAs; add, delete, modify, or replace the Service Exhibit(s) and/or Statement(s) of Work; and/or reflect federal, State, and County regulatory and/or policy changes provided that: 1) any increase to the Board-approved MCA in Recommendations 1 and 2 will not exceed 25 percent, and 2) sufficient funds are available. The amendments will be subject to prior review and approval as to form by County Counsel, with written notice to the Board and the Chief Executive Office (CEO).
4. Delegate authority to the Director, or designee, to make non-material modifications to the LE and/or 24-Hour Residential Treatment contracts in Recommendations 1 and 2 through administrative amendments or change notices for the following and other similar reasons, as appropriate: change the contractors' business name and/or headquarter address; change, revise, add, or delete the contractors' provider site address(es), site number(s), site name(s), and/or services for an existing or new provider site; make technical corrections; revise County and contractor Administration Exhibits; and/or shift funds between currently contracted funded programs, so long as such shift(s) will not cause an increase in the MCA.
5. Delegate authority to the Director, or designee, to terminate the contracts described in Recommendations 1 and 2 in accordance with the termination provisions of the contracts, including Termination for Convenience. The Director, or designee, will provide written notification to your Board and CEO of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Board approval of Recommendation 1 will allow DMH to amend the existing LE contracts identified in Attachment III to increase their MCAs for the continued provision of Specialty Mental Health Services (SMHS) and to support their capacity in expanding services to new and existing beneficiaries since the LE contracts have reached their previously Board-approved delegated authority for FYs 2024-25 and 2025-26.

Board approval of Recommendation 2 will allow DMH to amend the existing 24-Hour Residential Treatment contract identified on Attachment III to increase its MCA for the continuous delivery of sub-acute psychiatric residential services for Medi-Cal beneficiaries and/or uninsured clients since the 24-Hour Residential Treatment contract has reached its previously Board-approved 25 percent delegated authority for FYs 2024-25 and 2025-26.

Board approval of Recommendations 3 and 4 will allow DMH to amend the contracts in Recommendations 1 and Recommendation 2 in a timely manner, as necessary, for the continuous provision and expansion of SMHS and administrative corrections without interruption to clients in need of these services.

Board approval of Recommendation 5 will allow DMH to terminate the contracts in accordance with the contracts' termination provisions, including Termination for Convenience, in a timely manner, as necessary.

Implementation of Strategic Plan Goals

The recommended actions are consistent with the County's Strategic Plan North Star 1, Make Investments that Transform Lives, specifically Focus Area Goal A. Healthy Individuals and Families; and North Star 3. Realize Tomorrow's Government Today, specifically Focus Area Goal E. Data Driven Decision Making.

FISCAL IMPACT/FINANCING

The total increase for the LE contracts is \$3,401,805 with \$2,577,954 for FY 2024-25 and \$823,851 for FY 2025-26, fully funded by FFP and State and MHSA revenues.

The total increase for the 24-Hour Residential Treatment contract is \$320,052 with \$160,026 for FY 2024-25 and \$160,026 for FY 2025-26, fully funded by Federal, State and MHSA revenues.

Funding for future fiscal years will be requested through DMH's annual budget process.

There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On May 7, 2024, your Board authorized the Director to extend the term of LE contracts, including contractors listed on Attachment III. The same Board letter also delegated authority to DMH to amend the LE contracts to increase their MCAs up to 25 percent of

their approved MCAs. As such, using the authority delegated, DMH amended these LE contracts up to the allowed 25 percent and is now returning to your Board for authority to further amend the contracts to increase their MCAs for FYs 2024-25 and 2025-26. The increase of funds is for the provision of DMH mental health services including full-service partnership, outpatient care services, inpatient special programs, and prevention and early intervention services and programs. These LE and 24-Hour Residential Treatment contractors have received a higher demand for services than expected, and the increase in funding will allow provision of services for the additional number of clients and referrals received, requests for service delivery for on-site services, and for school-linked partners.

On May 3, 2022, your Board authorized the Director to execute 24-Hour Residential Treatment contracts, which included the contractor listed on Attachment III. The same Board letter also delegated authority to DMH to amend the 24-Hour Residential Treatment contracts to increase their MCAs up to 25 percent of their approved MCAs. The contract listed on Attachment III has reached its 25 percent delegated authority for FYs 2024-25 and 2025-26, and DMH is seeking your Board's authority to amend this contract to increase its MCA for FYs 2024-25 and 2025-26. The additional funding is necessary to sustain the clinical and programmatic services and allow the contractor to maintain full capacity service levels.

On April 25, 2025, DMH requested exemption to Board Policy No. 5.120 (Authority to Approve Increase to Board-Approved Contract Amounts) (Attachment IV) from your Board for Medi-Cal funding in DMH's LE and 24-Hour Residential Treatment contracts, and in accordance with the Policy, DMH considers this request approved, as no objections were received from the Board offices.

This exemption will allow DMH to meet the federal requirement under the Parity Rule and allow DMH to amend the LE and 24-Hour Residential Treatment contracts in a timely manner for the continuous provision and expansion of mental health services without interruption to clients who are in need of the services/programs.

Under Board Policy No. 5.100 (Sole Source Contracts and Amendments), DMH is required to notify your Board six months in advance of amendments to existing contracts when DMH does not have delegated authority to increase the maximum amount of the current contracts. On May 7, 2024, your Board adopted a Board letter exempting DMH LE and 24-Hour Residential contracts from Board Policy No. 5.100 as these contracts provide federal entitlement services to Medi-Cal members.

The amendment formats (Attachments I and II) have been approved as to form by County Counsel. Attachment III lists the LE and 24-Hour Residential Treatment contractors,

The Honorable Board of Supervisors
June 3, 2025
Page 5

along with their headquarter addresses, Supervisorial District(s), Service Area(s), and current MCAs.

As mandated by your Board, the performance of all contractors is evaluated by DMH on an annual basis to ensure compliance with all contract terms and performance standards.

IMPACT ON CURRENT SERVICES OR PROJECTS

Board approval of the recommended actions will allow the LE and 24-Hour Residential Treatment contractors to provide ongoing SMHS and allow DMH to make revisions/updates to the work provided by the contractors in a timely manner.

Respectfully submitted,

Lisa H. Wong, Psy.D.
Director

LHW:RH:KN:
SK:MR:atm

Attachments (4)

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel

CONTRACT NO. MH122XXX

AMENDMENT NO. X

THIS AMENDMENT is made and entered into this ____ day of June, 2025, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Contractor's Name (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Department of Mental Health (DMH) Legal Entity Contract" dated July 1, 2021, and further identified as County Contract No. MH122XXX, and all prior amendments (hereafter collectively "Contract"); and

WHEREAS, on June 3, 2025, the County Board of Supervisors delegated authority to the Director of Mental Health, or designee, to execute amendments to the Contract to increase the annual Maximum Contract Amount (MCA), and make other certain designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, for Fiscal Year (FY) 2024-25 **and FY 2025-26 (Topanga only)**, County and Contractor intend to amend the Contract to increase Specialized Foster Care (SFC) Wraparound Medi-Cal (MC) Funded Program funds, increase Mental Health Services Act (MHSA) Outpatient Care Services (OCS) Non-Medi-Cal (Non-MC) Funded Program funds, increase Mental Health Services Act (MHSA) Outpatient Care Services (OCS) Medi-Cal (MC) Funded Program funds, increase Mental Health Services Act (MHSA)

Prevention and Early Intervention (PEI) Non Medi-Cal (Non-MC) Funded Program funds, and increase MHSA PEI Medi-Cal (MC) Funded Program funds; and (**whichever applies**)

WHEREAS, as a result of the above change(s) in Funded Program funds the MCA will increase; and

WHEREAS, Contractor warrants that it continues to possess the competence, expertise, and personnel necessary to provide services consistent with the requirements of the Contract, and consistent with the professional standard of care for these services.

NOW, THEREFORE, the County and Contractor agree as follows:

1. This amendment is hereby incorporated into the original Contract, and all its terms and conditions, including capitalized terms defined therein, shall be given full force and effect as if fully set forth herein.
2. This amendment is effective upon execution for FY 2024-25 only. **OR**
This amendment is effective upon execution for FY 2024-25 and FY 2025-26.
3. For FY 2024-25 only, SFC Wraparound MC Funded Program funds are increased by \$_____, from \$_____ to \$_____. (**if applicable**)
4. For FY 2024-25 only, MHSA OCS Non-MC Funded Program funds are increased by \$_____, from \$_____ to \$_____. (**if applicable**)
5. For FY 2024-25 only, MHSA OCS MC Funded Program funds are increased by \$_____, from \$_____ to \$_____. (**if applicable**)
6. For FY 2024-25 only, MHSA PEI Non-MC Funded Program funds are increased by \$_____, from \$_____ to \$_____. (**if applicable**)
7. For FY 2024-25 only, MHSA PEI MC Funded Program funds are increased by \$_____, from \$_____ to \$_____. (**if applicable**)

8. For FY 2024-25 and FY 2025-26, MHSA OCS Non-MC Funded Program funds are increased by \$_____, from \$_____ to \$_____. **(Topanga only)**
9. For FY 2024-25 only, there is a net increase to the MCA is increased of \$_____, from \$_____ to \$_____. **OR**
For FY 2024-25 and FY 2025-26, there is a net increase to MCAs of \$_____, from \$_____ to \$_____. **(Topanga only)**
10. Exhibit A (FINANCIAL PROVISIONS), Paragraph C (REIMBURSEMENT IF CONTRACT IS AUTOMATICALLY RENEWED AND EXTENDED), subparagraph (3), is deleted in its entirety and replaced as follows:
“(3) Reimbursement For First Extension Period: The MCA for the first extension period as described in Paragraph 4 (TERM OF CONTRACT) of the Contract shall not exceed _____ DOLLARS (\$_____) and shall consist of Funded Programs as shown in Exhibit B - XX, Financial Summary.” **OR**
11. Exhibit A (FINANCIAL PROVISIONS), Paragraph C (REIMBURSEMENT IF CONTRACT IS AUTOMATICALLY RENEWED AND EXTENDED), subparagraphs (3) and (4) are deleted in their entireties and replaced as follows:
“(3) Reimbursement For First Extension Period: The MCA for the first extension period of the Contract as described in Paragraph 4 (TERM OF CONTRACT) of the Contract shall not exceed _____ DOLLARS (\$_____) and shall consist of Funded Programs as shown in Exhibit B - XX, Financial Summary.

(4) Reimbursement For Second Extension Period: The MCA for the second extension period as described in Paragraph 4 (TERM OF CONTRACT) of the Contract shall not exceed _____ DOLLARS (\$_____) and shall consist of Funded Programs as shown in Exhibit B - XX, Financial Summary.” **(Topanga only)**

12. Financial Summary (Exhibit B– XX) for FY 2024-25 is deleted in its entirety and replaced with Financial Summary (Exhibit B– XX) for FY 2024-25, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B– XX) for FY 2024-25, shall be deemed amended to state “Financial Summary (Exhibit B– XX) for FY 2024-25.”
13. Financial Summary (Exhibit B– XX) for FY 2025-26 is deleted in its entirety and replaced with Financial Summary (Exhibit B– XX) for FY 2025-26, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B– XX) for FY 2025-26, shall be deemed amended to state “Financial Summary (Exhibit B– XX) for FY 2025-26.” **(Topanga only)**
14. Contractor shall provide services in accordance with Contractor’s FY 2024-25 Service Delivery Plan for the Contract, and any addenda thereto approved in writing by the County’s Director of Mental Health or designee.
15. Except as provided in this amendment, all other terms and conditions of the Contract shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this amendment to be subscribed by County's Director of Mental Health or designee, and Contractor has caused this amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Lisa H. Wong, Psy.D., Director
County of Los Angeles
Department of Mental Health

Contractor's Name _____
CONTRACTOR

By _____

Name _____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

By: Emily Issa
Senior Deputy County Counsel

ALM: Over DA BL Amd SRF 142, 330, 335r, 348, 350 and 369

CONTRACT NO. MH57XXXX

AMENDMENT NO. X

THIS AMENDMENT is made and entered into this ____ day of June, 2025, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Contractor's Name (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Department of Mental Health 24-Hour Residential Treatment Contract" dated July 1, 2022, and further identified as County Contract No. MH57XXXX, and all prior amendments (hereafter collectively "Contract"); and

WHEREAS, on June 3, 2025, the County Board of Supervisors delegated authority to the Director of Mental Health, or designee, to execute amendments to the Contract to increase the annual Maximum Contract Amount (MCA), and make other certain designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, for Fiscal Years (FYs) 2024-25 and 2025-26, County and Contractor intend to amend the contract to increase Mental Health Services Act (MHSA) Alternative Crisis Services (ACS) Medi-Cal (MC) Funded Program funds; and

WHEREAS, as a result of the above change in Funded Program fund the MCA will increase; and

WHEREAS, Contractor warrants that it continues to possess the competence, expertise, and personnel necessary to provide services consistent with the requirements of the Contract, and consistent with the professional standard of care for these services.

NOW, THEREFORE, the County and Contractor agree as follows:

1. This amendment is hereby incorporated into the original Contract, and all its terms and conditions, including capitalized terms defined therein, shall be given full force and effect as if fully set forth herein.
2. This amendment is effective upon execution for FYs 2024-25 and 2025-26.
3. For FYs 2024-25 and 2025-26, MHSA ACS MC Funded Program funds are increased by \$_____, from \$_____ to \$_____.
4. For FYs 2024-25 and 2025-26, there is a net increase to the MCAs of \$_____, from \$_____ to \$_____.
5. Exhibit A (FINANCIAL PROVISIONS), Paragraph D (REIMBURSEMENT IF CONTRACT IS AUTOMATICALLY RENEWED), subparagraphs (2) and (3) are deleted in their entireties and replaced as follows:

“(2) Reimbursement For Second Automatic Renewal Period: The MCA for the second automatic renewal period as described in Paragraph 4 (TERM OF CONTRACT) of the Contract shall not exceed _____ DOLLARS (\$_____) and shall consist of Funded Programs as shown in Exhibit B - XX, Financial Summary.

(3) Reimbursement For Third Automatic Renewal Period: The MCA for the third automatic renewal period as described in Paragraph 4 (TERM OF

CONTRACT) of the Contract shall not exceed
_____ DOLLARS (\$_____)

and shall consist of Funded Programs as shown in Exhibit B - XX, Financial
Summary.”

6. Financial Summary (Exhibit B– XX) for FY 2024-25 is deleted in its entirety and replaced with Financial Summary (Exhibit B– XX) for FY 2024-25, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B– XX) for FY 2024-25, shall be deemed amended to state “Financial Summary (Exhibit B– XX) for FY 2024-25.”
7. Financial Summary (Exhibit B– XX) for FY 2025-26 is deleted in its entirety and replaced with Financial Summary (Exhibit B– XX) for FY 2025-26, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B– XX) for FY 2025-26, shall be deemed amended to state “Financial Summary (Exhibit B– XX) for FY 2025-26.”
8. Contractor shall provide services in accordance with Contractor's FY 2024-25 Service Delivery Plan for the Contract, and any addenda thereto approved in writing by the County's Director of Mental Health or designee.
9. Except as provided in this amendment, all other terms and conditions of the Contract shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this amendment to be subscribed by County's Director of Mental Health or designee, and Contractor has caused this amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Lisa H. Wong, Psy.D., Director
County of Los Angeles
Department of Mental Health

Contractor's Name _____
CONTRACTOR

By _____

Name _____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

By: Emily Issa
Senior Deputy County Counsel

ALM: Over DA BL Amd SRF LACADA 24 HR

Legal Entity Contracts - Fiscal Year 2024-25

	Legal Entity Contractor Name /DBA (if applicable)	Headquarters Address	Service Provider Supervisorial District(s)	Service Provider Service Area(s)	FY 24-25 Current MCA	FY 24-25 Total Increase	FY 24-25 Revised MCA
1	Topanga Roscoe Corporation	22115 Roscoe Blvd., Canoga Park, CA 91304	5	2	\$1,680,742	\$823,851	\$2,504,593
2	Korean American Family Services	3727 W., 6th St., STE. #320, Los Angeles, CA 90020	3	4	\$704,676	\$64,065	\$768,741
3	Victor Treatment Centers	1360 E. Lassen Ave. Chino, CA 95973	5	3	\$3,686,427	\$104,671	\$3,791,098
4	Olive Crest	2130 E. Fourth St., STE. #200, Santa Ana, CA 92705	4,5	2,7,8	\$5,568,995	\$1,054,538	\$6,623,533
5	California Institute of Health& Social Services dba Alafia Mental Health Institute	8939 South Sepulveda Blvd., STE.#401 Los Angeles, CA 90045	2	5	\$3,398,756	\$48,325	\$3,447,081
6	Stirling Academy, Inc.	6931 Van Nuys Blvd., STE. #102 Van Nuys, CA 91405	3	2	\$3,338,504	\$482,504	\$3,821,008
TOTAL					\$2,577,954		

Legal Entity Contracts - Fiscal Year 2025-26

	Legal Entity Contractor Name	Headquarters Address	Service Provider Supervisorial District(s)	Service Provider Service Area(s)	FY 25-26 Current MCA	FY 25-26 Total Increase	FY 25-26 Revised MCA
1	Topanga Roscoe Corporation	22115 Roscoe Blvd., Canoga Park, CA 91304	5	2	\$1,680,742	\$823,851	\$2,504,593
TOTAL					\$823,851		

24-Hour Residential Treatment Contract - Fiscal Year 2024-25

	24-Hour Residential Treatment Contractor Name	Headquarters Address	Service Provider Supervisorial District(s)	Service Provider Service Area(s)	FY 24-25 Current MCA	FY 24-25 Total Increase	FY 24-25 Revised MCA
1	Los Angeles Centers for Alcohol and Drug Abuse	12070 Telegraph Rd, Santa Springs, CA 90670	4	7	\$2,940,879	\$160,026	\$3,100,905
TOTAL					\$160,026		

24-Hour Residential Treatment Contract - Fiscal Year 2025-26

	24-Hour Residential Treatment Contractor Name	Headquarters Address	Service Provider Supervisorial District(s)	Service Provider Service Area(s)	FY 25-26 Current MCA	FY 25-26 Total Increase	FY 25-26 Revised MCA
1	Los Angeles Centers for Alcohol and Drug Abuse	12070 Telegraph Rd, Santa Springs, CA 90670	4	7	\$2,940,879	\$160,026	\$3,100,905
TOTAL					\$160,026		



DEPARTMENT OF MENTAL HEALTH

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LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

April 25, 2025

TO: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn

FROM: Lisa H. Wong, Psy.D. *RHundal*
Director

SUBJECT: **NOTICE OF INTENT TO REQUEST DELEGATED AUTHORITY FOR A PERCENTAGE INCREASE EXCEEDING TEN PERCENT OF THE MAXIMUM CONTRACT AMOUNT FOR THE DEPARTMENT OF MENTAL HEALTH'S LEGAL ENTITY AND 24-HOUR RESIDENTIAL TREATMENT CONTRACTS**

In accordance with the Los Angeles County Board of Supervisors' (Board) Policy No. 5.120 (Authority To Approve Increases To Board-Approved Contract Amounts), the Department of Mental Health (DMH) is notifying your Board of our Department's intent to request delegated authority for a percentage increase exceeding ten percent of the Maximum Contract Amount (MCA) for six existing Legal Entity (LE) and one 24-Hour Residential Treatment contracts. DMH will request delegated authority for a 25 percent increase of their MCAs for the existing LE and 24-Hour Residential Treatment contracts for Fiscal Years (FYs) 2024-25 and 2025-26.

JUSTIFICATION

DMH will present to your Board a letter for approval to amend the six LE and one 24-Hour Residential Treatment contracts for FYs 2024-25 and 2025-26 to increase their MCAs as the contractors have reached their previously Board-approved 25 percent delegated authority. The total increase for the LE contracts is \$3,401,805 with \$2,577,954 for FY 2024-25 and \$823,851 for FY 2025-26, fully funded by Federal Financial Participation (FFP), State and Mental Health Services Act (MHSA) revenues.

Each Supervisor
April 25, 2025
Page 2

The total increase for the 24-Hour Residential Treatment contract is \$320,052 with \$160,026 for FY 2024-25 and \$160,026 for FY 2025-26, fully funded by FFP, State, and MHSA revenues.

The authority to increase the percentage exceeding ten percent allows DMH to amend the LE and 24-Hour Residential Treatment contracts in a timely manner for the continuous provision and expansion of specialty mental health services without interruption to clients who need these services.

NOTIFICATION TIMELINE

Board Policy No. 5.120 requires departments to provide written notice to your Board, with a copy to the Chief Executive Office, at least two weeks prior to the Board Meeting at which the request to exceed ten percent of the MCA will be presented. In compliance with this policy, DMH is notifying your Board of our intent to request delegated authority for up to 25 percent of the MCA through a Board letter to be presented in June 2025.

If you have any questions or require additional information, please contact me at LWong@dmh.lacounty.gov or (213) 947-6670, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at SKrikorian@dmh.lacounty.gov or (213) 943-9146.

LHW:RH:KN
SK:MR:atm

c: Executive Office, Board of Supervisors
 Chief Executive Office
 County Counsel

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	5/14/2025	
BOARD MEETING DATE	6/3/2025	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Department of Health Services	
SUBJECT	Request the approval of funding methodology and allocation of funding to non-County trauma centers for Fiscal Year 2024-25, and delegation of authority to the Director of Health Services, or authorized designee, to extend the term of the Trauma Center Provisions for Reimbursement (TCPR) Memorandum of Agreement through June 30, 2026, which will contain the reimbursement provision for Fiscal Year 2024-2025, and approval of an allocation of funds to County hospitals.	
PROGRAM	Emergency Medical Services	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why:	
DEADLINES/ TIME CONSTRAINTS	The Department of Health Care Services (DHCS) requires the County to complete the Intergovernmental Transfer by August 30, 2024, tentatively. The Trauma Centers Provisions for Reimbursement (TCPR) Memorandum of Agreements (MOA) expire June 30, 2025.	
COST & FUNDING	Total cost: \$ 58.806 million	Funding source: Measure B, Maddy Fund, Richie's Fund and federal (Ca. Dept. of Health Care Services) matching dollars for supplemental Medi-Cal payments to eligible non-County trauma centers.
	TERMS (if applicable): The amendment will extend the term of the TCPR MOAs for the period July 1, 2025 through June 30, 2026.	
	Explanation: The total maximum payment for the above-recommended actions under the MOAs for FY 2024-25 is approximately \$100.232 million, including \$58.886 million of County funds (Measure B: \$55.716 million; Maddy Fund: \$2.329 million, and Richie's Fund: \$0.841 million, which includes \$0.080 million in funds for the two County pediatric trauma hospitals) and \$41.346 million of federal matching funds, which was calculated based on a federal matching rate of 50%. Funding for the County responsible portion of the TCPR MOAs is included in DHS' FY 2024-25 Final Budget. The MOAs are fully funded by the Measure B, Maddy funds, and Richie's funds. There is no net County cost impact associated with the recommendations.	
PURPOSE OF REQUEST	Approval of the Recommendations will ratify the funding methodology and delegate authority to the Director, or designee, to execute the amendments to the TCPR MOAs, to include financial terms for FY 2024-25, extend the term of the MOAs for an additional one (1) year period, process payments for FY 2024-25, and submit an IGT to draw down federal matching funds for those portions of the payments that are to be made as Medi-Cal supplements. These amendments permit the continued provision of Measure B funding to trauma centers which help to secure emergency care access for Medi-Cal beneficiaries, stabilize the trauma care system in Los Angeles County, and allow sufficient time for the development of a funding methodology for FY 2025-26.	

BACKGROUND (include internal/external issues that may exist including any related motions)	<p>Measure B, passed by the voters on November 5, 2002, authorized the County to levy a tax on structural improvements within the County, in part to provide funding to strengthen the Los Angeles County trauma network, particularly those trauma centers operated by the County, expand the trauma network if possible, and to fund emergency medical services and bioterrorism preparedness. Subsequent to Measure B's passage, the Board approved multiple proposals to allocate Measure B funds among the non-County trauma centers. The Board also approved payments to reimburse trauma centers for costs associated with serving as a base hospital in the Emergency Medical Services system.</p> <p>The County receives funds collected from penalties assessed on fines and bail forfeitures that the Superior Court collects for certain criminal offenses and motor vehicle violations. As permitted by California Government Code Section 76000.5 and H&S Code Section 1797.98a, these funds are placed in the County's Maddy Fund and used by DHS for trauma and emergency services. A portion of the Maddy Fund is designated by statute for support of pediatric trauma programs and is segregated as the Richie's Fund. The remaining Maddy Fund dollars are available to support trauma and emergency services provided by hospitals and physicians.</p>
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Ferris Ling, Chief, Financial Management (626) 525-5800 Fling@dhs.lacounty.gov Richard Tadeo, Emergency Medical Services, Director (562) 378-1610 Rtadeo@dhs.lacounty.gov

June 3, 2025

DRAFT

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF FUNDING METHODOLOGY AND AMENDMENTS TO THE
MEMORANDUM OF AGREEMENTS FOR NON-COUNTY TRAUMA CENTER
PROVISIONS FOR REIMBURSEMENT
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Request the approval of a funding methodology and allocation of funding to non-County trauma centers for Fiscal Year (FY) 2024-25, and for delegation of authority to extend the term of the Trauma Center Provisions for Reimbursement Memorandum of Agreement (MOA) through June 30, 2026, which will contain the reimbursement provision for FY 2024-25 and approval of an allocation of funds to County hospitals.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve the funding methodology and allocation of the Trauma Center Provisions for Reimbursement (TCPR) for FY 2024-25, and authorize the Director of Health Services (Director), or authorized designee, to execute amendments to the TCPR MOA, substantially similar to Exhibit I, with 13 non-County trauma centers to extend the term for the period July 1, 2025 through June 30, 2026, and include the funding terms for the period July 1, 2024 through June 30, 2025, for a total Los Angeles County (LA County) obligation of approximately \$58.806 million (comprised of \$55.716 million from the Measure B funds, \$2.329 million from the Maddy Emergency Medical Services Fund (Maddy Fund), and \$0.761 million from the Richie's Fund, as set forth in Attachment A and described below.)
2. Approve and authorize the Director, or authorized designee, to allocate up to a maximum of \$41.346 million of the Measure B funds to be used as an Intergovernmental Transfer (IGT) to the California Department of Health

Care Services to draw down Federal matching dollars for supplemental Medi-Cal payments to eligible non-County trauma centers.

3. Approve and authorize the Director, or authorized designee, to allocate the amount of \$0.080 million from the Richie's Fund to the two LA County Pediatric Trauma Centers listed in Attachment A.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Funding Methodology Background

Prior to the implementation of the Affordable Care Act (ACA) in January 2014, the methodology used to distribute trauma funding to non-County trauma centers was largely based on trauma claims for the uninsured population. After the ACA was implemented and its impact became more widespread, there was a significant reduction in the volume of uninsured trauma claims. Beginning in FY 2014-15, the number of uninsured trauma claims was too minimal to allow the full allocation of Measure B funds. In light of the significant and continuing decrease in the number of uninsured, the non-County trauma centers expressed concerns and wanted to ensure they would continue to receive the same level of trauma funding as in years prior to the ACA. Therefore, on May 3, 2016, the Board of Supervisors (Board) approved an amendment to the Trauma Centers Agreements for FY 2014-15 which continued trauma funding to the non-County trauma centers for the same funding amounts received by the trauma centers in FY 2013-14.

Given the significant and continuing impact of the ACA, and to ensure that prior funding levels would be maintained, the non-County trauma centers deemed it necessary to develop a new basis for distributing trauma funds. Pursuant to discussions between the non-County trauma centers and the Department of Health Services (DHS), a new funding methodology for FY 2015-16 was developed that incorporated new categories for reimbursement, and which was approved by the Board on November 1, 2016.

During FY 2016-17, the non-County trauma centers advised that funding levels should be maintained at levels similar to prior fiscal years, despite the severe decline in uninsured trauma patients. As such, the funding methodology that was approved for the fiscal year was based on the following: the level of indigent services, the provision of base station services, and a flat amount to support infrastructure. In addition, and recognizing the continuing ACA impact, the non-County trauma centers identified other add-on factors to be used as a basis for the distribution of the FY 2016-17 trauma funds at levels similar to prior years. The add-ons selected by the non-County trauma centers and approved by DHS were as follows: 1) an adjustment for the volume of trauma patients; 2) an adjustment for the level of acuity of trauma patients; and 3) an adjustment for the number of Medi-Cal days and visits, which serves as a proxy for the underinsured population. Lastly,

to address concerns that the application of the proposed FY 2016-17 formula would impact each trauma center to a greater or lesser degree, a parity adjustment was made in proportion to the degree of positive or negative impact to assure that no trauma center would be affected disproportionately. The FY 2016-17 methodology was approved by the Board on May 16, 2017.

For FY 2017-18, in conjunction with all 13 non-County trauma centers, DHS reached a consensus for utilizing the basic methodology components from FY 2016-17, but with the following modifications: 1) including a parity adjustment to reduce the decrease in funding received by a trauma center in comparison to the prior fiscal year; 2) information about services was included with the Medi-Cal information given to patients who were brought in by law enforcement to determine the component related to underinsured populations; and 3) the allocation of pediatric trauma payments to each pediatric trauma center from Richie's Funds for pediatric trauma services was based on the facility type. Since Dignity Health-Northridge Hospital Medical Center is the only pediatric trauma center in LA County operating as a community hospital, it was given a larger allocation than the remaining pediatric trauma centers, which are tertiary trauma centers. The FY 2017-18 methodology was approved by the Board on June 6, 2018.

DHS and all 13 non-County trauma centers reached a consensus for utilizing the same components used in the FY 2017-18 methodology for FY 2018-19. FY 2018-19 funding also included a one-time allocation of unspent Measure B funds from FY 2017-18 for the trauma centers as recommended by the Measure B Advisory Board (MBAB), which was presented by the Chief Executive Office (CEO) to the Board on March 12, 2019. The FY 2018-19 methodology was approved by the Board on May 21, 2019.

For FY 2019-20, DHS again reached a consensus with the 13 non-County trauma centers to use the funding methodology used in the previous FY, including a recommendation by the MBAB for a one-time allocation of unspent Measure B funds from FY 2018-19, which was presented by the CEO to the Board on February 11, 2020. The FY 2019-20 methodology was approved by the CEO on June 1, 2020, by delegated authority.

For FY 2020-21, DHS again reached a consensus with the 13 non-County trauma centers to use the funding methodology used in the previous FY, but without the one-time allocation of unspent and unallocated Measure B funds, as recommended by the MBAB. The FY 2020-21 methodology was approved by the Board on June 22, 2021.

For FY 2021-22, DHS again reached a consensus with the 13 non-County trauma centers to use the funding methodology used in the previous FY, including a recommendation by the MBAB for a one-time allocation of unspent Measure B funds from FY 2020-21, which was presented by the CEO to the Board on February

7, 2022. The FY 2021-22 methodology was approved by the Board on June 14, 2022.

For FY 2022-23, DHS and all 13 non-County trauma centers reached a consensus for utilizing the same components used in the FY 2021-22 methodology for FY 2022-23 with the following modifications: 1) no parity adjustment to mitigate the change in funding received by a trauma center in comparison to the prior fiscal year and the one-time allocation of unspent and unallocated Measure B funds, per recommendation by the MBAB; and 2) an annual ongoing Measure B Funding of \$8.957 million, per the Measure B property assessment rate increase, which the Board approved on September 13, 2022. Of this amount, \$5.957 million was allocated to all 13 non-County trauma centers to support ongoing investments to maintain and/or expand the regional trauma care system, while \$3 million was allocated to five pediatric trauma hospitals to support ongoing investments in pediatric trauma care. The FY 2022-23 methodology was approved by the Board on June 6, 2023.

For FY 2023-24, DHS and all 13 non-County trauma centers reached a consensus for utilizing the same components used in the FY 2022-23 methodology. FY 2023-24 funding also included a one-time allocation of unspent Measure B funds for the trauma centers as recommended by the MBAB, which was presented by the CEO to the Board on January 24, 2024. The FY 2023-24 methodology was approved by the Board on June 4, 2024.

FY 2024-25 Distribution Methodology

For FY 2024-25, DHS and all 13 non-County trauma centers reached a consensus for utilizing the same components used in the FY 2023-24 methodology, without any approved MBAB projects which would use unspent and unallocated Measure B funds.

The proposed FY 2024-25 payments to each non-County trauma center are summarized in Attachment A.

TCPR MOA Background

Prior to June 30, 2021, the trauma center designation process requirements, and provisions for reimbursement were covered under a Trauma Center Services Agreement as a means to provide supplemental funding to offset operating expenses related to trauma center operations. On June 22, 2021, DHS split the two actions and executed TCPR MOAs for the continued implementation of reimbursement provisions for designated trauma centers. The trauma center designation for each hospital was added, by way of an amendment, and under delegated authority by the Board, to the Specialty Care Center Designations Master Agreement, which was approved by the Board on June 11, 2019.

Summary of Recommendations

Approval of the Recommendations will ratify the funding methodology and delegate authority to the Director, or authorized designee, to execute the amendments to the TCPR MOAs, substantially similar to Exhibit I, to include financial terms for FY 2024-25, extend the term of the MOAs for an additional one (1) year period, process payments for FY 2024-25, and submit an IGT to draw down federal matching funds for those portions of the payments that are to be made as Medi-Cal supplements. These amendments permit the continued provision of Measure B funding to trauma centers which help to secure emergency care access for Medi-Cal beneficiaries, stabilize the trauma care system in LA County, and allow sufficient time for the development of a funding methodology for FY 2025-26.

Implementation of Strategic Plan Goals

These recommendations support LA County's Strategic Plans: North Star 3, Goal G, Strategy i. – "Maximize Revenue;" North Star 3, Goal A, Strategy i., "Customer Service;" and North Star 1, Goal A, Strategy ii., "Improve Health Outcomes."

FISCAL IMPACT/FINANCING

The total maximum payment for the above-recommended actions under the MOAs for FY 2024-25 is approximately \$100.232 million, including \$58.886 million of LA County funds (Measure B: \$55.716 million; Maddy Fund: \$2.329 million, and Richie's Fund: \$0.841 million, which includes \$0.080 million in funds for the two County pediatric trauma hospitals) and \$41.346 million of Federal matching funds, which was calculated based on a federal matching rate of 50%. Funding for LA County responsible portion of the TCPR MOAs is included in DHS' FY 2024-25 Final Budget. The MOAs are fully funded by the Measure B, Maddy funds, and Richie's funds. There is no net County cost impact associated with the recommendations.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Pursuant to the authority under California Health and Safety (H&S) Code Section 1798.160, LA County maintains trauma facilities as part of the regional trauma care system for the treatment of potentially seriously injured persons. Division 2.5 of the H&S Code authorizes the local Emergency Medical Services Agency to designate trauma centers as part of the regional trauma care system. Since March 1, 2017, there have been 13 non-County and two LA County-operated trauma centers.

The TCPR MOAs are designed to provide supplemental funding to offset the significant expenses related to maintaining trauma designation and treating trauma patients. The FY 2024-25 TCPR MOAs are funded by the Measure B, Maddy Fund, and Richie's funds and contemplate the State making IGT-funded supplemental Medi-Cal payments to non-public trauma centers in LA County.

Measure B Funds

Measure B, passed by the voters on November 5, 2002, authorized LA County to levy a tax on structural improvements within LA County, in part to provide funding to strengthen LA County trauma network, particularly those trauma centers operated by LA County, expand the trauma network if possible, and to fund emergency medical services and bioterrorism preparedness. Subsequent to Measure B's passage, the Board approved multiple proposals to allocate Measure B funds among the non-County trauma centers. The Board also approved payments to reimburse trauma centers for costs associated with serving as a base hospital in the Emergency Medical Services system.

The Maddy and Richie's Funds

LA County receives funds collected from penalties assessed on fines and bail forfeitures that the Superior Court collects for certain criminal offenses and motor vehicle violations. As permitted by California Government Code Section 76000.5 and H&S Code Section 1797.98a, these funds are placed in LA County's Maddy Fund and used by DHS for trauma and emergency services. A portion of the Maddy Fund is designated by statute for support of pediatric trauma programs and is segregated as the Richie's Fund. The remaining Maddy Fund dollars are available to support trauma and emergency services provided by hospitals and physicians.

Medi-Cal Payments

The California State Plan, starting at page 51 of Attachment 4.19B, permits the California Department of Health Care Services to make supplemental Medi-Cal payments to non-public trauma centers in LA County. LA County makes recommendations regarding the amount of the supplemental payments and provides the funding for the non-federal share of such payments through an IGT.

County Counsel has reviewed and approved Exhibit I as to form.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will assure continued participation of non-County trauma centers in LA County's trauma network and provide trauma funding for FY 2025-26.

The Honorable Board of Supervisors
June 3, 2025
Page 7

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:jr:fl

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES COUNTY TRAUMA CARE SYSTEM

PROPOSED PAYMENTS TO NON-COUNTY TRUAMA HOSPITALS
FISCAL YEAR 2024-25

Attachment A

	Patient-Based	Pediatric	Designation Support		Add-Ons			Additional Funding (Measure B Rate Increase)		Total Payments (1) thru (9)
	(1) UNINSURED (Volume)	(2) PEDIATRIC (Fixed Rate)	(3) BASE STATION (Fixed Rate)	(4) INFRASTRUCTURE (Fixed Rate)	(5) TRAUMA (Volume)	(6) ACUITY (Adjustment)	(7) UNDERINSURED (Adjustment)	(8) TRAUMA HOSPITALS (Adjustment)	(9) PEDIATRIC HOSPITAL (Adjustment)	
<u>Non-County Hospitals</u>										
Antelope Valley Hospital	\$ 367,090	\$ -	\$ 700,000	\$ 1,200,000	\$ 1,288,979	\$ 557,796	\$ 2,291,623	\$ 792,308	\$ -	\$ 7,197,796
Dignity Health-California Hospital Medical Center	2,595,479	-	700,000	1,200,000	1,720,458	776,640	4,059,715	1,367,082	-	12,419,374
Cedars-Sinai Medical Center	193,131	40,180	700,000	1,200,000	1,467,396	760,340	2,318,792	821,274	340,958	7,842,071
Children's Hospital Los Angeles	-	40,180	-	1,200,000	525,241	152,134	629,595	310,092	2,631,640	5,488,882
Henry Mayo Newhall Hospital	103,417	-	700,000	1,200,000	696,376	252,236	788,431	462,666	-	4,203,126
Huntington Hospital	40,521	-	700,000	1,200,000	1,508,359	569,551	1,213,212	647,114	-	5,878,757
MemorialCare Long Beach Medical Center	111,885	40,180	700,000	1,200,000	1,614,864	631,429	2,246,689	804,602	1,125,286	8,474,935
Dignity Health-Northridge Hospital Medical Center	1,134,380	600,000	700,000	1,200,000	1,455,562	613,589	2,231,537	907,290	849,316	9,691,674
Pomona Valley Hospital Medical Center	463,850	-	700,000	1,200,000	1,552,054	692,480	2,046,054	823,102	-	7,477,540
Providence Holy Cross Medical Center	1,759,257	-	700,000	1,200,000	1,177,012	511,953	2,199,665	933,614	-	8,481,501
Ronald Reagan UCLA Medical Center	503,534	40,180	700,000	1,200,000	1,301,722	627,940	2,002,166	783,634	526,400	7,685,576
St. Francis Medical Center	234,658	-	700,000	1,200,000	1,637,621	681,321	3,432,732	975,478	-	8,861,810
Dignity Health-St. Mary Medical Center	680,756	-	700,000	1,200,000	814,715	406,124	1,936,855	709,802	-	6,448,252
Subtotal Non-County Hospitals	\$ 8,187,958	\$ 760,720	\$ 8,400,000	\$ 15,600,000	\$ 16,760,359	\$ 7,233,533	\$ 27,397,066	\$ 10,338,058	\$ 5,473,600	\$ 100,151,294
<u>County Hospitals</u>										
Los Angeles General Medical Center	\$ -	\$ 40,180	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,180
Harbor-UCLA Medical Center	-	40,180	-	-	-	-	-	-	-	40,180
Subtotal County Hospitals	\$ -	\$ 80,360	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,360
Grand Total:	\$ 8,187,958	\$ 841,080	\$ 8,400,000	\$ 15,600,000	\$ 16,760,359	\$ 7,233,533	\$ 27,397,066	\$ 10,338,058	\$ 5,473,600	\$ 100,231,654

Col (1) - Payment is based on each hospital's share in the total value of the FY 2023-24 indigent claims submitted by non-County trauma hospitals to the County (net of FY 2022-23 disallowed claims), multiplied by the total funding allocated for this category.

Col (2) - Payment is based on facility type. Northridge Hospital Medical Center receives a larger allocation due to its State-designated status as a Pediatric Community Hospital.

Col (3) - Fixed payment for each hospital that provides base hospital service meeting the requirement of County's Emergency Medical Services Agency.

Col (4) - Infrastructure is a fixed payment for each trauma hospital to defray the trauma call panel, specialist physicians and trauma program costs.

Col (5) - Trauma payment is based on each hospital's percentage in the total trauma patient volume of non-County trauma hospitals (reported by County's TEMIS for CY 2023) multiplied by the total funding allocated for this category.

Col (6) - Acuity payment is based on each hospital's percentage in the total patient days of non-County trauma hospitals (reported by County's TEMIS for CY 2023) that are adjusted for severity factors, multiplied by the total funding allocated for this category.

Col (7) - Underinsured payment is based on each hospital's percentage in the total Medi-Cal and In-Custody patient days of non-County trauma hospitals (reported by County's TEMIS for CY 2023), multiplied by the total funding allocated for this category.

Col (8) - Payment is based on each hospital's percentage of the grand total from columns 1 - 7 (except column 2) for each hospital, multiplied by \$5.957 million, then distributed so that the two public hospitals (Antelope Valley Hospital and Ronald Reagan UCLA Medical Center) receive funding directly from the County in amounts equivalent to the amounts they would have received if they were eligible for State matching.

Col (9) - Payment is based on similar calculation with columns 5, 6 and 7, but using only pediatric data.

Agreement No. H-_____

MEMORANDUM OF AGREEMENT
FOR
NON-COUNTY TRAUMA CENTER PROVISIONS FOR REIMBURSEMENT

Amendment No. 4

THIS AMENDMENT is made and entered into this _____ day of June, 2025,

By and between

COUNTY OF LOS ANGELES
(hereinafter "County"),

And

ABC HOSPITAL
(hereinafter "Hospital").

Business Address:

XX
XX

WHEREAS, reference is made to that certain document entitled " MEMORANDUM OF AGREEMENT FOR NON-COUNTY TRAUMA CENTER PROVISIONS FOR REIMBURSEMENT" dated on June 11, 2021, and further identified as Agreement No.:_____, including any amendments and any other modifications thereto (cumulatively hereafter referred to as "MOA"); and

WHEREAS, the Board of Supervisors approved reimbursement to the Non-County Trauma Hospitals using funding provided by Measure B, the EMS Maddy Fund, and Richie's Fund.

WHEREAS, on June 3, 2025, the County's Board of Supervisors delegated authority to the Director of Health Services, or authorized designee, to, among other delegations, to execute amendments to the MOA to extend the term of the MOA for the period July 1, 2025 through June 30, 2026, to provide for funding allocation for Fiscal Year 2025-26, for a total County obligation of approximately \$58.806 million comprised of various amounts from Measure B, the EMS Maddy Fund, and Richie's Fund.

NOW THEREFORE, THE PARTIES HERETO AGREE AS FOLLOWS:

1. This Amendment shall be effective upon execution.

2. The MOA is hereby incorporated by reference, and all of its terms and conditions, including capitalized terms defined herein, shall be given full force and effect as if fully set forth herein.
3. The MOA, Paragraph 1.0 – SCOPE is deleted in its entirety and replaced to read as follows:

“1.0 SCOPE

1.1 This MOA addresses funding through the fiscal year ending June 30, 2025 (the “Contract Period”) for non-County trauma hospitals in Los Angeles County having trauma centers (“Non-County Trauma Hospitals”). Non-County Trauma Hospitals are hospitals that are not owned nor operated by County of Los Angeles (the “County”). The County’s funding to Non-County Trauma Hospitals for this contract period assures the continuance of emergency care access for Medi-Cal beneficiaries and stabilizes the provision of trauma care services in Los Angeles County.

1.2 The funding identified in this MOA for Non-County Trauma Hospitals, described in Exhibit A, Provisions For Reimbursement, covers the following four components:

1.2.1. Patient/Hospital-Based Payments

This component includes uninsured trauma claims and pediatric trauma services, as described in Exhibit A, Sections I and II.

1.2.2 Designation Support Payments

This component includes payments for Non-County Trauma Hospitals that serve as base stations and funding for trauma hospitals' infrastructure, as described in Exhibit A, Section III A.

1.2.3 Add-On Payments

This component includes payments for: a) trauma patient volume; b) patient acuity; c) the volume of underinsured patients (i.e., Medi-Cal and In-Custody patients); and d) a parity adjustment to mitigate the negative financial impact among various hospitals as described in Exhibit A, Section IV.

1.2.4 Measure B Advisory Board Funding (if available)

This component includes one-time payments, as applicable, if funding is available and recommended by the Measure B Advisory Board (MBAB), and approved by the County Board of Supervisors, to distribute prior year unspent and unallocated Measure B funds as described in Exhibit A, Section V.

- 1.3 The County intends to provide funding to Hospital for one or more of the four components described in Section 1.2 from the following fund sources under this MOA: Measure B, The EMS Maddy Fund, and Richie's Fund. In addition, the County will utilize Measure B funds, to the extent possible, to make an inter-governmental transfer (IGT) of funds to the California Department of Health Care Services (CDHCS) to draw down Federal matching dollars for enhanced Medi-Cal payments to Eligible Trauma Hospitals, pursuant to California's Medicaid State Plan (Title XIX), Attachment 4.19B (Enhanced Payments to Private Trauma Hospitals), pp. 51-51c (TN-03-032, app. Mar. 31, 2005; eff. Jul. 1, 2003), attached hereto as Attachment A.
 - 1.4 The Non-County Trauma Hospitals entering into this MOA acknowledge that Attachment A, was approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. Attachment A enables private trauma hospitals in Los Angeles County to receive additional Medi-Cal payments, under Section 14087.3 of the Welfare and Institutions Code. Pursuant to Medicaid State Plan and a related interagency agreement between the County and the CDHCS, these additional Medi-Cal payments are distributed to the County-designated private trauma hospitals, in a lump-sum amount to ensure continued access by Medi-Cal beneficiaries to trauma and emergency room care in the County."
4. The MOA, Paragraph 2.0 – TERM is deleted in its entirety and replaced to read as follows:
- "2.0 TERM
- 2.1 The term of this MOA is effective upon the date of execution by the Director of Health Services (Director), or designee. This MOA shall expire on June 30, 2026, unless sooner extended or terminated, in whole or in part, as provided herein.
 - 2.2 In any event, this MOA may be terminated for any reason at any time by either party by giving at least thirty (30) calendar days advance written notice to the other party."
5. The MOA, Paragraph 3.0 – PAYMENT AND INVOICES is deleted in its entirety and replaced to read as follows:

“3.0 PAYMENT AND INVOICES

3.1 County's maximum reimbursement amount to the Non-County Trauma Hospitals for the delivery of trauma services for fiscal years 2020-21, 2021-22, 2022-23, 2023-24, and 2024-25 shall not exceed the amounts identified in Exhibit A.”

6. The MOA, Exhibit A- Provisions For Reimbursement is modified to add Exhibit A-4, attached hereto and incorporated herein by reference, to the existing Exhibits A, A-1, A-2, and A-3. Any reference to Exhibit A in the MOA shall include Exhibit A-4.
7. Except for the changes set forth hereinabove, the MOA shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by the County's Director of Health Services, or authorized designee, and Hospital has caused this Amendment to be executed on its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By: _____ for
Christina R. Ghaly, M.D.
Director of Health Services

HOSPITAL

By _____
Signature

Printed Name

Title

APPROVED AS TO FORM:

DAWYN R. HARRISON
County Counsel

By: _____
Sara Zimble
Principal Deputy County Counsel

DRAFT

MEMORANDUM OF AGREEMENT (MOA) EXHIBIT A-2
PROVISIONS FOR REIMBURSEMENT

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TRAUMA CENTER PROVISIONS FOR REIMBURSEMENT

I. ELIGIBLE PATIENT-BASED FUNDING

A. BUDGET ALLOCATION

1. Patient-Based Allocation Amounts

This Section I is applicable to the Non-County Trauma Hospitals with the exception of Children's Hospital Los Angeles. For the Contract Period, the County has established a budget allocation (the "Budget Allocation") for each such Non-County Trauma Hospital providing medical care to Eligible Patients (as defined below) during the Contract Period. The budget allocations are as follows:

Antelope Valley Hospital	\$ 367,090
Dignity Health-California Hospital Medical Center	\$2,595,479
Cedars-Sinai Medical Center	\$ 193,131
Henry Mayo Newhall Hospital	\$ 103,417
Huntington Hospital	\$ 40,521
MemorialCare Long Beach Medical Center	\$ 111,885
Dignity Health-Northridge Hospital Medical Center	\$1,134,380
Pomona Valley Hospital Medical Center	\$ 463,850
Providence Holy Cross Medical Center	\$1,759,257
Ronald Reagan UCLA Medical Center	\$ 503,534
St. Francis Medical Center	\$ 234,658
Dignity Health-St. Mary Medical Center	<u>\$ 680,756</u>
Total Patient Based Funding	\$8,187,958

The above amounts for each hospital were determined based on each Non-County Trauma Hospital's share of the total value of the Fiscal Year (FY) 2023-24 indigent claims submitted by all the Non-County Trauma Hospitals to the County, net of any FY 2022-23 disallowed claims, multiplied by the total funding allocated for this category (which include Measure B, Maddy,

and Federal matching funds). The value of the indigent claims was computed by applying the emergency department (ED) visit or per diem rates described in the paragraph below. The final value of all the claims was adjusted upwards by an escalation factor of 60.03%, in order to fully distribute the entire funding available for this category. Payments to Non-County Trauma Hospitals listed in this section will be made directly by the County (inclusive of the Maddy Fund as defined below) and/or by the California Department of Health Care Services (CDHCS) as enhanced Medi-Cal payments to eligible private hospitals as set forth in this Exhibit.

\$ 6,425 per emergency department visit and assessment. (No such fee will be paid if the patient is admitted to the hospital as an inpatient from the emergency department.)

\$12,471 for the first inpatient day; and

\$ 5,417 for the second inpatient day; and

\$ 4,283 for the third inpatient day; and

\$ 4,283 for the fourth inpatient day; and

\$ 3,023 for each day thereafter.

Accordingly, the Patient-Based Allocations will be taken into account in the amounts that the County recommends be paid by CDHCS as enhanced Medi-Cal payments taking into account direct payments the County has made or will make to the hospitals for such allocations.

2. Maddy Fund

Certain funding known as “Maddy Emergency Medical Services Fund” (Maddy Fund) is available for hospital care rendered to Eligible Patients (as defined in I.B below) by the Non-County Trauma Hospitals. As described in I.D of this Exhibit, Contractor is required to submit a claim (an “Eligible Claim”) to the County for the hospital care rendered to Eligible Patients within the Contract Period. Based on claims for patient visits and days from July 1, 2023, to June 30, 2024, County will determine the Maddy Fund

payment amount for ED visits, and inpatient stays up to three (3) days, using the rates below plus an escalation adjustment factor of 60.03%, due to each hospital for this Contract Period. The amount of Maddy Fund payments is included in determining the total funding for the Patient/Hospital-Based Allocation amount.

\$ 6,425 per emergency department visit and assessment. (No such fee will be paid if the patient is admitted to the hospital as an inpatient from the emergency department.)

\$12,471 for the first inpatient day; and

\$ 5,417 for the second inpatient day; and

\$ 4,283 for the third inpatient day.

B. GENERAL CONDITIONS

Contractor shall provide Trauma Services, as defined below, to Eligible Patients. For purposes of this Exhibit, an "Eligible Patient" is a patient receiving Trauma Services from Contractor meeting the following criteria: (1) the Contractor believes that the patient is unable to pay for the Trauma Services so provided; (2) the patient has no third-party coverage, in part or in whole for the Trauma Services provided by Contractor and (3) the patient's annual income places the patient at or below 200% of the current year Federal Poverty Level (FPL).

For purposes of this Exhibit, "third-party coverage" or "third-party payers" includes but is not limited to commercial insurance or any program funded in whole or in part by local, state, or federal government. "Trauma Services" refers to all hospital services furnished by the Contractor to a patient who presents to the Contractor or is classified subsequently during the patient's stay as a Trauma Patient from the time the patient presents at or is admitted to the Contractor's hospital until the patient is discharged. The term "Trauma Patient" for purposes of this Contract is defined in the Specialty Care Center Designation Master Agreement Exhibit A, Sub Exhibit - TC Trauma Center, Attachment 5, *Patient Inclusion in the Trauma Data System* and incorporated in this Exhibit as Attachment 1.

A claim (a "Patient-Based Claim") shall not be submitted to the County hereunder for an Eligible Patient if: (a) the patient has the ability to pay for the service but refuses or fails to pay for the service; or (b) Contractor has failed to submit to any known third-party payer(s) for the patient, an accurate, complete, and timely billing, and for that reason has been denied payment by such payer(s); or (c) for any Trauma Services which is covered in, or the subject of reimbursement in, any other contract between Contractor and County. Subject to the County's review and verification, Contractor will determine and document persons who are Eligible Patients as described in Section I.C below.

County claim is accepted from Non-County Trauma Hospitals for patient care provided to Trauma Patients who do not have the ability to pay for the services under the following conditions: (1) Contractor has made a reasonable, good faith effort to determine if there is a responsible private or public third-party source of payment, in accordance with Section I.C below; (2) Contractor either determines that there is no source of payment; or there is a potential source of payment, but the Contractor is unable to obtain payment after making reasonable efforts to pursue such revenue and (3) the patient's annual income places the patient at or below 200% of the current year Federal Poverty Level (FPL).

During the term of this Agreement, as required by Section 16818 of the Welfare and Institutions Code (W&IC), Contractor shall continue to provide, at the time treatment is sought by a patient at its facility, an individual notice of the availability of reduced cost hospital care. Additionally, Contractor shall post, in conspicuous places in its emergency department and patient waiting rooms, notices of the procedures for applying for reduced-cost hospital care. The approved "Notice" language is reflected in English in Attachment 2 and in Spanish in Attachment 3.

C. PATIENT ELIGIBILITY

For a patient to be an Eligible Patient, Contractor must document that the person cannot afford to pay for the services provided by the Contractor. Contractor must

also document that payment for the services will not be covered by third-party coverage, including any program funded in whole or in part by the federal government, and that Contractor has not received payment for any portion of the amount billed.

The documentation that the person cannot afford to pay must show that the patient's annual income places the patient at or below 200% of the current year's Federal Poverty Level (FPL).

Contractor shall utilize Attachment 4, *Trauma Service County Eligibility* ("TSCE") *Agreement* form as the sole means for determining whether the patient is at or below the 200% of the current year FPL and therefore meets patient's eligibility criteria for trauma care claiming during the term of this Agreement. The TSCE Agreement form must be completed and signed by the patient or the patient's responsible relative(s) at the time it is determined there is not a responsible private or public third-party source of payment and that the patient meets the eligibility requirements. The completed form must be signed and dated by the hospital representative who obtained the information, verifying that the information was obtained from the patient or the patient's responsible relative(s).

If a TSCE Agreement form cannot be secured because the patient's condition prevents the patient from providing the necessary financial information, and there is no responsible relative(s) available, then Attachment 5, *Hospital Certification of Inability to Cooperate* form must be completed. A hospital representative will complete the form, sign and date it, and a second hospital representative will verify the information by also signing and dating the form. The original (or electronic scan) of either the *TSCE* or *Inability to Cooperate* form must be maintained by Contractor as part of its financial records. Contractor shall submit a copy of the application form to the County Emergency Medical Services (EMS) Agency when submitting a claim to be included in the patient-based claims total as stated in Attachment 6, *Instructions for Submission of Claims and Data Collection*.

Contractor must document that it has made reasonable efforts to secure payment from the patient by billing upon discharge and two (2) subsequent billings at least a month apart with a minimum of three (3) billings. Financial notes must clearly indicate that the patient was billed at least three (3) times.

Documentation to establish that Contractor has complied with the aforementioned patient eligibility requirements must be maintained by Contractor and made available upon request to authorized County or State representatives for inspection, audit, and photocopying.

D. CLAIMS SUBMISSION

Contractor shall submit all Patient-based Claims to the County for Trauma Services to Eligible Patients for the Contract Period. These claims, subject to the following conditions and subsequent agreements of the parties, will be used to determine the amount of the patient-based Budget Allocation for Contractor. Claims from the prior fiscal year will be used to determine the patient-based funding for the contract period.

1. A valid claim shall include a completed Trauma Patient Summary ("TPS") form for each Eligible Patient receiving Trauma Services.
2. In addition to the TPS form, Contractor shall submit the required claim form (UB04) as well as all required reports as set forth in Attachment 6, *Instructions for Submission of Claims and Data Collection*, attached hereto and incorporated herein by reference, to County's Emergency Medical Services Agency, 10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, California 90670, for Trauma Services provided to Eligible Patients under the terms of this Agreement. This information shall be used in determining the next (and possibly subsequent) year's Budget Allocation.
3. Claims submitted to the County shall be limited to the hospital component of Trauma Services provided to Eligible Patients during the term of this Agreement. Inclusion of the claims in the determination of a Contractor's Budget Allocation or funding under

this Agreement shall be limited to the claims for which all required data has been included in the Trauma and Emergency Medicine Information System (TEMIS) and which has been submitted as required by reporting procedures reflected in Attachment 6.

4. Claims shall be submitted to County's EMS Agency on an ongoing basis once all eligibility requirements have been met and the Contractor has determined that no other source of funding is likely to be available. All Contractor claims for services provided during a County Fiscal Year (FY) (July 1 – June 30) must be received by County no later than the last working day of the first December following the close of the FY. Only claims for which the Contractor has ascertained that no payment will be received should be submitted.
5. To the extent permitted by law, upon submission of claim by Contractor to County for a trauma patient's care, and unless and until the claim is rejected by the County, Contractor assigns and subrogates to County any and all rights to collection as set forth herein, and Contractor shall cease all current and waive all future collection efforts, by itself and by its contractors/agents, to obtain any payment from the patient. At its sole discretion, County and/or County's Contractor may proceed independently against any parties responsible for payment for the Trauma Services to the extent permitted by law. The rights hereby assigned and subrogated to County under this provision include reimbursement up to the full amount of usual and customary fees (including, for example, billed charges) for patient care and services regardless of any amount the Contractor has received under the TCPR, but only to the extent permitted by law. In the event Contractor is contacted by a third party's representative (e.g., insurance claim adjuster) or a patient's attorney regarding pending litigation concerning a claim that has been assigned to the County hereunder, Contractor shall indicate that the claim is assigned and subrogated to the County and refer

such representative to the designated County contact. Contractor shall reasonably cooperate with County in its collection efforts.

6. Contractor shall notify the County, and update the financial status of the patient in TEMIS, if Contractor becomes aware of any third-party coverage such as Medi-Cal, Medicare, other government programs, or other health insurance for any claim that the Contractor submitted to be included for purposes of calculating the Budget Allocation. The County has all rights to work with the identified third-party payers to receive any payment due with respect to claims that Contractor has assigned to County, but only to the extent permitted by law.
7. Any and all payments received by Contractor from a Trauma Patient or from third-party payers, including a legal settlement, for a claim previously submitted to and not rejected by the County, must be immediately reported to the County, and the payment amount shall be surrendered and remitted to the County since Contractor assigned and subrogated its rights to said claim. Contractor must remit to the County the payment that was received within sixty (60) days of receipt of such payment and must complete and submit Attachment 7, TRAUMA CENTER PAYMENT SURRENDER FORM, with each surrendered payment.
8. For Trauma Patients admitted to Contractor's facility prior to or on the last day during the term of this Agreement and remaining in the hospital after that date, reports and claim submission to County shall be made only after the patient has been discharged; the Contractor shall not submit partial or interim billings.
9. All reports and claims shall be completed in such detail and with such attachments as are in accordance with procedures prescribed in writing in Attachment 6. Contractor hereby acknowledges receipt of such forms, attachments, and procedures. Contractor and County agree that County may revise such forms, and such procedures and instructions without using a formal amendment to this Agreement. Such revised forms, procedures and instructions shall be effective at

least fifteen (15) calendar days after written notice to Contractor. In the event Contractor submits a timely written objection, Contractor and County will promptly meet and confer in good faith in an effort to resolve their differences. In the event the parties are not able to resolve their differences, Contractor may send a written notice to County within (30) days of the meet and confer session terminating this Agreement. This Agreement shall terminate fifteen (15) days after the date of the written notice, on such other days as the parties shall agree in writing.

E. AUDITING OF RECORDS

Contractor shall maintain and, upon request, make available to State or County representatives, records containing the financial information referenced in this Section, including records of patient and third-party payer payments, all in accordance with Section I B. General Conditions of this Exhibit.

1. County may periodically conduct an audit of the Contractor's records pertaining to the Patient-Based Claims for Eligible Patients that are required under this Exhibit. Audits shall be performed in accordance with generally accepted auditing standards. The audit may be conducted on a statistically random sample of submitted claims for a fiscal year, provided the sampling methodology is statistically valid. The scope of the audit shall include an examination of patient medical and financial records, patient and/or insurance billing records, and collection agency reports associated with the sampled claims.
2. Audited claims that do not comply with requirements in this Agreement shall result in a reduction in the total value of patient-based claims that will be used to determine each trauma hospital's patient-based Budget Allocation for the next fiscal year. For example, if two patient-based claims for the prior fiscal year with a total value of \$12,850 were audited and determined not to be in compliance with the program requirements and the Contractor's total

value of submitted claims for that prior fiscal year was \$150,000, \$12,850 would be subtracted from the total value, reducing it to \$137,150 which would then be the amount used to determine the Contractor's patient-based Budget Allocation for the next fiscal year. The County will notify Contractor of any audit findings. Audit results may be appealed to the EMS Agency Director, or his/her designee.

II. FUNDING FOR PEDIATRIC TRAUMA CENTERS

The parties acknowledge that Chapter 841 of the Statutes of 2006, authorized the County Board of Supervisors (Board), until December 31, 2008, to elect to levy an additional penalty in the amount of two dollars (\$2) for every ten dollars (\$10), upon fines, penalties, and forfeitures collected for specific criminal offenses. This authority was subsequently extended to December 31, 2013, by Chapter 288 of the Statutes of 2008. New legislation (SB 191) was chaptered October 5, 2013, and Section 76000.5 of the Government Code was amended extending these provisions through January 1, 2017. In 2016, legislation (SB 867) was again passed amending Section 76000.5 of the Government Code, extending these provisions through January 1, 2027.

The legislation further authorized the Board to utilize fifteen percent (15%) of the funds collected pursuant to the provisions of Health and Safety Code section 1797.98a, subdivision (e) (known as Richie's Fund) to provide funding to enhance pediatric trauma services by both publicly and privately owned and operated Pediatric Trauma Centers (PTCs) throughout the County.

The FY 2023-24 Richie's Fund collections available for FY 2024-25 allocation to the non-County PTCs and County PTCs are \$841,080. This amount is allocated to PTCs for the expansion of pediatric trauma care services as follows:

Cedars-Sinai Medical Center	\$ 40,180
Children's Hospital Los Angeles	\$ 40,180

MemorialCare Long Beach Medical Center	\$ 40,180
Dignity Health-Northridge Hospital Medical Center	\$600,000
Ronald Reagan UCLA Medical Center	<u>\$ 40,180</u>
Total	\$760,720

III. DESIGNATION SUPPORT FUNDING

The funding described in this Section III is in addition to the funding described in Section I and II of this Exhibit.

A. BASE HOSPITAL SERVICES AND INFRASTRUCTURE

To account for the special costs incurred for those private trauma hospitals providing base and trauma hospital services and to ensure the continued access by Medi-Cal beneficiaries to emergency rooms and emergency room care in the County by maintaining efficient prehospital transport of all patients to the most appropriate emergency room, the County will recommend to the State that it make an aggregate supplemental payment in the amount of \$700,000 for base station and \$1,200,000 for infrastructure to each private Non-County Trauma Hospital pursuant to the Trauma SPA, with the exception of Children's Hospital Los Angeles. Children's Hospital Los Angeles will receive a supplemental infrastructure payment in the amount of \$1,200,000 but will not receive a supplemental base station payment because it does not provide base hospital services.

As public hospitals, Ronald Reagan UCLA Medical Center ("UCLA") and Antelope Valley Hospital ("Antelope") may not receive these supplemental Medi-Cal payments under the State Plan. Accordingly, the County will directly pay each of those hospitals the amount of \$700,000 for base station support and \$1,200,000 for infrastructure support at or about the same time as County makes its IGT payment to the State. In the event the County makes its IGT payment to the State in multiple installments, the County will

make the base station and infrastructure supplemental payments to UCLA and Antelope in the same number of installments.

IV. ADD-ONS PAYMENTS

The funding described in this Section IV is in addition to the funding described in Sections I, II and III of this Exhibit. The total payment amounts below were designed to reflect the following: a) trauma patient volume; b) trauma patient acuity; and c) the levels of underinsured trauma patients treated.

Antelope Valley Hospital	\$ 4,138,398
Dignity Health-California Hospital Medical Center	\$ 6,556,813
Cedars-Sinai Medical Center	\$ 4,546,528
Children's Hospital Los Angeles	\$ 1,306,970
Henry Mayo Newhall Hospital	\$ 1,737,043
Huntington Hospital	\$ 3,291,122
MemorialCare Long Beach Medical Center	\$ 4,492,982
Dignity Health-Northridge Hospital Medical Center	\$ 4,300,688
Pomona Valley Hospital Medical Center	\$ 4,290,588
Providence Holy Cross Medical Center	\$ 3,888,630
Ronald Reagan UCLA Medical Center	\$ 3,931,828
St. Francis Medical Center	\$ 5,751,674
Dignity Health-St. Mary Medical Center	<u>\$ 3,157,694</u>
Total	\$51,390,958

Except for UCLA and Antelope, it is the intent of the County to send an IGT to CDHCS so it can draw down federal matching dollars for enhanced Medi-Cal payments to the above hospitals in the amounts set forth above. The County will issue the above payments directly to UCLA and Antelope as grants to support their provision of trauma services.

V. ADDITIONAL FUNDING FROM MEASURE B TAX RATE INCREASE

The funding described in this Section IV is in addition to the funding described in Sections I, II, III and IV of this Exhibit. On September 13, 2022, the Board of Supervisors approved an increase to the Measure B Trauma, Emergency, and Bioterrorism Response property assessment rate of \$0.0076 per improved square foot, for a total assessment of \$0.0500 per improved square foot, effective July 1, 2022. The additional revenue from the Measure B tax rate increase is projected to generate approximately \$50.18 million annually. Of this revenue, the Board approved \$5.96 million per year to thirteen (13) non-County Trauma Hospitals to support staffing, technology, and capital improvement investments to maintain or expand the regional trauma care system; as well as \$3.00 million per year to five (5) non-County Pediatric Trauma Hospitals for investments in staffing, technology, and capital improvements to boost pediatric trauma care.

1. The additional payments to the thirteen (13) Non-County Trauma Hospitals are as follows:

Additional Funding To Support Trauma Care System

Antelope Valley Hospital	\$ 792,308
Dignity Health-California Hospital Medical Center	\$ 1,367,082
Cedars-Sinai Medical Center	\$ 821,274
Children's Hospital Los Angeles	\$ 310,092
Henry Mayo Newhall Hospital	\$ 462,666
Huntington Hospital	\$ 647,114
MemorialCare Long Beach Medical Center	\$ 804,602
Dignity Health-Northridge Hospital Medical Center	\$ 907,290
Pomona Valley Hospital Medical Center	\$ 823,102
Providence Holy Cross Medical Center	\$ 933,614
Ronald Reagan UCLA Medical Center	\$ 783,634
St. Francis Medical Center	\$ 975,478
Dignity Health-St. Mary Medical Center	<u>\$ 709,802</u>
Total	\$10,338,058

The above total payment amount of \$10.34 million includes Measure B funding and federal matching. Except for Antelope and UCLA, the County intends to send an IGT to CDHCS so it can draw down federal matching dollars for enhanced Medi-Cal payments to the above hospitals in the amounts set forth above. The County will issue the above payments directly to Antelope and UCLA.

2. The payments to the five (5) non-County Pediatric Trauma Hospitals are as follows:

Additional Funding To Support Pediatric Trauma Care

Cedars-Sinai Medical Center	\$ 340,958
Children's Hospital Los Angeles	\$2,631,640
MemorialCare Long Beach Medical Center	\$1,125,286
Dignity Health-Northridge Hospital Medical Center	\$ 849,316
Ronald Reagan UCLA Medical Center	<u>\$ 526,400</u>
Total	\$5,473,600

The above total payment amount of \$5.47 million includes Measure B funding and federal matching. Except for UCLA, the County intends to send an IGT to CDHCS so it can draw down federal matching dollars for enhanced Medi-Cal payments to the above hospitals in the amounts set forth above. The County will issue the above payments directly to UCLA.

VI. PAYMENT LIMIT

Contractor acknowledges that the amounts payable under Attachment A ("the Trauma SPA") are limited to the uncompensated costs of providing outpatient hospital services of all eligible private trauma hospitals in Los Angeles County and are also limited by the State's upper payment limit, as established in 42 C.F.R. Section 447.321. To the extent that either or both limits preclude the State from

paying all the aggregate amounts set forth below, the amount to be recommended by the County for each private trauma hospital shall be reduced by the same percentage as the percentage of total allowable supplemental payments under the Trauma SPA is to total recommended supplemental Medi-Cal payments under the Trauma SPA to all private trauma hospitals.

VII. POTENTIAL IGT FOR FEDERAL MATCHING FUNDS

As discussed in Section III, the County intends that the Designation Support payments, Add-On Payments, a portion of the Patient-Based payments and any Additional Payments Due to Measure B Rate Increase, should they be allocated, to the private Non-County Trauma Hospitals be made as additional Medi-Cal payments in accordance with the Trauma SPA. Unless CDHCS rejects this payment approach, the County will transfer the non-federal share of such funds to CDHCS in one or more IGTs. The amount of the additional Medi-Cal payments to the private Non-County Trauma Hospitals will be included in the amounts set forth in Sections IA.1, III, IV and V above.

The parties acknowledge and agree that some or all of the IGT, which the County intends to make to effectuate the provisions of this Agreement may not be capable of drawing down federal matching funds under the Trauma SPA. To the extent that is true, the parties agree that the County shall have no obligation to make an IGT of such amounts and shall instead provide such IGT funds directly to the private Non-County Trauma Hospitals in proportion to the payments that would have been made to each hospital relating to such IGT funds if the funds had been accepted as a permissible IGT for which federal matching funds would be available under the Trauma SPA. To the extent that Non-County Trauma Hospitals receive the full amounts set forth in Section VIII, County has no obligation to make further direct payments, even if not all of the funds set aside for use as an IGT are ultimately used for that purpose.

The total amount of the IGT the County intends to make shall be \$41.35 million.

VIII. TOTAL MAXIMUM PAYMENTS

The total maximum payments that each Non-County Trauma Hospital may receive, either directly from the County, or from the State of California, as additional Medi-Cal payments under the Trauma SPA (which includes the amounts of IGTs made by the County and federal matching funds), and subject to the limitations and conditions as described in this Agreement, shall be as follows:

Antelope Valley Hospital	\$ 7,197,796
Dignity Health-California Hospital Medical Center	\$ 12,419,374
Cedars-Sinai Medical Center	\$ 7,842,071
Children's Hospital Los Angeles	\$ 5,488,882
Henry Mayo Newhall Hospital	\$ 4,203,126
Huntington Hospital	\$ 5,878,757
MemorialCare Long Beach Medical Center	\$ 8,474,935
Dignity Health-Northridge Hospital Medical Center	\$ 9,691,674
Pomona Valley Hospital Medical Center	\$ 7,477,540
Providence Holy Cross Medical Center	\$ 8,481,501
Ronald Reagan UCLA Medical Center	\$ 7,685,576
St. Francis Medical Center	\$ 8,861,810
Dignity Health-St. Mary Medical Center	<u>\$ 6,448,252</u>
Total	\$100,151,294

Each non-County Trauma Hospital will be paid the above amounts through a combination of direct payments by the County or additional Medi-Cal payments under the Trauma SPA, except for UCLA and Antelope, which shall receive only funds from the County. Payments may be reduced to the extent that the amounts anticipated to be paid as Medi-Cal funds through the Trauma SPA cannot be paid in that manner, in which case the County will make direct payments of the non-federal share of such payments, up to, but not exceeding the amount of the IGT set forth above, less the amount used to fund the Medi-Cal payments which were actually made.

IX. EFFECTIVE DATES

The provisions of this Exhibit shall only apply to trauma services provided on or after July 1, 2024 and before July 1, 2025.

DRAFT

LISTING OF ATTACHMENTS

ATTACHMENT

ATTACHMENT NAME

1. PATIENT INCLUSION IN THE TRAUMA CENTER DATA SYSTEM
2. HOSPITAL SIGNAGE – NOTICE OF REDUCED COST CARE-ENGLISH
3. HOSPITAL SIGNAGE – NOTICE OF REDUCED COST CARE- SPANISH
4. TRAUMA SERVICE COUNTY ELIGIBILITY (TSCE)
5. HOSPITAL CERTIFICATION OF INABILITY TO COOPERATE
- 6-6.8 INSTRUCTIONS FOR SUBMISSION OF TRAUMA CLAIMS AND DATA COLLECTION
7. TRAUMA CENTER PAYMENT SURRENDER FORM

LOS ANGELES COUNTY TRAUMA DATABASE INCLUSION CRITERIA

TRAUMA CENTER SERVICE AGREEMENT PATIENT INCLUSION IN THE TRAUMA DATA SYSTEM

EXCLUSIONS:

Patients with the following injuries are to be EXCLUDED from the registry, unless an additional injury that meets criteria/guidelines exists:

GROUND LEVEL FALLS:

resulting in isolated closed hip fractures in patients > 50 years of age; or
ALL injuries of or distal to the knee or elbow in patients of any age

OR

drownings; hangings; poisonings; late effect of injuries; foreign bodies; superficial injuries (S00, S10, S20, S30, S40, S50, S60, S70, S80, & S90); insect bites; isolated injuries to fingers and/or toes; and injury codes that do not generate an ISS.

INCLUSIONS:

Does the patient have at least one ICD-10 injury diagnostic code within the range of S00 - S99; T20-T28; T30-T32; & T79.A1 - T79.A9?

HOSPITAL ADMISSION?

Was the patient admitted for care of an injury after ED evaluation by the Trauma Surgeon?

OR

Was the patient transferred to or from your facility, and admitted by a Trauma Surgeon for care of an injury?

No

DEATH?

Did the patient die of an injury-related problem?

No

DID THE PATIENT ARRIVE VIA EMS?

Yes

No

PREHOSPITAL DECISION?

Did the patient meet Trauma Triage Criteria, Guidelines, or Special Considerations per Reference 506?

Yes

Yes

Patient DOES NOT meet inclusion criteria

TRAUMA CRITERIA?

Did the NON-EMS patient meet Trauma Triage Physiological & / or Anatomical Criteria per Reference 506.1? (Mechanism of Injury Criteria, Guidelines, and Special Considerations are NOT applicable for non-EMS patients)

No

No

Yes

Yes

Patient MEETS inclusion criteria

CASES ENTERED INTO THE REGISTRY THAT DO NOT MEET THE INCLUSION CRITERIA MUST BE IDENTIFIED AS "DHS=NO", AND HAVE THE TPS RATIONALE OF "DHS=NO" INDICATED.

January 1, 2021 (Implemented)
Valid until amended by the EMS Agency
(Replaces Exhibit C dated January 1, 2020)



NOTICE

MEDICAL CARE FOR THOSE WHO CANNOT AFFORD TO PAY

THIS HEALTH CARE FACILITY PROVIDES SERVICES FREE OF CHARGE OR AT A REDUCED CHARGE TO PERSONS WHO CANNOT AFFORD TO PAY FOR MEDICAL CARE.

IF YOU ARE UNABLE TO PAY FOR ALL OR PART OF THE CARE YOU NEED, YOU MAY CONTACT THE ADMISSIONS OR BUSINESS OFFICE OF THIS FACILITY AND ASK ABOUT THE AVAILABILITY OF SUCH CARE. IF YOU WOULD LIKE FURTHER INFORMATION, YOU MAY CALL THE COUNTY OF LOS ANGELES, PRIVATE SECTOR COORDINATOR'S OFFICE AT (562) 378-1590.



NOTICIA

SERVICIO MEDICO PARA QUIENES NO PUEDEN AFRONTAR PAGARLO

**ESTE HOSPITAL PROVEE SERVICIOS GRATIS O A COSTO REDUCIDO
A PERSONAS QUE NO PUEDEN PAGAR POR SERVICIOS MEDICOS.**

**SI USTED NO PUEDE PAGAR POR TODO O PARTE DEL CUIDADO QUE
NECESITA, USTED DEBE COMUNICARSE CON LA OFICINA DE
ADMISIONES O NEGOCIOS DE ESTE HOSPITAL Y PREGUNTAR
ACERCA DE ESTE PROGRAMA. SI DESEA MAS INFORMACION,
PUEDE LLAMAR AL CONDADO DE LOS ANGELES, OFICINA DEL
COORDINADOR DEL SECTOR PRIVADO, AL (562) 378-1590.**

TRAUMA SERVICE COUNTY ELIGIBILITY (TSCE) AGREEMENT

Attachment 4

Trauma Service Hospital/Physician

Medical Record Number

Date(s) of Service

NOTE: Patients unwilling or refusing to cooperate DO NOT qualify for the Trauma Services for Indigents Program.**PATIENT INFORMATION:**

Last

First

Middle

Street

City

State

Zip

Social Security Number

() Telephone Number

Birth Date

Patient's Responsible Relative(s)

Name(s)

Addresses(s)

Does patient have third party coverage (i.e., private insurance) which may partially or fully cover the cost of health services on the above date(s)?

YES ☐ (IF YES, PATIENT IS NOT ELIGIBLE)NO ☐**TSCE ELIGIBILITY COMPUTATION: (Taken from 2025 Federal Poverty Level 4/1/25)****CIRCLE ONE IN EACH COLUMN BELOW:** Figure Family Size based on the number of persons in the patient's household. Figure the income of the patient and the patient's responsible relative(s) before taxes and deductions.

<u>Family Size</u>	<u>Monthly Income</u>	<u>Yearly Income</u>
1	\$2,610	\$31,300
2	3,526	42,300
3	4,442	53,300
4	5,360	64,300
5	6,276	75,300
6	7,192	86,300
7	8,110	97,300
8	9,026	108,300
9	9,942	119,300
10	10,860	130,300
11	11,776	141,300
12	\$12,692	\$152,300

(For family units with more than 12 members, add \$918 monthly and \$11,000 yearly for each additional member.)

My/our Monthly Income and Yearly Income are less than or equal to the amount circled above.

TSCE CERTIFICATION:

I/we understand that in order to be eligible for TSCE for the health services received on the above date(s), my/our Monthly Income and Yearly Income must be less than or equal to the amounts corresponding to my/our Family Size. I/we will not be liable for these health services.

I/we understand and agree that this Agreement shall be governed by the terms and conditions set forth in the TSCE, which has been made available to me/us for review, and that I/we shall fully cooperate with the County and Trauma Service Hospital in accordance with the TSCE.

I/WE, PATIENT OR RESPONSIBLE RELATIVE(S), CERTIFY UNDER PENALTY OF PERJURY BY MY/OUR SIGNATURE(S) THAT THE INFORMATION I/WE HAVE GIVEN TO DETERMINE MY/OUR TRAUMA SERVICE COUNTY ELIGIBILITY AS CIRCLED ABOVE FOR HEALTH SERVICES ON THE ABOVE DATE(S) IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE ALSO CERTIFY THAT I/WE HAVE DISCLOSED ALL MY/OUR THIRD PARTY COVERAGE WHICH MAY PAY FOR ANY OF THE COST OF HEALTH SERVICES RECEIVED. I/WE UNDERSTAND THAT IF I/WE HAVE A THIRD OR FIRST PARTY CLAIM OR LAWSUIT, LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES, SHALL HAVE THE RIGHT TO RECOVER ALL REASONABLE HOSPITAL AND PHYSICIAN CHARGES INCURRED DURING THE ABOVE REFERENCED DATE OF SERVICE AND OTHER MEDICAL SERVICES RELATED HERETO AS PERMITTED BY STATE LAW. THIS INCLUDES THE FULL BILLED CHARGES OF THE HOSPITAL.

Patient's Signature

Date

Responsible Relative(s) Signature

(State relationship to patient)

Date

If patient unable to sign

TSCE Hospital Reviewer (Required to verify above information and signature)

Date

THIS FORM OR A U-2 MUST BE ON FILE IN THE PATIENT(S) FINANCIAL CHART

Trauma Center Provisions for Reimbursement MOA-Exhibit A

HOSPITAL CERTIFICATION OF INABILITY TO COOPERATE (U-2) AGREEMENT_____
Trauma Service Hospital/Physician_____
Medical Record Number_____
Date(s) of Service**NOTE:** Patients **unwilling or refusing to cooperate** DO NOT qualify for the Trauma Services for Indigents Program.**PATIENT INFORMATION:**_____
Last_____
First_____
Middle_____
Street_____
City_____
State_____
Zip_____
Patient's Responsible Relative(s)_____
Name(s)_____
Addresses(s)_____
Social Security Number() _____
Telephone Number_____/_____/_____
Birth date

WE CERTIFY UNDER PENALTY OF PERJURY BY OUR SIGNATURES THAT WE HAVE USED ALL REASONABLE MEANS TO DETERMINE THE PATIENT'S ELIGIBILITY IN ACCORDANCE WITH THE TSCE AGREEMENT. SPECIFICALLY, WE HAVE USED ALL REASONABLE MEANS TO:

- 1) Obtain the names and addresses of the patient and the patient's responsible relatives,
- 2) Obtain acceptable address verification, and
- 3) Obtain all information needed to complete the TSCE Agreement, including information regarding the income and family size of the patient and patient's responsible relatives, and the patient's third-party coverage.

The patient and/or patient's responsible relatives, if any, were UNABLE to cooperate fully because:

and TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE PATIENT OR PATIENT'S RESPONSIBLE RELATIVES ARE UNABLE TO PAY FOR THE COST OF HEALTH SERVICES PROVIDED AND THEPATIENT OR PATIENT'S RESPONSIBLE RELATIVES HAVE NO THIRD-PARTY COVERAGE FOR THESE HEALTH SERVICES. THE INFORMATION SET FORTH ABOVE IS ALL OF THE INFORMATION WEWERE ABLE TO OBTAIN WITH RESPECT TO THIS PATIENT.

Hospital Reviewer #1_____/_____/_____
Date_____
Hospital Reviewer #2_____/_____/_____
Date

THIS FORM MUST BE SIGNED BY TWO HOSPITAL STAFF VERIFYING THE REASON THE PATIENT AND/OR THE PATIENT'S RESPOPNISIBLE RELATIVES, IF ANY, WERE UNABLE TO COOPERATE AND SHOULD BE COMPLETED AT THE TIME OF REGISTRATION AND FINANCIAL INFORMATION IS COLLECTED FOR THIS ACCOUNT.

THIS FORM OR A TSCE MUST BE ON FILE IN THE PATIENT'S FINANCIAL CHART

Instructions for Submission of Trauma Claims and Data Collection

- 6.1 Instructions for Submission of Trauma Claims and Data Collection
- 6.2 Instructions for Completion of the UB-04 Form
- 6.3 Instructions for Completion of the Trauma Service County Eligibility (TSCE)
- 6.4 Instructions for Completion of the Hospital Certification of Inability to Cooperate
- 6.5 Instructions for Submission of the Tobacco Tax Combo Print-Out
- 6.6 Excel Electronic File of the UB-04 Inpatient Data Template
- 6.7 Excel Electronic File of the UB-04 Outpatient Data Template
- 6.8 Instructions for Completion of the Trauma Center Payment Surrender Form

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR SUBMISSION OF TRAUMA CLAIMS AND DATA COLLECTION

GENERAL INFORMATION

Hospitals must submit a **UB-04 Form**, a copy of the **Trauma Service County Eligibility (TSCE)**, or a copy of the **Hospital Certification of Inability to Cooperate** and a copy of the **Tobacco Tax Combo Print-out** for each eligible patient's care if they want an indigent patient claim to be considered in the formula for Trauma Center funds. Additionally, Hospitals must submit an **Excel Electronic File of the UB 04 Data** with the paper copy of the claim packet. If Hospital is unable to submit an electronic file of the UB-04, they must submit the required UB-04 data in an Excel or CSV file and submit an electronic copy of this file when claims are submitted.

PATIENT INFORMATION: Hospitals are required to make reasonable efforts to collect all information as required on the TSCE form. If, after reasonable efforts are made, some data elements cannot be obtained for services provided as EMERGENCY DEPARTMENT, indicate "N/A" (not available) in the space for the data element which was not obtainable. **Claims for services provided to patients shall not be accepted without completion of all data elements unless a reasonable justification is provided, e.g., "comatose on arrival and expired with no family or identification".** In these cases, a **Hospital Certification of Inability to Cooperate** should be submitted.

In addition to the above claims submission requirements, if a refund is received by Contractor from a Trauma Patient or from third-party payers, including a legal settlement, for a claim previously submitted to the County, this must be immediately reported to the County and the payment amount shall be surrendered and remitted to the County since Contractor assigned and subrogated its rights to said claim. Contractor must remit to the County the payment it received within sixty (60) days of receipt of such payment and must complete and submit a **TRAUMA CENTER PAYMENT SURRENDER FORM** with each surrendered payment.

HOSPITALS—SUBMIT CLAIMS TO:

Department of Health Services
Emergency Medical Services (EMS) Agency
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670
Attention: HOSPITAL CLAIMS
Contact: Hospital Reimbursement Coordinator – (562) 378-1590

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR COMPLETION OF THE UB-04 FORM

The following fields on the UB -04 must be completed:

- 1 HOSPITAL
Hospital name and address
- 3a PATIENT CONTROL NUMBER
Unique patient identification number assigned by provider to retrieve individual accounts
- 3b. MEDICAL RECORD NUMBER
Patient's Medical Record Number
- 4 TYPE OF BILL
0111 for Inpatient claims or 0131 for Outpatient claims
- 6 STATEMENT COVERS PERIOD
FROM = **Admit date** THROUGH = **Discharge date**
- 8b PATIENT NAME
Patient's last, first name and middle initial
- 9a-d. PATIENT'S ADDRESS
Patient's full address
- 10 BIRTH DATE
Patient's date of birth
- 11 SEX
Patient's gender
- 42 REVENUE CODE
The appropriate numeric code to identify specific accommodations and/or ancillary services in ascending numeric order, by date of service if appropriate (i.e. **209 ICU**).
- 44 HCPCS CODE OR CPT CODE
The CPT-4 code set (Current Procedural Terminology, 4th Edition Fill from the left-most position (i.e. **99291**))
- 46 SERVICE Units
Length of Stay

INSTRUCTIONS FOR COMPLETION OF THE UB-04 FORM

- 47 TOTAL
Total charges
56. NATIONAL PROVIDER IDENTIFIER
The hospitals unique ten-digit NPI identification number
- 57 FACILITY ID NUMBER
The hospitals unique six-digit OSHPD number
- 60 INSURED'S UNIQUE IDENTIFIER
The Trauma Patient Sequence (TPS) number
- 67 PRINCIPAL DIAGNOSIS
The complete ICD-10 CM diagnosis code that describes the principal diagnosis or the chief reason for performing a service on an outpatient basis
- 67a-q OTHER Dx CODES
The complete ICD-10-CM diagnosis codes for up to 17 additional conditions, **if applicable**
74. PRINCIPAL PROCEDURE CODE AND DATE
The ICD code that identifies the principal procedure and the date of those procedures, **if applicable**
- 74 a-e OTHER PROCEDURES DESCRIPTIONS
Other ICD codes identifying all significant procedures performed. **if applicable**

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR COMPLETION OF THE TRAUMA SERVICE COUNTY ELIGIBILITY (TSCE)

GENERAL INFORMATION

Hospitals must submit a copy of the completed and signed **Trauma Service County Eligibility (TSCE)** for each eligible patient's care, if they are claiming reimbursement for Trauma Hospital funds.

The TSCE shall be utilized by Contractor as the sole means for determining each patient's eligibility for trauma care coverage during the term of this Agreement. The TSCE must be completed and signed by the patient or the patient's responsible relative(s).

NOTE: If a TSCE cannot be secured because the patient or the patient's responsible relative (s) is (are) unable to cooperate to that effect, a Hospital Certification of Inability to Cooperate must be completed.

Patients unwilling or refusing to cooperate DO NOT qualify for the Trauma Services for Indigents Program.

PATIENT INFORMATION: Hospitals are required to make reasonable efforts to collect all data elements on the following questions:

- 3rd party coverage question
- Family size/income
- Signature (by patient or responsible relative only)
- Obtain signature of Hospital Reviewer/Translator who obtained information and explained program to patient at the time it is determined that eligibility requirements have been met.

TRAUMA SERVICE HOSPITAL/PHYSICIAN

Enter Trauma Hospital where services were provided

MEDICAL RECORD NUMBER

Enter Medical Record Number

DATES OF SERVICE

Enter month, day, and year of service

PATIENT INFORMATION

Enter patient's last name

Enter first name

Enter middle initial

PATIENT'S ADDRESS

Enter patient's street address

Enter city

Enter state

Enter zip code

INSTRUCTIONS FOR COMPLETION OF THE TRAUMA SERVICE COUNTY ELIGIBILITY (TSCE)**SOCIAL SECURITY**

Enter patient's social security number

TELEPHONE NUMBER

Enter patient's area code and telephone number

BIRTHDATE

Enter patient's date of birth

PATIENT'S RESPONSIBLE RELATIVE(S) NAME

Enter name of patient's Responsible Relative (s) (only If patient is unable to sign)

Enter full address of Responsible Relative(s)

Key Points: Responsible relative means any relative of the patient that can obtain all information needed to complete the TSCE Agreement, including information regarding the patient's income, family size, and the patient's third-party coverage (if any)

TPL QUESTION

Check appropriate box to indicate if patient has third party coverage.

Key Points: Ensure that the Yes or No box is checked.

CIRCLE ONE IN EACH COLUMN BELOW**FAMILY SIZE**

Circle the number of individuals related by birth, marriage, or adoption who usually share the same place of residence.

MONTHLY INCOME

Circle the appropriate total of patient's or patient's family's primary wage earner's wages and salaries.

Key Points: Write in the patient's monthly income if the total is less than what is indicated on the form.

YEARLY INCOME

Circle the appropriate total of patient's or patient's family's primary wage earner yearly income.

Key Points: Write in the patient's yearly income if the total is less than what is indicated on the form.

CIRCLE ONE IN EACH COLUMN BELOW

For family units with more than 12 members, add \$918 monthly and \$11,000 yearly for each additional member.)

PATIENT'S SIGNATURE AND DATE

Signature of patient

Enter date

Key Points: Ensure that patient completes, signs and dates the form at the time it is determined that eligibility requirements have been met.

Note: The patient's Responsible Relative should not sign in this section

INSTRUCTIONS FOR COMPLETION OF THE TRAUMA SERVICE COUNTY ELIGIBILITY (TSCE)

RESPONSIBLE RELATIVE SIGNATURE AND DATE

Responsible Relative(s) Signature (only if patient is unable to sign)

Enter the relationship to patient

Enter date

Key Points: Ensure that the patient's Responsible Relative completes, signs and dates the form at the time it is determined that eligibility requirements have been met. Include the relationship of the Responsible Relative to the patient.

TSCE HOSPITAL REVIEWER SIGNATURE AND DATE

Hospital Reviewer's Signature

Signature of translator who obtained information and explained program to patient)

Enter date

Key Points: Ensure that the Hospital Reviewer signs and dates the form at the time it is determined that eligibility requirements have been met. This form or a Hospital Certification of Inability to Cooperate must be on file in the patient's financial chart.

Trauma Service Hospital/Physician

Medical Record Number

_____/_____/_____
Date(s) of Service

NOTE: Patients unwilling or refusing to cooperate DO NOT qualify for the Trauma Services for Indigents Program.

PATIENT INFORMATION:

Last First Middle

Street City State Zip

_____-_____-_____
Social Security Number () Telephone Number Birth Date

Patient's Responsible Relative(s) Name(s) Address(es)

Does patient have third party coverage (i.e., private insurance) which may partially or fully cover the cost of health services on the above date(s)?

YES ☐ (IF YES, PATIENT IS NOT ELIGIBLE) NO ☐

TSCE ELIGIBILITY COMPUTATION: (Taken from 2025 Federal Poverty Level 4/1/25)

CIRCLE ONE IN EACH COLUMN BELOW: Figure Family Size based on the number of persons in the patient's household. Figure the income of the patient and the patient's responsible relative(s) before taxes and deductions.

<u>Family Size</u>	<u>Monthly Income</u>	<u>Yearly Income</u>
1	\$2,610	\$31,300
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6	7,192	86,300
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9	9,942	119,300
10	10,860	130,300
11	11,776	141,300
12	\$12,692	\$152,300

(For family units with more than 12 members, add \$918 monthly and \$11,000 yearly for each additional member.)
My/our Monthly Income and Yearly Income are less than or equal to the amount circled above.

TSCE CERTIFICATION:

I/we understand that in order to be eligible for TSCE for the health services received on the above date(s), my/our Monthly Income and Yearly Income must be less than or equal to the amounts corresponding to my/our Family Size. I/we will not be liable for these health services.

I/we understand and agree that this Agreement shall be governed by the terms and conditions set forth in the TSCE, which has been made available to me/us for review, and that I/we shall fully cooperate with the County and Trauma Service Hospital in accordance with the TSCE.

I/WE, PATIENT OR RESPONSIBLE RELATIVE(S), CERTIFY UNDER PENALTY OF PERJURY BY MY/OUR SIGNATURE(S) THAT THE INFORMATION I/WE HAVE GIVEN TO DETERMINE MY/OUR TRAUMA SERVICE COUNTY ELIGIBILITY AS CIRCLED ABOVE FOR HEALTH SERVICES ON THE ABOVE DATE(S) IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE ALSO CERTIFY THAT I/WE HAVE DISCLOSED ALL MY/OUR THIRD-PARTY COVERAGE WHICH MAY PAY FOR ANY OF THE COST OF HEALTH SERVICES RECEIVED. I/WE UNDERSTAND THAT IF I/WE HAVE A THIRD-OR FIRST-PARTY CLAIM OR LAWSUIT, LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES, SHALL HAVE THE RIGHT TO RECOVER ALL REASONABLE HOSPITAL AND PHYSICIAN CHARGES INCURRED DURING THE ABOVE REFERENCED DATE OF SERVICE AND OTHER MEDICAL SERVICES RELATED HERETO AS PERMITTED BY STATE LAW. THIS INCLUDES THE FULL BILLED CHARGES OF THE HOSPITAL.

Patient's Signature

_____/_____/_____
Date

Responsible Relative(s) Signature (State relationship to patient)
If patient unable to sign

_____/_____/_____
Date

TSCE Hospital Reviewer (Required to verify above information and signature)

_____/_____/_____
Date

THIS FORM OR A U-2 MUST BE ON FILE IN THE PATIENT(S) FINANCIAL CHART
Trauma Center Provisions for Reimbursement MOA-Exhibit A

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR COMPLETION OF THE HOSPITAL CERTIFICATION OF INABILITY TO COOPERATE

GENERAL INFORMATION

If a Trauma Service County Eligibility (TSCE) cannot be secured because the patient or the patient's responsible relative (s) (are) unable to cooperate to that effect, hospital must submit a copy of the completed and signed Attachment '**Hospital Certification of Inability to Cooperate**' for each eligible patient's care if they are claiming reimbursement for Trauma Hospital funds.

NOTE: Patients **unwilling or refusing to cooperate** DO NOT qualify for this program.

Do not use this form because TSCE form was mailed out and not completed nor returned by patient.

This form or a Trauma Service County Eligibility (TSCE) must be on file in the patient's financial chart.

- 1 TRAUMA SERVICE HOSPITAL/PHYSICIAN
Enter Trauma Hospital where services were provided
2. MEDICAL RECORD NUMBER
Enter Patient's Medical Record Number
3. DATE OF SERVICE
Enter month, day, and year of service
- 4-6 PATIENT INFORMATION
Enter patient's last name
Enter first name
Enter middle initial
- 7-10 PATIENT'S ADDRESS
Enter patient's street address
Enter city
Enter state
Enter zip code
- 11-12 PATIENT'S RESPONSIBLE RELATIVE(S) NAME
Enter name of patient's Responsible Relative (s) (only If patient is unable to sign)
Enter full address of patient's Responsible Relative(s)
13. SOCIAL SECURITY NUMBER
Enter patient's Social Security Number
14. TELEPHONE NUMBER
Enter patient's area code with telephone number

INSTRUCTIONS FOR COMPLETION OF THE HOSPITAL CERTIFICATION OF INABILITY TO COOPERATE

15. BIRTHDATE
Enter patient's birth date
16. REASON PATIENT UNABLE TO SIGN
Explain why the patient was unable to sign
Key Points: Indicate the patient's medical condition

Note: If patient walks out of the facility, refuses, or is unwilling to sign the form, this claim will not be eligible for payment
17. HOSPITAL REVIEWER #1
Signature of Hospital Reviewer/Translator who obtained information
18. DATE
Signature and date should be at the time of patient registration
Key Points: Ensure that the Hospital Reviewer signs and dates the form at the time it is determined that eligibility requirements have been met.
19. HOSPITAL REVIEWER #2
Signature of Hospital Reviewer's Supervisor and date
20. DATE
Date supervisor signed

This form or a Trauma Service County Eligibility (TSCE) must be on file in the patient's financial chart.

HOSPITAL CERTIFICATION OF INABILITY TO COOPERATE_____
Trauma Service Hospital/Physician_____
Medical Record Number_____
Date(s) of Service**NOTE:** Patients unwilling or refusing to cooperate DO NOT qualify for the Trauma Services for Indigents Program.**PATIENT INFORMATION:**_____
Last_____
First_____
Middle_____
Street_____
City_____
State_____
Zip_____
Patient's Responsible Relative(s)_____
Name(s)_____
Addresses(s)_____
Social Security Number() _____
Telephone Number_____
Birth date

WE CERTIFY UNDER PENALTY OF PERJURY BY OUR SIGNATURES THAT WE HAVE USED ALL

REASONABLE MEANS TO DETERMINE THE PATIENT'S ELIGIBILITY IN ACCORDANCE WITH THE TSCE AGREEMENT. SPECIFICALLY, WE HAVE USED ALL REASONABLE MEANS TO:

- 1) Obtain the names and addresses of the patient and the patient's responsible relatives,
- 2) Obtain acceptable address verification, and
- 3) Obtain all information needed to complete the TSCE Agreement, including information regarding the income and family size of the patient and patient's responsible relatives, and the patient's third-party coverage.

The patient and/or patient's responsible relatives, if any, were UNABLE to cooperate fully because:

and TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE PATIENT OR PATIENT'S RESPONSIBLE RELATIVES ARE UNABLE TO PAY FOR THE COST OF HEALTH SERVICES PROVIDED AND THE PATIENT OR PATIENT'S RESPONSIBLE RELATIVES HAVE NO THIRD- PARTY COVERAGE FOR THESE HEALTH SERVICES. THE INFORMATION SET FORTH ABOVE IS ALL OF THE INFORMATION WE WERE ABLE TO OBTAIN WITH RESPECT TO THIS PATIENT.

Hospital Reviewer #1_____
Date_____
Hospital Reviewer #2_____
Date

THIS FORM MUST BE SIGNED BY TWO HOSPITAL STAFF VERIFYING THE REASON THE PATIENT AND/OR THE PATIENT'S RESPONSIBLE RELATIVES, IF ANY, WERE UNABLE TO COOPERATE AND SHOULD BE COMPLETED AT THE TIME OF REGISTRATION AND FINANCIAL INFORMATION IS COLLECTED FOR THIS ACCOUNT.

THIS FORM OR A TSCE MUST BE ON FILE IN THE PATIENT'S FINANCIAL CHART**Trauma Center Provisions for Reimbursement MOA-Exhibit A**

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR SUBMISSION OF THE TOBACCO TAX COMBO PRINT-OUT

GENERAL INFORMATION

The **Tobacco Tax Combo print-out** submitted with the claim is used to verify that the required trauma center's data is in the Trauma Emergency Medical Indigent Service (TEMIS) database. Hospitals must ensure that all like data elements in the TEMIS database match the UB-04 data for trauma patients.

The Tobacco Tax Combo print-out information from the EMS Agency's database, the print-out submitted from the hospital and data from the UB-04 must match. Only patients identified in TEMIS as "County Indigent" will be considered eligible for inclusion in the County's payment methodology to Trauma Centers.

VALIDATION OF TOBACCO TAX COMBO PRINT-OUT

<u>Data to Be Validated</u>	<u>Line # on Print-out</u>	<u>Box # on UB 04</u>	<u>Validation Requirement</u>
DHS Patient?	2	N/A	Must indicate DHS Y
Name	6	8b	Patient's last and first name must be correctly spelled
Adm Date	23	6 from	Admit date must match
D/C Date	24	6 through	Discharge date must match
Service Setting	28	4	ED or Ward
Payor 1	31	N/A	Must indicate County Indigent
Charges	33	47	Total Charges must match
Medical Record #	38	3b	Medical Record # must match
Date of Birth	39	10	DOB must match

LA County DHS TOBACCO TAX COMBO PRINT-OUT

Trauma Center	HCH
DHS Patient?	Y ←Line #2
Acct #	123456789
TPS #	CI12345678912
SS#	123-45-6789
Name	DOE, JOHN ←Line #6
Parent Last	*BL
Parent First	*BL
Birth City	COLUMBIA
Birth State	South Carolina
Birth Country	UNITED STATES
Mdn Name	BARKER
Race	White
Empl Typ	Unemployed
Mo Inc	1,500
Fam#	4
Source	Wages
Date Arr in ED	10/28/2020
Time Arr in ED	00:49
Date out ED	10/28/2020
Time out ED	05:26
ED TO:	WARD
Adm date	10/28/2020 ←Line #23
D/C Date	10/30/2020 ←Line #24
DC Time	14:54
Hosp D/C TO	*N/A
D/C To	HOME W/O
D/C From	WARD ←Line #28
LOS	3
L/D	L
Payor 1	COUNTY INDIGENT ←Line #31
Payor 2	*BL
Charges	113030.52 ←Line #33
St#	1313
Street	MOCKING BIRD LANE
City	ANY TOWN
ZIP	99999
MR#	12345678 ←Line #38
DOB	3/16/1990 ←Line #39
Age	30 Y
ICD-10 1	S35.8X1A
ICD-10 2	S36.539A
ICD-10 3	S36.439A
ICD-10 4	S31.611A
Procedure 1	06HN33Z
Procedure 2	30233N1

HOSPITAL'S TOBACCO TAX COMBO PRINT-OUT

Trauma Center	HCH
DHS Patient?	Y ←Line #2
Acct #	123456789
TPS #	CI12345678912
SS#	123-45-6789
Name	DOE, JOHN← ←Line #6
Parent Last	*BL
Parent First	*BL
Birth City	COLUMBIA
Birth State	South Carolina
Birth Country	UNITED STATES
Mdn Name	BARKER
Race	White
Empl Typ	Unemployed
Mo Inc	1,500
Fam#	4
Source	Wages
Date Arr in ED	10/28/2020
Time Arr in ED	00:49
Date out ED	10/28/2020
Time out ED	05:26
ED TO:	WARD
Adm date	10/28/2020 ←Line #23
D/C Date	10/30/2020 ←Line #24
DC Time	14:54
Hosp D/C TO	*N/A
D/C To	HOME W/O
D/C From	WARD ←Line #28
LOS	3
L/D	L
Payor 1	COUNTY INDIGENT ←Line #31
Payor 2	*BL
Charges	113030.52 ←Line #33
St#	1313
Street	MOCKING BIRD LANE
City	ANY TOWN
ZIP	99999
MR#	12345678 ←Line #38
DOB	3/16/1990 ←Line #39
Age	30 Y
ICD-10 1	S35.8X1A
ICD-10 2	S36.539A
ICD-10 3	S36.439A
ICD-10 4	S31.611A
Procedure 1	06HN33Z
Procedure 2	30233N1

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA TEMPLATE

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04
INPATIENT DATA

GENERAL INFORMATION

Hospitals must submit an **Excel Electronic File of the UB-04 data** with the paper copy of the trauma claim packet to the EMS Agency. Data is to be captured from the UB-04 data fields as indicated below:

(**Inpatient Template** listing order)

Column letter and number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR INPATIENT TEMPLATE
A-C	N/A	Clm#/Hosp Code/FY	•Leave blank- EMS will complete
D	8b	LAST NAME	•Enter patient's last name
E	8b	FIRST NAME	•Enter patient's first name
F	60	Seq#	•Enter the TPS # Insured's unique ID
G	N/A	(LOS) Length of Stay	•Leave blank - EMS will complete
H	4	Type of bill	•Enter IP for 111=Inpatient
I	6	Admission Date	•Enter the from (admit date)
J	6	Discharge Date	•Enter the through (discharge date)
K	47	TOTAL CHARGES	•Enter Total Charges
L-1	N/A	GPP Service Category, Tier, and Type	• Leave Blank
M-2	57	Facility ID number	•Leave blank- EMS will complete
N-3	56	National Provider Identifier	•Leave blank- EMS will complete
O-4	3a Pat Cntl#	Unique patient ID	•Enter patient's unique number assigned by provider
P-5	6	Admission Date	Enter admit date as yyyyymmdd
Q-6	6	Discharge Date	Enter discharge date as yyyyymmdd
R-7	N/A	# of GPP Days	•Leave blank

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column letter and number	UB Field No	FIELD NAME	INPATIENT TEMPLATE INSTRUCTIONS
S-8	42	REVENUE CODE	•Enter the appropriate numeric code to identify specific accommodations and/or ancillary service in ascending numeric order, by date of service if appropriate. For example: •209 (ICU)
T-9	67	PRINCIPAL DIAGNOSIS	•Enter the complete ICD-10-CM diagnosis code that describes the principal diagnosis or the chief reason for performing a service on an outpatient basis.
U-10 AR-33	67a- 67x	OTHER DX CODES	•Enter the complete ICD-10-CM diagnosis codes for up to 17 additional conditions If applicable
AS-34	74	Principal Procedure Code	•Enter the ICD code that identifies the principal procedure
AT-35 AX-39	74a- e	Other procedure Code/Date	•Enter other ICD codes identifying all significant procedures performed. •Enter the date of those procedures. If applicable
AY-40 BQ-58	74f-x	Other procedure 6-24	•Leave blank
BR-59	10	BIRTHDATE	•Enter patient's date of birth yyyymmdd
BS-60	11	Gender Identity	•Leave blank-EMS will complete
BT-61	9D	ZIP CODE	•Enter patient's Zip Code
BU-62	N/A	Race	•Leave blank-EMS will complete
BV-63	N/A	Race 1	•Leave blank-EMS will complete
BW-64	N/A	Race 2	•Leave blank-EMS will complete
BX-65	N/A	Ethnicity	•Leave blank-EMS will complete
BY-66	N/A	Preferred Language Spoken	•Leave blank
BZ-67	N/A	Sexual Orientation	•Leave blank-
CA-68	N/A	Length of Stay	•Leave blank-EMS will complete
CB-69	N/A	Jimmy's Comments	•Leave blank-EMS will complete

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column

A	B	C	D	E	F	G
Clm #	Hosp Code	FY	Last Name	First Name	Seq #	LOS
BOX # ON UB	1		8b	8b	60	45
EMS will complete	EMS will complete	EMS will complete	DOE	JOHN	C12345678901	EMS will complete

Column

H	I	J	K	L
IP	Admission Date	Discharge Date	Total Charges	GPP Service Category, Tier, and Type
				(1)
				Four-digit code to distinguish each GPP service type. First digit represents service category, second digit represents tier, and last two digits represent service type
4	6	6	47	N/A
IP	07/27/2018	08/02/2018	\$ 157,689.60	leave blank

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column

M

N

Facility ID number	National Provider Identifier
(2)	(3)
Can be OSHPD's 6-digit ID number (hospital), or other facility ID number (state provider code, tax ID, etc). If no facility ID or using NPI to identify facility, then 000000	NPI Identification Number; 0000000000 if unknown
57	56
EMS will Complete	EMS will Complete

Column

O

P

Q

R

Unique patient ID	Admission Date	Discharge Date	# of GPP days
(4)	(5)	(6)	(7)
Unique patient identification number (May not be unique across organization)	Single-digit months and days must include a preceding zero. yyyymmdd.	Single-digit months and days must include a preceding zero. yyyymmdd.	Normally Discharge date - Admission date. However, limited scope will have a lower number of days.
3a	6	6	N/A
123456789	20180727	20180802	leave blank

Column

S

T

U

V

W

Revenue Code	Principal diagnosis	Other diagnosis 1	Other diagnosis 2	Other diagnosis 3
(8)	(9)	(10)	(11)	(12)
Revenue Code used on UB04 (I/P ward)	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
42	67	67a	67b	67c
0200	S02651B	J9600	R402112	R402222

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column X	Y	Z	AA	AB
Other diagnosis 4	Other diagnosis 5	Other diagnosis 6	Other diagnosis 7	Other diagnosis 8
(13)	(14)	(15)	(16)	(17)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67d	67e	67f	67g	67h
R402342	S0232XB	S022XXA	H1132	S02652B

Column AC	AD	AE	AF	AG
Other diagnosis 9	Other diagnosis 10	Other diagnosis 11	Other diagnosis 12	Other diagnosis 13
(18)	(19)	(20)	(21)	(22)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67i	67j	67k	67l	67m
S0240FA	N200	S199XXA	R55	T401X4A

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column

AH

AI

AJ

AK

AL

Other diagnosis 14	Other diagnosis 15	Other diagnosis 16	Other diagnosis 17	Other diagnosis 18
(23)	(24)	(25)	(26)	(27)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67n	67o	67p	67q	67r
Z23	T401X4A	Z24	T401X4A	Z25

Column

AM

AN

AO

AP

AQ

Other diagnosis 19	Other diagnosis 20	Other diagnosis 21	Other diagnosis 22	Other diagnosis 23
(28)	(29)	(30)	(31)	(32)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67s	67t	67u	67v	67w
T401X4A	Z26	T401X4A	Z27	T401X4A

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column AR	AS	AT	AU	AV
Other diagnosis 24	Principal procedure	Other Procedure 1	Other Procedure 2	Other Procedure 3
(33)	(34)	(35)	(36)	(37)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)
67x	74	74a	74b	74c
Z28	0NSN04Z	0NSTXZZ	0NSVXZZ	5A1935Z

Column AW	AX	AY	BQ
Other Procedure 4	Other Procedure 5	Other Procedure 6	Other Procedure 24
(38)	(39)	(40)	(58)
ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)
74d	74e	74f	74x
0BH17EZ	2W31X9Z	Leave blank	Leave blank

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column
BR

BS

BT

Date of Birth	Gender Identity	Zipcode
(59)	(60)	(61)
Single-digit months and days must include a preceding zero. yyyymmdd.	446151000124109 - Male 446141000124107 - Female 407377005 - Female-to-Male (FTM)/ Transgender Male/Trans Man 407376001 - Male-to-Female (MTF)/ Transgender Female/Trans Woman 446131000124102 - Genderqueer, Non-binary, neither exclusively male nor female OTH - Additional gender category or other, please specify ASKU - Choose not to disclose	XXXXXX = unknown; yyyyy = foreign; zzzzz = homeless;
10	Not on UB	9d
19720821	EMS will complete	Enter Zip Code

Column
BU

BV

BW

Race	Race 1	Race 2
(62)	(63)	(64)
Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown 8 - Declined to Answer
Not on UB	Not on UB	Not on UB
EMS will complete	EMS will complete	EMS will complete

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column
BX

BY

Ethnicity	Preferred Language Spoken
(65)	(66)
1 – Hispanic or Latino 2 – Non-Hispanic or Non-Latino 3 – Unknown 4 – Declined to Answer	In alignment with the Department of Health Care Access and Information (HCAI) reporting, systems must report using one of the following options: <ul style="list-style-type: none"> • 3-character PLS codes listed in CA Title 22 Regulations (section 97234); OR • 3-character PLS codes from the ISO 639-2 Code List; OR <ul style="list-style-type: none"> • If the preferred language spoken is not one of the codes listed, enter the full name of the language, up to 24 characters • Report 999 for Unknown
Not on UB	Not on UB
EMS will complete	leave blank

Column
BZ

CA

CB

Sexual Orientation	LOS	Jimmy's Comments
(67)	(68)	(69)
38628009 - Lesbian, gay or homosexual 20430005 - Straight or heterosexual 42035005 - Bisexual OTH - Something else UNK - Don't know ASKU - Choose not to disclose		- If column CA is not equal to "0", please explain below the reason your LOS is different from the formula. - If the patient has a fictitious name such as "Trauma" or "John Doe" or "Jane Doe", please validate and comment below. - If the patient has DOB is unknown, please validate and comment below. - Please explain anything below that you consider is important to be noted.
Not on UB	LOS	Not on UB
leave blank	EMS will complete	EMS will complete

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA TEMPLATE

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04
OUTPATIENT DATA

GENERAL INFORMATION

Hospitals must submit an **Excel Electronic File of the UB-04 data** with the paper copy of the trauma claim packet to the EMS Agency. Data is to be captured from the UB-04 data fields as indicated below:

(**Outpatient Template** listing order)

Column Letter and Number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR OUTPATIENT TEMPLATE
A-C	N/A	Clm #/Hosp Code/FY	•Leave blank- EMS will complete
D	8b	Last Name	•Enter patient's last name
E	8b	First Name	•Enter patient's first name
F	60	Insured's unique ID	•Enter the Sequence (TPS) #
G	4	VISIT	•Enter 1 for Outpatient claims
H	4	ED	•Enter ED for Code 131=Outpatient
I	6	Admission Date	•Enter date Statement Covers Period From
J	6	Discharge Date	•Enter date Statement Covers Period Through
K	47	TOTAL CHARGES	•Enter Total Charges
L-1	N/A	GPP Service Category, Tier, and Type	•Leave blank
M-2	57	Facility ID number	•Leave blank- EMS will complete
N-3	56	National Provider Identifier	•Leave blank- EMS will complete
O-4	3a Pat Cntl#	Unique patient ID	•Enter patient's unique number assigned by provider
P-5	6	Service Date	•Enter the from (admit date) as yyyyymmdd
Q-6	N/A	# of GPP Units	•Leave blank

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column Letter and Number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR OUTPATIENT TEMPLATE
R-7	67	PRINCIPAL DIAGNOSIS	•Enter the complete ICD-10-CM diagnosis code that describes the principal diagnosis or the chief reason for performing a service on an outpatient basis.
S-8 - AP-31	67A-67X	OTHER DX CODES	•Enter the complete ICD-10-CM diagnosis codes for up to 17 additional conditions If applicable
AQ-32	74 or 44 (CPT code)	Principal procedure	•CPT-4 code set (Current Procedural Terminology, 4th Edition); Fill from the left-most position IE (99291)
AR-33 - CN-81	N/A	Principal Procedure Code modifier	•Leave blank
CO-82	10	Date of Birth	•Enter yyyymmdd
CP-83	11	Gender Identity	•Leave blank-EMS will complete
CQ-84	9D	ZIP CODE	•Enter patient's Zip Code
CR-85	N/A	Race	•Leave blank-EMS will complete
CS-86	N/A	Race 1	•Leave blank
CT-87	N/A	Race 2	•Leave blank
CU-88	N/A	Ethnicity	•Leave blank-EMS will complete
CV-89	N/A	Preferred Language	•Leave blank
CW-90	N/A	Sexual Orientation	•Leave blank-
CX-91	N/A	Length of stay	•Leave blank-EMS will complete
CY-92	N/A	Jimmy's Comments	•Leave blank-EMS will complete

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column

A

B

C

D

E

F

G

H

Clin #	Hosp Code	FY	Last Name	First Name	Seq #	Visit	ED
BOX # ON UB	1		8b	8b	60	6	4
EMS will complete	EMS will complete	EMS will complete	DOE	JOHN	CI234567890	1	ED

Column

I

J

K

L

Admission Date	Discharge Date	Total Charges	GPP Service Category, Tier, and Type
			1
			Four-digit code to distinguish each GPP service type. First digit represents service category, second digit represents tier, and last two digits represent service type (see column A of "service cat_tier_type codes" tab)
6	6	47	N/A
12/31/2018	12/31/2018	\$26,209.60	leave blank

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column

M

N

Facility ID number	National Provider Identifier
2	3
OSHPD's 6-digit ID number (hospital), or other facility ID number (state provider code, tax ID, etc). If no facility ID or using NPI to identify facility, then 000000	NPI Identification Number; 0000000000 if unknown
57	56
EMS will complete	EMS will complete

Column

O

P

Unique patient ID	Service Date
4	5
Unique patient identification number (May not be unique across organization)	Single-digit months and days must include a preceding zero. The transmittal process will populate the database field by moving the first 4 digits to the end of the field. EXAMPLE: Field in File equals 20040301. Database value will contain 03012004. The database value represents the date format mmddccyy.
3a	6 Admit date only
1213456789	20181231

Column

Q

R

S

T

U

V

# of GPP days	Principal diagnosis	Other diagnosis 1	Other diagnosis 2	Other diagnosis 3	Other diagnosis 4
6	7	8	9	10	11
Number of GPP services provided	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
N/A	67	67A	67B	67C	67D
leave blank	S01412A	S41012A	S41011A	S41111A	S51821A

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column

W

X

Y

Z

AA

AB

Other diagnosis 5	Other diagnosis 6	Other diagnosis 7	Other diagnosis 8	Other diagnosis 9	Other diagnosis 10
12	13	14	15	16	17
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67E	67F	67G	67H	67I	67J
S810012A	S51821A	S810012A	S51821A	S810012A	S51821A

Column

AC

AD

AE

AF

AG

AH

Other diagnosis 11	Other diagnosis 12	Other diagnosis 13	Other diagnosis 14	Other diagnosis 15	Other diagnosis 16
18	19	20	21	22	23
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67K	67L	67M	67N	67O	67P
S810012A	S51821A	S810012A	S51821A	S810012A	S51821A

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column

AI	AJ	AK	AL	AM	AN
Other diagnosis 17	Other diagnosis 18	Other diagnosis 19	Other diagnosis 20	Other diagnosis 21	Other diagnosis 22
24	25	26	27	28	29
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67Q	67R	67S	67T	67U	67V
S810012A	leave blank	leave blank	leave blank	leave blank	leave blank

Column

AO	AP	AQ	AR through	CN
Other diagnosis 23	Other diagnosis 24	Principal procedure	Principal Procedure Code modifier	Other Procedure code 24 modifier
30	31	32	33	81
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	CPT-4 code set (Current Procedural Terminology, 4th Edition); Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces	CPT and HCPCS Modifiers associated with the specified GPP service codes. (Refer to the specific GPP services description for the allowable codes). If multiple modifiers are reported for the same principal procedure code, use comma delimited	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces
67W	67X	74 or 44 (CPT code)	74A	74Y
leave blank	leave blank	99291	leave blank	leave blank

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column
CO

CP

CQ

Date of Birth	Gender Identity	Zip code
82	83	84
Single-digit months and days must include a preceding zero. yyyymmdd.	446151000124109 - Male 446141000124107 - Female 407377005 - Female-to-Male (FTM)/ Transgender Male/Trans Man 407376001 - Male-to-Female (MTF)/ Transgender Female/Trans Woman 446131000124102 - Genderqueer, Non-binary, neither exclusively male nor female OTH - Additional gender category or other, please specify ASKU - Choose not to disclose	XXXXXX = unknown; yyyyyy = foreign; zzzzz = homeless;
10	11	9D
19841001	EMS will complete	Enter Zip Code

Column
CR

CS

CT

Race	Race 1	Race 2
85	86	87
Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 – White 6 – Other 7 – Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 – White 6 – Other 7 – Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 – White 6 – Other 7 – Unknown 8 - Declined to Answer
Not on UB	Not on UB	Not on UB
EMS will complete	Leave blank	Leave blank

INSTRUCTIONS FOR COMPLETION OF THE EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column
CU

CV

Ethnicity	Preferred Language
88	89
1 – Hispanic or Latino 2 – Non-Hispanic or Non-Latino 3 – Unknown 4 – Declined to Answer	In alignment with the Department of Health Care Access and Information (HCAI) reporting, systems must report using one of the following options: • 3-character PLS codes listed in CA Title 22 Regulations (section 97234) ; OR • 3-character PLS codes from the ISO 639-2 Code List ; OR • If the preferred language spoken is not one of the codes listed, enter the full name of the language, up to 24 characters • Report 999 for Unknown
Not on UB	Not on UB
EMS will complete	Leave blank

Column
CW

CX

Sexual Orientation	LOS Length of stay
90	91
38628009 - Lesbian, gay or homosexual 20430005 - Straight or heterosexual 42035005 - Bisexual OTH - Something else UNK - Don't know ASKU - Choose not to disclose	
Not on UB	Not on UB
Leave blank	EMS will complete

Column

CY

Jimmy's Comments
92
- If column CX is not equal to "0", please explain below the reason your LOS is different from the formula. - If the patient has a fictitious name such as "Trauma" or "John Doe" or "Jane Doe", please validate and comment below. - If the patient has DOB is unknown, please validate and comment below. - Please explain anything below that you consider is important to be noted.
Not on UB
EMS will complete

INSTRUCTIONS FOR COMPLETION OF THE TRAUMA PAYMENT SURRENDER FORM

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR COMPLETION OF THE TRAUMA CENTER PAYMENT SURRENDER FORM**GENERAL INFORMATION**

Any and all payments received by Contractor from a Trauma Patient or from third-party payers, including a legal settlement, for a claim previously submitted to and not rejected by the County, must be immediately reported to the County and the payment amount shall be surrendered and remitted to the County since Contractor assigned and subrogated its rights to said claim. Contractor must remit to the County the payment it received within sixty (60) days of receipt of such payment and must complete and submit a TRAUMA CENTER PAYMENT SURRENDER FORM with each surrendered payment.

COMPLETION OF THE TRAUMA CENTER PAYMENT SURRENDER FORM

1. FACILITY
Enter the Trauma Center refunding the claim
2. PATIENT NAME
Enter the patient's name of claim being refunded
3. DATE OF SERVICE
Enter the patient's date of service
4. TPS#
Enter the Trauma Patient Sequence Number
5. DATE CLAIM SUBMITTED TO EMS AGENCY
Enter the date that trauma claim was submitted to EMS
6. AMOUNT OF PAYMENT BEING SURRENDERED
Enter the amount being refunded to EMS:
7. PAYMENT RECEIVED FROM
Check appropriate box to Indicate whom provided the refund
 - ☐ INSURANCE (Health Plan/HMO)
 - ☐ MEDI-CAL
 - ☐ MEDICARE
 - ☐ PATIENT
 - ☐ THIRD PARTY TORTFEASORS
 - ☐ OTHER _____
(Specify)

INSTRUCTIONS FOR COMPLETION OF THE TRAUMA CENTER PAYMENT SURRENDER FORM

8. DATE COVERAGE IDENTIFIED
Enter the date coverage identified
9. SUBMITTED BY
Enter the name of person submitting the refund
10. DATE
Enter the date of refund
11. ATTACH COPY OF TRAUMA CENTER SURRENDER FORM
This form must be attached to each payment surrender check
12. MAIL REFUND TO
Los Angeles County/Department of Health Services
Finance – Special Program Funds
1000 S. Fremont Avenue
Unit 8, Building A11, 2nd Floor
Alhambra, CA 91803

**COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY**

TRAUMA CENTER PAYMENT SURRENDER FORM

FACILITY: _____

PATIENT NAME: _____

DATE OF SERVICE: ____/____/____ TPS#: _____

DATE CLAIM SUBMITTED TO EMS AGENCY: ____/____/____

AMOUNT OF PAYMENT BEING SURRENDERED: \$ _____

PAYMENT RECEIVED FROM

DATE COVERAGE IDENTIFIED

☐ INSURANCE (Health Plan/HMO)

____/____/____

☐ MEDI-CAL

____/____/____

☐ MEDICARE

____/____/____

☐ PATIENT

____/____/____

☐ THIRD PARTY TORTFEASORS

____/____/____

☐ OTHER _____

(Specify)

____/____/____

SUBMITTED BY

____/____/____
DATE:

(THIS FORM MUST BE ATTACHED TO EACH PAYMENT SURRENDER CHECK)

Mail to: Los Angeles County/Department of Health Services
Finance – Special Program Funds
1000 S. Fremont Avenue
Unit 8, Building A11, 2nd Floor
Alhambra, CA 91803

TRAUMA CENTER PAYMENT SURRENDER FORM

FACILITY: _____

PATIENT NAME: _____

DATE OF SERVICE: ____/____/____ TPS#: _____

DATE CLAIM SUBMITTED TO EMS AGENCY: ____/____/____

AMOUNT OF PAYMENT BEING SURRENDERED: \$_____

PAYMENT RECEIVED FROM**DATE COVERAGE IDENTIFIED**☐ INSURANCE (Health Plan/HMO)

____/____/____

☐ MEDI-CAL

____/____/____

☐ MEDICARE

____/____/____

☐ PATIENT

____/____/____

☐ THIRD PARTY TORTFEASORS

____/____/____

☐ OTHER _____
(Specify)

____/____/____

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