



DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

LISA H. WONG, Psy.D.
Director

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

Connie D. Draxler, M.P.A.
Acting Chief Deputy Director

May 13, 2024

Dear Prospective Applicant:

**REQUEST FOR APPLICATIONS
FOR UNITED MENTAL HEALTH PROMOTER SERVICES
DMH RFA SOLICITATION NO. 07242023B1**

ADDENDUM NUMBER FOUR (4)

On July 24, 2023, the Los Angeles County Department of Mental Health (DMH) released a Request for Applications (RFA) solicitation for the United Mental Health Promoter Services.

Pursuant to the RFA, Section 5.4 County's Right to Amend Request for Applications, DMH has the right to amend the RFA by written addendum. This Addendum Number Four is being issued to make modifications to the RFA to reflect a revision to the Minimum Mandatory Requirements and Client Support Services guidelines. New RFA and fiscal provisions Exhibit B language is highlighted for easy reference.

The following revisions are being made to the RFA:

1) RFA Section 4 (APPLICANTS MINIMUM QUALIFICATIONS), SubSection 4.1

shall be deleted in its entirety and replaced with the following:

4.1 Applicant must have an executed Mental Health Services Act (MHSA) Master Agreement (MA) under the Prevention Services categories as of **the date of application submission.**

2) RFA Section 6.21 (Community Business Enterprise Participation) shall be deleted in its entirety and replaced with the following:

6.21 Community Business Enterprise Participation

The County has adopted a Community Business Enterprise (CBE) Program, which includes business enterprises certified as disadvantaged business

enterprises disabled veteran-owned, minority-owned, women-owned, and lesbian, gay, bisexual, transgender, queer, and questioning-owned business types. The County has established a collective 25% participation goal for CBE certified firms, calculated on the eligible procurement dollars. The program maintains data on the types of businesses registered as CBEs and their utilization. The Applicant's CBE participation must be reflected in Exhibit 6 (Community Business Enterprise (CBE) Information) form in Appendix B (Required Forms).

All Applicants must document efforts it has taken to assure that CBEs are utilized, when possible, to provide supplies, equipment, technical services, and other services under this Contract. The Applicant must make documents related to these efforts available to the County upon request.

The County strongly encourages participation by CBEs; however, the final selection will be made without regard to race, color, creed, or gender. The final selection will be based on the Applicant's ability to provide the best service and value to the County.

To obtain a list of the County's CBE certified firms, e-mail the request to the County of Los Angeles Department of Economic Opportunity at CBESBE@opportunity.lacounty.gov with the subject "**Request for CBE Listing.**"

For additional information contact the Office of Small Business at: (844) 432-4900 or at OSB@opportunity.lacounty.gov.

- 3) **RFA Section 6.22 (Contribution and Agent Declaration)** shall be added to this RFA:

6.22 Contribution and Agent Declaration

[Government Code Section 84308](#) requires a party to a contract proceeding to disclose any contribution of more than \$250 made to a County officer within the preceding twelve (12) months by the party or their agent. State regulations require this disclosure to be made at the time an application is filed, and, if a contribution is made during the contract proceeding, within 30 days of making a contribution or on the date on which the party first appears before or communicates with the agency regarding the proceeding after making the contribution, whichever is earliest. All Applicants are advised that they and all of their Subcontractors must complete and return as part of the application, the Contribution and Agent Declaration included in Exhibit 9 (Contribution and Agent Declaration Form) of Appendix B (Required Forms). Applicants are further advised that they and their Subcontractors must update the

Contribution and Agent Declaration Form throughout the pendency of the solicitation if a contribution is made after the initial disclosure when the application is submitted, and as requested at any time by the County prior to contract award. Failure by the Applicant or any Subcontractor(s) to complete and submit the required Contribution and Agent Declaration Form in Exhibit 9, and failure by the Applicant or any Subcontractor(s) to update the declaration as required by law or as otherwise requested by the County, may eliminate the application from further consideration and/or the Applicant may be disqualified from a contract award, as determined in the County's sole discretion. Further, all Applicants and their Subcontractors are prohibited under [Government Code Section 84308](#) from making a contribution of more than \$250 to a County officer for twelve (12) months after the date a final decision is made in the contract proceeding involving this solicitation.

4) RFA Section 6.23 (Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)) shall be added to this RFA:

6.23 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

6.23.1 Pursuant to federal law, the County is prohibited from contracting with parties that are suspended, debarred, ineligible, or excluded, or whose principals are suspended, debarred, or excluded from securing federally funded contracts. At the time of Proposer's response to this RFP, Proposer must submit a certification, as set forth in Exhibit 11 (Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions [45 C.F.R. Part 76]) in Appendix B (Required Forms), attesting that neither it, as an organization, nor any of its owners, officers, partners, directors, or other principals are currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Should a proposal response to this RFP identify prospective Subcontractors, or should Proposer intend to use subcontractors in the provision of services under any subsequent contract, Proposer must submit a certification, completed by each Subcontractor, attesting that neither the Subcontractor, as an organization, nor any of its owners, officers, partners, directors, or other principals are currently suspended,

debarred, ineligible, or excluded from securing federally funded contracts.

- 6.23.2 Failure to provide the required certification may eliminate Proposer's response to RFP from consideration.
- 6.23.3 In the event that Proposer and/or its Subcontractor(s) is or are unable to provide the required certification, Proposer instead will provide a written explanation concerning its and/or its Subcontractor's inability to provide the certification. Proposer's written explanation must describe the specific circumstances concerning the inability to certify. It further must identify any owner, officer, partner, director, or other principal of the Proposer and/or Subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Finally, the written explanation must provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this RFP.
- 6.23.4 The written explanation will be examined by the County to determine, in its full discretion, whether further consideration of the proposal response to this RFP is appropriate under the federal law.

5) RFA Section 8.6.3 (Application Required Forms and Corporate Documents (Section C)), Subsection 8.6.3.1 shall add Exhibit 9 (Contribution and Agent Declaration) *and* Exhibit 10 (Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions (45 C.F.R. Part 76 (federally funded solicitations)) to this RFA

6) RFA Appendix A (Sample Contract for United Mental Health Promoters Services) Section 8.64 (Campaign Contribution Prohibition Following Final Decision in Contract Proceeding) shall be added to the Sample Contract

8.64 Campaign Contribution Prohibition Following Final Decision in Contract Proceeding

Pursuant to Government Code Section 84308, Contractor and its Subcontractors are prohibited from making a contribution of more than \$250 to a County officer for twelve (12) months after the date of the final decision in the proceeding involving this Contract. Failure to comply with the provisions of Government Code Section 84308 and of this paragraph, may be a material breach of this Contract as determined in the sole discretion of the County.

- 7) **RFA Appendix A (Sample Contract for United Mental Health Promoters Services) Section 10 (SURVIVAL) Paragraph 8.64 (Campaign Contribution Prohibition Following Final Decision in Contract Proceeding)** shall be added to the Sample Contract
- 8) **RFA Appendix A Exhibit A (Statement of Work) Section 2.3 (Referral and Linkage), SubSection 2.3.1** shall be deleted in its entirety and replaced with the following:
- 2.3.1 Contractor's Team will provide a minimum of 150 referrals to no less than 75 duplicated participants **per year**.
- 9) **RFA Appendix A Exhibit A (Statement of Work) Section 2.4 (Client Support Services), SubSection 2.4.1** shall be deleted in its entirety and replaced with the following:
- 2.4.1 Contractor will provide **at least five (5) participants with** safety net funding **for** basic needs to support recovery related to COVID-19 and other natural/manmade/hybrid disaster events linked to trauma.
- 10) **RFA Appendix A Exhibit B (Fiscal Provisions) Section 2.0 (INVOICE SUBMISSION), SubSection 2.3** shall be deleted in its entirety and replaced with the following:
- 2.3 Contractor shall submit all invoices and supporting documentation to the following:

PROVIDER REIMBURSEMENT SECTION

Financial Services Bureau-Accounting Division

Provider Reimbursement Section (AD_PRS@dmh.lacounty.gov)

- 11) **RFA Appendix A Exhibit B (Fiscal Provisions) - Attachment I** shall be deleted in its entirety and replaced with Exhibit B (Fiscal Provisions) Attachment I-4

Except for the revisions contained in this Addendum Number Four, there are no other revisions to the RFA. All other terms and conditions of the RFA remain in full force and effect.

RFA FOR UNITED MENTAL HEALTH PROMOTER SERVICES
DMH RFA NO. 07242023B1
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Thank you for your interest in contracting with the County of Los Angeles.

Sincerely,

Yanira Yeh

Yanira Yeh

Contract Development and Administration Division

c: Robert Byrd, Psy.D.
Wendi Tovey, LCSW
Stella Krikorian
Otilia Holguin

Attachments (3)

REQUIRED FORMS – EXHIBIT 9

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.

REQUIRED FORMS – EXHIBIT 9
CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State “none” if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

[Click or tap here to enter text.](#)

- a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal: [Click or tap here to enter text.](#)
- b) If applicable, variations and acronyms of Declarant Company’s name used within the past 12 months: [Click or tap here to enter text.](#)
- 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:
[Click or tap here to enter text.](#)

[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):

[Click or tap here to enter text.](#)

b) Subsidiaries:

[Click or tap here to enter text.](#)

c) Related Business Entities:

[Click or tap here to enter text.](#)

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

[Click or tap here to enter text.](#)

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.

[Click or tap here to enter text.](#)

REQUIRED FORMS – EXHIBIT 9

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.)

[Click or tap here to enter text.](#)

- 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.

[Click or tap here to enter text.](#)

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
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>

*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
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>
<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>	<u>Click or tap here to enter text.</u>

*Please attach an additional page, if necessary.

REQUIRED FORMS – EXHIBIT 9

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 [Click or tap here to enter text.](#) additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, [Click or tap here to enter text.](#) (Authorized Representative), on behalf of [Click or tap here to enter text.](#) (Declarant Company), at which I am employed as [Click or tap here to enter text.](#) (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

[Click or tap here to enter text.](#)
Date

REQUIRED FORMS – EXHIBIT 9

CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL BIDDERS OR APPLICANTS

I, [Click or tap here to enter text.](#), 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

[Click or tap here to enter text.](#)
Date

REQUIRED FORMS – EXHIBIT 10

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Proposer further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Proposer acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Proposer acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Proposer acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Proposer and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Proposer shall attach a written explanation to its proposal in lieu of submitting this Certification. Proposer's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Proposer and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Proposals.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Proposer hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Schedule 1. UMHP-MHSA INVOICE SUMMARY COVER SHEET

	Fiscal Year	Funding	Program	Month	Invoice Number
Contract Number: _____	2023-24	MHSA	PEI		
Date of Invoice: _____	Contractor Name: _____				

Service Delivery Site Address (for services delivered and expenses): _____
 Billing Month (submit bill for one month only): _____

Invoices are due 45 days after the month in which services were provided and/or costs incurred. Please note that the 45 days are calendar days - the 45 days due date may fall on the 29th, 30th, or 31st of a month and does not refer to the last day of the month.

SUMMARY OF EXPENDITURES AND COSTS CLAIMED TO DATE				
	FY 2023-24	Funding MHSA-PEI	Program UMHP	Total Annual Amount: \$
	Month	Amount Submitted	Amount Paid	Balance
	July			
	August			
	September			
	October			
	November			
	December			
	January			
	February			
	March			
	April			
	May			
	June			

SUMMARY OF EXPENDITURES AND COSTS CLAIMED IN INVOICE		
Expenditures	1.1 A. Client Housing Support Expenditures	(1.1)
	1.2 B. Client Housing Operating Expenditures	(1.2)
	1.3 C. Client Flexible Support Expenditures	(1.3)
	1.4 E. Other Client Support Expenditures	(1.4)
Payable Amount Requested		_____
Comments: _____		

AGENCY CERTIFICATION OF SERVICES AND COSTS CLAIMED

I hereby certify that all information contained above are services and costs eligible under the terms and conditions for reimbursement under MHSA funding. All information submitted is true and correct to the best of my knowledge. Supporting documents shall be immediately produced for inspection during DMH site visits or upon request.

Signature _____ Phone No. _____
 Title _____ Email _____

DMH APPROVAL		
Comments:	Amount Approved:	
	Amount Denied:	
Department of Mental Health Approval	Approved by (Signature)	Date
	Print Name	Title

UMHP-MHSA CLAIMING 2023-2024 **Date of Invoice:** _____

Section 4 - SUPPLEMENTAL INFORMATION REQUEST FORM

1. REQUEST / CLIENT INFORMATION

a. Date : _____ b. Client's Name: _____ c. IS/IBHIS #: _____
 d. Name of Case Manager requesting CSS funds: _____ e. Amount Requested: _____
 f. Have CSS funds been requested for this client before? Yes No

2. CSS FUND USAGE DETAIL

g. Description of ongoing expense(s) beyond 3 months: _____
 h. Purpose of expense(s): _____
 i. How does/do the expense(s) support and contribute to client's treatment goals? (attach CCCP) _____
 j. Date Supplemental Information Request (SIR) Form was approved (attach copy of Approved SIR): _____
 h. List alternative resources explored to cover expense(s): _____

1. REQUEST / CLIENT INFORMATION

a. Date : _____ b. Client's Name: _____ c. IS/IBHIS #: _____
 d. Name of Case Manager requesting CSS funds: _____ e. Amount Requested: _____
 f. Have CSS funds been requested for this client before? Yes No

2. CSS FUND USAGE DETAIL

g. Description of ongoing expense(s) beyond 3 months: _____
 h. Purpose of expense(s): _____
 i. How does/do the expense(s) support and contribute to client's treatment goals? (attach CCCP) _____
 j. Date Supplemental Information Request (SIR) Form was approved (attach copy of Approved SIR): _____
 h. List alternative resources explored to cover expense(s): _____

1. REQUEST / CLIENT INFORMATION

a. Date : _____ b. Client's Name: _____ c. IS/IBHIS #: _____
 d. Name of Case Manager requesting CSS funds: _____ e. Amount Requested: _____
 f. Have CSS funds been requested for this client before? Yes No

2. CSS FUND USAGE DETAIL

g. Description of ongoing expense(s) beyond 3 months: _____
 h. Purpose of expense(s): _____
 i. How does/do the expense(s) support and contribute to client's treatment goals? (attach CCCP) _____
 j. Date Supplemental Information Request (SIR) Form was approved (attach copy of Approved SIR): _____
 h. List alternative resources explored to cover expense(s): _____

1. REQUEST / CLIENT INFORMATION

a. Date : _____ b. Client's Name: _____ c. IS/IBHIS #: _____
 d. Name of Case Manager requesting CSS funds: _____ e. Amount Requested: _____
 f. Have CSS funds been requested for this client before? Yes No

2. CSS FUND USAGE DETAIL

g. Description of ongoing expense(s) beyond 3 months: _____
 h. Purpose of expense(s): _____
 i. How does/do the expense(s) support and contribute to client's treatment goals? (attach CCCP) _____
 j. Date Supplemental Information Request (SIR) Form was approved (attach copy of Approved SIR): _____
 h. List alternative resources explored to cover expense(s): _____

1. REQUEST / CLIENT INFORMATION

a. Date : _____ b. Client's Name: _____ c. IS/IBHIS #: _____
 d. Name of Case Manager requesting CSS funds: _____ e. Amount Requested: _____
 f. Have CSS funds been requested for this client before? Yes No

2. CSS FUND USAGE DETAIL

g. Description of ongoing expense(s) beyond 3 months: _____
 h. Purpose of expense(s): _____
 i. How does/do the expense(s) support and contribute to client's treatment goals? (attach CCCP) _____
 j. Date Supplemental Information Request (SIR) Form was approved (attach copy of Approved SIR): _____
 h. List alternative resources explored to cover expense(s): _____

I hereby certify that all the information contained above is true and accurate to the best of my knowledge.

Case Manager's Name: _____

Case Manager's Signature: _____

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
UMHP-MHSA SUPPLEMENTAL INFORMATION REQUEST (SIR) FORM

REQUEST/CLIENT INFORMATION

Agency Name: _____

Date: _____

Name of staff requesting CSS funds: _____

Billing Month: _____

Client's Name: _____

Amount Requested: _____

Have CSS funds been requested for this client before? Y/N _____

CSS FUND USAGE DETAIL

Description of ongoing expense(s) beyond 3 months: _____

Purpose of Expenses: _____

How does/do the expense(s) support and contribute to client's treatment goals? (attach CCCP): _____

List alternate resources explored to cover expenses: _____

VERIFICATION

I hereby certify that all of the information contained above is true and accurate to the best of my knowledge.

Contractor Staff Name

Contractor Staff Signature

Date

Approving LACDMH Staff Name

Approving LACDMH Staff Name

Date

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

CLIENT SUPPORT SERVICES (CSS) EXPENDITURE CODING GUIDE

CSS funding is for use when clients do not have resources and other possible avenues for funding have been explored and exhausted. Listed below is a general guideline for coding common expenses with the appropriate matching Service Function Codes (SFCs). It is important to remember that individual expenses are unique to each client and are not necessarily limited to those listed in the categories below.

ALLOWABLE EXPENSES

SFC 70 – CLIENT HOUSING SUPPORT

- Eviction Prevention, i.e. payment of overdue rent and assistance with hoarding/decontamination
- Hotel/Shelter Subsidies
- Master Leasing (with DMH approval)
- Rent/Mortgage/Lease Subsidies (e.g. apartments, Sober Living Homes, Adult Residential Facilities)
- Residential substance abuse treatment programs
- Security Deposits
- Transitional Residential Programs

SFC 71 – CLIENT HOUSING OPERATING SUPPORT

- Agency Management Fees
- Credit Reporting Fees
- Insurance
- Property Taxes
- Repair/Maintenance to Home, including repair due to damage by tenant
- Utilities, e.g. electricity, gas, water

SFC 72 – CLIENT/FAMILY/CAREGIVER SUPPORT

- Car, e.g. gasoline, insurance, payment, registration, repair
- Clothing
- Culturally appropriate alternative healing methods, e.g. curandero, cupping, acupuncture
- Education and Tutorial Expenses
- Employment , e.g. uniforms, license fees, tools of the trade

SFC 72 – CLIENT/FAMILY/CAREGIVER SUPPORT (CONTINUED)

- Food
- Furniture/Appliances
- Gift Cards
- Household Items, e.g. Kitchenware, Linen/Bedding, Cleaning Products
- Hygiene Items
- Medical/ Dental/ Optical
- Moving Expenses
- Recreational/Social Activities
- Reinforcers i.e., Inexpensive, small primary reinforcers for behavioral management purposes linked directly to client service plans
- Respite Care
- School Supplies
- Sports Registration
- Summer Camps
- Tickets/citations – *REQUIRE PRE-AUTHORIZATION FROM Countywide FSP Administration*
- Transportation, e.g. Bus Passes, Tokens, Taxi Vouchers
- Vocational

SFC 78 – OTHER NON-MEDI-CAL CLIENT SUPPORT

- Consumer/Peer/Parent Advocate Salaries*
- Housing/Employment Specialists Salaries*

**Members of the program's treatment team that bill through IBHIS cannot request their wages be reimbursed through this mechanism. See Guideline for details.*

NON-ALLOWABLE EXPENSES

- Alcohol
- Construction or rehabilitation of housing, facilities, buildings or offices
- Costs for staff to accompany clients to venues such as sporting events, concerts or amusement parks
- Expenses related to purchasing land or buildings
- Illegal substances / activities
- Incentives
- Medi-Cal Share of Cost
- Prescription drugs that would otherwise be available via Indigent Medication / Prescription Assistance programs
- Service Extenders/Wellness Outreach Workers (WOW)
- Sexually explicit materials
- Tobacco
- Units of Service or any other service costs that are reported under Modes 05, 10, 15, or 45
- Vehicles for programs

REASONABLE AND ALLOWABLE PURCHASE LIMITS

Client Support Services (CSS) funding is for use when clients do not have the resources and when other possible avenues for funding have been explored and exhausted. Listed below is a general guideline for coding common expenses with the appropriate matching Service Function Code (SFCs). Individual expenses are unique to each client and are not necessarily limited to the categories listed below. Please submit a pre-approval Supplemental Information Request (SIR) form if the purchase exceeds these limits.

SFC 70 – CLIENT HOUSING SUPPORT

Shelter	\$60/Daily			
Motel or Hotels	Up to \$150 per night (pre-approval required for over 1 month)			
Rent (Fair Market Rent) or Board & Care Rates (adults) with pre-approval				
<u>Efficiency</u>	<u>1 bedroom</u>	<u>2 bedroom</u>	<u>3 bedroom</u>	<u>4 bedroom</u>
\$1,350	\$2,000	\$2,550	\$3,250	\$3,600
Rent of residence (per person)	\$1,250 per month (includes food)*			
Security Deposits	2 times the monthly rent, unfurnished; 3 times the monthly rent, furnished			
Hoarding Clean-up and Removal/Decontamination	Up to \$3,000			
*Rents may vary depending upon location and fair market Value of housing				

SFC 71 – CLIENT HOUSING OPERATING SUPPORT

Credit Reporting Fees	\$15-\$20 per report
Property Tax	\$3,000 (pre-approval by Countywide FSP Administration)
Utilities	Water & Electricity, \$130 - \$150 per month Cell phone: pre-paid up to \$50 per month monthly up to \$100 per month Gas, \$30 - \$50 per month
Basic Cable	\$30 per month
Internet Bundle¹	\$42 per month TV/Telephone, \$60 - \$80 per month TV/Telephone/Internet, \$105 per month

SFC 72 – CLIENT/FAMILY/CAREGIVER SUPPORT

Parking Tickets/Citations	Up to \$200 per ticket (pre-approval by Countywide FSP Administration)
Car gasoline	\$300 per month
Clothing	\$150 per person, per month (including tax)
Shoes	\$60 per person, per month (including tax)
Alternative Healing Methods	Curandero, \$40 - \$100 per session Acupuncture \$70 - \$120 per session
Food	\$250 per person, per month (including tax)
Household Items	\$95 per month (including tax)
Hygiene Items	\$90 per month (including tax)
Recreation/Social Activities	\$135 per month
Summer Camp^{II}	\$75 - \$350 per week; up to \$700 per month
School Supplies	\$50 monthly per month, per client (including tax)
Private Tutor	\$20/hr. - \$50/hr. (maximum of \$600 a month)
Learning Centers	\$15/hr. - \$25/hr. (maximum of \$500 a month)
Tablets/Chromebooks	Up to \$500 (including tax)
Transportation	\$100 monthly Metro Pass Up to \$57.50 (30 tokens) monthly per client
Household Goods^{III}	Up to \$2500 (including tax) *Purchases must not exceed the \$2500 maximum for all combined items
Appliances	Stove, \$450-\$600 (New) (including tax & delivery) Washer/Dryer, \$200 - \$1000 (including tax and delivery) Refrigerator, up to \$600 (including tax & delivery) Microwave, up to \$90 (including tax) Television, up to \$400 (including tax & delivery) Vacuum Cleaner, up to \$120 (including tax & delivery)
Bedroom Furniture	\$400 (including tax & delivery)
Mattresses	\$450 (including tax & delivery)
Living Room Furniture	\$550 (including tax & delivery)
Kitchen/Dining Table Set	\$200-\$300 (including tax & delivery)
Immigration Assistance Fees^{IV}	\$400 - \$1000

Exceptions to these guidelines may be made on a case by case basis with pre-approval by Countywide FSP Administration

^I Bundle services will vary depending on the carrier. Certain residences can only subscribe to a specific carrier.

^{II} Monthly cost depends upon duration of program and scope of services.

^{III} Household goods include appliances, furniture, kitchenware and linens.

^{IV} Attached is a summary of fees associated with form number.