



REQUEST FOR STATEMENT OF QUALIFICATIONS

952-5447

COUNTY OF FRESNO

Licensed Mental Health Facilities – Beds & Services

Issuance Date: February 25, 2016

Closing Date: **Wednesday, March 25, 2016 at 2:00 P.M.**

Submittals: **One (1) original with three (3) paper copies of the Statement of Qualifications**

Addressed To: Louann M. Jones, Purchasing Analyst

Mailing Address: County of Fresno, Purchasing
4525 E. Hamilton Avenue, 2nd Floor
Fresno, CA 93702

Mark Envelope: "RFSQ – Licensed Mental Health Facilities – Beds & Services"

STATEMENT OF QUALIFICATIONS (SOQ) PACKAGES RECEIVED AFTER THE TIME AND DATE STATED ABOVE WILL BE RETURNED UNOPENED TO THE VENDOR.

Inquiries and Updates: Requests for clarification regarding this Request for Statement of Qualifications (RFSQ) must be submitted in writing via email to **Louann M. Jones, Purchasing Analyst**, at ljones@co.fresno.ca.us, and received by the County no later than **10:00 A.M., Tuesday, March 8, 2016**. Such information as is reasonably available and will facilitate preparation of responses hereto, requests for clarification and associated responses, and any addenda to this RFSQ will be posted at: <https://www2.co.fresno.ca.us/0440/Bids/BidsHome.aspx> and will not otherwise be distributed.

Organization

Individual/Contact Person

Title

Street Address/P.O. Box

City

State

Zip Code

Telephone

Fax Number

E-Mail Address

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Attachment:

A. Prospective Contractor Questionnaire

B. Description of Services & Rates

I. OVERVIEW

Fresno County is required by Welfare and Institutions Code and the California Code of Regulations, to provide placements for adult clients with serious mental health impairments in a secured licensed facility providing the appropriate level of care and services.

Such facilities include: Skilled Nursing Facilities (SNFs), Geropsychiatric Nursing Care facilities, Institutions of Mental Diseases (IMDs), and Mental Health Rehabilitation Centers (MHRCs).

Services may range from “Basic Services”, which include services to reasonable access to required medical treatment, up-to-date psychopharmacology and transportation to needed off-site services, and bilingual/bicultural programming as appropriate for clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired, to “Enhanced Services”, which are designed to service clients who have subacute psychiatric impairment and/or whose adaptive functioning is severely impaired. Services may also include intensive support and rehabilitation to clients as an alternative to State hospital or other 24-hour care facilities, and are aimed at helping clients to develop skills to become self-sufficient and increase their levels of independent functioning.

It is the intent of the County to engage several contractors under a master agreement to provide the professional services described herein.

The County reserves the right, at its sole discretion, to terminate this RFSQ process or negotiations with a selected Contractor and either perform the work with its staff or begin a new RFSQ process. Nothing herein, or in the process, shall be construed as having obligated the County to pay for any expenses incurred by respondents to this RFSQ, or to the selected Contractor(s) prior to Board of Supervisors' approval of a Contractor services agreement.

II. CONTRACT TERM

The initial agreement shall be for a three-year term with two (2) additional twelve (12) month periods upon mutual consent of the Department of Behavioral Health, Director of Mental Health or his/her designee and the Contractors. The agreement shall be effective subject to approval by the County of Fresno Board of Supervisors. County will retain the right to terminate the Agreement upon giving thirty (30) days advance written notification to the Contractor.

III. SERVICES TO BE PROVIDED BY CONTRACTOR

Requested services include, but are not limited to:

- A. Geropsychiatric Nursing Care Services
- B. Locked Skilled Nursing Facility Care / Institutions of Medical Disease Services
- C. Mental Health Rehabilitation Centers

GEROPSYCHIATRIC NURSING CARE SERVICES

Fresno County Department of Behavioral Health is responsible for the provision of appropriate Skilled Nursing Facility (SNF) and Geropsychiatric Nursing Care services to Fresno County residents who are age 65 years or older, have serious and persistent psychiatric impairment and problems with their physical health.

Skilled Nursing Facilities operate under Title 22, California Code of Regulations, sections 51335, 71443-724 75 and the State Department of Health Care Service's (DHCS) Policies and Directives. Title 22 of the California Code of Regulations describes and defines programs that serve clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired.

A. GOALS AND OBJECTIVES

1. Provide a safe and healthful living environment.
2. Control and modify the person's destructive behavior patterns.
3. Prevent or reduce acute psychiatric hospitalizations or long-term hospitalization.

4. Provide care as close to the client's home community (Fresno County) as possible.
5. Provide high quality care and supervision at the lowest appropriate cost.

B. LOCATION

1. The location of the facility should be in relatively close proximity to Fresno County. This will help expedite the integration of these clients back into community living, decrease the travel expense required by court hearings and staff travel, and facilitate involvement by family and friends for client support.

C. TYPES OF SERVICES

1. The Department of Behavioral Health contracts for a number of SNF beds for both Basic and Enhanced levels of care. The rates for the Basic services per bed per day are dictated by the State. Enhanced Services are described in item C(6)(B) below. The following are the types of SNF beds needed, depending on a client's mental/physical health condition:
2. **Basic Services:** includes reasonable access to required medical treatment, up-to-date psychopharmacology and transportation to needed off-site services, and bilingual/bicultural programming as appropriate.
3. **Secured SNF:** includes the services listed under "Basic Services" in a secured environment but not in a locked facility.
4. **Locked SNF with or without enhanced services:** includes the services listed under "Basic Services" in a locked building.
5. **Sub-Acute SNF:** includes services that are non-acute 24-hour voluntary or involuntary care that is required for the provision of mental health services to mentally disordered clients who are not in need of acute mental health care, but who require general mental health evaluation, diagnostic assessment, treatment, nursing and/or related services, on a 24-hour per day basis in order to achieve stabilization and/or an optimal level of functioning. Such clients are those who, if in the community, would require the services of a licensed health facility providing 24-hour sub-acute mental health care. Such facilities include, but are not limited to, skilled nursing facilities with special treatment programs. Sub-acute has the same meaning as non-acute as defined in this section.
6. **Special Treatment Program:** therapeutic services provided to mentally disordered persons having special needs in one (1) or more of the following areas: self-help skills, behavioral adjustment, and interpersonal relationships. They also include pre-vocational preparation and prerelease planning. Contractor will provide a copy of the Policy or Procedure Guide (PPG) on agency's Special Treatment Program to the Department of Behavioral Health within ten (10) working days from the day the Agreement becomes effective. The PPG is to be sent to Department of Behavioral Health, Attn: Contract Management Division, 3133 N. Millbrook Avenue, Fresno, CA 93702.

7. SERVICES:

- a. **Basic Services** The following are the basic services needed for clients:

- i. **Treatment Setting**

1. A facility that provides reasonable security, supervision, and substantial compliance. Substantial compliance means conformity to regulations to be a licensee to such an extent that client safety, welfare, and quality of care is assured.
2. Development of an individual, written client care plan which indicates the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. Objectives shall be measurable and time limited. For specifics on supervision, refer to Title 22.
3. Safeguards for clients' monies and valuables. For specifics, refer to Title 22.

4. Activity Programs (Title 22, California Code of Regulations, and State DMH's Policies and Directives):
 - a. An activity program means a program that is staffed and equipped to encourage the participation of each client, meets the needs and interests of each client, and encourages self-care and resumption of normal activities.
 - b. Clients shall be encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful activities.
 - c. The program shall be designed to make life more meaningful, to stimulate and support physical and mental capabilities to the fullest extent, to enable the client to maintain the highest attainable social, physical, and emotional functioning, but not necessarily to correct or remedy a disability.
 - d. The activity program shall consist of individual, small and large group activities designed to meet the needs and interests of each client.
5. The provision for basic living needs includes, but is not limited to food, laundry, and care of resident's personal clothing, and security of personal items.
 - a. The dietetic service shall provide food of the quality and quantity to meet each client's needs in accordance with the physician's orders and meets "the recommended daily dietary allowance" as specified in the most current edition adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. For specifics, refer to Title 22.
 - b. Laundry and care of residents' personal clothing - for specific information, refer to Title 22, for specifics.
 - c. Security of personal items and safeguards for clients' monies and valuables - for specific information, refer to Title 22 for specifics.
 - d. Resident Security - It is expected that these residents may be segregated from other residents of the facility to insure security.

ii. **Clinical**

1. Pre-admission screening process.
2. Admission policy describing the extent of the facility's right of refusal.
3. Review process, if requested, for persons not accepted for admission or discharged as inappropriate for the facility.
4. Program designed to modify combative behavior, protect the client, prevent the breakage of property, and promote personal responsibility for behavior.
5. Use of restraints and postural supports. For specifics, refer to Title 22.
6. Provision of medical care with availability of physician services for treatment of any physical ailments of the clients housed at the facility.
7. Consultation and/or case staffing to be held with appropriate County assigned mental health professionals, as needed, but no less frequently than on a quarterly basis.

iii. **Administration**

1. Administrator will meet with the Fresno County Metro Services Division Manager, or designee, as required to monitor the Agreement.
2. Facility will immediately report all incidents involving Fresno County clients to the contract liaison. Notification will be made to Fresno County in cases of illegality, death, self-injury, absence without leave, property destruction and violence towards others.

3. Daily census records will be maintained and sent to the Metro Services Division Manager.
4. Prepare reports as may be required to fulfill the terms of the agreement.
5. Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of clients, personnel, or visitors shall be reported by the facility within twenty-four (24) hours, either by telephone at (559) 600-9180, and confirmed in writing, or by fax at (559) 600-7674 to the Director, Department of Behavioral Health. An incident report shall be prepared by Contractor, on each occurrence.
6. Every incident report shall be retained on file by the facility for one (1) year. The facility shall furnish such other pertinent information related to such occurrences to the Director, Department of Behavioral Health 3133 N. Millbrook Avenue, Fresno, CA 93702, upon request.
7. Every fire or explosion that occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or, in areas not having an organized fire service, to the State Fire Marshal. Contractor(s) shall meet all fire safety requirements set by the local Fire Marshal and other requirements cited in the California Health and Safety Code.
8. All facilities shall have a placement contact person readily available to respond to requests for placements from the County. This is to prevent placement delays in placing a client at the appropriate level of care.
9. No notice is required to move a person to a different level of care or when there is a need to discharge the client because this is dependent on clinical prognosis.
10. The daily rate for the client will be commensurate with the level of care being provided at that facility.
11. All services, other than the Basic Services, must be pre-approved prior to placement utilizing Special Services Authorization Form (Exhibit F), attached hereto and by this reference incorporated herein.
12. For the purposes of this Agreement, the term "bed day" includes beds held vacant for patients who are temporarily (not more than seven (7) days) absent from a facility. Contractor will notify County in the event that a client has to be moved to an acute treatment facility and a bed hold needs to be made. County will approve any bed-hold days that may be required on a case-by-case basis.

b. Enhanced Services

Enhanced services augment the services of Basic and Special Treatment Programs. Enhanced services are designed to serve clients who have subacute psychiatric impairment and/or whose adaptive functioning is severely impaired.

The target population is seriously and persistently mentally ill adults whose behavior requires more intensive programming than is available from Basic Services. It is anticipated that the intensive treatment and staffing provided by enhanced services will prevent State Hospital admissions. The target population may include persons who are often at risk of elopement and occasionally assaultive or self-destructive. They may have complicating medical problems. Additionally, they may require specialized services to insure successful transition to community living.

Clients needing these services are male or female; have a major psychiatric diagnosis, organic brain syndrome or major mental disorder; are a LPS conservatee or Probate conservatee of Fresno County; are physically impaired, perhaps non-ambulatory; and present a special or unusual behavior management issue.

The major objectives for these services are: to control and modify the client's destructive behavior; and, to prevent or reduce acute psychiatric hospitalization or long-term State hospitalization.

D. REPORTING/OUTCOMES

Contractor shall be required to submit monthly census reports detailing the number of County clients living in the facility on a daily basis.

Contractor shall provide, at County's request, any required reports to County, which may include performance outcome measurement reports as communicated by the County to Contractor. Outcome measures may include, but are not limited to:

- Successful program completion and transition to lower level of care placement
- Reduced or no inpatient hospitalizations
- Reduced or no incidents of self-injury, injury to others or property damage
- Reduced or no incidents of medical emergency or hospitalization

E. OBJECTIVES/EVALUATION

A strong evaluation component will be required for these services. The provider will be required to have an evaluation program that includes observable, measurable, time-limited outcome and process objectives. The evaluation program will be submitted in writing for approval by the COUNTY within 60 days after the Agreement is executed. Process objectives are defined as those describing or delineating the amount, frequency, and kinds of services to be provided. Outcome objectives are those indicators that describe the effect of program activities on client behavior or status

F. CORPORATIONS

For incorporated businesses, the provider shall notify the Department of all facilities that the Department of Behavioral Health might use.

G. INSURANCE

Contractor will provide County with new certificates of insurance if there is any change in coverage.

H. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

County reserves the right to revise and/or update the Scope the Work as needed, within the regulations of applicable CCR, CFR, and/or WIC codes.

LOCKED SKILLED NURSING FACILITY CARE / INSTITUTIONS OF MEDICAL DISEASE SERVICES

Fresno County Department of Behavioral Health is responsible for the provision of appropriate locked Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to Fresno County residents eighteen (18) to sixty-four (64) years of age, having serious and persistent psychiatric impairment, and are in need of Skilled Nursing Facility/Institutions for Mental Disease services (SNF/IMD) with Special Treatment Programs (STPs) and Enhanced Services.

Skilled Nursing Facility/Special Treatment Program/Institutions for Mental Disease (SNF/STP/IMD) operate under Title 22, California Code of Regulations, Sections 51335, 71443-72475 and the State Department of Health Care Service's (DHCS) Policies and Directives. Title 22 of the California Code of Regulations describes and defines programs that serve clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. The contractor will provide "Basic Services", which include reasonable access to required medical treatment, up-to-date psychopharmacology and transportation to needed off-site services, and bilingual/bicultural programming as appropriate.

A. GOALS AND OBJECTIVES

1. Provide a safe and healthful living environment.
2. Control and modify the person's destructive behavior patterns.
3. Prevent or reduce acute psychiatric hospitalizations or long-term hospitalization.
4. Provide care as close to the client's home community (Fresno County) as possible.
5. Provide high quality care and supervision at the lowest appropriate cost.

B. LOCATION

The location of the facility should be in relatively close proximity to Fresno County. This will help expedite the integration of these clients back into community living, decrease the travel expense required for court hearings and staff travel, and facilitate involvement by family and friends for client support.

C. TYPES OF SERVICES

The Department of Behavioral Health contracts for a number of SNF/STP/IMD beds for both Basic and Enhanced levels of care. The distribution, types, and total number of beds depend on the facilities selected. The rates for the Basic services per bed per day are dictated by the State. Enhanced services are described in item C(3) below.

1. **Basic Services** The following are the services needed for clients:

a. Treatment Setting

- i. A facility that provides reasonable security, supervision, and substantial compliance. Substantial compliance means conformity to regulations to be a licensee to such an extent that client safety, welfare, and quality of care is assured.
- ii. Development of an individual, written client care plan which indicates the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. Objectives shall be measurable and time limited. For further specifics on supervision, refer to Title 22.
- iii. Safeguards for clients' monies and valuables. For specifics, refer to Title 22.
- iv. Activity Programs (Title 22, California Code of Regulations, and State DHCS' Policies and Directives):
 1. An activity program means a program that is staffed and equipped to encourage the participation of each client, meets the needs and interests of each client, and encourages self-care and resumption of normal activities.
 2. Clients shall be encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful activities.
 3. The program shall be designed to make life more meaningful, to stimulate and support physical and mental capabilities to the fullest extent, to enable the client to maintain the highest attainable social, physical, and emotional functioning, but not necessarily to correct or remedy a disability.
 4. The activity program shall consist of individual, small and large group
- v. The provision for basic living needs includes, but is not limited to food, laundry, and care of resident's personal clothing, and security of personal items.
 1. The dietetic service shall provide food of the quality and quantity to meet each client's needs in accordance with the physician's orders and meets "the recommended daily dietary allowance" as specified in the most current edition adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. For specifics, refer to Title 22.

2. Laundry and care of residents' personal clothing - refer to Title 22 for specific information.
 3. Security of personal items and safeguards for clients' monies and valuables - refer to Title 22 for specific information.
- vi. Resident Security - It is expected that these residents may be segregated from other residents of the facility to insure security.

b. Clinical

- i. Pre-admission screening process.
- ii. Admission policy describing the extent of the facility's right of refusal.
- iii. Review process, if requested, for persons not accepted for admission or discharged as inappropriate for the facility.
- iv. Program designed to modify combative behavior, protect the client, prevent the breakage of property, and to promote personal responsibility for behavior.
- v. Use of restraints and postural supports. For specifics, refer to Title 22 related to these issues.
- vi. Consultation and/or case staffing to be held with appropriate County assigned mental health professionals, as needed, but no less frequently than on a quarterly basis.

c. Administration

- i. Administrator will meet with the Fresno County Metro Services Division Manager, or designee, as required to monitor the contract.
- ii. Facility will immediately report all incidents involving Fresno County clients to the contract liaison. Notification will be made to Fresno County in cases of illegality, death, self-injury, absence without leave, property destruction and violence towards others.
- iii. Daily census records will be maintained and sent to the Metro Services Division Manager.
- iv. Prepare reports as may be required to fulfill the terms of the agreement.
- v. Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of clients, personnel, or visitors shall be reported by the facility within twenty-four (24) hours, either by telephone at (559) 600-9180, and confirmed in writing, or by fax at (559) 600-7674 to the Director, Department of Behavioral Health. An incident report shall be prepared by the Contractor on each occurrence.
- vi. Every incident report shall be retained on file by the facility for one (1) year. The facility shall furnish such other pertinent information related to such occurrences to the local mental health Director and to the Director, Department of Behavioral Health 3133 N. Millbrook Avenue, Fresno, CA 93702, upon request.
- vii. Every fire or explosion that occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or, in areas not having an organized fire service, to the State Fire Marshal. Contractor shall meet all fire safety requirements set by the local Fire Marshal and other requirements cited in the California Health and Safety Code.
- viii. All facilities shall have a placement contact person readily available to respond to requests for placements from the County. This is to prevent placement delays in placing a client at the appropriate level of care.
- ix. No notice is required to move a person to a different level of care or when there is a need to discharge the client because this is dependent on clinical prognosis.

- x. The daily rate for the client will be commensurate with the level of care being provided at that facility.
- xi. All services, other than the Basic Services, must be pre-approved prior to placement utilizing Special Services Authorization Form (Exhibit F), attached hereto and by this reference incorporated herein.
- xii. For the purposes of this Agreement, the term "bed day" includes beds held vacant for patients who are temporarily (not more than seven (7) days) absent from a facility. Contractor will notify County in the event that a client has to be moved to an acute treatment facility and a bed hold needs to be made. County will approve any bed-hold days that may be required on a case-by-case basis.

2. **Special Treatment Program**

Special Treatment program services are those therapeutic services provided to mentally disordered persons having special needs in one (1) or more of the following areas: self-help skills, behavioral adjustment, and interpersonal relationships. They also include pre-vocational preparation and prerelease planning.

Contractor shall provide a copy of the Policy and Procedure Guide (PPG) on agency's Special Treatment Program/Approach to the Department of Behavioral Health within ten (10) working days from the day the Agreement becomes effective. The PPG is to be sent to the Department of Behavioral Health, Attn: Contract Management Division, 3133 N. Millbrook Avenue, Fresno, CA 93702.

3. **Enhanced Services**

Enhanced services augment the services of Basic and Special Treatment Programs. Enhanced services are designed to serve clients who have subacute psychiatric impairment and/or whose adaptive functioning is severely impaired.

The target population is seriously and persistently mentally ill adults whose behavior requires more intensive programming than is available from Basic Services. It is anticipated that the intensive treatment and staffing provided by enhanced services will prevent State Hospital admissions. The target population may include persons who are often at risk of elopement and occasionally assaultive or self-destructive. They may have complicating medical problems. Additionally, they may require specialized services to insure successful transition to community living.

Clients needing these services may be male or female; have a major psychiatric diagnosis, organic brain syndrome or major mental disorder; are a LPS conservatee or Probate conservatee of Fresno County; are physically impaired, perhaps non-ambulatory; and present a special or unusual behavior management issue.

The major objectives for these services are: to control and modify the client's destructive behavior; provide a safe, secure, and healthful environment; provide adequate supervision; and, prevent or reduce acute psychiatric hospitalization or long-term State hospitalization.

D. **REPORTING**

Contractor shall be required to submit monthly census reports detailing the number of County clients living in the facility on a daily basis.

Contractor shall provide, at County's request, any required reports to County, which may include performance outcome measurement reports as communicated by the County to Contractor. Outcome measures may include, but are not limited to:

- Successful program completion and transition to lower level of care placement
- Reduced or no inpatient hospitalizations
- Reduced or no incidents of self-injury, injury to others or property damage
- Reduced or no incidents of medical emergency or hospitalization

E. OBJECTIVES/EVALUATION

A strong evaluation component will be required for these services. The provider will be required to have an evaluation program that will include observable, measurable, time-limited outcome and process objectives. The evaluation program will be submitted in writing for approval by the COUNTY within 60 days after the Agreement is executed. Process objectives are defined as those describing or delineating the amount, frequency, and kinds of services to be provided. Outcome objectives are those indicators that describe the effect of program activities on client behavior or status.

F. CORPORATIONS

For incorporated businesses, the provider shall notify the Department of all facilities that the Department of Behavioral Health might use.

G. INSURANCE:

Contractor will provide County with new certificates of insurance if there is any change in coverage.

H. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

County reserves the right to revise and/or update the Scope the Work as needed, within the regulations of applicable CCR, CFR, and/or WIC codes.

MENTAL HEALTH REHABILITATION CENTERS

Mental health rehabilitation centers (MHRCs) provide intensive support and rehabilitation to clients as an alternative to state hospital or other 24-hour care facilities. MHRCs help clients develop the skills to become self-sufficient and increase their levels of independent functioning.

MHRCs operate under Title 9, California Code of Regulations, Division 1, and the State Department of Mental Health's Policies and Directives. Participation in MHRCs is limited to facilities that meet the licensing and certification requirements of the California Department of Health Services Licensing and Certification Division and the California Department of Mental Health.

MHRCs are needed for clients upon discharge from an acute inpatient psychiatric facility or outpatient crisis stabilization program like the twenty-four (24) hour program providing intensive services to persons eighteen (18) years of age or older. These clients would otherwise be placed in a State hospital or another mental health facility to develop skills to become self-sufficient and increase their levels of independent functioning.

The contracted MHRC(s) focus on mental health rehabilitation, rather than skilled nursing, and will include short-term, rehabilitative, individualized, goal-oriented programs. The length of stay for seriously mentally ill clients will vary. A newly conserved client may reside in the facility for ninety (90) days, whereas, a seriously and persistent mentally ill client may reside in the facility from eight (8) to eleven (11) months. The target population may include clients on a fourteen (14) day certification that are no longer in need of acute hospital care; clients who have an active temporary conservatorship application; and, recently conserved Fresno County clients (no longer than three (3) years), or clients who are unsuccessful in transitioning from an IMO to a lower level of care.

Specific "Basic Services" are outlined in Title 22, California Code of Regulations, which describes and defines programs that serve clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired.

It is expected that the Contractor will provide "Basic Services", which include reasonable access to required medical treatment, up-to-date psychopharmacology and transportation to needed off-site services, and bilingual/bicultural programming as appropriate

A. GOALS AND OBJECTIVES:

1. Offer early restorative interventions;
2. Avoid admissions of clients to acute level facilities who do not meet medical necessity criteria;
3. Decrease the average length of stay and administrative stay days in acute psychiatric facilities by providing a more appropriate treatment program;
4. Avoid extended hospital stays of clients waiting for placement at other sub-acute, long-term or out-of-County facilities;
5. Interrupt the cycle of increased dependence on the utilization of skilled nursing facilities as a placement option;
6. Decrease recidivism; and
7. Provide a safe and healthful living environment.

B. LOCATION

The location of the facility should be in relatively close proximity to Fresno County. This will help expedite the integration of these clients back into community living, decrease the travel expense required by court hearing and staff travel, and facilitate involvement by family and friends for client support.

C. TYPES OF SERVICES

The Department of Behavioral Health contracts for a number of MHRC beds. The distribution, types, and total number of beds depend on the facilities available.

1. **Basic Services:** The following are basic services needed for clients:

a. Treatment Setting

- i. A facility that provides reasonable security, supervision, and substantial compliance. Substantial compliance means conformity to regulations to be a licensee to such an extent that client safety, welfare, and quality of care is assured.
- ii. Development of an individual, written client care plan which indicates the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. Objectives shall be measurable and time limited. For further specifics on supervision, refer to Title 22.
- iii. Safeguards for clients' monies and valuables. For specifics, refer to Title 22.
- iv. Activity Programs (Title 9, Title 22, California Code of Regulations, and State DMH's Policies and Directives):
 1. An activity program means a program that is staffed and equipped to encourage the participation of each client, to meet the needs and interests of each client, and encourage self-care and resumption of normal activities.
 2. Clients shall be encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful activities. The program shall be designed to make life more meaningful and to stimulate and support physical and mental capabilities to the fullest extent, and enable the client to maintain the highest attainable social, physical, and emotional functioning but not necessarily to correct or remedy a disability.
 3. The activity program shall consist of individual, small and large group activities that are designed to meet the needs and interests of each client.
- v. The provision for basic living needs includes, but is not limited to food, laundry, and care of resident's personal clothing, and security of personal items.

1. The dietetic service shall provide food of the quality and quantity to meet each client's needs in accordance with the physician's orders and meets "the recommended daily dietary allowance" as specified in the most current edition adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. For specifics, refer to Title 22.
 2. Laundry and care of residents' personal clothing. Refer to Title 22 for specific information.
 3. Security of personal items and safeguards for clients' monies and valuables. Refer to Title 22 for specific information.
- vi. Resident Security - It is expected that these residents may be segregated from other residents of the facility to insure security.

b. Clinical

- i. Pre-admission screening process.
- ii. Admission policy describing the extent of the facility's right of refusal.
- iii. Review process, if requested, for persons not accepted for admission or discharged as inappropriate for the facility.
- iv. Program designed to modify combative behavior; protect the client; prevent the breakage of property; and, promote personal responsibility for behavior.
- v. Use of restraints and postural supports. For specifics, refer to Title 22.
- vi. Consultation and/or case staffing to be held with appropriate County-assigned mental health professionals, as needed, on a quarterly basis.

c. Administration

- i. Administrator will meet with the Fresno County Metro Services Division Manager, or designee, as required to monitor the contract.
- ii. Facility will immediately report all incidents involving Fresno County clients to the contract liaison. Notification will be made to Fresno County in cases of illegality, death, self-injury, absence without leave, property destruction and violence towards others.
- iii. Daily census records will be maintained and sent to the Metro Services Division Manager.
- iv. Prepare reports as may be required to fulfill the terms of the agreement.
- v. Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of clients, personnel, or visitors shall be reported by the facility within twenty-four (24) hours, either by telephone at (559) 600-9180, and confirmed in writing, or by fax at (559) 600-7674 to the Director, Department of Behavioral Health. An incident report shall be prepared by the Contractor on each occurrence.
- vi. Every incident report shall be retained on file by the facility for one (1) year. The facility shall furnish such other pertinent information related to such occurrences to the Director, Department of Behavioral Health, 3133 N. Millbrook Avenue, Fresno, CA 93702.
- vii. Every fire or explosion that occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or, in areas not having an organized fire service, to the State Fire Marshal. Contractor shall meet all fire safety requirements set by the local Fire Marshal and other requirements cited in the California Health and Safety Code.

- viii. All facilities shall have a placement contact person readily available to respond to requests for placements from the County. This is to prevent placement delays in placing a client at the appropriate level of care.
- ix. No notice is required to move a person to a different level of care or when there is a need to discharge the client because this is dependent on clinical prognosis.
- x. The daily rate for the client will be commensurate with the level of care provided at that facility.
- xi. All services, other than the Basic Services, must be pre-approved prior to placement utilizing Special Services Authorization Form (Exhibit F), attached hereto and by this reference incorporated herein.
- xii. For the purposes of this Agreement, the term "bed day" includes beds held vacant for patients who are temporarily (not more than seven (7) days) absent from a facility. Contractor will notify County in the event that a client has to be moved to an acute treatment facility and a bed hold needs to be made. County will approve any bed-hold days that may be required on a case-by-case basis.

2. **Special Treatment Program**

The MHRC(s) will focus on mental health rehabilitation, rather than skilled nursing, and will include short-term, rehabilitative, individualized, goal-oriented special treatment programs. The length of stay for seriously mentally ill clients will vary.

3. **Enhanced Services**

Enhanced services augment the services of Basic and Special Treatment Programs. Enhanced services are designed to serve clients who have sub- acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

The target population is seriously and persistently mentally ill adults whose behavior requires more intensive programming than is available from Basic Services. It is anticipated that the intensive treatment and staffing provided by enhanced services will prevent State Hospital admissions. The target population may include persons who are often at risk of elopement and occasionally assaultive or self-destructive. They may have complicating medical problems. Additionally, they may require specialized services to insure successful transition to community living.

Clients needing these services may be male or female; have a major psychiatric diagnosis, organic brain syndrome or major mental disorder; are a LPS conservatee or Probate conservatee of Fresno County; are physically impaired, perhaps non-ambulatory; and present a special or unusual behavior management issue.

The major objectives for these services are: to control and modify the client's destructive behavior; provide a safe, secure, and healthful environment; provide adequate supervision; and, prevent or reduce acute psychiatric hospitalization or long-term State hospitalization.

D. **TARGET POPULATION**: The target population will include:

- 1. Clients who no longer are in need of acute hospital care.
- 2. Clients who have an active temporary conservatorship application.
- 3. Recently conserved Fresno County clients (no longer than three (3) years).

E. **REPORTING**

Contractor shall be required to submit monthly census reports detailing the number of County clients living in the facility on a daily basis.

Contractor shall provide, at County's request, any required reports to County, which may include performance outcome measurement reports as communicated by the County to Contractor. Outcome measures may include, but are not limited to:

- Successful program completion and transition to lower level of care placement
- Reduced or no inpatient hospitalizations
- Reduced or no incidents of self-injury, injury to others or property damage
- Reduced or no incidents of medical emergency or hospitalization

F. OBJECTIVES/EVALUATION

A strong evaluation component will be required for these services. The provider will be required to have an evaluation program that will include observable, measurable, time-limited outcome and process objectives. The evaluation program will be submitted in writing for approval by the COUNTY within 60 days after the Agreement is executed. Process objectives are defined as those describing or delineating the amount, frequency, and kinds of services to be provided. Outcome objectives are those indicators that describe the effect of program activities on client behavior or status.

G. CORPORATIONS

For incorporated businesses, the provider shall notify the Department of all facilities that the Department of Behavioral Health might use.

H. INSURANCE:

Contractor will provide County with new certificates of insurance if there is any change in coverage.

I. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to use and disclose protected health information as required by law.

County reserves the right to revise and/or update the Scope the Work as needed, within the regulations of applicable CCR, CFR, and/or WIC codes.

IV. SOQ SUBMITTAL REQUIREMENTS

The submittal will enable the Selection Committee to appraise the general competence and qualifications of the appraisal firms.

A. Current Certificates of Insurance for the following:

1. Commercial General Liability with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million Dollars (\$2,000,000). This policy shall be issued on a per occurrence basis.
2. Automobile Liability with limits for bodily injury of not less than Two Hundred Fifty Thousand Dollars (\$250,000) per person, Five hundred Thousand Dollars (\$500,000) per accident and for property damages of not less than Fifty Thousand Dollars (\$50,000), or such coverage with a combined single limit of Five Hundred Thousand Dollars (\$500,000). Coverage should include owned and non-owned vehicles used in connection with provided services.
3. If a provider employs licensed professional staff (e.g. Ph.D., R.N., L.C.S.W., M.F.T.) in providing services, Professional Liability Insurance of not less than One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars (\$3,000,000) annual aggregate.

B. Your policy of Worker's Compensation insurance as may be required by the California Labor Code

C. Completed Prospective Contractor Questionnaire, including license/certifications (**Attachment A**)

D. Description of Services & Rates (**Attachment B**)

E. Completed cover page from this RFSC

V. SELECTION PROCEDURE

A Selection Committee (hereinafter referred to as “the Committee”) will be formed to evaluate the SOQs and to make recommendations. The Committee will consist of representatives of the Department. The Committee will screen the SOQs to narrow consideration to those firms with qualifications and experience deemed especially qualified for this commission.

The County reserves the right to conduct a background inquiry of each proposer which may include collection of appropriate criminal history information, contractual and business associations and practices, employment histories and reputation in the business community. By submitting a SOQ to the County, the proposer consents to such an inquiry and agrees to make available to the County such books and records the County deems necessary to conduct the inquiry.

After approval of the County of Fresno Director of Behavioral Health or designee, additional facility service providers may be added to the contract after completing the Statement of Qualifications process as outlined in this RFSQ and their services are determined to meet the needs and requirements of the County.

VI. APPEALS

Appeals must be submitted in writing within seven (7) working days after notification of proposed recommendations for award. A “Notice of Award” is not an indication of County’s acceptance of an offer made in response to this RFSQ. Appeals should be submitted to County of Fresno Purchasing, 4525 E. Hamilton Avenue, Fresno, California 93702-4599 and in Word format to gcornuelle@co.fres.ca.us. Appeals should address only areas regarding RFSQ contradictions, procurement errors, selection discrepancies, legality of procurement context, conflict of interest, and inappropriate or unfair competitive procurement grievance regarding the RFSQ process.

Purchasing will provide a written response to the complainant within seven (7) working days unless the complainant is notified more time is required.

If the protesting bidder is not satisfied with the decision of Purchasing, he/she shall have the right to appeal to the Purchasing Agent/CAO within seven (7) working days after Purchasing’s notification; except if, notified to appeal directly to the Board of Supervisors at the scheduled date and time.

If the protesting bidder is not satisfied with Purchasing Agent/CAO’s decision, the final appeal is with the Board of Supervisors.

**Fresno County Department of Behavioral Health
Master Agreement with Licensed Mental Health Facilities**

REQUEST FOR STATEMENT OF QUALIFICATIONS – PROSPECTIVE CONTRACTOR QUESTIONNAIRE

INSTRUCTIONS: Please complete this form in its entirety and sign. Indicate “N/A” if the item does not apply. The person signing the form must be authorized to sign on behalf of the Prospective Contractor and to bind the applicant in a Master Agreement.

SELECTION CRITERIA: Prospective contractor shall be in good standing, clear of any lawsuits against prospective contractor, and provide evidence of licensure and/or certification by the appropriate licensing body, as applicable, for all facilities/businesses listed.

Corporation/Business Name _____
 Address _____

 IRS Employer/Tax ID # _____ CA Business License # _____
 Contact Name _____ Title _____
 E-mail _____
 Phone _____ Fax _____

1. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner _____ N/A ☐
2. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation). _____ N/A ☐
3. If your firm is doing business under one or more DBAs, please list all DBAs. Attach additional page, if needed. _____ N/A ☐
4. If your firm is wholly or majority owned by, or a subsidiary of, another firm, please list the name of parent firm: _____ N/A ☐
5. Prospective Contractor and/or facility(ies) is/are licensed and/or certified in California as one of the facilities listed in #7 below? YES ☐ NO ☐
6. In the past five years, has the prospective contractor and/or DBAs been or are currently in litigation with its licensing body, clients served, Counties or others relating to negligence and/or breach of contract? If yes, please explain on a separate sheet of paper. YES ☐ NO ☐
7. Prospective Contractor has a minimum of five (5) years of recent experience in providing Mental Health Rehabilitation Center (MHRC), Skilled Nursing Facility/Special Treatment Program/Institution of Mental Disease (SNF/STP/IMD), and/or Geropsychiatric Nursing Care Facility (GNCF) services to adults with severe and persistent mental health conditions. YES ☐ NO ☐
8. Prospective Contractor currently/will meet the general insurance requirements listed YES ☐ NO ☐

**Fresno County Department of Behavioral Health
Master Agreement with Licensed Mental Health Facilities**

REQUEST FOR STATEMENT OF QUALIFICATIONS – PROSPECTIVE CONTRACTOR QUESTIONNAIRE

below?

- Commercial General Liability: Minimum limits of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.
- Comprehensive Automobile Liability: Minimum limits for bodily injury of: \$250,000 per person, \$500,000 per accident and \$50,000 for property damages; or combined single limit of \$500,000.
- Professional Liability: Minimum limits of \$1,000,000 per occurrence, \$3,000,000 annual aggregate. (If applicable)
- Worker's Compensation: As required by California Labor Code

9. List all facilities that Fresno County may contract with. Attach additional page, if needed.

1. Facility Name		# of Beds	
Address		IRS EIN	
City, State, Zip		CA Business License #	
Email Address		Taxonomy Code	
Phone #		Facility Type	
Fax #		NPI #	
2. Facility Name		# of Beds	
Address		IRS EIN	
City, State, Zip		CA Business License #	
Email Address		Taxonomy Code	
Phone #		Facility Type	
Fax #		NPI #	
3. Facility Name		# of Beds	
Address		IRS EIN	
City, State, Zip		CA Business License #	
Email Address		Taxonomy Code	
Phone #		Facility Type	
Fax #		NPI #	
4. Facility Name		# of Beds	
Address		IRS EIN	
City, State, Zip		CA Business License #	
Email Address		Taxonomy Code	
Phone #		Facility Type	
Fax #		NPI #	

On behalf of _____ (Prospective Contractor's name), I _____ (Name of Prospective Contractor's authorized representative), certify that the information contained in this Prospective Contractor's Organization Questionnaire is true and correct to the best of my information and belief, and proof of licensure and general liability insurance can be furnished upon request.

Signature

Title

Date

DESCRIPTION OF SERVICES & RATES (FY 2016-17)
SKILLED NURSING FACILITY / INSTITUTION FOR MENTAL DISEASE (SNF/IMD)

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD).services, which will include basic, enhanced and sub-acute services for to mentally disabled adult persons ages eighteen (18) to sixty-four (64) years, pursuant to California's Welfare and Institutions Code, section 5900 *et seq.*, Title 22 of the California Code of Regulations, the State Department of Health Care Services Policies and Directives, and other applicable statutes and regulations, that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for clients who are temporarily (not more than seven (7) days) absent from a facility. A bed-hold day cannot be in place when the client is in Psychiatric Assessment Center for Treatment (PACT), Psychiatric Health Facility (PHF) or any acute hospital for psychiatric reasons. A bed hold can only be placed for non-psychiatric reasons, e.g. medical hospitalization etc.

In addition to the services listed in "Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES

Basic Daily Rate services consist of usual and customary SNF/IMD services to mentally disabled adult persons. Basic Daily Rate Services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services and bilingual/bicultural programming.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services which augment basic services. Enhanced Services are designed to serve clients who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

Other charges in addition to the Enhanced Services bed rate may be negotiated for an individual client on an as-needed basis between County's Director, Department of Behavioral Health, or designee, and Contractor. The County's Director, Department of Behavioral Health, or designee must approve these rates before the client is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form (Exhibit E).

III. SUB-ACUTE TREATMENT SERVICES

Sub-acute SNF includes services that are non-acute 24-hour voluntary or involuntary care that is required for the provision of mental health services to mentally disordered clients who are not in need of acute mental health care, but who require general mental health evaluation, diagnostic assessment, treatment, nursing and/or related services, on a 24-hour per day basis in order to achieve stabilization and/or an optimal level of functioning. Such clients are those who, if in the community, would require the services of a licensed health facility providing 24-hour sub-acute mental health care. Such facilities include, but are not limited to, Skilled Nursing Facilities with special treatment programs. Sub-acute has the same meaning as non-acute as defined in this section.

IV. REQUIREMENTS

Contractor shall provide available beds needed for authorized County clients during the term of the Agreement. The County does not guarantee any minimum number of beds.

V. RATES*

Program Services	Rate
Basic Daily Rate (IMD/STP with Medi-Cal) **	\$ per client
Basic Daily Rate (IMD/STP without Medi-Cal)	\$ per client
Enhanced Services (with Medi-Cal) **	\$ per client
Enhanced Services (without Medi-Cal)	\$ per client
Bed Hold Rate	\$ per client
Subacute	\$ per client
1:1 Supervision	\$ per hour

Other Services	Rate / Rate Range
Physician/Psychiatric Services ^	\$ Per visit

- * All rates other than the Basic Daily Rate services must be pre-approved by the Director, Department of Behavioral Health, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form (Exhibit D).

The Basic Daily Rate will either be inclusive of all physician/psychiatric services provided to clients such as weekly visits, which may consist of an initial, brief or route psychiatric assessments/visits, and annual evaluation and declarations for LPS conservatorship renewal, or a separate rate (or rate range) shall be established for psychiatric services as stated below.

- ** Rate is set at State Medi-Cal rate and will be adjusted if the Medi-Cal rate changes. In the event a client is placed who does not have Medi-Cal and is under age 65, County will pay both the “with Medi-Cal” rate and the “without Medi-Cal” rate above to cover room and board charges.
- ^ Psychiatric services (provided to clients placed by County at Contractor’s facilities who are not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but are not limited to, date and location of service, service provided, service duration, name of provider.

Please note that ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a client residing in an IMD) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible clients in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal clients may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

REVIEWED AND RECOMMENDED FOR APPROVAL:

By _____
Dawan Utecht, Director
Department of Behavioral Health

CONTRACTOR

By _____

Print Name: _____

Title: _____
Chairman of the Board, or
President, or any Vice President or
Director of Operations

By _____

Print Name: _____

Title: _____
Secretary (of Corporation), or
any Assistant Secretary, or
Chief Financial Officer, or
any Assistant Treasurer/Facility
Administrator

Mailing Address:

Phone: _____

Email: _____

Contact: _____

DESCRIPTION OF SERVICES & RATES (FY 2016-17)
MENTAL HEALTH REHABILITATION CENTER SERVICES

Contractor agrees to provide County with Mental Health Rehabilitation Center (MHRC) services for mentally ill adult individuals ages 18 to 64, pursuant to California's Welfare and Institutions Code, section 5900 *et seq.*, Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives, and other applicable statutes and regulations, and Title 9, California Code of Regulations, Division 1, Sub-Chapter 3.5 and the State Department of Health Care Services' Policies and Directives. Participation in MHRCs is limited to facilities that meet the licensing and certification requirements of the California Department of Health Services Licensing and Certification Division and the California Department of Mental Health.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for clients who are temporarily (not more than seven (7) days) absent from a facility. All clients at the facility will be provided the services of a duly licensed psychiatrist twice a week. A bed-hold day cannot be in place when the client is in Psychiatric Assessment Center for Treatment (PACT), Psychiatric Health Facility (PHF) or any acute hospital for psychiatric reasons. A bed hold can only be placed for non-psychiatric reasons, e.g. medical hospitalization etc.

In addition to the services listed in "Scope of Work" (Exhibit B), Contractor shall provide the following:

VI. BASIC DAILY RATE SERVICES

Basic Daily Rate services consist of usual and customary MHRC services to mentally disabled adult persons. Basic Daily Rate Services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services and bilingual/bicultural programming.

VII. ENHANCED SERVICES

Enhanced Services consist of specialized program services which augment basic services. Enhanced Services are designed to serve clients who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

The Enhanced Services bed rate or any other charges in addition to the Enhanced Services bed rate may be negotiated for an individual client on an as-needed basis between County's Director, Department of Behavioral Health, or designee, and Contractor. The County's Director, Department of Behavioral Health, or designee must approve these rates before the client is provided any services more intensive than the Basic Services. Approval for such services may be sought using the Special Services Authorization Form (Exhibit E).

VIII. REQUIREMENTS

Contractor shall provide available beds needed for authorized County clients during the term of the Agreement. The County does not guarantee any minimum number of beds.

I. RATES*

Program Services	Rate
Basic Daily Rate (IMD/STP with Medi-Cal)	\$ per client
Enhanced Services (with Medi-Cal)	\$ per client
Bed Hold Rate	\$ per client
Subacute	\$ per client
1:1 Supervision	\$ per hour

Other Services	Rate / Rate Range
Physician/Psychiatric Services ^	\$ Per visit

- * All rates other than the Basic Daily Rate services must be pre-approved by the Director, Department of Behavioral Health, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form (Exhibit D).

The Basic Daily Rate will either be inclusive of all physician/psychiatric services provided to clients such as weekly visits, which may consist of an initial, brief or route psychiatric assessments/visits, and annual evaluation and declarations for LPS conservatorship renewal, or a separate rate (or rate range) shall be established for psychiatric services as stated below.

- ^ Psychiatric services (provided to clients placed by County at Contractor's facilities who are not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but are not limited to, date and location of service, service provided, service duration, name of provider.

REVIEWED AND RECOMMENDED FOR APPROVAL:

By _____
Dawan Utecht, Director
Department of Behavioral Health

CONTRACTOR

By _____

Print Name: _____

Title: _____
Chairman of the Board, or
President, or any Vice President or
Director of Operations

By _____

Print Name: _____

Title: _____
Secretary (of Corporation), or
any Assistant Secretary, or
Chief Financial Officer, or
any Assistant Treasurer/Facility
Administrator

Mailing Address:

Phone: _____

Email: _____

Contact: _____