

REQUEST FOR SOLUTIONS

for the Operation of

MARTIN LUTHER KING JR. MEDICAL CENTER
TO RESTORE INPATIENT AND EMERGENCY SERVICES TO THE RESIDENTS OF THE
SOUTH LOS ANGELES COMMUNITY

REQUESTED BY

HAMMES COMPANY HEALTHCARE
ON BEHALF OF THE COUNTY OF LOS ANGELES, DEPARTMENT OF HEALTH SERVICES

REQUEST FOR SOLUTIONS FOR MLK MEDICAL CENTER

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GENERAL INFORMATION

A. Introduction & Overview

In 1972 the County of Los Angeles established a comprehensive teaching hospital to serve the people of South Los Angeles located on 38.5 acres in Willowbrook, an unincorporated section of Los Angeles County, north of the City of Compton and just south of the Watts neighborhood of Los Angeles. The hospital was named after the Rev. Martin Luther King Jr., and opened to correct the healthcare inequities faced by the disadvantaged and underserved residents of that community. The healthcare needs in south L.A. include emergency and trauma services, inpatient services, primary care, and specialty services, which are in high demand but short supply. Over the years, Martin Luther King Jr.-Harbor Hospital (formerly King-Drew) has struggled to meet the high demands of a community where the population faces critical chronic-disease conditions and is prone to violent injuries. Following loss of accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and repeated citations from the U.S. Centers for Medicare & Medicaid Services (CMS), the hospital was gradually downsized from 537 licensed (461 MEDICAL SURGICAL AND 76 PSYCHIATRIC) beds in 2000 to just 48 operational beds in 2007. The hospital then failed a comprehensive review by CMS, and on August 10, 2007 federal officials decided to revoke \$200 million in funding. As a result of critical staffing shortages at the hospital, the emergency room was closed by 7:00 p.m. that day. Ambulances were diverted to other area hospitals, and the rest of the hospital was closed within two weeks. The hospital's license has been put in suspense.

This "temporary" closure presents a unique opportunity for Los Angeles County officials to completely reevaluate the MLK hospital (which is licensed for 461 MEDICAL SURGICAL beds) and explore viable healthcare alternatives and delivery systems that will revive the hospital, improve its services, and ultimately the health of the community it was created to serve. To that end, the Los Angeles County Department of Health Services (LADHS) has engaged Hammes Company to help facilitate a viable solution from experienced healthcare operators/providers in the private sector and in partnership with LADHS.

B. Objective

The objective of this Request for Solutions (RFS) is for the LADHS to identify a viable solution from a private healthcare operator/provider for Martin Luther King Medical Center (MLK). Possible solutions may include (but are not limited to) a sale, lease, management agreement or any other practical arrangement that will allow MLK to operate at a level that will provide the highest quality healthcare possible for the South Los Angeles community that MLK serves and meets certain minimum threshold service needs.

At a minimum LADHS expects that a successor operator will run a full service acute general hospital with at least a basic emergency department, as that term is defined in State of California regulations. Additional requirements are spelled out later in this document.

C. Solution Submission

Written solutions for MLK are due on or before **5:00p.m. (PST), Monday, November 5th, 2007**, for consideration by the LADHS.

D. Qualifications

The principal firm(s) submitting solutions must have a history of operations and management of healthcare facilities of this size, with similar market dynamics. Solutions from firms not having at least 5 years recent hospital operations and management experience will not be accepted. Each solution shall be of sufficient detail to demonstrate the firm's ability to perform all aspects of managing a healthcare

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facility similar to the former Martin Luther King, Jr. hospital inpatient and emergency department operation.

E. Contact Information

Potential Operators may make written or verbal inquiries concerning this RFS to obtain clarification of requirements. Verbal communications shall not constitute a binding modification to terms and conditions set forth herein. Inquiries should be directed to:

Gary D. Frazier, Project Manager

Hammes Company
10 Plaza Square, Suite B
Orange, California 92866
714.385.1950 Office
714.385.1370 Fax
gfrazier@hammesco.com

All site visits shall be coordinated through the Project Manager.

OPPORTUNITY DESCRIPTION

A. Site & Facilities

MLK is surrounded by a highway network made up of the 110 freeway, 105 freeway, 710 freeway and 91 freeway. For reference, MLK is located only 12 miles from the Los Angeles International Airport (LAX), 13 miles from downtown Los Angeles, 13 miles from the beach (Dockweiler Beach), and 25 miles from Disneyland. The facility is easily accessible by public transportation as it is conveniently located directly across from the intersection where the Blue-line, the Green-line Metro Rails and numerous bus routes meet.

Spread over a 38.5 acre site, MLK is licensed for 461 beds. The MLK facilities are comprised of 1,463,410 square feet of building space entirely located on the Campus. The facilities are diverse, and could be used for a variety of medical modalities. This section will describe how they were used, but an incoming operator may see ways to streamline, consolidate, or reallocate space according to its own strategic objectives.

In general, the MLK grounds and facilities are ready to use and adequately equipped as an acute care facility in that an incoming operator could immediately use the facilities as is, and shift to alternative uses, if desired, over time. Reopening the facility is subject to reinstatement of its license by the California Department of Public Health.

A detailed use description of the 1.4 million square feet of space is outlined in the table that follows. As mentioned above MLK is licensed for 461 beds. Prior to downsizing in 2006 MLK operated at a capacity of 357 beds that were allocated between medical/surgery and critical care. While these were the formal allocations, their uses are flexible and may be change by an incoming operator based on workloads.

Current utilization is as follows (see accompanying worksheet):

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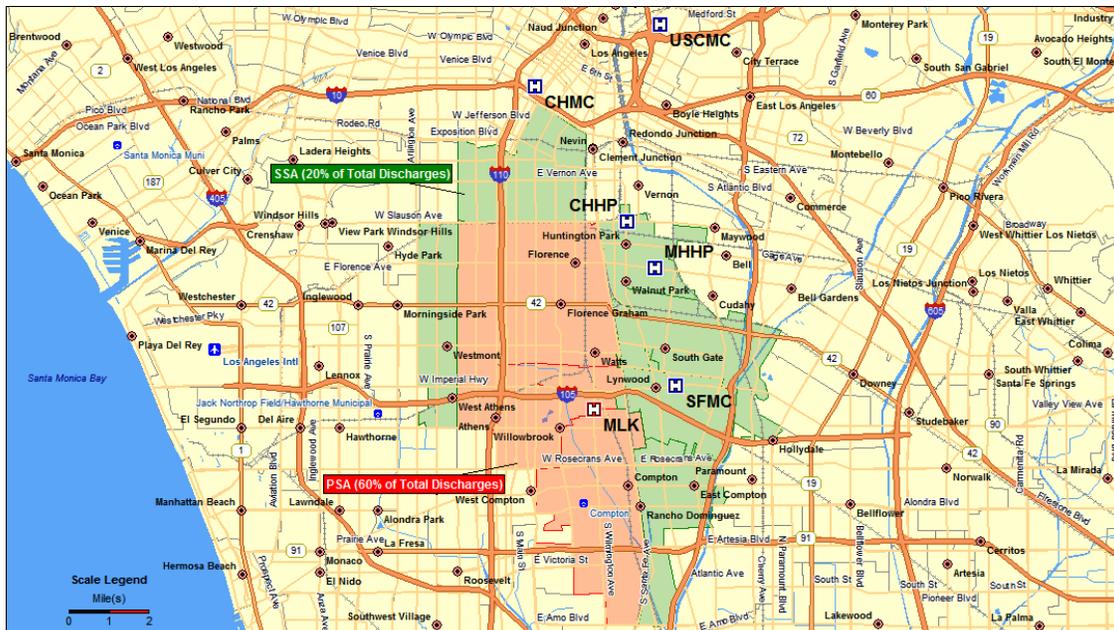
Current Use and Description of Buildings Martin Luther King Jr. Medical Center

Building	Square Feet	Services	Beds	Seismic Compliance
Main Acute Hospital	544,290	Acute Hospital	437	Non-Compliant
Augustus F. Hawkins	225,960	Psychiatric	76	Compliant
Plant Management	16,000	Office/Shops	0	Not Required
Service & Supply (North)	54,800	Human Resources	0	Not Required
Service & Supply (South)	34,200	Warehouse	0	Not Required
Interns Residence	122,600	Dormitory	0	Not Required
Ted Watkins Outpatient Bldg	9,342	Medical Offices	0	Not Required
Trauma Bldg	192,243	ICU	24	Compliant
Multi-level Parking Structure	187,000	Parking	0	Not Required
Peds/Childcare	7,483	Outpatient	0	Not Required
Genesis/Oasis Bldg	11,600	Medical Offices	0	Not Required
Trailer #1 (Eye Clinic)	1,872	Outpatient	0	Not Required
Trailer #6 (Jaron Gammons)	11,220	Outpatient	0	Not Required
E..R. Waiting Area	2,436	Waiting Room	0	Compliant
Central Plant	23,800	Utilities	0	Compliant
Medical Records/Laundry	21,000	Offices/laundry	0	Compliant
Total	1,465,846		537	

B. Market Assessment

Service Area Definition

The service area defined represents approximately 77 percent of the patients served by Martin Luther King Jr. Medical Center. The map below shows both the primary and secondary service areas, followed by a chart that lists the patient origin by discharges.



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Patient Origin Based on Inpatient Discharges 2005

Zip Code	Community	Discharges	% of Total	Cum %
<i>PSA</i>				
90003	Los Angeles	1,063	9.4%	9.4%
90059	Los Angeles	1,034	9.2%	18.6%
90044	Los Angeles	1,029	9.1%	27.7%
90002	Los Angeles	930	8.2%	35.9%
90001	Los Angeles	769	6.8%	42.7%
90220	Compton	584	5.2%	47.9%
90222	Compton	562	5.0%	52.9%
90061	Los Angeles	476	4.2%	57.1%
	<i>PSA Subtotal</i>	<u>6,447</u>	<u>57.1%</u>	
<i>SSA</i>				
90221	Compton	460	4.1%	61.2%
90011	Los Angeles	387	3.4%	64.6%
90262	Lynwood	333	3.0%	67.6%
90255	Huntington Park	268	2.4%	70.0%
90047	Los Angeles	260	2.3%	72.3%
90037	Los Angeles	255	2.3%	74.6%
90280	South Gate	255	2.3%	76.9%
	<i>SSA Subtotal</i>	<u>2,218</u>	<u>19.8%</u>	
Combined Area Total		8,665	76.9%	
All Other		<u>2,618</u>	<u>23.1%</u>	100.0%
TOTAL		<u>11,283</u>	<u>100.0%</u>	

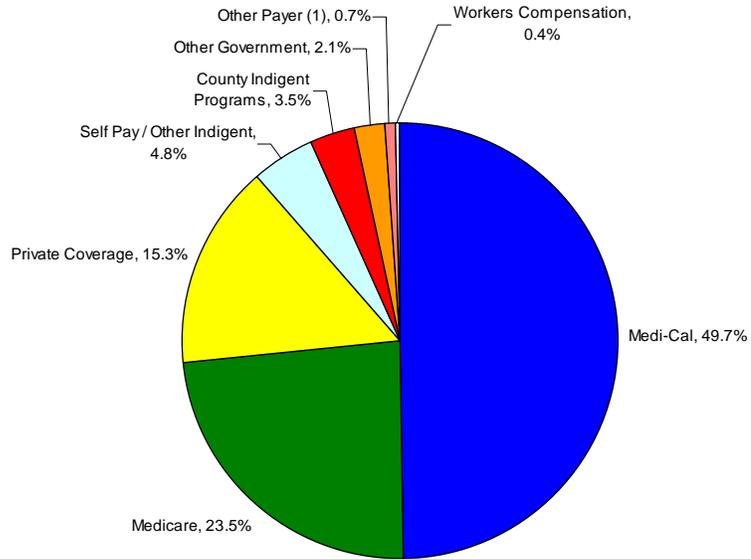
Source: OSHPD 2005

Note: Excludes normal newborns (DRG 391)

Payor Mix

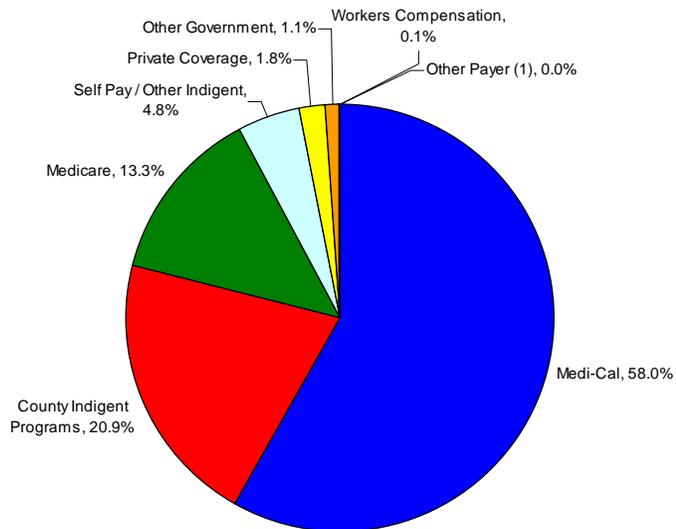
Medicare and Medi-Cal patients, the dominate payors in the service area, receive care at a wide variety of hospitals throughout the community. Now that MLK is not available, former patients are urged to seek care from two sites within the LA County Department of Health Services (LADHS) System, Harbor-UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center. In addition, LADHS has offered to reimburse private hospitals for treating uninsured emergency patients who arrive by ambulance from the immediate area around MLK. On the two next pages a map showing all the hospitals that are within a 12 mile radius of MLK is followed by graphs that illustrate the payor mix for both the service area and MLK respectively. The payor mix charts are based on the OSHPD inpatient discharge data presented in the table above.

Total Combined Service Area (PSA & SSA) Payer Mix Based on 2005 Inpatient Discharges



(1) "Other Payer" includes discharges from the "Not Reported / Reported in Error" category
 Note: Discharges excludes Normal New borns
 Source: 2005 OSHPD

MLK - Combined Service Area (PSA & SSA) Payer Mix Based on 2005 Inpatient Discharges

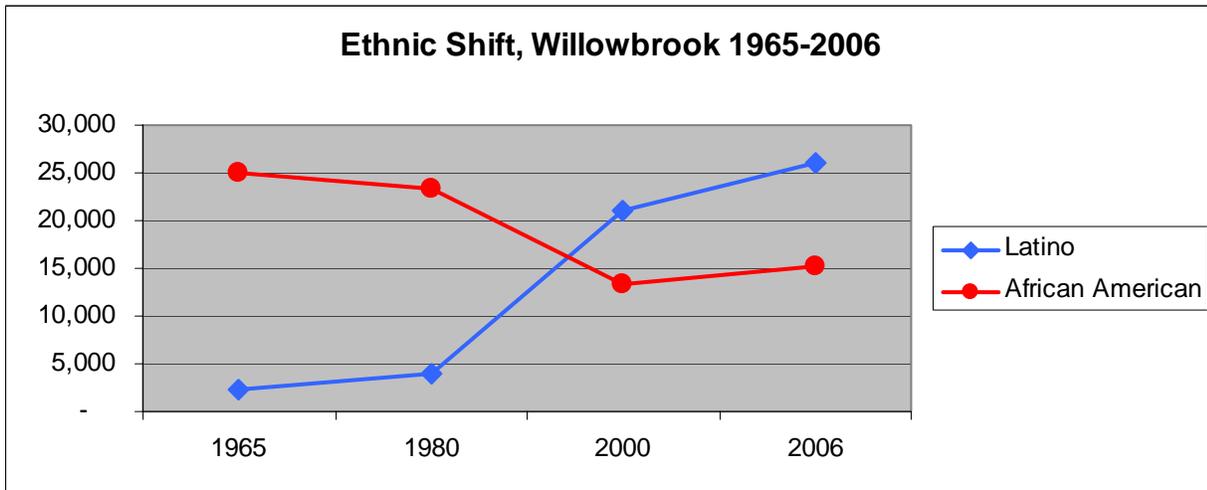


(1) "Other Payer" includes discharges from the "Not Reported / Reported in Error" category
 Note: Discharges excludes Normal New borns
 Source: 2005 OSHPD

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Demographics

The demographics in the area have seen a drastic shift over the last 20 years; going from a historical African American population through the 1980s to largely a Latino population by the mid-1990s. The graph below illustrates the shift over time.



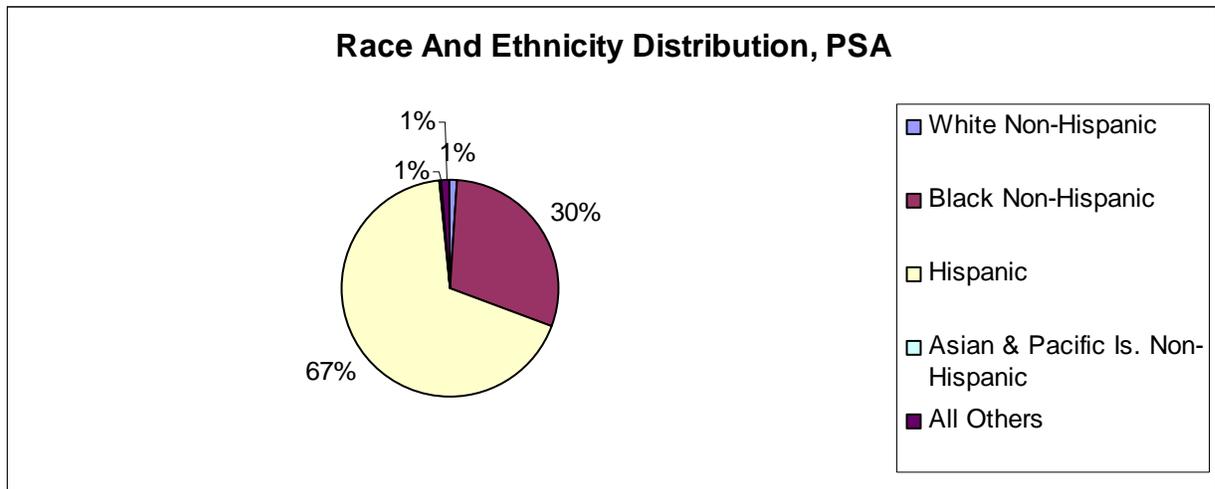
Year	Latino	African American	Total
1965	2,380	25,000	29,900
1980	4,032	23,354	27500
2000	21,118	13,293	40107
2006	26,009	15,268	42356

Race/Ethnicity	2006 Pop
White Non-Hispanic	416
Black Non-Hispanic	15,268
Hispanic	26,009
Asian & Pacific Is. Non-Hispanic	202
All Others	461
Total	42,356

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The graph and statistics on the previous page for Willowbrook illustrate a much broader trend that has taken effect throughout the entire MLK service area as shown in the table and pie chart below which show the most recent race and ethnicity demographic statistics. Demographic changes are important to note because as the demographics change the healthcare needs of the community change also. The age demographics which are illustrated on the following page, show that this is a young community with over 60 percent of its residents under the age of 35. The healthcare needs of this young population made up of young families is very different than if this were an aging community of empty nesters. This cursory market summary is to provide prospective operators a high-level view of what the market looks like from a community need perspective.

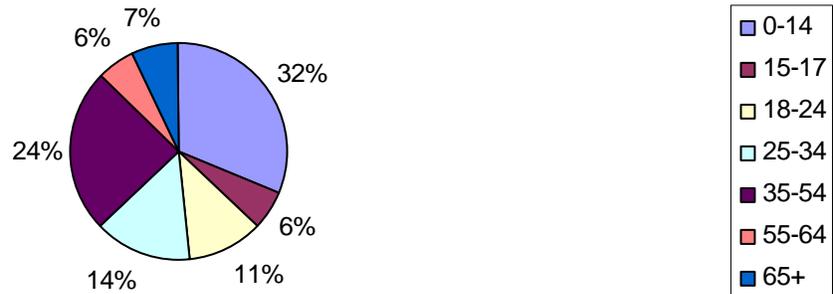
Race/Ethnicity	Race/Ethnicity Distribution		
	2006 Pop	% of Total	USA
White Non-Hispanic	5,084	1.2%	66.4%
Black Non-Hispanic	124,848	29.6%	12.1%
Hispanic	285,290	67.7%	14.5%
Asian & Pacific Is. Non-Hispanic	2,273	0.5%	4.3%
All Others	4,135	1.0%	2.7%
Total	421,630	100.0%	100.0%



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Age Group	Age Distribution				USA 2006
	2006	% of Total	2011	% of Total	% of Total
0-14	132,433	31.4%	136,737	30.2%	20.4%
15-17	23,324	5.5%	24,240	5.3%	4.3%
18-24	48,095	11.4%	50,584	11.2%	10.0%
25-34	60,820	14.4%	61,214	13.5%	13.3%
35-54	102,613	24.3%	115,680	25.5%	29.0%
55-64	25,475	6.0%	32,656	7.2%	10.4%
65+	28,870	6.8%	32,070	7.1%	12.6%
Total	421,630	100.0%	453,181	100.0%	100.0%

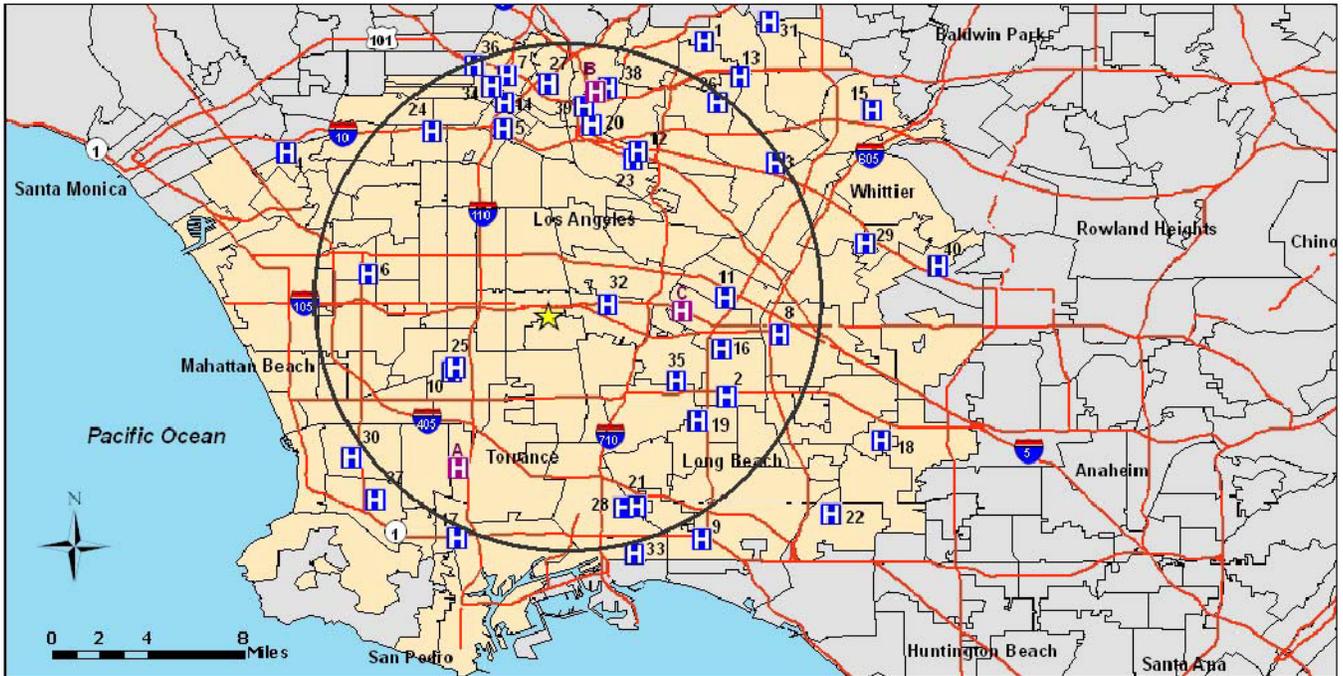
Population Distribution by Age, PSA



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Market Need

The map below shows and lists all of the hospitals within a 12 mile radius of MLK. It is visually evident in the map that there are fewer full service hospitals in the city of Compton, Central Los Angeles and South Los Angeles (which is the area bound by the 110 freeway, Interstate 10, the 710 freeway, and 91 freeway). According to a recent healthcare needs analysis, South Los Angeles needs an estimated 2100 hospital beds, yet the number of beds currently stands at roughly 700.



Area Hospitals	12. East Los Angeles Doctors Hosp	25. Mem Hosp of Gardena	38. USC University Hosp	LA County Martin Luther King Jr / Drew Medical Center
1. Alhambra Hosp Med Ctr	13. Garfield Med Ctr	26. Monterey Park Hosp	39. White Mem Med Ctr	12 Mile ZIP Code Radius
2. Bellflower Med Ctr	14. Good Samaritan Hosp	27. Pacific Alliance Med Ctr	40. Whittier Hosp Med Ctr	12 Mile Radius
3. Beverly Hosp	15. Greater El Monte Comm Hosp	28. Pacific Hosp of Long Beach		
4. Brotman Med Ctr	16. Kaiser - Bellflower	29. Presbyterian Intercomm Hosp		
5. California Hosp Med Ctr	17. Kaiser - Harbor City	30. Providence - Little Comp of Mary	LA County Hospitals	
6. Centinela Freeman Mem Hosp	18. La Palma Intercommunity Hosp	31. San Gabriel Valley Med Ctr	A. LAC-Harbor-UCLA Med Ctr	
7. City of Angels Med Ctr	19. Lakewood Reg Med Ctr	32. St. Francis Med Ctr	B. LAC/USC Med Ctr	
8. Coast Plaza Doctors Hosp	20. Lincoln Hosp Med Ctr	33. St. Mary Med Ctr	C. Rancho LosAmigos Rehab Ctr	
9. Community Hosp Long Beach	21. Long Beach Mem Med Ctr	34. St. Vincent Med Ctr		
10. Community Hosp of Gardena	22. Los Alamitos Med Ctr	35. Suburban Med Ctr		
11. Downey Regional Med Ctr	23. Los Angeles Comm Hosp	36. Temple Comm Hosp		
	24. Los Angeles Metro Med Ctr	37. Torrance Mem Med Ctr		

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C. Deal Points & Key Factors to Note

- ◆ Services for current county-responsible patients:

All solutions must include specific provisions for rendering care to county-responsible indigent individuals, primarily the medically indigent. The level of County compensation for providing such services will be dependent on the structure of the transaction, and will be negotiated as a part of the final agreement.

- ◆ Physician services:

All solutions must include a discussion of how physician services will be provided to county responsible indigent individuals at the reopened facility. Many county responsible individuals do not have access to a personal physician and an acceptable solution must be proposed for assigning patients to physicians who have agreed to treat such individuals.

- ◆ Minimum service requirements:

All solutions must propose providing inpatient and emergency department services on the current site of Martin Luther King, Jr. Hospital. All solutions must include a plan to offer at least a basic emergency department, as that service is defined in State of California licensing requirements. Potential Operators are encouraged to propose solutions that go beyond this minimum level of care.

- ◆ Current reimbursement waivers and DSH payments

MLK currently is highly dependent on MediCal Disproportionate Share (DSH) payments and other special reimbursements available to LADHS hospitals. If the new operator were to decrease its MediCal proportion/volume it could lose substantial reimbursements which would be compounded if the overall cost structure was not adjusted. Furthermore, current rules could require an unfavorable change in payment rates due to the change in ownership type (from public to private).

- ◆ Staffing

MLK was principally staffed by employed individuals whose conditions of employment were defined by union agreements and the requirements of the County civil service system. This affects the hospital's cost structure as well as presented other human resource issues. It is anticipated that most solutions will not require the Potential Operator to either employ former MLK staff or to conform to County civil service rules. All solutions should deal directly with staffing and how the Potential Operator expects to staff the reopened hospital.

The transition to a private successor will likely involve a substantial initial working capital requirement due to the lag in transitioning payors and receiving payments. Meanwhile the expenses of the ongoing operation would be immediate. If working capital support is required, those requirements should be outlined, and will be negotiated as a part of the final agreement.

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- ◆ Other providers of service on the MLK campus:

MLK currently shares its campus with LAC-USC Medical Center, which operates an inpatient psychiatric hospital in the Augustus Hawkins building. The current hospital main building is being utilized by LADHS to provide urgent care and outpatient services. Solutions may or may not propose to take over such care, and may include a solution to provide ancillary and support services to these programs.

RFS SUBMITTAL REQUIREMENTS

A. Format of Solutions

Each Potential Operator shall submit one reproducible original and 9 copies of its Solution on 8-1/2” by 11” pages and foldout pages up to 11” by 17” if required, bound in loose-leaf, three-ring binders with appropriate titles on the front and side panels. Pages should be consecutively numbered. All solutions shall describe the Potential Operator’s ability to perform the required services and the proposed solution in sufficient detail for the LADHS to determine whether it wishes to engage in further discussions about the Potential Operator’s ability to takeover the facility.

B. Required Information for Solutions

All solutions must contain the following basic information:

Professional qualifications of the principal firm and all proposed partners and consultants, including physician groups

1. Professional qualifications
2. Experience in operations and management of healthcare facilities
3. Length of time firm has been in business, including at least 5 years operating hospital organizations

Specialized experience of all management personnel

1. Experience and professional qualifications of key staff
2. Experience in managing medical facilities

Overall Performance Record

1. Listing of hospitals the firm owns and/or operates and length
2. Examples of hospitals similar to MLK (e.g. demographics, size, function) that the firm has direct experience operating or managing

Management Solution/Plan

1. Provide a proposed solution clearly showing a path to reviving MLK with a delivery model that will adequately address the healthcare needs of the people within the primary service area
2. Provide a schedule that illustrates the various phases and overall time period in which your solution will be implemented
3. Provide an estimated cost budget for implementation of the proposed solution and the associated revenue projections
4. Plans that do not include operating an inpatient facility on the grounds of MLK with at least a ‘basic’ emergency department, as that term is defined in State regulation, will not be considered.

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Financial Stability

1. Demonstrate the firms capabilities to operate a full service tertiary hospital
2. Provide an independent rating agency for qualifications (e.g. Standard & Poor's, Moody's, or Fitch)

REVIEW & DISCUSSIONS

A. Review Process

1. Objective

The LADHS is seeking healthcare firms that have in-depth experience and proven success in operating healthcare facilities in urban markets similar to the south Los Angeles community formerly served by MLK. The county and its consultants are using several methods of identifying prospective firms, including this RFS process. As such, this RFS is not intended to be the exclusive means by which to identify and select Potential Operators. In addition to the RFS, the County, either through its consultant or by its own means, intends to contact a number of Potential Operators and discuss their interest. Accordingly, the County intends to develop responses that will be considered concurrently with RFS responses. Each Potential Operator's solution will receive serious consideration and the County anticipates that a group of viable Potential Operators will be developed as a result of this RFS in addition to any other mechanisms that the County, in its sole discretion, elects to use. The County, in its sole discretion, will determine which, if any solution will lead to further discussions and a potential agreement. The County reserves the right to negotiate with more than one Potential Operator or to reject all Potential Operators.

2. Factors for Consideration

Using the Evaluation Factors described in the RFS Submittal Requirements in the previous section and summarized below, LADHS will review all of the Solutions submitted. After the Solutions are received and reviewed, LADHS, at its sole discretion, may ask Potential Operators to clarify and, if necessary, to supplement their Solutions.

- ◆ Professional qualifications of firm and all proposed partners and consultants, including physician groups
- ◆ Specialized experience of all management personnel
- ◆ Overall performance record
- ◆ Management Solution/plan
- ◆ Financial stability

B. Review Process

Upon analysis of the proposed Solutions, LADHS intends to develop a shortlist of Potential Operators with whom it will discuss the future operations of the facility.

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C. Time Schedule of Activities

LADHS reserves the right to change the time schedules described herein.

Issuance of Request for Solutions	Fri, Oct 5, 2007
Receipt of registration of interested firm's intent to submit a Solution	5:00 pm (PST) Mon, Oct 15, 2007
Deadline for submittal of questions and requests for clarification	5:00 pm (PST) Mon, Oct 15, 2007
Site visit and informational meeting #1	Wed, Oct 17, 2007
Site visit and informational meeting #2	Thu, Oct 18, 2007
Hammes Company's response to questions and requests for clarification	Fri, Oct 26, 2007
Deadline for submittal of proposed Solutions	5:00 pm (PST) Mon, Nov 5, 2007
Notification of preferred operators shortlist	Wed, Nov 14, 2007
Operator interviews	Thu, Nov 29, 2007

SUBMITTAL

A. Intent to Submit

Potential Operators are required to register their intent to respond to this RFS by submitting a mandatory Intent to Submit a Solution letter, together with a corporate resolution or appropriate authorization to sign the Intent to Submit letter no later than 5:00 pm (PST) Mon, October 15, 2007. The Intent to Submit letter received by Hammes Company will establish the official list of respondents to this RFS for communication purposes. The Intent to Submit letter may be transmitted by mail delivery, hand delivery, e-mail or fax transmissions to:

Gary D. Frazier, Project Manager

Hammes Company
10 Plaza Square, Suite B
Orange, California 92866
Fax: 714.385.1370
E-mail: Gfrazier@hammesco.com

Potential Operators are required to designate one representative from the proposed Owner/Operator and all team members. The Operator's representative's name and contact information should be provided with the Operator's Intent to Submit letter.

LADHS is only seeking solutions from Potential Operators who are seriously considering this opportunity who will make their best efforts to respond to the RFS, and who have the qualifications and capability to meet the requirements of the RFS.

Operator representatives will be notified in writing of any changes made to this RFS, and to the RFS process.

B. Submittal Date

Solutions submittals must be received no later than 5:00 pm (PST) on Monday, November 5th, 2007. The deadline for submittal may be extended if, in the sole discretion of the LADHS, such extension is warranted.

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C. Submittal Place

Solutions must be bound and sealed in a package reading “RFS Submittal – Martin Luther King Medical Center” and submitted by mail or delivered to:

Gary D. Frazier, Project Manager

Hammes Company
10 Plaza Square, Suite B
Orange, California 92866

Solutions submitted by e-mail or fax alone will not be accepted.

D. Questions & Requests for Clarification

Questions and requests for clarification concerning this RFS must be submitted by the Prospective Operator Representative prior to the dates specified herein. Questions and clarification requests may be verbal or submitted by e-mail or fax. Verbal communications shall not constitute a binding modification to terms and conditions set forth herein.

All communication concerning this RFS process is to be directed solely to:

Gary D. Frazier, Project Manager

Hammes Company
10 Plaza Square, Suite B
Orange, California 92866
714.385.1950 Office
714.385.1370 Fax
Gfrazier@hammesco.com

In the event of a violation of this provision, LADHS reserves the right to reject the proposed Solution of the offending Operator. Only questions and requests for clarification that are submitted in writing will be accepted. In addition, only responses issued in writing by Gary D. Frazier on behalf of LADHS will be binding.

GENERAL CONDITIONS

A. Revisions to RFS

LADHS may modify this RFS, prior to the date fixed for submittal of the solutions, by issuance of an addendum or addenda to all Potential Operators who have submitted a letter of intent. LADHS may extend the deadline for the submittal of solutions for any reason. As provided herein, written questions concerning this RFS may be submitted to LADHS. Responses to questions will be made in writing and provided to all Potential Operators who have responded to this RFS. LADHS may decline to answer any Potential Operator’s inquiries and may choose to combine questions for answer at its discretion.

B. Cancellation of RFS

LADHS may cancel this RFS process, in whole or in part, without cause and at no cost to the County if such action is determined to be in the best interest of the County of Los Angeles and/or LADHS.

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C. Acceptance of Submittals

LADHS reserves the right to waive irregularities in the solutions received pursuant to this RFS or to negotiate with all Potential Operators, in any manner necessary to serve the best interest of the County. Further, LADHS reserves the right to recommend to the County Board of Supervisors that it make a whole award, multiple awards, a partial award, or no award.

D. Incurred Expenses

Any costs incurred by the Potential Operator in preparing and submitting a response to this RFS will be the sole responsibility of the Potential Operator and will not be reimbursed by Hammes Company, the County of Los Angeles or LADHS.

E. Economy of Preparation

Solutions should be prepared simply and economically, providing a straightforward, concise description of the Potential Operator's solution and its ability to meet the goals of the RFS.

F. Confidentiality

To the extent permitted by law, written requests for confidentiality shall be submitted with the proposed Solution. The request must state specifically what elements of the solution are to be considered confidential and/or proprietary. Confidential and proprietary information must be readily identified, marked and separated/packaged from the rest of the submittal. Co-mingling of confidential and proprietary information and other information is unacceptable. Any information that will be included in any resulting agreement cannot be considered confidential.

G. Discrepancies & Clarifications

LADHS reserves the right to request clarification of any aspect of the proposed solution or to request additional information that might be required to analyze the solutions.

H. Ownership of Submittal

Any and all information submitted in response to this RFS will be the property of Los Angeles County Department of Health Services and will not be returned to the Potential Operator.