



# LASSEN COUNTY

## Health and Social Services Agency

- HSS Administration**  
1345 Paul Bunyan Rd, Ste B  
Susanville, CA 96130  
(530) 251-8128
- Housing & Grants**  
1445 Paul Bunyan Rd, Ste B  
Susanville, CA 96130  
(530) 251-8309
- Behavioral Health**  
555 Hospital Lane  
Susanville, CA 96130  
(530) 251-8108/8112
- Public Health**  
1445 Paul Bunyan Road, Ste B  
Susanville, CA 96130  
(530) 251-8183
- Community Social Services**  
1400 Chestnut St, Ste A  
Susanville, CA 96130
- LassenWORKS  
Business & Career Network**  
1616 Chestnut Street  
Susanville, CA 96130  
(530) 251-8152
- Child & Family Services**  
1445 Paul Bunyan Road  
Susanville, CA 96130  
(530) 251-8277
- Adult Services  
Public Guardian**  
720 Richmond Road  
Susanville, CA 96130  
(530) 251-8158
- HSS Fiscal**  
PO Box 1180  
Susanville, CA 96130  
(530)251-2614

# REQUEST FOR PROPOSAL (RFP)

## Therapeutic Foster Home (TFH)

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<b>RFP No.:</b>	<b>HSS-2024-04</b>
<b>RFP Issue Date:</b>	<b>August 1, 2024</b>
<b>RFP Submission Date:</b>	<b>September 13, 2024</b>
<b>Issued By:</b>	<b>HSS Administration</b>

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# REQUEST FOR PROPOSAL

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LASSEN COUNTY, CALIFORNIA



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# REQUEST FOR PROPOSAL

## THERAPEUTIC FOSTER HOME (TFH)

LASSEN COUNTY, CALIFORNIA

<b>RFP No.:</b>	<b>HSS-2024-04</b>
<b>RFP Issue Date:</b>	<b>Thursday, August 1, 2024</b>
<b>RFP Submission Date:</b>	<b>Friday, September 6, 2024</b>

### I. Intent

Lassen County Behavioral Health (LCBH) has issued this Request for Proposals (RFP) for a short-term, intensive, highly coordinated, trauma-informed, and individualized intervention, provided by a Therapeutic Foster Care (TFC) parent to a child or youth who has complex emotional and behavioral needs. TFC is available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit to children and youth, under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria. A child or youth who does not have an open child welfare services case, and is not in foster care or involved in the juvenile probation system, may be considered for TFC, in an approved TFC resource home.

TFC is intended for children and youth who require intensive and frequent mental health support in a family environment. TFC should not be the only Specialty Mental Health Service (SMHS) that a child or youth receives. Children and youth receiving TFC also must receive Intensive Care Coordination (ICC) and other medically necessary SMHS, as set forth in the client plan. Similar to ICC and Intensive Home Base Services (IHBS), there must be a CFT in place to guide and plan TFC service provision.

All interested parties are invited to submit proposals. Each bidder should submit a proposal in accordance with the instructions contained herein. A submitted proposal with requested documentation initiates the evaluation process. Appropriate documentation must be submitted in order to verify each criterion. This RFP is open to the public.

### II. Background Information

Lassen County is located in the northeastern portion of California with a

population of 34,895 (2010 US Census Data). Geographically, it is among the largest counties in California incorporating 4,547 square miles. The county's terrain consists of forest land and high desert plateaus. Susanville is the county seat and the main population center. Susanville is located near the center of Lassen County and approximately 80 miles north of Reno, Nevada. There are other small unincorporated outposts throughout the county. They include Bieber, some 80 miles to the north of Susanville, three small unincorporated towns over 70 miles from Susanville to the northeast, Westwood 22.6 miles to the west and Herlong 40 miles to the south. Major routes leading to Susanville include Highway 395 from the south and Highway 36 from the west and a minor road Highway 139 leads to the Bieber/Big Valley area. Severe winter weather frequently impacts travel on these highways making travel from outlying areas difficult or impossible. Public transportation is available on a limited basis within the Susanville area and transportation services to the outlying areas are generally limited to morning and evening service runs.

The economy of Lassen County is primarily supported by government services, the community hospital and the community junior college. The county hosts two prisons, High Desert State Prison (Population approximately 4,260) and Herlong Federal Prison (Population approximately 1,484) which opened in May of 2005. It should be noted the US Census data incorporates data from the two prison systems which skews Lassen County data (i.e. population, ethnicity, and gender) as it relates to general population services.

Lassen County Behavioral Health is located in Susanville and consists of approximately three tele-health psychiatrists, one clinical supervisor, two analysts, four clinicians, six case managers, two Substance Abuse Counselors, four administrative support staff, two fiscal employees and a director. LCBH provides services to individuals in areas that encompass Lassen County in the State of California.

LCBH is committed to providing the highest quality of health care to all individuals. It is our belief that each individual is unique with varying abilities, needs, and desires. Thus, we strive to work cooperatively with each individual client in a manner that respects personal dignity.

### **III. Statement of Work**

#### **PURPOSE:**

LCBH is seeking proposals for therapeutic foster home to meet the needs of Lassen County youth. The goal of the program is to provide an intensive residential treatment setting for mentally ill adolescents who otherwise would require more restrictive and costly care in a hospital setting. The primary objective is for each youth to be returned to a level of full functioning and competency in the community. It is recognized that this

objective may be an idealized expectation that some youngsters may not be able to achieve.

**SPECIFIC OBJECTIVES:**

1. To significantly reduce and/or eliminate admissions to hospitals from Lassen County.
2. To develop treatment plans for each client in such a way as to delineate the short and long-term treatment and rehabilitation goals; type and frequency of therapeutic service to be provided each child; and the support services required by each individual child.
3. To provide the most appropriate living, treatment and educational setting for youngsters referred to the program.
4. To reduce the gross cost of caring for the youngsters in terms of both State and County funds.

**TARGET POPULATION:**

Persons referred to this program will be from the ages of 12–19 years, who are so emotionally and behaviorally disturbed as to warrant twenty-four-hour psychiatric treatment away from their own homes. This population includes, but is not limited to, chronic psychiatric problems which have disturbed a child's ability to function at his/her intellectual and chronological maturity level and which have been diagnosed as needing treatment over a long period of time for behavior which has resulted in alienation from parents and peers and has been diagnosed as resulting from a specific, serious emotional disorder or psychosis.

**ADMISSION POLICIES:**

1. All referrals to the adolescent residential program must be processed through and approved by Lassen County Behavioral Health Director or his/her designee.
2. A screening committee shall be appointed by the Director and shall include a representative from the county schools and the county's social services agency.

**CLIENT DESCRIPTION**

1. Age Range: 12-19
2. Sex: Male and Female
3. Diagnoses: Affective Disorders (Depression), Pervasive Developmental Disorder (Childhood Schizophrenia), Psychoses, Borderline Personality Syndrome, post-traumatic stress disorder, etc. Also co-occurring disorders.
4. Legal Class: Dependents of the Court, voluntary admissions, conservatees.

5. Impairment: Severely disturbed adolescents requiring an intensive, structured, residential treatment setting to avoid institutional care.
6. Client Mix: Clients will be classified as extended care clients, but also are expected to have frequent acute exacerbations.
7. Length of Stay: The average length of treatment from admission to discharge is 12 months with a few clients staying as long as eighteen months.

**CASE MANAGEMENT:**

The Contractor will be responsible for the management of the pre-discharge planning and the coordination of social services and support needs of the client while the client is in residence in the program. Lassen County will name a case manager to provide liaison between the program and the family, courts and support agencies in the referring community. The county case manager will provide ongoing oversight of the progress of the client and may, as necessary, participate in case conferences at the program site. When notified of a projected discharge date by the program, the case manager shall arrange such transportation, treatment, housing and support services as are deemed necessary to meet the post-discharge need of the client.

**IV. Schedule of Activities**

The County intends to progress in this procurement in a series of orderly steps. The schedule that follows has been developed in order to provide adequate information for bidders to prepare definitive proposals and for the County to fully consider various factors that may affect its decision. This schedule is subject to change at the discretion of the County.

Scheduled Activity	Proposed Date
Release of Request for Proposals	Thursday, August 1, 2024
Bidder’s Conference	Thursday, August 15, 2024, 11:00 a.m. Conference call available
Last day to submit written requests for Technical Assistance	Wednesday, August 21, 2024: 4:00 p.m.
Proposal Submission Deadline and Opening	Friday, September 6, 2024: 4:00 p.m.
Proposal Review and Selection	Monday, September 9, 2024 11:00 a.m.
Post-Review Discussion with Bidders (if necessary)	Wednesday, September 11, 2024 10:00 a.m.
Notification of Selection	Friday, September 13, 2024 12:00 p.m.
Board of Supervisors Approval of Award and Contract	To be determined
Approximate Contract Start Date	To be determined

**A. Bidders' Conferences:**

First Bidders' Conference:

Thursday, August 15, 2024 11:00 a.m.  
Lassen County Behavioral Health  
555 Hospital Lane  
Susanville, CA

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1612954580?pwd=rU87Bvb8fKSZbb8wN29LLThuCxLd33.1>

Meeting ID: 161 295 4580

Passcode: 118725

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One tap mobile

+16692545252,,1612954580#,,,,\*118725# US (San Jose)  
+14154494000,,1612954580#,,,,\*118725# US (US Spanish Line)

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Dial by your location

- +1 669 254 5252 US (San Jose)
- +1 415 449 4000 US (US Spanish Line)
- +1 669 216 1590 US (San Jose)
- +1 646 828 7666 US (New York)
- +1 646 964 1167 US (US Spanish Line)
- +1 551 285 1373 US (New Jersey)
- 833 568 8864 US Toll-free

Meeting ID: 161 295 4580

Passcode: 118725

Find your local number: <https://www.zoomgov.com/u/aeltlxjqJ9>

A written record of questions asked at the Bidders' Conferences with responses by designated County staff will be provided to RFP recipients within five (5) working days of the Bidders' Conferences. Attendance at the Bidders' Conferences is strongly recommended.

**B. Written Requests for Technical Assistance:**

Requests for technical assistance must be submitted in writing by 4:00 p.m. Wednesday August 21, 2024 via U.S. Postal Service, email, or fax to:

Lassen County Behavioral Health  
Attn: Lori Griffith  
555 Hospital Lane  
Susanville, CA 96130  
[lgriffith@co.lassen.ca.us](mailto:lgriffith@co.lassen.ca.us)  
Fax: 530-251-8394

Responders are encouraged to not wait until the last minute to seek technical assistance.

The questions submitted after the Bidders' Conferences and answers will be provided by the County in writing to all RFP recipients within five (5) days of the **Thursday, August 15, 2024**. Such questions and answers issued by the County shall be sent via email, fax, and/or first class U.S. Postal Service to the last known business address of each individual or organization that received this RFP.

Questions or requests for technical assistance submitted after the deadline will not be answered.

The County requires that other county management and employees *not* be contacted by bidders during the RFP process. Failure to comply with this requirement may disqualify those proposals from further consideration. Contact is limited to the County RFP Representative listed above for any and all inquiries.

**C. Proposal Opening:**

Proposals will be opened publicly at the Lassen County Behavioral Health office **Friday, September 6, 2024 4:00 p.m.** The only information disclosed at the opening will be the identity of the bidders.

**D. Post-Review Discussion with Bidders:**

Before making a final determination, bidders who submit proposals determined to be reasonably likely to be selected *may* be asked to meet with the evaluation committee to discuss and clarify elements of their proposal to ensure full understanding of the proposal and responsiveness to the RFP.

During such discussions, the County will not disclose rating information concerning competing bidders.



## V. Format of Proposal and Content

Proposals submitted in response to this RFP must be prepared as and include the elements indicated below:

**Format:** Printed in 12-point Ariel font, paginated, and submitted with pages clipped together, *not* stapled or bound in a folder or notebook.

**Proposal Summary (Exhibit A):** Providing a clear and concise summary of the proposal, contact information, certifications, and signature.

**Completed Proposal Checklist/Table of Contents (Exhibit B):** Completed as indicated.

Each proposal response must include the following items:

a. Title Page - Title page must show the RFP subject; the vendor's name; the name, address, and telephone number of a contact person; and the date of the proposal.

b. Company Background: The vendor will provide a brief one-page company description, history, number of employees, summary of financial status and number of customer implementations vendor currently supports.

c. Executive Background: The vendor will describe in non-technical terms its electronic health record system, identifying any unique or distinctive features of the system in which the vendor wishes to bring particular attention. Do NOT include pricing in this section. Responses are limited to one page.

d. Transmittal Letter - Submit a signed letter briefly addressing your understanding of the work to be done, the commitment to do the work detailed within this RFP and a statement explaining why the vendor believes itself to be best qualified to do the required work.

e. Vendor Representative - Include the name and title of the designated individual(s), along with respective telephone number(s) and email addresses, who will be responsible for answering technical and contractual questions regarding the proposal.

## VI. Vendor Profile & Technical

### Therapeutic Foster Care Agency Requirements.

Please address each question listed below.

- 1. Please describe your agency (include organization chart) and the Licensed Mental Health Professional (LMHP) or a Waivered or Registered Mental Health Professional (WRMP). Please attach a resume and copy of board of behavioral health license of your licensed waived staff.**

The Therapeutic Foster Care Agency is responsible for ensuring that the TFC parent meets both Resource Family Approval (RFA) program standards and the required qualifications as a TFC parent. The TFC parent will work under the supervision of the TFC Agency, and under the direction of a Licensed Mental Health Professional (LMHP) or a Waivered or Registered Mental Health Professional (WRMP) employed by the TFC agency. The LMHP/WRMP will provide direction to the TFC parent, and ensure the TFC parent follows the client plan.

The TFC Agency's LMHP/WRMP assumes ultimate responsibility for directing the interventions provided by the TFC parent, and ensuring that the TFC parent follows the client plan.

- 2. Please describe how your agency will recruit THC parents? Also describe how your agency will address each bullet listed below.**

The TFC Agency will provide oversight of a network of TFC parents. The TFC Agency activities include:

- Recruiting, approving (unless already approved by the county), and annually re-approving TFC parents, following the RFA process, as well as Medi-Cal SMHS requirements as a TFC parent who has the ability to meet the diverse therapeutic needs of the child or youth;
- Providing, at a minimum, 40-hours of required training for the TFC parent, prior to the TFC parent providing TFC;
- Actively participating in the CFT to identify supports for the child/youth and family, including linking the child or youth with a TFC parent who can best meet the child's or youth's individual needs;
- Integrating the TFC parent and appropriate staff into the existing CFT;
- Providing competency-based training to the TFC parent, both initially and ongoing;
- Providing ongoing supervision and intensive support to the TFC parent;
- Monitoring the child's/youth's progress in meeting client plan goals related to TFC;

- Maintaining documentation (progress notes) related to interventions used by the TFC parent to assist the child/youth in meeting the child's/youth's client plan goals;
- Providing Medi-Cal-related reports to the MHP or designee, as required;
- Providing other supports to the TFC parent and child or youth (i.e. parent partner and/or youth mentor); and
- As it relates to the care of the individual child/youth, the TFC Agency is responsible for the following:
  - Collaborating and coordinating with the ICC coordinator and the CFT in the development and implementation of the client plan;
  - Assessing the child's/youth's progress in meeting client plan goals related to the provision of TFC, and communicating progress through the CFT; and
  - Incorporating evidence-informed practices in the training of TFC parents and the treatment of the child or youth.
- The TFC Agency also may be responsible for providing other non-TFC, medically necessary SMHS, if included in its contract with the MHP

**3. Please attach California FFA license and describe how the TFC parent complies with all basic foster care/resource requirements. Please address each item listed below.**

- A TFC Agency may be a Foster Family Agency (FFA). If so, the FFA will need to be a California licensed FFA that meets licensure and accreditation requirements, established by the California Department of Social Services (CDSS), to approve foster homes and accept children and youth for placement from county placing agencies.
- The FFA also must meet applicable Medi-Cal SMHS provider requirements, and be certified by the county Mental Health Plan (MHP) as a Medi-Cal provider. Additionally, the FFA must have a contract with the MHP to provide SMHS as a TFC Agency.
- To qualify as a Medi-Cal provider, the TFC parent must be approved as a TFC provider, and as a resource parent by the TFC Agency.
- The TFC parent must meet and comply with all basic foster care or resource parent requirements, as set forth in California Code of Regulations (CCR) Title 22, Division 6, Chapter 9.5 and Welfare and Institutions (W&I) Code 16519.5; and the Written Directives issued by CDSS to administer the Resource Family Approval (RFA) program operated by counties. Every TFC parent will be required to meet RFA standards.

- The TFC parent must meet and comply with the following requirements related to his/her role as a TFC parent(s):
  - The TFC parent must be at least 21 years old and must meet California's Medicaid rehabilitation provider qualifications for "other qualified provider" (i.e., has a high school diploma or equivalent degree).
  - The TFC parent must meet provider qualifications and other requirements regarding certification, oversight, etc., as established by the county MHP. The process for a resource parent to become a TFC parent will be determined by the TFC Agency, in accordance with its contract with the MHP.
- The TFC parent, including a relative caregiver, must be a resource family. Any additional processes regarding background checks and screenings will be determined by the MHP.
- The TFC parent must have forty (40) hours of initial TFC parent training provided by the TFC Agency, which must be completed prior to the parent being eligible to provide services as a TFC parent. An outline and agenda of the 40-hour training shall be provided to, and approved by, the MHP as a part of the contract.
  - Introduction to TFC services and the TFC parent role in mental health treatment planning;
  - Working with children who have been abused, neglected and/or delinquent;
  - Trauma-informed care;
  - Developmental stages and age appropriate interventions;
  - Prevention of aggressive behavior and de-escalation techniques;
  - Positive behavioral reinforcement techniques;
  - Behavior management techniques;
  - Introduction to individualized mental health treatment of children;
  - Effective communication and relationship building techniques;
  - Understanding and monitoring medications;
  - Crisis management/de-escalation techniques that do not require physical intervention;
  - Cultural competence and culturally responsive services;
  - Client sensitivity training [including stories and content developed and delivered by peer roles (e.g. foster parents, former foster youth, bio parents, etc.)];
  - Training around stress and wellbeing/self-care;
  - Involvement and role in the Child and Family Team (CFT);
  - Progress note training/medical necessity criteria;
  - Health Insurance Portability and Accountability Act (HIPAA); and
  - Access to other medically-necessary Specialty Mental Health Services (SMHS).

- The TFC parent must complete twenty-four (24) hours of annual, ongoing training, provided by the TFC Agency, related to providing TFC. This ongoing, annual training includes an emphasis on skill development and application and SMHS knowledge acquisition, and can be provided in a variety of formats (videos, readings, internet training, and webinars).
- The TFC parent also will need to have a National Provider Identifier (NPI) number.
- The home of the TFC parent will **NOT** need to have Medi-Cal certification.

TFC consists of one or more of the following: plan development, rehabilitation, and collateral. TFC parents will work ***under the direction of*** an LMHP or a WRMHP, who will give direction to the TFC parent regarding the interventions that the TFC parent will provide to the child/youth, as identified in that child's/youth's client plan.

The LMHP/WRMHP is required to meet with the TFC parent, face-to-face, in the TFC parent's home, a minimum of one (1) hour per week. In addition to monitoring the interventions provided by the TFC parent, the LMHP/WRMHP will review and co-sign daily progress notes, ensuring that each progress note meets Medi-Cal SMHS and contractual requirements.

## VII. Format of Budget Template and Narrative

The Budget Template and Narrative (Exhibit C) should briefly describe each of the following components: Personnel, Contracted Services, Office Expenses, Travel/Training, and Other. The Budget Narrative may not exceed one (1) page and is not included in the seven (7) page limit for the Program Narrative.

All Proposes must identify the items listed below:

- a. Proposed services must clearly identify set-up and implementation fees separate from on-going monthly subscription fees.
- b. Proposal must separately identify necessary third-party licensing fees.
- c. Proposal must clearly identify all expected hardware costs.
- d. Proposal must clearly identify the guaranteed time period for all proposed fees and subscriptions and the circumstances under which the vendor may increase fees.

e. Pricing should include all costs related to the system, required hardware, and conversion of existing data, installation, training, and final implementation.

f. The proposal must also describe applicable fees (subscription or otherwise) applicable at the time of termination of vendor's services and the steps you would take to facilitate an orderly transfer of system data and services to a successor service provider.

### **VIII. Proposal Submission Guidelines**

Bidders must submit five (5) copies of their proposal including one (1) with an original signature. The proposal must be formatted in accordance with the instructions of this RFP. Promotional materials may be attached, but are not necessary and will not be considered as meeting any of the requirements of this RFP.

Proposals must be enclosed in a sealed envelope or package, clearly marked "Lassen County RFP No. HSS-2024-04 – Therapeutic Foster Home" and delivered by Friday, September 6, 2024: 4:00 p.m.

Lassen County Behavioral Health  
Lassen County RFP No. HSS-2024-04  
Attn: Lori Griffith  
555 Hospital Lane  
Susanville, CA 96130

Late or electronically submitted proposals, including those submitted via facsimile, will be disqualified and not considered by the evaluation committee.

Expenses incurred in preparation of the proposal, attendance at bidders' conferences, or any other actions related to responding to this RFP shall be the responsibility of the responder.

All proposals, response inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, displays, schedules, exhibits, and other documentation submitted by the respondent shall become the property of the County.

### **IX. Modification or Withdrawal of Proposals**

Revisions of proposals will not be permitted after the deadline for submission of proposals except as provided by Lassen County. Permission to make any revisions must be sought from Lassen County in writing. If Lassen County

initiates a revision, it will do so in writing.

## **X. Selection Process**

The County reserves the sole right to judge the contents of proposals. The selection process will be governed by the following criteria:

- The proposals must adhere to the instructions and format specified in this RFP.
- The evaluation will include a review of all documents and information relating to the respondent's services, organizational structure, capabilities, qualifications, past performance, and costs.
- Respondents may be required to make an oral presentation to the evaluation panel before the final selection is made.
- The County may evaluate any information from any source it deems relevant to the evaluation.

## **XI. Selection Criteria**

The selection of a proposal and contract award will be based on the criteria contained in this RFP and as demonstrated in the submitted proposal. Respondents should submit information sufficient for the County to easily evaluate proposals with respect to the selection criteria. The absence of required information may cause the proposal to be deemed non-responsive and may be cause for rejection.

## **XII. Proposal Review and Evaluation Process**

All proposals will be reviewed for completeness as described above in Section VII Proposal Submission Guidelines. Only those proposals deemed to be complete will be submitted to the evaluation panel.

## **XIII. Eligible Respondents**

An organization is not considered eligible to apply unless the respondent meets the eligibility conditions to the stated criteria listed at the time the proposal is submitted.

Eligible respondents include public or private non-profit 501(c)(3) entities. All respondents must comply with the criteria listed below under this RFP.

1. Respondent must be established as an appropriate legal entity as described in the paragraph above, under state statutes, and must have the authority and be in good standing to do business in California and to conduct the activities described in the RFP.

2. Respondent must be in good standing with the U.S. Internal Revenue Service.

3. Respondent may not be eligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the contractor, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by LCBH.

#### **XIV. Suspension and Debarment**

To be eligible to submit a proposal, a bidder must not be listed as an ineligible person on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals/Entities from federal programs or the California Department of Health Care Services Suspended and Ineligible Provider List for Medi-Cal program services. The Office of Inspector General defines an ineligible person as any individual or entity that is currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs. They are also defined as any individual or entity that has been convicted of a criminal offense related to the provision of health care items/services and who has not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility. The California Department of Health Care Services defines a suspended individual or entity as those that have: (1) been convicted of a felony or misdemeanor involving fraud, abuse of a Medi-Cal program or any patient, or otherwise substantially related to the qualification, functions, or duties of a provider of services, (2) been suspended from the federal Medicare or Medicaid programs for any reason, (3) lost or surrendered a license, certificate, or approval to provide health care, or (3) breached a contractual agreement with the California Department of Health Care Services that explicitly specifies inclusion on their Suspended and Ineligible Provider List as a consequence of the breach. LCBH will not review a proposal submitted by an individual or entity on either list.

LCBH plans to use the following links to identify individuals and entities that are not eligible to contract with LCBH: <http://exclusions.oig.hhs.gov/> and <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>. Each respondent should verify that it is not on either list prior to submitting a proposal. If a respondent is erroneously listed on either sanction list, they will be responsible for correcting the error prior to the submittal of their proposal.

LCBH requires that all potential contract entities self-disclose any pending charges or convictions against them or any individual with their organization for violations of criminal law, any sanctions, and any disciplinary actions by any federal or state law enforcement agency, regulatory agency, or licensing agency (including exclusion from Medicare and Medicaid programs).



If a contractor and/or individual within the contractor's organization become an ineligible person after LCBH has executed a contract with the entity/individual, the contractor/individual shall be removed from any responsibility and involvement with the LCBH contracted obligations that are related to federal or state health care programs/funding.

**A. Evaluation**

Proposals will be evaluated on seven (7) elements totaling 200 points. Must have a score of 150 to qualify.

<b>Proposal Element</b>	<b>Maximum Point Value</b>
Format proposal and content. Does the THC proposal have all the basic elements outlined in V and VI	80
Qualifications and characteristics of vendor	30
Capacity for internal quality assurance and improvement procedures to monitor and improve quality of services provided, documentation, record keeping, billing, etc.	30
Demonstration of collaboration, innovation, and creativity.	30
Quality of implementation plan and corresponding timeline.	30
<b>TOTAL</b>	<b>200</b>

**XV. Award Process**

1. Each apparently qualified proposal will be evaluated by a panel consisting of no less than three or greater than five members. Respondents may be asked to make a presentation to the Evaluation Committee regarding their qualifications and/or proposal.
2. The award of a contract will be based on the quality of proposal and the ability to meet the County’s needs. The County may select to award a single county-wide contract or multiple contracts for specific areas, depending upon the evaluation of the proposals.
3. Each respondent will be notified in writing or by email of the decision regarding its proposal.
4. The successful respondent(s) and the County will enter into contract negotiations.
5. Negotiated contract(s) will be submitted to the Lassen County Board of Supervisors for final approval and award.

It is anticipated that delivery of services under the contract will begin (To be Determined). All RFP materials may be made public upon request.

**XVI. Cancellation**

Lassen County reserves the right to reject any or all proposals received as a result of this request, to negotiate with any qualified individual/organization, or to modify or cancel in part or in its entirety the RFP if it is in the best interests of the County to do so.

**XVII. Appeal**

Respondents will have ten (10) working days after notification of non-award to file an appeal. The appeal must be made in writing and specifically state the grounds for the appeal. Letters of Appeal should be directed to:

Lassen County Health & Social Services  
1345 Paul Bunyan Rd, Suite B  
Susanville, CA 96130  
Attn: Hannah Singletary, Contracts Coordinator

**XVIII. List of Exhibits**

Exhibit A - Proposal Summary and Statement of Responsibility (Signature Page)  
Exhibit B - Proposal Checklist/Table of Contents  
Exhibit C - Budget Template

**EXHIBIT A  
PROPOSAL SUMMARY AND STATEMENT OF RESPONSIBILITY (SIGNATURE PAGE)**

County of Lassen  
Health and Social Services

RFP No. HSS-2024-04  
Therapeutic Foster Home

<b>RFP No.:</b>	<b>HSS-2024-04</b>
<b>RFP Issue Date:</b>	<b>August 1, 2024</b>
<b>RFP Submission Deadline:</b>	<b>September 6, 2024</b>

Proposals must be enclosed in a sealed envelope or package, clearly marked "Lassen County RFP No. HSS-2024-04 – Therapeutic Foster Home" and delivered by **4:00 p.m. (Pacific Daylight Time), Friday, September 6, 2024**, to: Lassen County Behavioral Health RFP No. HSS-2024-04; Attn: Lori Griffith, 555 Hospital Lane, Susanville, CA 96130.

**Questions regarding this RFP should be directed to:**

Lori Griffith  
(530) 251-8108  
[lgriffith@co.lassen.ca.us](mailto:lgriffith@co.lassen.ca.us)

**This Proposal Summary and Statement of Responsibility (Signature Page) must be included with your submittal in order to validate your proposal. Proposals submitted without this page will be deemed non-responsive.**

**Firm Authorized Representative**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_ Email: \_\_\_\_\_

**RFP Contact Information (if different then above)**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certifications:**

1. Do you certify that all statements in the proposal are true? This shall constitute a warranty, the falsity of which shall entitle the County to pursue any remedy authorized by law, and shall include the right, at the option of the County, of declaring any contract made as a result thereof to be void.

YES       NO

2. Do you agree to provide the County with any other information the County determines is necessary for accurate determination of your qualifications to provide services?

YES       NO

To the best of my knowledge and belief, the information provided in this initial determination of responsibilities is true and correct.

Authorized Representative: _____ (Printed Name)
Signature: _____
Date: _____

**EXHIBIT B  
PROPOSAL CHECKLIST/TABLE OF CONTENTS**

This proposal checklist identifies the various components that must be submitted with your proposal. This form is to be completed and included in the proposal and must be located directly behind Exhibit A.

Follow this sequence in presenting your proposal with the checklist serving as your table of contents.

<b>Proposal Check List/Table of Contents</b>	<b>Page No.</b>
Proposal Summary and Statement of Responsibility (Signature Page), signed by authorized representative (Exhibit A)	
Proposal Check List/Table of Contents (Exhibit B)	
Program Narrative	
Individual/Organization Capacity (including résumés)	
Letters of Support (Not necessary for proposal but encouraged)	
Budget Template and Narrative (Exhibit C)	

**EXHIBIT C  
BUDGET TEMPLATE AND NARRATIVE**

Applicant

Detail Budget

Category Item/Service	Quantity (Year 1)	Cost (Year 1)
Personnel		
Contractual Services		
Office Expenses		
Travel & Training		
Other		
Total		