



LASSEN COUNTY

Health and Social Services Agency

- ☒ **HSS Administration**
336 Alexander Avenue
Susanville, CA 96130
(530) 251-8128
- ☐ **Grant and Loans Division**
336 Alexander Avenue
Susanville, CA 96130
(530) 251-2683
- ☐ **Behavioral Health**
555 Hospital Lane
Susanville, CA 96130
(530) 251-8108/8112

Chestnut Annex
1400-A & B Chestnut Street
Susanville, CA 96130
(530) 251-8112
- ☐ **Patients' Rights Advocate**
720 Richmond Road
Susanville, CA 96130
(530) 251-8322
- ☐ **Public Health**
1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-8183
- ☐ **Environmental Health**
1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-8183
- ☐ **Community Social Services**
PO Box 1359
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)

Electronic Health Record System (EHR)

RFP No.:	HSS-2019-04
RFP Issue Date:	December 17, 2019
RFP Submission Date:	January 31, 2020
Issued By:	HSS Administration

REQUEST FOR PROPOSAL

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LASSEN COUNTY, CALIFORNIA

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REQUEST FOR PROPOSAL

ELECTRONIC HEALTH RECORD SYSTEM (EHR)

LASSEN COUNTY, CALIFORNIA

RFP No.:	HSS-2019-04
RFP Issue Date:	December 17, 2019
RFP Submission Date:	January 31, 2020

I. Intent

The Health and Social Services has issued this Request for Proposals (RFP) for the provision of Behavioral Health Electronic Health Record and Utilization Management System that meets the requirements outlined in this RFP. 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 three prisons, High Desert State Prison (Population approximately 4,260), California Correctional Center (Population approximately 5,395) 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 three 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 has two clinics in Susanville (adults and youth services) and three satellite one stop clinics in Fort Sage (Herlong), Big Valley, and Westwood. LCBH staff consists of approximately three tele-health psychiatrists, one clinical supervisor, one analyst, four clinicians, eleven case managers, three Substance Abuse Counselors, five administrative support staff, three fiscal supervisors and a director all of whom are expected to use the new EHR product. LCBH provides services to individuals in areas that encompass Lassen County in the State of California. LCBH currently contracts out for residential, hospital, and after hour crisis services. Both Susanville clinic hours are as follows Monday – Friday 8:00AM to 5:00PM excluding holidays.

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

LCBH is seeking proposals for the implementation and on-going maintenance of a new electronic health record system (EHR). LCBH is seeking a completed product and does not wish to review any demo or beta products. LCBH is seeking to develop a long-term relationship with a technology vendor that provides state of the art electronic information services that support clinical documentation, patient scheduling, revenue cycle management, and person-centered recovery and care coordination.

LCBH seeks a completed fully web based product that facilitates effective, thorough and efficient care delivery and coordination through an electronic information system for approximately 40 users. Additionally, we are seeking a relationship with a vendor that will support our current electronic needs, as well as be capable of supporting the growth and development of our Department, and state and federal data element requirements. LCBH desires a partnership with a vendor that is able to meet the challenges of continual changes to health care in California and the United States. LCBH wants to ensure that the EHR can dynamically support changing needs, and that the partner company will similarly be able to support our growth through strong customer service and support.

LCBH is expecting a comprehensive proposal from applicants that meets all requirements detailed in this RFP. LCBH understands that a comprehensive solution that meets all the technical and business needs stipulated in the RFP may require collaboration between more than one vendor, and will therefore, accept proposals that demonstrate a successful partnership between such vendors. It must be noted, however, that irrespective of the sub-contracting or partnership arrangement, LCBH requires one lead vendor to present the proposal and to bear all responsibility for the outcomes described in this initiative.

LCBH must maintain current levels of functionality throughout the transition, with no disruption to existing systems, data collection, billing or other functions. Therefore, LCBH desires a migration plan that will allow individual parts of the current system such as the functions listed above to be functional simultaneously until fully replaced in the new product.

LCBH currently uses the ECHO Clinician Desktop and Share Care product for its electronic health record system for behavioral health.

These are the items LCBH is looking for regarding an EHR:

Front Office

- Eligibility Verification
- Scheduling
- Scanning
- Demographic data management
- Client portal

Back Office

- Integrated Billing
- Authorization Management/Utilization Management
- Records/Release Management

Clinical

- e-Prescribing,
- ICD-9/ICD-10
- Behavioral Health Documentation Requirements

Provider Management

- Provider Portal
- Authorization Management/Utilization Management
- Claims Processing
- Contract/Licensing/Credentialing

State Requirements – All vendors are expected to be able to meet and comply with all state requirements

- Meaningful Use Certified

- California State Reporting and Title 9 and Title 22 Requirements (it is the responsibility of the vendor to make sure the product remains current and up to date with the regulations in all new State/Federal Mandates and informational notices)
- State/Local data integration Must meet payer requirements and changes

Data Reporting/Exporting

- Internal reports for clinical and productivity purposes
- Custom reporting capabilities
- Full local data exporting

Data Migration

- Data source Microsoft SQL Server

Proposed Go Live Date: 07-01-2020

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	Tuesday, December 17, 2019
First Bidder's Conference	Monday, January 6, 2020, 1:00 p.m. – 2:00 p.m. Conference call available
Second Bidder's Conference	Wednesday, January 15, 2020, 10:00 a.m. – 11:00 a.m. Conference call available
Last day to submit written requests for Technical Assistance	Friday, January 24, 2020, 4:30 p.m.
Proposal Submission Deadline and Opening	Friday January 31, 2020, 4:30 p.m.
Proposal Review and Selection	Week of February 3, 2020
Post-Review Discussion with Bidders (if necessary)	Week of February 3, 2020
Notification of Selection	Week of February 10, 2020
Board of Supervisors Approval of Award and Contract	Tuesday, February 25, 2020 (approximately)
Approximate Contract Start Date	July 1, 2020

A. Bidders' Conferences:

First Bidders' Conference:

Monday, January 06, 2020, 1:00 p.m. – 2:00 p.m.
Lassen County Health & Social Services Agency
336 Alexander Avenue
Susanville, CA

Conference call: (712) 451-0768
Access Code: 892552

Second Bidders' Conference:

Wednesday, January 15, 2020, 10:00 a.m. – 11:00 a.m.
Lassen County Health & Social Services Agency
336 Alexander Avenue
Susanville, CA

Conference call: (712) 451-0768
Access Code: 892552

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 4:30 p.m. January 24, 2020 via U.S. Postal Service, email, or fax to:

Lassen County Health & Social Services Agency
Attn: Holly Mackenzie
555 Hospital Ln
Susanville, CA 96130
hmackenzie@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 January 24, 2020 deadline. 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 at 4:30 p.m. on Friday, January 31, 2020. 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. Bidders may be asked to provide a demonstration of their product.

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

Please provide a brief description of how your product meets the following criteria.

Product Information and Meaningful Use

1. Single Database for scheduling, billing, and Electronic Health Record (EHR)?
2. Is it a Client Server, or Hosted model?
3. Does product include a patient portal?
4. Was the product (or any of its significant functionality) acquired from another company?
5. Are additional or multiple modules required to meet Meaningful Use/Promoting Interoperability Program guidelines?
6. Will the product continue to meet Meaningful Use/Promoting Interoperability through 2019/2020 without significant changes?
7. Will there ever be a charge to copy, move, or retrieve patient data from the product should a customer decide to change vendors or a provider leave the customer?
8. Do you have a guarantee the product will meet the current standards and future standards (e-prescribing of controlled substances, etc.)? Are there additional costs associated with these?
9. What is the date Meaningful Use Stage 3 certification was achieved?

Additional Information

10. Is a demo version of the final completed product available to test prior to purchasing?
11. Onsite implementation or remote?

12. Has your company acquired, been acquired, merged with other organizations, or had any "change in control" events within the last five (5) years?
13. Is your company planning to acquire, be acquired, merge with other organizations, or have any "change in control" events within the next five (5) years?

Security and Security Features

14. Does the product meet all Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), and other security requirements?
15. Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings?
16. Does the product provide different levels of security based on type of patient (Employee vs. Patient)?
17. Is there a security audit process within the product?
18. Are there any remote tools you offer the provider to access patient data (e.g. Smartphones/Tablets/ iPhone)?
19. Can mobile devices/data be secured if the provider loses their device or a breach is suspected?
20. Describe the product's ability to terminate user connections/ sessions by an administrator (remotely) if a breach is suspected.
21. Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc.).

Data Protection

22. Describe how the patient's data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).
23. Describe how the patient's data is secured when accessed via handheld devices (e.g., secured through websites, iPhone apps, etc.).

Licensing

24. How is the product licensed?
25. Are licenses purchased per user?
26. Define 'user' if it relates to the licensing model (i.e., medical staff, all clinical staff, etc.).
27. How does the system licensing account for residents, part time clinicians, and midlevel providers?
28. Can user licenses be reassigned when a workforce member leaves?
29. If licensing is determined per workstation, do handheld devices count towards this licensing?
30. Is system access based on individual licensing, concurrent, or both?
31. For modular systems, does each module require a unique license?
32. In concurrent licensing systems, when are licenses released by the system (i.e., when the workstation is idle, locked, or only when user logs off)?

Vendor Support

- 33. Do you offer multiple support programs?
- 34. Define the Support Structure (Tiered Approach, Staff assigned 1 point of contact, etc.)
- 35. When is customer support available?
 - Preferred method of contact (Phone call, e-mail, etc.)?
 - Where is your customer support staff located? Are they off-shore'?
 - What are your normal hours of support?
 - How is after hours support handled?
 - Will someone be on-call at all times?
 - What is the general response time of staff for issue resolution?
- 36. Problem/Resolution Process
 - Response time expectations for all levels of severity
 - Average time to close tickets by severity level
 - Escalation Process
 - Severity Level System
 - Issue/Resolution Tracking System
 - Test System vs. Live System
- 37. Who has ownership of the following?
 - Data
 - Software
 - Enhancements or Customizations Paid for by Customer
 - Hardware
 - Servers
 - Workstations
- 38. Do you have online support (Knowledgebase, Info Center, etc.)?
- 39. Is remote assistance an option for workstation and server issues?
- 40. Do you have a user forum for practices to seek help from peers and share ideas?
- 41. Upgrade Process
 - Will customers get to choose which upgrades they want?
 - Will a separate cost occur with each upgrade?
 - Frequency of Upgrades?
 - How long can a customer delay an upgrade without losing support?
 - Will training be provided for new functionality?
- 42. Testing
 - Will customer get a chance to test the product in a test environment?
 - Will customer get access to test scripts from vendor?
- 45. Product Enhancement Requests
 - If customer wants to add an enhancement, what is the process?
 - Are there additional costs for an enhancement?
 - How soon will customers be able to view, test, and use enhancement?
 - How will upgrades work with new enhancement?
 - Will all other customers get the enhancement one company has paid for?

- How will the company stay up-to-date on required meaningful use definition changes?

Training/Testing All Phases (Selection through Post Go Live) – Vendors will be expected to travel to Lassen County Behavioral Health to train staff on EHR where a training room will be provided

43. Will access be granted to development/training environment for testing during upgrades and during training processes?
44. What types of online training are available?

Videos

- Recorded Modules/Workflow Training Courses
- Recorded Interactive "Many-to-One" Training Sessions
- Quick Reference or Tips & Tricks Videos
- Trial Demonstration of EHR

Web Based Training

- Interactive training activity with screenshots & instructions to give clinic exposure of EHR selected before core training

Facilitator/Consultant Led Training Sessions

- Module Training Sessions
- Workflow Training Sessions (Nurse, Provider, Front Office, etc.)
- One-on-One Training Sessions with Consultant
- Describe your training personnel (i.e., background, position, medical credentials).
- Vendor-Directed Demo (i.e., Web Ex Training, On-Site, etc.)

Training Documents (Identify format of documentation)

- Training Manuals
- Quick reference guides that focus on specific tasks
- On-line Printable Training Documentation
- Upgraded Training Guide
- Describe when these documents are modified and how quickly they are made available to the customer after product changes occur.
- Is Practice/Specialty Specific Training Offered?

What is created by vendor vs. customer?

- Creating specialized templates for efficient documentation
- Does the product have customizable preferences?

Will a workflow assessment be completed by the vendor?

- Will a document be sent to be completed by clinic?
- Will vendor complete on-site workflow assessment?
- Is there an additional cost for workflow assessment?

- Will recommendations be provided for abstracting or bulk loading data from previous EHR into the new EHR?

Super User Training

- Will super users be trained by vendor?
- Remote or on-site training provided?

Cost of Training

- Will additional costs be incurred on clinic for training?

45. How many days does EHR vendor provide for on-site training?

46. Will trainers complete a readiness assessment of staff before Go-Live?

47. Will vendor staff be on-site during 'Go Live' timeframe?

Contract Terms and Vendor Guarantees

48. What is the vendor's responsibility when:

- Problem resolution is not met by a certain time based on severity level of the problem or issue?
- Meaningful use criteria are not met as promised?
- Upgrades cause problems (causes meaningful use criteria to no longer be met or critical workflows to break)?
- Training is not conducted in agreed upon timeframe and/or the training materials are not adequate or delivered per contract deliverables?
- Implementation is not completed by vendor in the agreed upon timeframe due to issues related to the vendor (staffing conflicts, software problems, etc.)?
- Incompatibility issues arise between hardware (which meets agreed upon specifications) and approved software?
- Promised product functionality does not exist at time of implementation?
- Damages to hardware during transport if purchased through vendor or while vendor is on-site during installation?
- Data is corrupted during the course of normal use and operation of the product?
- Will you agree to a cap on price increases?
- Are regulatory changes to the application included in the annual maintenance?

Data Exporting/Reporting, Data Migration

Extracted data shall be in table format so that it can be imported into Excel, and shall include

- Client ID
- Client Name*
- Client Gender
- Client Current Age*
- Client Race/Ethnicity

- System Of Care
 - Mental Health
 - SUD
 - Both (if applicable/able to remove duplicates from “only MH” and “only SUD”)*
- Whether the client had appointments within a given timeframe*
- Program ID
- Facility ID
- Client Living Situation
- Client Home Zip Code
- Preferred Language
- Primary Payor
- Client Age At Intake
- Admission Begin/End Dates/Duration
- Marital Status
- Occupation Type
- Employment Status
- Legal Status
- Hispanic Origin
- Military Status
- Admission Primary Service Provider
- Provider Years Experience

49. Is there additional cost for exporting data/reporting data?

Data Exporting

- 50. Is there any data that is not allowed to be copied locally? Please list all.
- 51. What formats can data be exported as? Please list all.
- 52. If Hosted, can full database backups be provided locally?
- 53. Do you allow access to live data?
- 54. Can stored procedure data logic be accessed and reviewed?

Reporting

- 55. Do you allow the customer to build custom reports against live data?
- 56. What technologies are used to build reports in the system? Please list all.
- 57. Ad hoc reporting by users an option?
- 58. Do you have all requirements for Meaningful Use?

Data Migration

- 59. Do you have an established methodology for data migration projects?
- 60. What will be migrated? <List>
- 61. What data won't be migrated? <List>
- 62. Do you allow for additional custom data migration?

63. Is there additional cost for data migration?

The items listed below must be included in the product, please provide screen shots or verification that these items are included in your product:

Front Office Scheduling

- Check-In/Check-Out/Duration
- Calendar Screen
- Reception/Today's Services Screen
- Daily Schedule.
- Appointment Reminders
- Client Lookup History
- Client Services Kiosk

Financial

- Patient Balance
- Patient Co-pays
- Patient Eligibility/Coverage

Client Information

- Client Search
- Client Information
- Demographics
- Quality Improvement/Quality Assurance Data Elements
- Contacts
- Insurance
- Referrals
- Releases
- General Notes
- Patient Picture/ID

Miscellaneous

- Client insurance card scanning
- Client Letters
- Customer Information Sheet
- Insurance Card Scanning
- Client Portal (Appointment scheduling, Treatment Plan Access, etc.)

Medication Services (Lassen County Behavioral Health does not currently dispense or store medications but that is subject to change in the future)

- Labs/Orders(External Interface)
- Batch Signing
- Primary Care Provider Letters
- Verbal Order (Order given from the Dr. to the Nurse to be input into the computer)
- Medication Reconciliation

- Vitals/Flowsheet
- MAR (Medication Administration Record)/EMAR
- Dragon Naturally Speaking Support
- E-Prescribing
- Refill request management

Documents- All documents are expected to be electronic and available in the EHR, it will be the responsibility of the Vendor to create and maintain the documents and no cost to Lassen County Behavioral Health

- Assessments
- Authorization
- Miscellaneous Note
- Substance Abuse Note
- Peer Support Service
- Service Note
- Group Service Note
- Treatment Plan
- Periodic Reviews
- Ability to Pay
- RN/LVN Assessment
- Eligibility Screen
- Crisis Screen
- Discharge Summary
- Consent to Treat
- Medication Administration Record
- Crisis Note/Package
- Wraparound Treatment Plan
- Templates for Telephone Encounters and Notes

Clinical

- Dashboard showing why services are not completing
- Internal Messaging System
- Internal Alerting System
- Client Signature Pad
- Visit Summary
- Outcomes Data collection (Custom Fields)
- External Interface Creation Supported (Rcopia from DrFirst (tele-health psychiatrists), Redwood Toxicology, and LabCorp) Orders and Results are expected to Interface
- Is there a cost for External Interfaces?
- Is there a form of internal documentation restriction which does not allow and incomplete or late note to be submitted?

Billing

- Duplicate claim detection
- Claims generation

- Remittance
- State Eligibility
- Customer Statements
- Posting Payments
- Financial Spenddowns
- Child Waivers
- Ability to Pay documentation
- Coding and Rates
- Check Processing
- Denial Letters
- Productivity Reports
- Claims and Adjudication processing
- Authorization/Utilization Management System
- Drug Medical Claims

Records

- Scanning Cards and Documents
- Hide/Block clients from All Staff but allow for specific clinicians
- Track Disclosures
- Print Documentation for Releases
- Record Review
- Release Management System

State Data Tracking- Please respond to each question below.

1. Chart Documentation: Mental Health and Substance Use Disorders Services Information Notice (IN): 17-040.
 - Can the EHR support all the requirements in the informational notices and can the information be tracked in the EHR? Any documentation that does not meet the standards in the IN 17-040 how will it be monitored or disallowed?
2. Network Adequacy Certification: Mental Health and Substance Use Disorders Services Information Notice (IN): 18-005.
 - Can the EHR support all the requirements in the informational notices and how are the outcomes tracked in the EHR? Can the system automatically track:
 - The number and types of network providers?
 - The geographic location of providers to ensure compliance with time and distance standards?
 - County Internal operations analysis and review of service availability, physical accessibility, out-of-network access, timely access, continuity of care, and 24/7 language assistance?
3. Provider Credentialing: Mental Health and Substance Use Disorders Services Information Notice (IN): 18-019.
 - Can the EHR support all the requirements in the informational notices and how are all the internal and external providers' credentials tracked in the EHR?

4. Federal Grievance and Appeal System Requirements with Revised Beneficiary Notice Templates Mental Health and Substance Use Disorders Services Information Notice (IN): 18-010E.
 - Can the EHR support all the requirements in the informational notices and track them?
5. Requirements for implementing the child and adolescent needs and strengths assessment tool within a child and family team. Mental Health and Substance Use Disorders Services Information Notice (IN): 18-007 and 17-052.
 - Can the EHR support all the requirements in the informational notices and have the outcomes tracked in the EHR?
6. Presumptive Transfer Policy Guidance. Mental Health and Substance Use Disorders Services Information Notice (IN):18-27.
 - Can the EHR support all the requirements in the notices and have the transfers tracked in the EHR?

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. You may use a different budget format than the template included but please make sure whichever format you use includes everything listed on Exhibit C.

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) hard copies of their proposal including one (1) with an original signature and one (1) electronic PDF copy. 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-2019-04 – Electronic Health Record" and delivered by **January 31, 2020, 4:30 p.m.**

Lassen County Behavioral Health
Lassen County RFP No. HSS-2019-04
Attn: Holly Mackenzie
555 Hospital Ln
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
- (4) 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 LCBH contracted obligations that are related to federal or state health care programs/funding.

A. Evaluation

Proposals will be evaluated on five (5) elements totaling 200 points.

Proposal Element	Maximum Point Value
Format proposal and content. Does the EHR 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
TOTAL	200

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 July 1, 2020, or soon thereafter. 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:

Director, Health & Social Services
336 Alexander Avenue
Susanville, CA 96130
Attn: Danielle Sanchez, Administrative Assistant

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-2019-04
Electronic Health Record

RFP No.:	HSS-2019-04
RFP Issue Date:	December 17, 2019
RFP Submission Deadline:	January 31, 2020

Proposals must be enclosed in a sealed envelope or package, clearly marked "Lassen County RFP No. HSS-2019-04 – Electronic Health Record" and delivered by **4:30 p.m. (Pacific Daylight Time), Friday, January 31, 2020**, to: County of Lassen's Administration Office; Lassen County RFP No. HSS-2019-04; Attn: Holly Mackenzie, 555 Hospital Ln, Susanville, CA 96130.

Questions regarding this RFP should be directed to:

Holly Mackenzie
(530) 251-8487
hmackenzie@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.

Proposal Check List/Table of Contents	Page No.
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	
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		