



Request for Proposals

for

**COMMUNITY-BASED ADDICTIONS SERVICES FOR
UNDERSERVED AREAS**

issued by

Community Behavioral Health

Date of Issue:

5/29/19

**Proposals must be received no later than 2:00 P.M., Philadelphia,
PA, local time, on 7/17/19**

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER – MINORITY, WOMEN
AND DISABLED ORGANIZATIONS ARE ENCOURAGED TO RESPOND**

Contents

I. Project Overview	4
A. Introduction; Statement of Purpose	4
B. Organizational Overview.....	4
C. Project Background and Objective	5
II. Applicant Requirements – Specific to This RFP.....	7
A. General Threshold	7
B. Evidence-based Practices.....	7
C. Tobacco Recovery and Wellness Initiative	7
D. Location/Site	8
E. Service Description.....	8
F. Individuals Served.....	9
G. Language and Culture	9
H. Personnel and Required Training	10
1. Personnel.....	10
2. Training.....	10
I. Timetable	10
J. Monitoring	10
K. Reporting Requirements	10
L. Performance Standards	10
M. Compensation/Reimbursement.....	10
N. Technology Capabilities	11
O. Population Health	11
III. Applicant Requirements – All RFP/Qs	13
A. Threshold Requirements	13
B. Terms of Contract	13
C. Health Insurance Portability and Accountability Act (HIPAA)	14
D. Minority/Women/People with Disabilities Owned Business Enterprises	14
E. City of Philadelphia Tax and Regulatory Status and Clearance Statement.....	15
F. Compliance with Philadelphia 21st Century Minimum Wage and Benefits Ordinance	16
G. Certification of Compliance with Equal Benefits Ordinance	16
H. City of Philadelphia Disclosure Forms.....	17
I. CBH Disclosure of Litigation Form	17
J. Non-Discrimination.....	17
IV. General Rules Governing RFPs/Applications; Reservation of Rights; Confidentiality and Public Disclosure; Selection Process	17
A. Revisions to RFP	18
B. City/CBH Employee Conflict Provision.....	18
C. Proposal Binding	18
D. Term of Contract.....	18
E. Reservation of Rights.....	18
1. Notice of Request For Proposals (RFP)	18
2. Proposal Selection and Contract Negotiation.....	19
3. Miscellaneous.....	20
F. Confidentiality and Public Disclosure.....	20

G.	Incurring Costs.....	21
H.	Prime Contractor Responsibility	21
I.	Disclosure of Proposal Contents	21
J.	General Disclaimer.....	21
K.	Selection Process.....	21
L.	Selection Notification	22
M.	Life of Proposals.....	22
V.	Proposal Format, Content and Submission Requirements	23
A.	Procurement Schedule	23
B.	Proposal Submission Requirements	23
C.	Proposal Format.....	24
D.	Proposal Content.....	25
	1. Introduction/Executive Summary (not to exceed one page)	25
	2. Statement of Qualifications/Relevant Experience (not to exceed one page).....	25
	2. Corporate Status	25
	3. Governance Structure.....	25
	4. Program Philosophy	25
	5. Program Design.....	25
	7. Operational Documentation and Requirements	26
E.	Interviews/Presentations	27
APPENDIX A	RFP Response Cover Sheet Addictions Residential Treatment Community Behavioral Health	28
APPENDIX B	Treatment Curriculum.....	29
APPENDIX C	City of Philadelphia Tax and Regulatory Status and Clearance Statement for Applicants	30
APPENDIX D	CBH Disclosure of Litigation Form.....	31

I. Project Overview

A. Introduction; Statement of Purpose

Community Behavioral Health (CBH) is seeking providers to deliver outpatient addictions treatment services in underserved areas. In response to the opioid epidemic in Philadelphia, CBH, the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), and City partners continue to closely monitor the needs of individuals and families battling addiction, including tracking overdose patterns and service availability across the city. Data has demonstrated an increase in 2017 in rates of accidental overdose deaths in some areas of Philadelphia, where there is also a need for additional locally accessible treatment resources. Therefore, a priority of this RFP is to ensure access to critical outpatient substance use services for individuals residing in these areas; specifically, applicants are encouraged to provide services in one of the following zip codes:

- 19115
- 19142
- 19143
- 19145
- 19146
- 19147
- 19153

Applications will also be accepted from providers throughout Philadelphia, with the above-listed zip codes receiving preferential scoring; providers submitting proposals from areas outside of the above zip codes should provide data (related to opioid use and overdose and availability of local services) to support the need for services in that area.

Each applicant must be able to provide outpatient addictions treatment services in alignment with American Society of Addiction Medicine (ASAM) Level 1.¹

Applicants must develop services in a manner that reflects the Philadelphia system transformation as described in the DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment,² Mayor's Taskforce *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*.³

B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services (PA-DHS) for the provision of behavioral health services to Philadelphia's Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Services are funded on a capitated basis through this contractual agreement. The City of Philadelphia, through the Department of Behavioral Health and Intellectual disAbility Services

¹ D Mee-Lee, GD Shulman, MJ Fishman, DR Gastfriend, MM Miller, eds. *The American Society of Addition Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions* (3rd ed. Carson City, NV: The Change Companies, 2013)

² Department of Behavioral Health and Intellectual Disability Services (DBHIDS), *Philadelphia Behavioral Health Practice Guidelines*, 2013, <http://dbhids.org/wp-content/uploads/2015/07/practice-guidelines-1-1.pdf>

³ City of Philadelphia Mayor's Task Force, *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*, May 17, 2017, http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

(DBHIDS), contracts with CBH to administer the HealthChoices program.

CBH was established as a non-profit organization by the City in 1997 to administer behavioral health care services for the City's approximately 700,000 Medicaid recipients.

DBHIDS is comprised the Office of Behavioral Health which includes Mental Health and Addictions Services and Intellectual disAbility Services (IDS). DBHIDS contracts with Community Behavioral Health (CBH) to administer behavioral health care services for the City's approximately 700,000 Medical Assistance recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. This integrated behavioral health system annually serves more than 100,000 people who are eligible for Medical Assistance, as well as those who are uninsured or underinsured. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 400 people and has an annual budget of approximately \$800 million.

The Department has a long history of providing innovative and groundbreaking services in Philadelphia for people in recovery, family members, providers and communities and has become a national model for delivering behavioral health care services in the public sector. We envision a Philadelphia where every individual can achieve health, well-being, and self-determination. The mission of DBHIDS is to educate, strengthen and serve individuals and community so that all Philadelphians can thrive. This is accomplished using a population health approach with an emphasis on recovery and resilience-focused behavioral health services and on self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to persons recovering from mental health and/or substance use, individuals with intellectual disabilities, and families to ensure that they receive high quality services which are accessible, effective and appropriate.

This program will be administered by and receive oversight from CBH. CBH is committed to offering services to all Philadelphians. The mission of CBH is to meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high performing, efficient, and nimble organization driven by quality, performance, and outcomes.

We envision CBH as a diverse, innovative, and vibrant organization in which we are empowered to support wellness, resiliency, and recovery for all Philadelphians.

C. Project Background and Objective

Following the May 2017 publication of the Mayor's Taskforce *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*,⁴ CBH, in partnership with DBHIDS and Philadelphia treatment providers, implemented multiple initiatives to increase access to high-quality, evidence-based substance use disorder treatment. These initiatives included:

- Increasing authorization timeframes to ease access to residential substance use treatment services

⁴ City of Philadelphia Mayor's Task Force, *Final Report and Recommendations to Combat the Opioid Epidemic in Philadelphia*, May 17, 2017, http://dbhids.org/wp-content/uploads/2017/05/OTF_Report.pdf

- Waiving prior authorization requirements to expedite access to residential substance use treatment services
- Implementing incentives for existing residential providers to add medication-assisted treatment (MAT)-compatible services
- Requiring all residential providers to become MAT-compatible by January 1, 2020
- Tracking admissions timeframes with the aim to decrease wait time between presentation and initiation of treatment
- Issuing updated documentation guidelines for all substance use treatment providers to ensure compliance with state and federal regulations
- Issuing Opioid Use Disorder (OUD) treatment guidelines
- Providing multiple trainings to enhance skills and capacity of substance use treatment providers, including dual diagnosis trainings for clinician staff and buprenorphine training for prescribers
- Issuing two comprehensive requests for proposals in 2017 to enhance and supplement substance use treatment services across the continuum
- Supporting the opening of Northeast Treatment (NET) Center 24/7 Access Point
- Delivering trainings to support the PA Department of Drug and Alcohol Programs (DDAP) transition from Pennsylvania Client Placement Criteria to the American Society of Addiction Medicine (ASAM) as the state-wide standard for level of care determination and service delivery
- Participating in the Philadelphia Resiliency Project,⁵ including providing direct service linkage to individuals living in encampments

Many of these initiatives have emphasized increasing access to MATs, and previous RFPs have expanded hospital and residential treatment services. This RFP aims to expand outpatient substance use services so that individuals whose recovery needs can be treated in the community have access to necessary services.

As noted, this RFP will prioritize providers who can deliver services in neighborhoods where there are fewer substance use treatment options and an increasing number of accidental overdose deaths. In 2017, the following zip codes saw an increase in accidental overdose deaths as follow:

- 19145: 42.9%
- 19142: 167%
- 19146: 136%
- 19147: 144%
- 19153: 6 deaths
- 19115: 133%⁶⁷
- *19143 is the only South/Southwest Philadelphia zip code that did not have an increase in deaths in 2017; however, 22 deaths were reported, a decrease of only 1 person since 2016.

⁵ <https://www.phila.gov/programs/philadelphia-resilience-project/>

⁶ Accidental overdose deaths are reported by number once they have reached at least 5 in a zip code. Anything less is reported as "<5."

⁷ Philadelphia Medical Examiner: <https://www.phila.gov/programs/combating-the-opioid-epidemic/reports-and-data/opioid-misuse-and-overdose-data/>

II. Applicant Requirements – Specific to This RFP

A. General Threshold

Applicants must be licensed through the Department of Drug and Alcohol Programs (DDAP), able to bill Medicaid for services, and able to acquire site control by the target service start date. Additional weight will be given to applicants who have current site control. Also, applicants must not be on any of the three Federal and Commonwealth exclusion lists or on a Corporate Integrity Agreement (see III. K. for complete threshold requirements).

B. Evidence-based Practices

DBHIDS has a strong focus on the use of evidence-based practices (EBPs) for all levels of services throughout its provider network. The services procured through this RFP must implement evidence-based and empirically-supported approaches to treatment. Training, supervision, and quality assurance strategies to monitor practice fidelity and track outcomes should be described to ensure the EBP is being implemented and sustained, and its effectiveness regularly measured. Applicants may be expected to meet the standards of the EPIC EBP Program Designation for the main EBPs that are being implemented in the program. The EPIC EBP Program Designation standards and process can be found at www.cbhphilly.org.

C. Tobacco Recovery and Wellness Initiative

Tobacco use is the leading cause of death and disability for those with behavioral health conditions, and tobacco use is significantly higher for this population than those of the general population. Forty-one percent of Philadelphia residents with mental health conditions smoke cigarettes, and nationally, persons with serious mental illnesses such as schizophrenia and bipolar disorder have lifetime smoking prevalence rates as high as 82%.

The understanding that people with behavioral health conditions have a right to wellness and recovery is central to the DBHIDS mission and vision. It is for this reason that DBHIDS has partnered with the Philadelphia Department of Public Health Tobacco Policy and Control Program and the University of Pennsylvania's Comprehensive Smoking Treatment Program to form the Tobacco Recovery and Wellness Initiative (TRWI), an initiative that provides implementation support to behavioral health providers to incorporate evidence-based tobacco dependence treatment into their clinical and community practice. The mission of TRWI is to reduce smoking rates by 10 to 15 among Philadelphians with behavioral health conditions (and among behavioral health staff) by:

- Recognizing and addressing tobacco use as a core behavioral health priority
- Offering consistent, evidence-based tobacco use counseling and treatment to consumers members
- Creating a treatment (and workplace) climate that fosters tobacco-free environments and tobacco use recovery

Tobacco-free environments and tobacco use recovery are effective ways to reduce rates of tobacco use among persons in acute inpatient psychiatric (AIP) and extended acute care (EAC), residential

drug and alcohol settings; therefore, DBHIDS has supported these providers in becoming tobacco-free as of 2015 and 2019, respectively. Initiatives to facilitate tobacco-free programming across the Philadelphia network of behavioral health treatment providers are underway, including across outpatient levels of care. Applicants to this RFP must have establish and maintain a tobacco-free policy, including ensuring tobacco use treatment is available (see CBH Bulletin 19-02 for details).

D. Location/Site

As noted, this RFP targets providers to deliver services in the following zip codes:

- 19145
- 19142
- 19146
- 19147
- 19153
- 19143
- 19115

Applications will also be accepted from providers throughout Philadelphia, with the above-listed zip codes receiving preferential scoring; providers submitting proposals from areas outside of the above zip codes should provide data to support the need for services in that area (including rates of opioid use and overdose and availability of local DDAP-licensed treatment providers).

Applicants must acquire site control by the targeted service start date, and current site control will be emphasized in the scoring process. The physical plant must align with core values and requirements of the DBHIDS Practice Guidelines.⁸

E. Service Description

Applicants must be able to provide addiction outpatient treatment services in alignment with ASAM Level 1. ASAM Level 1 outpatient includes directed screening, evaluation, treatment, and ongoing recovery services to help the individual achieve changes in his/her alcohol, tobacco, and/or other drug use or addiction behaviors, such as gambling. Services at this level generally target individuals who are not experiencing significant withdrawal, are at minimal risk of severe withdrawal, or have withdrawal needs that are manageable at the ASAM Level 1-WM.⁹

Addiction outpatient services are provided at regularly scheduled sessions of fewer than 9 contact hours per week. Services are tailored to each individual's level of clinical severity and function; each treatment schedule, including number of weekly sessions and lengths of service, must reflect the individual's unique needs rather than all individuals receiving uniform programming. Treatment interventions should be evidence-based, person-centered, and appropriate for the population served, including motivational interviewing, cognitive-behavior therapy, solution-focused therapy, and stages of change. Modalities should comprise individual, family, and group sessions as appropriate.

⁸ Department of Behavioral Health and Intellectual Disability Services (DBHIDS), *Philadelphia Behavioral Health Practice Guidelines*, 2013, <http://dbhids.org/wp-content/uploads/2015/07/practice-guidelines-1-1.pdf>

⁹ D Mee-Lee, GD Shulman, MJ Fishman, DR Gastfriend, MM Miller, eds. *The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions* (3rd ed. Carson City, NV: The Change Companies, 2013)

In addition to psychosocial addiction therapies, outpatient addiction services must include medication management and medication-assisted treatment, to support recovery from substance use disorders, including opioid, alcohol, and tobacco use disorders, delivered by a practitioner with prescribing authority (physicians, physicians' assistants, or advanced registered nurse practitioners). Programs must have "co-occurring capabilities," and all clinical staff must be trained to understand and respond to co-occurring mental health disorders, with referrals to and close coordination with outside practitioners when mental health needs exceed capabilities of outpatient addiction staff. Staff should also be trained in grief and trauma-informed care.

Memorandums of understanding (MOUs) should be developed with providers to deliver a holistic and comprehensive continuum of services to include medical treatment (including for individuals with chronic and complex medical needs), vocational and educational supports, and case management. Programs must develop relationships with courts and justice entities who mandate treatment; protocols should be developed to align with ASAM's recommendations regarding accepting individuals with mandated lengths and levels of treatment, including reasonable efforts to ensure the most clinically appropriate programming is provided.¹⁰ Linkages with CBH Care Management, CBH Psychiatric Emergency Services (PES) Line, and other treatment providers should be developed to ensure seamless transitions between levels of care. Natural and community supports must be accessed and emphasized as part of treatment and discharge planning. A policy for urine drug screen (UDS)/labs monitoring that is individualized and ensures medical necessity for testing must be established.

F. Individuals Served

Individuals participating in addictions outpatient services per ASAM Level 1 meet the criteria for a substance use, substance-induced, and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Individuals served at this level are not experiencing significant withdrawal, are at minimal risk of severe withdrawal, or have withdrawal needs that are manageable at the ASAM Level 1-WM. They are able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support. They are living in an environment that supports recovery, or they have skills to cope with environmental challenges to recovery. They are ready for recovery but need motivating and monitoring strategies to strengthen readiness; or they need ongoing monitoring and disease management; or they are not ready for change, but have low intensity in other domains. Medical and mental health needs are minimal or being managed by an outside provider. See ASAM Level of Care Placement Criteria for additional details.

G. Language and Culture

Applicants should develop plans to ensure that the proposed sites are welcoming to people from diverse cultures and have the resources to work with individuals and families who speak languages other than English. The applicant's description of plans for working with persons from diverse cultures should include information on addictions outpatient service strategies and resources to

¹⁰ D Mee-Lee, GD Shulman, MJ Fishman, DR Gastfriend, MM Miller, eds. *The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions* (3rd ed. Carson City, NV: The Change Companies, 2013) – Chapter 2: Applications

respond to the cultural needs and preferences of persons who live in the identified zip codes. In addition to linguistic competence, applicants must consider how outpatient services will ensure cultural awareness and sensitivity to the populations in designated areas.

H. Personnel and Required Training

It is critical that applicants employ strategic hiring procedures to identify highly qualified candidates who can support the mission of the addictions outpatient program to provide compassionate and competent care. Hiring strategies should aim to form a team whose diversity and lived experience reflects that of the individuals served, as much as possible.

1. Personnel

Proposals must meet the minimum requirements in the Pennsylvania State Code; chapter 1223 outpatient addictions clinic services and chapter 704 standards for licensure of freestanding treatment facilities, as well as all applicable ASAM staffing standards.

2. Training

In addition to participating in all CBH mandatory training, all staff must be trained on the following topics:

- Mental Health First Aid
- Trauma
- Grief
- Co-occurring disorders

I. Timetable

It is expected that all services requested through this RFP will be fully operational by **9/16/19**.

J. Monitoring

Programs selected will be subject to evaluation, program, compliance and budgetary monitoring by DBHIDS and CBH. On site reviews including participation in treatment teams may occur as deemed necessary by CBH.

K. Reporting Requirements

By accepting an award under this RFP, applicants agree to comply with all data reporting requirements of CBH. To fulfill the data reporting requirements, successful applicants must work with CBH and, where applicable, the CBH Claims, Clinical, Information Services, and Quality Management to ensure the quality and completeness of data. Reporting requirements may be modified prior to or during the contract award period.

L. Performance Standards

The selected applicant will be required to meet CBH credentialing, compliance, and performance standards. All successful bidders will be expected to have a compliance plan along with all other required documents for initial credentialing.

M. Compensation/Reimbursement

Applicants will be required to submit an ongoing operations budget as the basis for negotiation with

CBH. This budget must include all operating costs such as staff, administrative costs, ongoing supplies, ongoing building expenses including rent and maintenance, etc.

The applicant is to use the budget forms which are provided separately on the DBHIDS website to develop each budget. Be sure to label clearly the start-up and ongoing operations budgets. All tabs must be completed. The budget should incorporate all the requirements of the RFP.

Please use the miscellaneous item detail tab for any category not included on the form. Please provide information for all the categories in the miscellaneous item detail form. For the personnel roster, please provide actual staffing detail where available. Please note that the administrative staff should not be included on the personnel roster. These costs are part of administration. Do not alter the form in any way.

The budget should incorporate all the requirements of this RFP. Any deviations from the requirements and expectations of this RFP must be clearly stated along with supporting justification. Appropriate budget data must be submitted in order to be considered for the right to negotiate.

N. Technology Capabilities

Applicants must have the technology capabilities required to perform the proposed activities in this RFP. At a minimum, applicants must have electronic claims submission and an electronic health record (EHR) ready for use.

O. Population Health

Because of the successful DBHIDS transformation initiative over the last decade (2005-2015), people with behavioral health conditions and intellectual disabilities now not only live in communities but are a part of their communities. As the natural continuation of the transformation of Philadelphia's behavioral health and intellectual disability service system, DBHIDS has now adopted a population health approach.

Population health refers to the health of an entire community. Traditional approaches to health care center around individuals who are already experiencing a health-related condition. Population health approaches take a much broader view, seeking to improve the health status of everyone in a community, not just those who are sick. By providing excellent clinical care as well as community-level interventions and services, population health approaches help to create communities in which every member—not just those who seek out health services—can thrive.

As DBHIDS worked in communities to help them better support people in its system, it became clear that many communities are themselves distressed, grappling with violence, poverty, inadequate housing, and other threats to health, well-being, and self-determination. It also has become clear that many people in need of support are not being reached or being reached too late. As a result, DBHIDS has initiated a population health approach to increase capacity within the community to deliver highly effective clinical care supports and services so that over time, communities experience less illness and its associated consequences.

The current national attention to population health confirms that Philadelphia's population health approach is appropriate. The U.S. healthcare environment is already moving in this direction in an effort to contain costs and achieve better outcomes. Acknowledgement is growing locally,

nationally, and internationally that promoting optimum health among a whole population can't be achieved within a narrow paradigm built primarily to manage diagnosed conditions. To break the cycle of escalating costs, health systems are increasingly focusing resources on prevention and early intervention. Because of DBHIDS' longstanding commitment to promoting recovery, resilience, and self-determination, Philadelphia is well positioned to be a leader in the nation's next health transformation. The thrust of Philadelphia's behavioral health initiatives are shifting from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the population.

The population health approach challenges us to continue to enhance efforts to improve the health of all Philadelphians. This approach challenges us to expand our efforts beyond pilot projects and special initiatives and embed these principles into the culture of our entire system. It challenges us to consistently broaden our scope to include all people in a population, not just those seeking our services. It challenges us to prevent behavioral health conditions and developmental delays from developing or progressing, to equip individuals with the skills and opportunities to make their own choices and build meaningful lives in their communities, and to move even more out of program settings and deeper into the community to address the social and environmental circumstances that have shaped people's lives. We must learn from the innovative work the city has already started and be even bolder, shifting the intention of our work from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the whole population.

Health providers and payers use a variety approaches to improve the health of a population. Some approaches, known as population health management, prioritize identifying and providing services to members of a population who have complex, chronic, or very costly conditions. A key goal of population health management efforts is to control costs, often through existing managed care strategies such as reducing avoidable emergency department visits. Other population health approaches are more akin to public health interventions in that they include broad-based interventions (such as flu shots) that benefit all members of a defined population, not just those seeking health services. These two major population health frameworks both use data-driven decision making and focus on health outcomes. DBHIDS's approach to population health builds on many years of focus on community health; thus, our approach is consistent with a public health framework.

The essence of the DBHIDS population health approach is as follows:

- 1. Attend to the needs of the whole population, not just those seeking services.** Population health approaches emphasize community-level outcomes, not just outcomes for individuals with particular diagnoses. A key benefit of a population health approach is its focus on keeping people well so that, over time, communities experience less illness and its associated consequences.
- 2. Promote health, wellness and self-determination.** Health is much more than the absence of illness or management of symptoms. There is a fundamental difference between providing targeted interventions to address illness versus promoting wellness and quality of life.
- 3. Provide early intervention and prevention.** There will always be a need for access to high – quality clinical care, supports, and services. A population health approach provides such care and also works to screen for and prevent the onset or progression of conditions which improves outcomes and better utilizes resources.

4. Address the social determinants of health. Poor health and health disparities don't result from medical conditions alone. Chronic stress, toxic environments, limited access to nutritious foods, inadequate housing, social isolation, and numerous other nonmedical factors contribute to poor outcomes. A population health approach seeks to address these factors to reduce health disparities and safeguard everyone's right to optimum health and self-determination.

5. Empower individuals and communities to keep themselves healthy. Healthcare providers can't shoulder the entire responsibility for healthy communities. A population health approach not only educates but also empowers and motivates people to take responsibility for promoting their own health and wellness.

III. Applicant Requirements – All RFP/Qs

A. Threshold Requirements

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all applicants must meet. Failure to meet all of these requirements may disqualify an applicant from consideration through this RFP. Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined in Section II.A., Project Details. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City and CBH (as applicable).

CBH will determine if a provider is in good standing by reviewing information gathered through various departments across ~~the~~ DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with PA Department of Human Services.

Neither the provider nor its staff, contractors, subcontractors, or vendors may be on any of the three Excluded Individuals and Entities lists:

- List of Excluded Individuals and Entities (LEIE) <http://oig.hhs.gov/fraud/exclusions.asp>;
- System for Award Management (SAM) *(formerly Excluded Parties List System (EPLS))* <https://www.sam.gov>;
- Department of Human Services' Medichex List <http://www.dhs.state.pa.us/publications/medichexsearch/>

For this RFP, the applicant must include an attached statement that the provider and its staff, subcontractors, or vendors have been screened for and are not on any of the three Excluded Individuals and Entities lists. Ongoing, the provider must conduct monthly screening of its own staff, contractors, subcontractors, and vendors for excluded individuals on the three Excluded Individuals and Entities lists.

B. Terms of Contract

The contract entered into by CBH as a result of this RFP will be designated as a Provider Agreement.

Negotiations will be undertaken only with the successful applicants whose applications, including all appropriate documentation (e.g., audits, letters of credit, past performance evaluations, etc.) shows them to be qualified, responsible and capable of performing the work required in the RFP.

The selected applicants shall maintain full responsibility for maintenance of such insurances as may be required by law of employers, including but not limited to Worker's Compensation, General Liability, Unemployment Compensation and Employer's Liability Insurance, and Professional Liability and Automobile Insurance.

C. Health Insurance Portability and Accountability Act (HIPAA)

The work to be provided under any contract issued pursuant to this RFP is subject to the federal Health Insurance Portability and Accountability Act (HIPAA), as amended, and/or other state or federal laws or regulations governing the confidentiality and security of health information. The selected applicant(s) will be required to comply with CBH confidentiality standards identified in any contractual agreement between the selected applicant and CBH.

D. Minority/Women/People with Disabilities Owned Business Enterprises

CBH is a city-related agency and as such its contracted providers must cooperate with the intent of the local municipality regarding minority/women/disabled-owned business enterprises. It is the expectation of CBH that the selected applicants will employ a "Best and Good Faith Efforts" approach to include certified minority, women and disabled businesses (M/W/DSBE) in the services provided through this RFP where applicable and meet the intent of M/W/DSBE legislation.

The purpose of M/W/DSBE state legislation is to provide equal opportunity for all businesses and to assure that CBH funds are not used, directly or indirectly, to promote, reinforce or perpetuate discriminatory practices. CBH is committed to fostering an environment in which all businesses are free to participate in business opportunities without the impediments of discrimination and participate in all CBH contracts on an equitable basis.

- **For-profit applicants** should indicate if their organization is a Minority (MBE), Woman (WBE), and/or Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and/or identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the applicant is M/W/DSBE certified by an approved certifying agency, a copy of certifications should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.
- **Not-for-profit applicants** cannot be formally M/W/DSBE certified. CBH does utilize adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):
 - At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities.
 - A woman or minority individual or person with a disability must hold the highest position in the company.
 - Minority groups eligible for certification include African Americans, Hispanic

- Americans, Native Americans, and Asian Americans.
- Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards.
- **Not-for-profit organizations** may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE certified sub-contractors, along with their certification information.
- **Not-for-profit providers** need to complete the City of Philadelphia workforce demographics and supplier forms posted with this RFP, at the time of contracting and annually thereafter.
- For additional information regarding the Commonwealth of Pennsylvania’s M/W/DSBE certification process, go to the following website:
www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority_and_women_business_opportunities/1358

E. City of Philadelphia Tax and Regulatory Status and Clearance Statement

As CBH is a quasi-governmental, city-related agency, prospective applicants must meet certain City of Philadelphia requirements. It is the policy of the City of Philadelphia to ensure that each contractor and subcontractor has all required licenses and permits and is current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation of other regulatory provisions contained in The Philadelphia Code. To assist the City, through its Department of Revenue and Department of Licenses and Inspections, in determining this status, each applicant is required to complete and return with its proposal, a City of Philadelphia Tax and Regulatory Status and Clearance Statement Form (see Appendix B).

If the applicant is not in compliance with the City’s tax and regulatory codes, an opportunity will be provided to enter into satisfactory arrangements with the City. If satisfactory arrangements cannot be made within a week of being notified of their non-compliance, applicants will not be eligible for award of the contract contemplated by this RFP.

All selected applicants will also be required to assist the City in obtaining the above information from its proposed subcontractors (if any). If a proposed subcontractor is not in compliance with City Codes and fails to enter into satisfactory arrangements with the City, the non-compliant subcontractor will be ineligible to participate in the contract contemplated by this RFP and the selected Applicant may find it necessary to replace the non-compliant subcontractor with a compliant subcontractor. Applicants are advised to take these City policies into consideration when entering into their contractual relationships with proposed subcontractors.

Applicants need not have a City of Philadelphia Business Privilege Tax Account Number and Business Privilege License Number to respond to this RFP, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made on line by visiting the City of Philadelphia Business Service site- <http://business.phila.gov/Pages/Home.aspx> and clicking on “Register Your Business.” If you have specific questions, call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia Business Privilege Tax Account Number or the Department of Licenses and Inspections at 215-686-2490 for questions related to the Business Privilege License.

F. Compliance with Philadelphia 21st Century Minimum Wage and Benefits Ordinance

Applicants are advised that any contract awarded pursuant to this RFP is a “Service Contract,” and the successful applicant under such contract is a “Service Contractor,” as those terms are defined in Chapter 17-1300 of the Philadelphia Code (“Philadelphia 21st Century Minimum Wage and Benefits Standard Ordinance”). Any Subcontractor and any sub-subcontractor at any tier proposed to perform services sought by this RFP is also a “Service Contractor” for purposes of Chapter 17-1300. If any such Service Contractor (i.e. applicant and subcontractors at any tier) is also an “Employer,” as that term is defined in Section 17-1302 (more than five employees), and is among the Employers listed in Section 17-1303 of the Code, then during the term of any resulting contract, it is subject to the minimum wage and benefits provisions set forth in Chapter 17-1300 unless it is granted a waiver or partial waiver under Section 17-1304. Absent a waiver, these minimum wage and benefits provisions, which include a minimum hourly wage that is adjusted annually based on the CPI, health care and sick leave benefits, are mandatory and must be provided to applicant’s employees or the employees of any subcontractor at any tier who perform services related to the City contract resulting from this RFP. Applicants and any subcontractors at any tier proposed by Applicants are strongly encouraged to consult Chapter 17-1300 of the Philadelphia Code,¹ the General Provisions, and the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page for further details concerning the applicability of this Chapter to, and obligations it imposes on certain City contractors and subcontractors at any tier. In addition to the enforcement provisions contained in Chapter 17-1300, the successful applicant’s failure or the failure of any subcontractor at any tier to comply (absent an approved waiver) with the provisions of Chapter 17-1300, or any discrimination or retaliation by the successful applicant or applicant’s subcontractors at any tier against any of their employees on account of having claimed a violation of Chapter 17-1300, shall be a material breach of any Service Contract resulting from this RFP. By submitting a proposal in response to this RFP, applicants acknowledge that they understand, and will comply with the requirements of Chapter 17-1300, and will require the compliance of their subcontractors at any tier if awarded a contract pursuant to this RFP. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFP of the requirements of Chapter 17-1300.

G. Certification of Compliance with Equal Benefits Ordinance

If this RFP is a solicitation for a “Service Contract” as that term is defined in Philadelphia Code Section 17-1901(4) (“A contract for the furnishing of services to or for the City, except where services are incidental to the delivery of goods. The term does not include any contract with a governmental agency.”), and will result in a Service Contract in an amount in excess of \$250,000, pursuant to Chapter 17-1900 of the Philadelphia Code (1 A link to the Philadelphia Code is available on the City’s official web site, www.phila.gov. Click on “City Code and Charter,” located to the bottom right of the Welcome page under the box “Transparency.”), the successful Applicant shall, for any of its employees who reside in the City, or any of its employees who are non-residents subject to City wage tax under Philadelphia Code Section 19-1502(1)(b), be required to extend the same employment benefits the successful applicant extends to spouses of its employees to life partners of such employees, absent a waiver by the City under Section 17-1904. By submission of their Proposals in response to this RFP, all applicants so acknowledge and certify that, if awarded a Service Contract pursuant to this RFP, they will comply with the provisions of Chapter 17-1900 of

the Philadelphia Code and will notify their employees of the employment benefits available to life partners pursuant to Chapter 17-1900. Following the award of a Service Contract subject to Chapter 17-1900 and prior to execution of the Service Contract by the City, the successful applicant shall certify that its employees have received the required notification of the employment benefits available to life partners and that such employment benefits will actually be available, or that the successful applicant does not provide employment benefits to the spouses of married employees. The successful applicant's failure to comply with the provisions of Chapter 17-1900 or any discrimination or retaliation by the successful applicant against any employee on account of having claimed a violation of Chapter 17-1900 shall be a material breach of the any Service Contract resulting from this RFP. Further information concerning the applicability of the Equal Benefits Ordinance, and the obligations it imposes on certain City contractors is contained in the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page.

H. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the City of Philadelphia Disclosure Forms (see separate website Attachment) to report campaign contributions to local and state political candidates and incumbents; any consultants used in responding to the RFP and contributions those consultants have made; prospective subcontractors; and whether applicant or any representative of applicant has received any requests for money or other items of value or advice on particular firms to satisfy minority-, woman- or disabled-owned business participation goals. These forms must be completed and returned with the proposal. The forms are attached as a separate PDF on the website posting.

I. CBH Disclosure of Litigation Form

The applicant shall describe any pending, threatened, or contemplated administrative or judicial proceedings that are material to the applicant's business or finances including, but not limited to, any litigation, consent orders or agreements between any local, state, or federal regulatory agency and the applicant or any subcontractor the applicant intends to use to perform any of the services described in this RFP. Failure to disclose any of the proceedings described above may be grounds for disqualification of the applicant's submission. Complete and submit with your proposal the CBH Disclosure of Litigation Form (see Appendix D).

J. Non-Discrimination

The successful applicant, as a condition of accepting and executing a contract with CBH through this RFP, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

The contractor does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.

IV. General Rules Governing RFPs/Applications; Reservation of Rights; Confidentiality and Public Disclosure; Selection Process

A. Revisions to RFP

CBH reserves the right to change, modify or revise the RFP at any time. Any revision to this RFP will be posted on the DBHIDS website with the original RFP. It is the applicant's responsibility to check the website frequently to determine whether additional information has been released or requested.

B. City/CBH Employee Conflict Provision

City of Philadelphia or CBH employees and officials are prohibited from submitting an application in response to this RFP. No application will be considered in which a City or CBH employee or official has a direct or indirect interest. Any application may be rejected that, in CBH's sole judgment, violates these conditions.

C. Proposal Binding

By signing and submitting its proposal, each applicant agrees that the contents of its proposal are available for establishment of final contractual obligations for a minimum of 180 calendar days from the proposal deadline for this RFP. An applicant's refusal to enter into a contract which reflects the terms and conditions of this RFP or the applicant's proposal may, in the sole discretion of CBH, result in rejection of applicant's proposal.

D. Term of Contract

CBH reserves the right to set the rates for this service, budgets and rates notwithstanding. Continuation of funding is contingent upon the availability of funds, quality of service being provided and contract compliance. CBH reserves the right to continue subsequent yearly contracts. All contracts become binding on the date of signature by the provider agency's chief executive officer and Community Behavioral Health's chief executive officer. CBH reserves the right to re- issue all or part of the RFP if it is not able to establish acceptable providers for any or all services. CBH also reserves the right to amend contracts throughout the contract period, and to renegotiate the contract length as needed.

E. Reservation of Rights

By submitting its response to this notice of Request for Proposals as posted on the DBHIDS website, the applicant accepts and agrees to this Reservation of Rights. The term "notice of request for proposals," as used herein, shall mean this RFP and include all information posted on the DBHIDS website in relation to this RFP.

1. Notice of Request For Proposals (RFP)

CBH reserves the right, and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this notice of contract opportunity:

- (a) to reject any and all applications and to reissue this RFP at any time;
- (b) to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
- (c) to issue a new RFP with terms and conditions that are the same or similar as those set forth in this or a previous RFP in order to obtain additional applications or for any other

- reason CBH determines to be in their best interest;
- (d) to extend this RFP in order to allow for time to obtain additional applications prior to the RFP application deadline or for any other reason CBH determines to be in its best interest;
 - (e) to supplement, amend, substitute or otherwise modify this RFP at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more applicants;
 - (f) to cancel this RFP at any time prior to the execution of a final provider agreement whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFP for the same or similar services;
 - (g) to do any of the foregoing without notice to applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

2. Proposal Selection and Contract Negotiation

CBH may, in its sole discretion, exercise any one or more of the following rights and options with respect to application selection:

- (a) to reject any application if CBH, in its sole discretion, determine the application is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in their best interest to reject the application to reject any application if, in CBH's sole judgment, the applicant has been delinquent or unfaithful in the performance of any contract with CBH or with others; is delinquent, and has not made arrangements satisfactory to CBH, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to applicant; is financially or technically incapable; or is otherwise not a responsible applicant;
- (b) to waive any defect or deficiency in any application, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole judgment, the defect or deficiency is not material to the application;
- (c) to require, permit or reject, in CBH's sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their applications by some or all of the applicants at any time following application submission and before the execution of a final provider agreement or consultant contract;
- (d) to issue a notice of intent to develop a provider agreement or consultant contract and/or execute a provider agreement and/or consultant contract for any or all of the items in any application, in whole or in part, as CBH, in its sole discretion, determine to be in CBH's best interest;
- (e) to enter into negotiations with any one or more applicants regarding price, scope of services, or any other term of their applications, and such other agreement or contractual terms as CBH may require, at any time prior to execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to any applicant and without reissuing this RFP;
- (f) to enter into simultaneous, competitive negotiations with multiple applicants or to negotiate with individual applicants, either together or in sequence, and to permit or require, as a result of negotiations, the expansion or reduction of the scope of services or changes in any other terms of the submitted applications, without informing other

applicants of the changes or affording them the opportunity to revise their applications in light thereof, unless CBH, in its sole discretion, determine that doing so is in and CBH's best interest;

- (g) to discontinue negotiations with any applicant at any time prior to the execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to the applicant, and to enter into negotiations with any other applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
- (h) to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contract issued to an applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different applicant and enter into negotiations with that applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
- (i) to elect not to enter into any provider agreement or consultant contract with any applicant, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued and with or without the reissuing this RFP, if CBH determines that it is in CBH's best interest to do so;
- (j) to require any one or more applicants to make one or more presentations to CBH at CBH's offices or other location as determined by CBH, at the applicant's sole cost and expense, addressing the applicant's application and its ability to achieve the objectives of this RFP;
- (k) to conduct on-site investigations of the facilities of any one or more applicants (or the facilities where the applicant performs its services);
- (l) to inspect and otherwise investigate projects performed by the applicant, whether or not referenced in the application, with or without consent of or notice to the applicant;
- (m) to conduct such investigations with respect to the financial, technical, and other qualifications of each applicant as CBH, in its sole discretion, deem necessary or appropriate;
- (n) to permit, at CBH's sole discretion, adjustments to any of the timelines associated with this RFP, including, but not limited to, extension of the period of internal review, extension of the date of provider agreement or consultant contract award and/or provider agreement or consultant contract execution, and extensions of deadlines for implementation of the proposed project; and
- (o) to do any of the foregoing without notice to applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

3. Miscellaneous

(a) **Interpretation; Order of Precedence.** In the event of conflict, inconsistency or variance between the terms of this Reservation of Rights and any term, condition or provision contained in any RFP, the terms of this Reservation of Rights shall govern.

(b) **Headings.** The headings used in this Reservation of Rights do not in any way define, limit, describe or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

F. Confidentiality and Public Disclosure

The successful Applicant shall treat all information obtained from CBH that is not generally

available to the public as confidential and/or proprietary to CBH. The successful Applicant shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful applicant agrees to indemnify and hold harmless CBH, its officials and employees, from and against all liability, demands, claims, suits, losses, damages, causes of action, fines and judgments (including attorney's fees) resulting from any use or disclosure of such confidential and/or proprietary information by the successful applicant or any person acquiring such information, directly or indirectly, from the successful applicant.

By preparation of a response to this RFP, applicants acknowledge and agree that CBH, as a quasi-public corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including applications, to the extent required hereunder. Without limiting the foregoing sentence, CBH's legal obligations shall not be limited or expanded in any way by an applicant's assertion of confidentiality and/or proprietary data.

G. Incurring Costs

CBH is not liable for any costs incurred by applicants for work performed in preparation of a response to this RFP.

H. Prime Contractor Responsibility

The selected contractor will be required to assume responsibility for all services described in their applications whether or not they provide the services directly. CBH will consider the selected contractor as sole point of contact with regard to contractual matters.

I. Disclosure of Proposal Contents

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFP process becomes the property of CBH and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by any person other than competing applicants. CBH retains the right to use any/all ideas presented in any reply to this RFP. Selection or rejection of an application does not affect this right.

J. General Disclaimer

This RFP does not commit CBH to award a contract. This RFP and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any respondent, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any applicant to this RFP, shall become the property of CBH and may be subject to public disclosure by CBH.

K. Selection Process

An application review committee will review all responses to this RFP. Based on the criteria detailed below, the committee will make recommendations concerning the submissions that are best able to meet the goals of the RFP.

Submissions will be reviewed based upon the merits of the written response to the RFP.

L. Selection Notification

The applicants whose submission is selected by CBH will be notified in writing as to the selection, and their selection will also be posted on the DBHIDS website. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. This letter should not be considered as a letter of award. A formal letter of award will be forthcoming at such time when mutual agreement has been reached by the parties on all issues pertaining to the application. Applicants whose submissions are not selected will also be notified in writing by CBH.

M. Life of Proposals

CBH expects to select the successful applicants as a result of this RFP within approximately 90 days of the submission deadline. However, proposals that are submitted may be considered for selection up to 180 days following the submission deadline of this RFP. By submission of a proposal, respondents agree to hold the terms of their proposal open to CBH for up to 180 days following the submission deadline.

V. Proposal Format, Content and Submission Requirements

A. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	5/28/19
Bidders Conference	6/19/19
Deadline to Submit Questions	6/21/19
Answers to Questions Posted on Website	6/26/19
Application Submission Deadline	7/17/19
Applicants Identified for Contract Negotiations	8/5/19
Project Start Date	9/16/19

CBH reserves the right to modify the schedule as circumstances warrant.

This RFP is issued on **5/28/19**. In order to be considered for selection, all applications must be delivered to the address below no later than 2:00 PM on **7/17/19**. Questions related to this RFP should be submitted via E-mail by to: _____@laura.york@phila.gov on or before [close of business 6/21/19](#).

B. Proposal Submission Requirements

- Applications should be submitted to

Community Behavioral Health
801 Market Street, 7th Floor
Philadelphia, PA 19107
ATTN: Laura York

- Application packages should be marked “Community-Based Addictions Services for Underserved Areas.” Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.
- Applicants must submit an electronic version of the application prepared as a PDF

document placed onto a compact disc or flash drive.

- Applicants must submit 8 hard copies – 1 with original signatures and 7 photocopies of the application.
- Applications submitted after the deadline date and time will be returned unopened.
- The individual Applicant or an official of the submitting agency, authorized to bind the agency to all provisions noted in the application, must sign the cover sheet of the application.

C. Proposal Format

Proposals should include all elements listed below. Incomplete submissions will result in application being disqualified:

- **Appendix A: RFP Cover Sheet**
- **Narrative Response to D. Proposal Content below**
- **All attachments listed within questions under D. Proposal Content (questions 2, 3, and 7):**
- **Appendix B: Treatment Curriculum**
- **Appendix C: City of Philadelphia Tax and Regulatory Status and Clearance Statement for Applicants**
- **Appendix D: City Disclosure of Litigation Form**
- **Attachment (posted on CBH website below this RFP): Budget Forms**
- **Attachment ((posted on CBH website below this RFP): Disclosure Forms**

Proposals must be prepared simply and economically, providing a straightforward, concise description of the applicant's ability to meet the requirements of the RFP. Each proposal must provide all the information detailed in this RFP using the format described below. The narrative portion of the proposal must be presented in print size of 12, using a Times New Roman font, single spaced on 8.5" by 11" sheets of paper with minimum margins of 1". For each section where it is required, the applicant must fully answer all of the listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal's being considered non-responsive. Each attachment, appendix or addendum must reference the corresponding section or subsection number.

Applicants are required to limit their General Narrative Description to 7 single spaced pages. As a general comment, if you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds the page limits may have their proposals considered non-responsive and be disqualified.

D. Proposal Content

1. Introduction/Executive Summary (not to exceed one page)

Prepare a very brief introduction including a general description of your understanding of the scope and complexity of the proposed project. Indicate capacity of services (i.e. number of CBH members you will be able to serve) you intend to develop, and the zip code of your intended site.

2. Statement of Qualifications/Relevant Experience (not to exceed one page)

Provide information on the continuum of services offered by the applicant agency and the length of time the agency has been in existence. Describe previous work with similar target populations and experience providing services similar to those requested in this RFP.

The applicant must also be able to provide documentation of the availability of an appropriate facility for the services. Documentation of availability of the facility must be through ownership or lease documents, zoning approval, and certificate of occupancy (COO) that are included in the response to this RFP.

Applicants should indicate licensure status, ability to obtain required credentialing/ license as applicable, and ability to meet start-up target date 4/1/20.

2. Corporate Status

Please indicate your corporate status, including whether you are a for-profit or not-for-profit organization and provide legal documentation of that status as an attachment to your proposal. Applicants should also indicate their M/W/DSBE status as described in section III. D.

3. Governance Structure

Describe the governing body of your organization. Each applicant must provide a list of the names, gender, race, and business addresses of all members of its Board of Directors. Please indicate which, if any, board members are self-disclosed service recipients or are family members of people who have received services.

4. Program Philosophy

This section provides the opportunity to describe the vision, values and beliefs that will be evident in the design and implementation of the proposed services. The applicant should explain how the values of the DBHIDS Practice Guidelines, the Mayor's Task Force, and ASAM. This section should also include a description of how person-first (culturally competent) and trauma-informed practices and approaches are incorporated into the applicant organization and into the proposed program.

5. Program Design

- a. Describe any planned EBPs and strategies for implementing and sustaining (see II.B).
- b. Describe strategies to implement a tobacco-free treatment environment (see II.C).

- c. Describe strategies to deliver services as described, including establishing referral protocols, linkages, approaches to treatment planning and delivery, ensuring MAT, medication, medical, and co-occurring needs are met, and aftercare (see II.E).
- d. Describe your understanding of the population served and your ability and strategies to meet their particular needs. Address language and culture needs here. (see II. F & G).
- e. Describe plans for hiring, training, and supporting a strong and competent workforce (see II. H).

7. Operational Documentation and Requirements

Applicants must demonstrate the financial capability and fiscal solvency to do the work described in this RFP, and as described in their proposal. At a minimum, applicants must meet the financial threshold requirements described in section “III. Applicant Requirements – All RFPs” for their proposal to be considered for further review. The following documentation is required at the time of proposal submission and should be submitted as an Attachment to the proposal:

- Tax Identification Number
- An overview of your agency’s financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain, and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations.
- Federal Income Tax returns for for-profit agencies, or IRS Form 990, Return of Organization Exempt from Income Tax for non-profit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note, the most recent tax return must be submitted prior to any potential contract negotiations.
- Proof of payment of all required federal, state and local taxes (including payroll taxes) for the past twelve (12) months.
- Proof of an adequate Line of Credit demonstrating funds available to meet operating needs. If not available, please explain.
- Disclosure of any Bankruptcy Filings or Liens placed on your agency over the past five years. Please include an explanation of either. If there were no Bankruptcy Filings or Liens placed on your agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.
- Certificates of insurance. Certificates of insurance with the named insured entity being the same name and address as the provider contracting with CBH. The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The insurances certificate must include the following coverage: General Liability with a minimum of \$2,000,000

aggregate and a minimum of \$2,000,000 per occurrence. Professional Liability with a minimum of \$1,000,000 aggregate and a minimum of \$3,000,000 per occurrence. Professional liability policy may be per occurrence or claims made, if claims made, a two-year tail is required. Automobile Liability with a minimum combined single limit of \$1,000,000. Workers Compensation/Employer Liability with a \$100,000 per Accident; \$100,000 Disease-per Employee; \$500,000 Disease Policy Limit. CBH, City of Philadelphia and Commonwealth of Pennsylvania Department of Public Welfare must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health. Further, for applicants that have passed all threshold review items and are recommended by the Review Committee to be considered for contract negotiations for this RFP, each applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the applicant agency.

E. Interviews/Presentations

Applicants may be required to make an oral presentation concerning various aspects of their application to CBH. Such presentations provide an opportunity for applicants to clarify their application to insure a thorough and mutual understanding. CBH will schedule such presentations on an as needed basis.

APPENDIX A
RFP Response Cover Sheet
Addictions Community-Based Treatment
Community Behavioral Health

CORPORATE NAME OF
APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

SIGNATURE OF OFFICIAL AUTHORIZED TITLE
TO BIND APPLICANT TO A PROVIDER AGREEMENT

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____

APPENDIX C
City of Philadelphia Tax and Regulatory Status and Clearance Statement for Applicants

THIS IS A CONFIDENTIAL TAX DOCUMENT NOT FOR PUBLIC DISCLOSURE

This form must be completed and returned with Applicant’s proposal in order for Applicant to be eligible for award of a contract with the City. Failure to return this form will disqualify Applicant’s proposal from further consideration by the contracting department. Please provide the information requested in the table, check the appropriate certification option and sign below:

Applicant Name	
Contact Name and Title	
Street Address	
City, State, Zip Code	
Phone Number	
Federal Employer Identification Number or Social Security Number:	
Philadelphia Business Income and Receipts Tax Account Number (f/k/a Business Privilege Tax) (if none, state “none”)*	
Commercial Activity License Number (f/k/a Business Privilege License) (if none, state “none”)*	

___ I certify that the Applicant named above has all required licenses and permits and is current, or has made satisfactory arrangements with the City to become current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation, or has made satisfactory arrangements to cure any violation, or other regulatory provisions applicable to Applicant contained in The Philadelphia Code.

___ I certify that the Applicant named above does not currently do business, or otherwise have an economic presence in Philadelphia. If Applicant is awarded a contract with the City, it promptly will take all steps necessary to bring it into compliance with the City’s tax and other regulatory requirements.

 Authorized Signature

 Date

 Print Name and Title

You can apply for a City of Philadelphia Business Income and Receipts Tax Account Number or a Commercial Activity License on line after you have registered your business on the City’s Business Services website located at <http://business.phila.gov/Pages/Home.aspx>. Click on “Register” or “Register Now” to register your business

APPENDIX D
CBH Disclosure of Litigation Form

The Applicant shall describe in the space below any pending, threatened, or contemplated administrative or judicial proceedings that are material to the Applicant's business or finances including, but not limited to, any litigation, consent orders or agreements between any local, state, or federal regulatory agency and the Applicant or any subcontractor the Applicant intends to use to perform any of the services described in this RFP.

Not Applicable

Signature

Print Name

Date

Company or Agency Name