



**Request for Proposals**

**for**

**FAMILY-BASED MENTAL HEALTH SERVICES (REVISED)**

**issued by**

**Community Behavioral Health**

**Date of Issue:**

**08/02/19**

**Proposals must be received no later than  
2:00 P.M., Philadelphia, PA, local time, on 09/16/19**

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

**Please note that this revision of the RFP, posted on August 5, 2019,  
corrects errors in sections 1.6, 2.5.6, 3.2.5, and 3.2.6.5.**

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# 1. PROJECT OVERVIEW

## 1.1. Introduction; Statement of Purpose

Community Behavioral Health (CBH) is seeking providers to deliver traditional and specialty Family-Based Mental Health Services (FBMHS). The goal of this RFP is to increase immediate access to high-quality, licensed FBMHS for children and families throughout Philadelphia. Organizations eligible to apply for this RFP are:

- In-network CBH providers, with a current FBMHS program, who would like to develop specialty teams or increase general FBMHS team capacity
- In-network CBH providers, without a FBMHS program, who would like to develop general FBMHS and/or specialty teams
- Out-of-network providers, with FBMHS programs, who would like to enter the network to develop general and/or specialty teams

Organizations who are interested in developing specialty teams should propose one or more of the following specialties:

- Deaf/hard-of-hearing
- Autism spectrum disorder [ASD]
- Intellectual disability [ID] (expertise to work with both children and adults with ID)
- Bilingual (Spanish or other languages – Vietnamese, Mandarin, Arabic, etc.)
- ASD Spanish-speaking
- Trauma (with Evidence-based Practice and Innovation Center [EPIC] or Philadelphia Alliance for Child Trauma Services [PACTS] designation); priority will be given to providers who have a Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) designation for general and/or specialty teams

CBH will procure no more than 15 teams, of which half will be specialty teams.

- Eligible organizations currently providing FBMHS services must be able to develop at least 2 FBMHS teams.
- Eligible organizations currently not providing FBMHS services and/or not currently in the CBH network, must be able to develop at least 3 FBMHS teams.

During a typical calendar year, the number of FBMHS referrals ebbs and flows, mostly in relation to the start of the academic year. In light of this, and drawing from past experiences while keeping in mind clinical need within the network, we will be taking a staggered approach to contracting with teams. The first cohort of teams is tentatively scheduled for January of 2020 with subsequent cohorts to be determined. In your response, please present a clear timeline indicating by when you can have your team up and running keeping in mind staffing and training needs.

Applicants must develop FBMHS in a manner that reflects Philadelphia's core principles for children through the System of Care.<sup>1</sup>

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<sup>1</sup> Philadelphia System of Care, *PSOC Goals and Objectives*, <https://psoc.dbhids.org/about-us/system-of-care-framework/>

In addition, the following source materials may be helpful:

- DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment<sup>2</sup>
- Office of Mental Health and Substance Abuse (OMHSAS) Child and Adolescent Social Service Program (CASSP)<sup>3</sup>
- The Mayor's Blue Ribbon Commission on Children's Behavioral Health, Final Report, January 2007<sup>4</sup>
- Creating Competency from Chaos: A Comprehensive Guide to Home-Based Services<sup>5</sup>
- OMHSAS Policy Clarification 04-2012, which includes the Synopsis of the Family Based Mental Health Services (FBMHS) Treatment Model and Clinical Supervision in PA FBMHS: Recommendations for Best Practices<sup>6</sup>
- PA Bulletin 23.18, "Chapter 5260: Family Based Mental Health Services for Children and Adolescents."<sup>7</sup>

The proposed FBMHS services must be guided by the needs and preferences of young people and their families. Applicants are expected to include members/family members in the development of their response to this RFP, which should then be documented in their response.

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

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. CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 450 people and has an annual budget of approximately \$800 million.

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<sup>2</sup> 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>

<sup>3</sup> Office of Mental Health and Substance Abuse Services (OMHSAS) Child and Adolescent Social Service Program (CAASP) <http://www.dhs.pa.gov/parecovery/guildingprinciples/cassp/index.htm>

<sup>4</sup> The Mayor's Blue Ribbon Commission on Children's Behavioral Health<sup>4</sup>, *Final Report*, January 2007, <http://dbhids.org/wp-content/uploads/2015/01/BlueRibbonCommission1.pdf>

<sup>5</sup> Marion Lindblad-Goldberg, Martha Morrison Dore, Lenora Stern, *Creating Competency from Chaos: A Comprehensive Guide to Home-Based Services*, New York. W.W. Norton & Company, 1998.

<sup>6</sup> OMHSAS, *Policy Clarification 04-2012: Synopsis of the Family Based Mental Health Services (FBMHS) Treatment Model and Clinical Supervision in PA FBMHS: Recommendations for Best Practices*, OMHSAS, 2012.

<sup>7</sup> PA Bulletin 23.18, 1 May 1993. Annex A, Title 55: Public Welfare, Part VII. Mental Health Manual, Subpart D. Nonresidential Agencies/Facilities/Services, Chapter 5260. Family Based Mental Health Services for Children and Adolescents. Appendix P. [https://www.magellanofpa.com/media/2193/ca\\_aug-2015\\_fb-mh-services.pdf](https://www.magellanofpa.com/media/2193/ca_aug-2015_fb-mh-services.pdf)

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.

### **1.3. Project Background and Objective**

The objective of this RFP is to increase access to high-quality FBMHS for children and families throughout Philadelphia. Specifically, CBH seeks to ensure availability of FBMHS services across ZIP codes, particularly in areas of high FBMHS utilization, including 19120, 19124, 19134, 19140, and 19143. Additionally, CBH has identified specialty treatment teams needing additional service capacity as listed above.

By increasing access to high-quality and specialty FBMHS, CBH aims to promote the abilities of families to address challenging child behaviors and patterns of interaction in the home, thereby reducing reliance on out-of-home placements such as residential treatment or foster care. In addition to supporting parents and families during the treatment process, treatment seeks to help youth maintain community tenure by building natural supports therein. The goals of FBMHS for youth are to provide skill-building opportunities, improve functioning in day-to-day life, enhance interpersonal relationships and communication, identify strengths, promote resilience, etc.

For the purposes of this RFP and FBMHS treatment, “family” includes family of origin, adoptive family, foster family, and family of choice. Family includes, in addition to primary caregivers and legal guardians, siblings and other important family members.

### **1.4. Applicant Eligibility - Threshold Requirements**

To be eligible to apply for this RFP, applicants must be currently licensed or plan to be licensed at the time of implementation through the Office of Mental Health and Substance Abuse Services

(OMHSAS) Chapter 5260 regulations and enrolled in Medicaid. In addition, applicants must be:

- In-network CBH providers, with a current FBMHS program, who would like to develop specialty teams or increase general FBMHS team capacity
- In-network CBH providers, without a FBMHS program, who would like to develop general FBMHS and/or specialty teams
- Out-of-network providers, with FBMHS programs, who would like to enter the network to develop general and/or specialty teams

Applicants must also meet all threshold requirements (see III. K. for complete threshold requirements).

## **1.5. 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.

## **1.6. Location/Site**

The base facility and mobile components of the FBMHS program must align with PA Bulletin 23.18, “Chapter 5260: Family Based Mental Health Services for Children and Adolescents”; Practice Guidelines, particularly “Domain 1: Assertive Outreach and Initial Engagement”; and be guided by the principles of system of care. To be considered, applicants must have a physical plant location that allows service delivery to occur within home, school, and community settings in Philadelphia. High-need ZIP codes include 19120, 19124, 19134, 19140, and 1914, though providers are expected to serve families throughout all of Philadelphia.

Applicants must be able to deliver services in the counties surrounding Philadelphia when an identified child moves to a new home (in the case of children and youth placed in foster care).

# **2. SCOPE OF WORK**

## **2.1. Evidence-based Practices**

As noted, in Pennsylvania, the state-mandated treatment model for FBMHS service delivery is Ecosystemic Structural Family Therapy (ESFT). ESFT, developed by Dr. Marion Lindblad-Goldberg and colleagues at the Philadelphia Child and Family Therapy Training Center, is an empirically supported adaptation of Dr. Salvador Minuchin’s structural family therapy model. It is a trauma-informed, strengths-based, systemic treatment for children and families experiencing behavioral or relational challenges. ESFT is an effective treatment for children with moderate to severe behavioral challenges and/ or families with high levels of conflict, including families with children



who are at risk for out-of-home placements.

Based on the understanding that an individual's functioning is linked to relational patterns at home and in the community, ESFT addresses interactions among family members and between the family and community. Caregivers are supported via skill building, psychoeducation, and self-care interventions to manage their own emotional or developmental challenges and to enhance problem-solving and other parenting competencies. Family sessions enact growth-promoting interpersonal experiences and facilitate skills practice. ESFT therapists coach family members to practice new skills within the community, and they connect families to community supports to sustain the gains made in therapy. ESFT aims to improve child behaviors, enhance affective regulation among family members, and increase stability in the home environment. The standard of family treatment in many settings and levels of care, ESFT aligns with DBHIDS priorities for family engagement in treatment.

## **2.2. Requirements for General and Specialty Teams**

### **2.2.1. Overview of Services**

FBMHS are treatment services based primarily in the home, as well as other settings where challenges occur, i.e. school and community. FBMHS are designed to support families whose child has a serious emotional disturbance and is at risk of inpatient psychiatric hospitalization or out-of-home placement. FBMHS include individual and family therapy and case management delivered by a team of 2 co-therapists who receive supervision as prescribed by OMHSAS.<sup>8</sup> Services are delivered for up to 32 weeks, or longer if clinically indicated. Team-delivered services are required to constitute 60% of the time. The FBMHS team provides a minimum of weekly face-to-face contact with the family and weekly school-based intervention, with 24/7 availability of phone and in-person crisis support as needed, and access to psychiatry; programs must be able to ensure expedited access to psychiatry beyond what is traditionally possible through outpatient settings, and applicants can choose to accomplish this through direct staffing or a memorandum of understanding (MOU). During the review and selection process, preference will be given to providers who can offer psychiatry at their facility.

Per best practices and state requirements, Ecosystemic Structural Family Therapy (ESFT) is the service model delivery for FBMHS. FBMHS clinical and supervisory staff receive ESFT training as prescribed by OMHSAS.<sup>5</sup> As such, FBMHS are provided with the understanding that children's behaviors and symptoms are related to their systemic contexts in that they are members of a family, and the family is part of a larger community. FBMHS teams engage and collaborate with all identified members of the child's "system" to effect meaningful change, including parents/guardians/caregivers, siblings, extended family members, and outside professionals and community members. Treatment must be individualized, varied, and family-driven.

Treatment focuses on several areas:

- Caregiver Alliance: balancing parenting styles

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<sup>8</sup> OMHSAS Policy Clarification 04-2012

- Attachment: enhancing a parent’s ability to be emotionally connected to the child’s experience
- Emotional Regulation: addressing the core negative interactional pattern (what happens in the relationships that perpetuates the symptom)
- Executive Functioning: activating the parent’s and child’s personal power and natural and community supports

### 2.2.2. Trauma-Informed Requirement

All FBHMS teams must be trauma-informed. According to the National Child and Traumatic Stress Network (NCTSN):

A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.

A service system with a trauma-informed perspective is one in which agencies, programs, and service providers:

- Routinely screen for trauma exposure and related symptoms.
- Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.
- Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.
- Address parent and caregiver trauma and its impact on the family system.
- Emphasize continuity of care and collaboration across child-service systems.
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.
- These activities are rooted in an understanding that trauma-informed agencies, programs, and service providers:
  - Build meaningful partnerships that create mutuality among children, families, caregivers, and professionals at an individual and organizational level.
  - Address the intersections of trauma with culture, history, race, gender, location, and language, acknowledge the compounding impact of structural inequity, and are responsive to the unique needs of diverse communities.<sup>9</sup>

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<sup>9</sup> NCTSN, <https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>

In addition, all FBMHS teams will be required to complete the 10-hour online Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) course through the Medical University of South Carolina (MUSC).<sup>10</sup> FBMHS programs must be able to cohesively and thoughtfully integrate the principles and interventions of ESFT and TF-CBT into their service delivery model.

Components of FBMHS are as follows, and applicants should consult *Creating Competency* for additional guidance when developing programs and composing responses to this RFP:

### **2.2.3. Assessment**

Assessments should be family-centered and strengths-based, prioritizing resources already accessible to the family. All identified family members and support people should contribute to assessment interviews. Eco-maps, family timelines, and other tools should be utilized as appropriate. The assessment should aim to identify parenting and attachment styles, current challenges as prioritized by the family, child behavioral needs, any factors creating risk to the child's placement, and interaction patterns. Psychosocial needs should be identified, with focus on any social determinants contributing to family stress. Additional guidance for FBMHS assessment should be sought from *Creating Competence*.<sup>11</sup>

### **2.2.4. Family Therapy**

Family therapy is a major modality for FBMHS, and much of the clinical time will be spent with the child and key family members. Sessions should be based on the ESFT model and the understanding that a child's challenging behaviors are symptomatic of the larger systems of which they are a part (family, school, community). Thus, interventions should target family members who have regular interactions with the identified child, including caregivers, siblings, and grandparents. Clinicians should coach family members to practice productive interaction skills within their larger communities, creating parallel and sustainable changes within these systems.

### **2.2.5. Individual Therapy**

Individual therapy can occur with any family member as needed; however, if more targeted support is required, the FBMHS should refer that individual to separate therapy services, such as specialized outpatient treatment or substance use treatment services. Individual therapy should occur in a systemic context, with the ultimate goal, when possible, of moving toward family therapy and other sustainable venues for problem-solving and support. In a case such as this, the FBMHS team shall remain the driver of treatment and should ensure collaboration and continuity of care.

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<sup>10</sup> <https://tfcbt2.musc.edu/>

<sup>11</sup> Marion Lindblad-Goldberg, Martha Morrison Dore, Lenora Stern, *Creating Competency from Chaos: A Comprehensive Guide to Home-Based Services*, New York. W.W. Norton & Company, 1998

### **2.2.6. Case Management**

The FBMHS team should work closely with the family to assess needs and develop connections to community and other resources (i.e. medical, transportation, legal, etc.). The purpose of this component is to further support and/or develop the family's autonomy, strengths, and skills, as well as to bolster effective aftercare planning. Coordinating with other child servicing systems is also required. These linkages include but are not limited to: schools, after school programs, summer camps, church/ spiritual leaders, community activities, outpatient mental health clinics, juvenile justice programs, and drug and alcohol programs. It is critical for all teams to develop close coordination with medical providers to be able to work with families regarding medically complex needs of their children. Programs must also develop linkages with county respite coordination. The FBMHS teams should function as the lead team for all concurrent services, including services in the school. When concurrent services are being considered, CBH must be invited to the ISPT meeting.

### **2.2.7. Crisis Support**

A key component of FBMHS is 24/7 availability of the FBMHS (or equivalent on-call staff). Staff must be prepared to provide crisis support at any hour of the day, with a goal of de-escalating the crisis, building skills, and avoiding restrictive levels of care or hospitalization if possible.

Best practices for FBMHS include establishing a preventative crisis plan with the family early in treatment, with the plan reflecting the family's strengths and preferences for coping and including tools to be used in crisis. FBMHS teams should work from the beginning of treatment to establish trust and confidence with the family so that the family is more likely to access FBMHS available crisis services when needed.

FBMHS teams should coach families in using crises as opportunities to promote growth and change as much as possible. FBMHS programs should establish risk assessment and response protocols to address dangerous situations, as well as standards for workflow and response times.

### **2.2.8. Family Support Services**

Family support services are funds included in the FBMHS program budget in PA. They are to fund provision of concrete supports and basic needs, including food, shelter, and clothing. Family support funds can and should also be applied to activities and other items to support treatment goals, including enrollment in community activities, music lessons, etc.

## **2.3. Individuals Served**

Families referred to FBMHS have at least one child (up to 21 years old) who is experiencing severe emotional disturbances placing them at risk for inpatient treatment or out-of-home placement. FBMHS can also be used for children returning home from such settings. CBH data indicates that attention deficit and hyperactivity disorder (ADHD), depression, posttraumatic stress disorder (PTSD), and conduct disorder are among common diagnoses for the identified child.

Families referred to FBMHS comprise varying racial and socioeconomic backgrounds, and staff must be culturally competent including experience working with families with diverse backgrounds, identities, and related needs. As emphasized by ESFT, programs must be prepared to treat and support families whose treatment needs are heavily impacted and informed by social determinants and risk factors, including health complications, substance use challenges, poverty, histories of homelessness/unstable or inadequate housing, and violence in their communities. Programs should also be affirming of LGBTQIA populations, with an ability to sensitively support families in affirming the gender identity, gender expression, and sexual orientation of their children.

Many families referred to FBMHS are experiencing challenges related to the medical needs of their children, including understanding the relationship between physical and mental health; FBMHS teams must be able to coordinate with medical providers, coach caregivers in appointment attendance and medication administration, and support children with physical self-care and behaviors that promote good health.

## **2.4. 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 FBMHS to provide systems-minded, family-centered, growth-oriented treatment. Given the diversity in racial and socioeconomic background of families who receive FBMHS treatment, hiring strategies should aim to form teams whose diversity reflects that of the individuals served and whose training, background, and approach to working with families aligns with the mission of FBMHS. Requirements listed below are based on state-level regulations, and may possibly be modified within the limits of those regulations, and pending any updates to the regulations that occur after the publication of this RFP, during contract negotiations.

### **2.4.1. Required Personnel**

**One (1) Program Director** with one of the following:

- A graduate degree in psychiatry, psychology, social work, nursing, rehabilitation, education, or a graduate degree in the human services field plus at least 3 years direct care experience with children or adolescents in the following CASSP systems: mental health, intellectual disability, education, special education, children and youth, drug and alcohol, juvenile justice, health care and vocational rehabilitation, including 2 years of experience in any program of the CASSP system.
- Supervisory certification from the American Association of Marriage and Family Therapists.
- A bachelor's degree with a major in a field of human service plus at least 3 years direct care experience with children and adolescents in a CASSP system program may direct a FBMHS with state-approval, and if the service of a clinical consultant is obtained to provide clinical support at least 3 hours of service per team per week for a program with one team plus 1 hour per team per week for each additional team. The clinical consultant may not provide direct FBMHS for the provider. The clinical consultant shall:

- Be a psychiatrist or a person with a graduate degree in a field of human service plus 3 years of direct mental health service experience in working with children and families.
- Oversee treatment plans and other direct and indirect clinical support as assigned by the program director.

**Child Mental Health Professional(s)** with the following:

- A graduate degree in psychiatry, psychology, social work, nursing, education, rehabilitation or a graduate degree in the field of human services plus 2 years of experience in a CASSP system program

OR

- Be a licensed registered nurse (RN) with 5 years of experience including 2 years of experience in a CASSP system program plus have certification by OMHSAS as a mental health family based worker

OR

- A bachelor's degree in psychology, sociology, social work, nursing, rehabilitation, education, pre-med, theology, anthropology or a degree in the field of human services plus certification by OMHSAS as a mental health family, based worker

AND

- A FBMHS certificate from OMHSAS (able to be obtained over time)

**Child Mental Health Worker(s)** with the following:

- A bachelor's degree in psychology, sociology, social work, nursing, rehabilitation, pre-med, theology or anthropology plus 1 year of experience in a CASSP system program

AND

- A FBMHS certificate from OMHSAS

**FBMHS Teams and Ratios**

FBMHS teams comprise:

- 1 Mental Health Professional and 1 Mental Health Worker

OR

- 2 Mental Health Professionals

Supervision should occur as follows:

- 1.5 hours per week with individual or FBMHS team
- 1.5 hours per week with groups of teams not to exceed a total of 40 families served among the group supervision participants<sup>12</sup>

The maximum caseload for a FBMHS team is:

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<sup>12</sup> Policy Clarification 04-2012

- 8 families

The required availability and frequency of contact is:

- FBMHS teams (or equivalent staff on call) are available to families 24/7
- AND
- At least 1 hour of face-to-face contact with each family per week

### **2.4.2. Required Training**

In addition to participating in all CBH mandatory training, all staff must be trained as follows:

- All clinical supervisors, mental health professionals, and mental health workers must be trained in ESFT in alignment with OMHSAS Policy Clarification 04-2012.<sup>5</sup>
- All direct FBMHS staff must complete 10 hours of TF-CBT online training as noted.<sup>13</sup>

## **2.5. Requirements for Specialty Teams**

In addition to the elements described above, specialty teams must meet the following requirements. The following requirements are in addition to the PA Family-Based Regulations.

### **2.5.1. Deaf/Hard-of-Hearing**

Applicants who would like to develop specialty FBMHS for families with deaf and hard-of-hearing members (adults or children) must be able to deliver culturally affirming and linguistically competent services in line with established best practices and industry standards, including recommendations from the National Association of the Deaf for mental health services.<sup>14</sup>

### **2.5.2. Autism spectrum disorder [ASD]**

Applicants who would like to develop specialty FBMHS for families who children have ASD diagnoses must have staff with the following qualifications:

- At least one year of experience as a direct clinician, therapeutic support staff (TSS), or higher with children on ASD spectrum
- At least one year of experience in providing parent training/consultation, preferably Behavioral Skills Training models
- Preferably, direct experience supervising TSS or other aide/paraprofessional positions
- Must have one of the following, or a clear plan to obtain:
  - Graduate coursework in Autism and other neurodevelopmental disorders

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<sup>13</sup> NCTSN, <https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>

<sup>14</sup> <https://www.nad.org/resources/health-care-and-mental-health-services/mental-health-services/culturally-affirmative-and-linguistically-accessible-services/>

- Graduate coursework in evidence-based treatments for ASD
- Graduate coursework in Applied Behavior Analysis
- Ability to link to ASD-specific resources and supports, including knowledge of Special Education Law, behavioral health continuum, ASD community supports, DBHIDS/BAS waivers and supports for transition-age youth

### **2.5.3. Intellectual disability [ID] (expertise to work with both children and adults with ID)**

Applicants who would like to develop specialty FBMHS for families with members with ID (children or adults) must have staff with the following qualifications:

- Experience completing Vineland or other Adaptive Functioning Assessment to determine areas of skill building needed
- Trained in behavioral approaches using positive reinforcements, task analysis, reducing tasks into multiple, accomplishable steps
- Trained in visual/role playing models of therapy over verbal interventions

### **2.5.4. Bilingual (Spanish or other languages – Vietnamese, Mandarin, Arabic, etc.)**

Applicants who would like to develop FBMHS teams with bilingual specialty should describe how they will ensure culturally and linguistically accessible services, which should include the lead clinician, at a minimum, with bilingual fluency.

### **2.5.5. Spanish speaking ASD**

Applicants who would like to develop Spanish language ASD FBMHS teams must meet the requirements for ASD specialty teams listed above, and must have a lead clinician who speaks fluent Spanish, at a minimum.

### **2.5.6. Trauma (with Evidence-based Practice and Innovation Center [EPIC] or Philadelphia Alliance for Child Trauma Services [PACTS] designation)**

In addition to the trauma-informed requirements listed above, applicants who wish to develop FBMHS teams with a trauma specialty should be able to meet designation requirements through EPIC (exact timeframe to be determined during contract negotiations, will likely include training through PACTS grant).<sup>15</sup> Trauma specialty programs should have at least two teams trained in TF-CBT with the ability to carry at least 4-5 cases each that require TF-CBT. Please present a clear plan for maintaining designation, keeping in mind staff turnover and training requirements.

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<sup>15</sup> <https://dbhids.org/epic/EBP-program-designation>



### **2.5.7. Other Specialty Teams**

Other specialty teams will be considered if the provider can demonstrate the expertise and need for the proposed team specialty.

## **2.6. Timetable**

It is expected that all services requested through this RFP will be fully operational by **January 2020**.

## **2.7. 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.

## **2.8. 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, Information Services, Quality Management, and PEAR Departments to ensure the quality and completeness of data. Reporting requirements may be modified prior to or during the contract award period.

FBMHS programs will be required to use the Modified Family Assessment Form (MFAF) outcome measure.

## **2.9. 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 CBH initial credentialing.

## **2.10. Compensation/Reimbursement**

A higher FBS rate will be considered for specialty teams if justified by this operating budget; general teams will receive the standard FBS rate.

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 CBH 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.

## **2.11. 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. Programs must possess appropriate technology to support the ability of staff to deliver services in the field (cell phones, laptops for e.g.).

## **2.12. 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.

## **3. PROPOSAL FORMAT, CONTENT AND SUBMISSION REQUIREMENTS; SELECTION PROCESS**

### **3.1. Required Proposal Format**

**Proposals should include:**

- **Appendix A: RFP Response Cover Sheet**
- **Proposal Content: Narrative response and any required attachments to 3.2.1-3.2.6**
- **Operational documents listed in 3.2.7**
- **Appendix B: Tax Statement**
- **Appendix C: Disclosure of Litigation**
- **Budget Form (available on Contracting page of CBH website posted below RFP)**
- **Disclosure Forms (available on Contracting page of CBH website posted below RFP)**

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 8 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.

## **3.2. Proposal Content**

### **3.2.1. Introduction/Executive Summary**

Prepare a very brief introduction including a general description of your understanding of the scope and complexity of the proposed project. Indicate scope of services you intend to develop, including types and numbers of teams [general vs specialty; if specialty, list type(s)].

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 and experience providing services similar to those requested in this RFP.

### **3.2.2. Licensure and Location**

Applicants should indicate licensure status, ability to obtain required credentialing/ license as applicable, and ability to meet start-up target date of January 2020.

The applicant must also be able to provide documentation of the availability of an appropriate base facility for the services. Documentation of availability of the facility must be through ownership or lease documents that are included in the response to this RFP.

Applicants should state the areas of Philadelphia they will be able to serve by zip code, including affirming their ability to deliver services outside of Philadelphia when an identified child moves to a new home (in the case children and youth placed in foster care).

### **3.2.3. 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.

### **3.2.4. 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.

### **3.2.5. 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, State regulations and guiding

documents for FBMHS, and The Creating Competence text will inform the development and implementation of FBHMS. 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. Please include the plan for bringing your team online by January 2020.

### **3.2.6. Program Design**

#### **3.2.6.1. Evidence-based Practices**

Please describe your plan to ensure EBPs (ESFT) are implemented and sustained (i.e. how will you ensure training, staff buy-in, supervision, assessment treatment delivery to fidelity, address staff turnover, etc.). See section 2.2.1.

#### **3.2.6.2. Service Requirements**

Please describe how you will ensure components of FBMHS are delivered, including family, individual therapy, school-based services, crisis response, and family support funds. Include any strategies for scheduling and meeting the team-delivered and weekly family and school-based requirements. See section 2.2.1, 2.2.3, 2.2.4, 2.2.5, 2.2.6, 2.2.7, 2.2.8.

#### **3.2.6.3. Trauma-Informed Requirement**

Please describe how you will meet expectation in Section 2.2.2, including the requirement for all direct staff to complete the online TF-CBT training.

#### **3.2.6.4. Individuals Served**

Please describe your understanding of the needs of families to be served, addressing the details in 2.3. Include any previous experience and strategies used in working with particular groups.

#### **3.2.6.5. Personnel and Required Training**

Please describe strategies to hire, train, and support the required personnel. Include your plan to provide psychiatric services (whether through direct staffing or MOUs). Please include a plan for hiring and training staff by January 2020.

#### **3.2.6.6. Specialty Team**

If you intend to develop any specialty teams, please describe strategies to meet the requirements listed in 2.5, including any previous experience working with identified populations.

### **3.2.6.7. Reporting**

Please describe strategies for an outcome monitoring program component, particularly your agency's ability to implement the MFAF tool.

### **3.2.7. 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 below 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.

### **3.3. 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.

### **3.4. 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.

### **3.5. 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.
- 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](http://www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority_and_women_business_opportunities/1358)

### **3.6. 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](#) 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.

### **3.7. Compliance with Philadelphia 21<sup>st</sup> 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 21<sup>st</sup> 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, 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.

### **3.8. 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](http://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.

### **3.9. 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.

### 3.10. 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 C).

### 3.11. 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.

### 3.12. 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' Mediceck List <http://www.dhs.state.pa.us/publications/medicecksearch/>

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.

### 3.13. RFP Responses

A 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.

## 4. APPLICATION ADMINISTRATION

### 4.1. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	08/02/19
Deadline to Submit Questions	08/19/19
Answers to Questions on Website	08/23/19
Application Submission Deadline	09/16/19
Applicants Identified for Contract Negotiations	10/23/19
Project Start Date	01/13/19

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

This RFP is issued on **08/02/19**. In order to be considered for selection, all applications must be delivered to the address below no later than 2:00 PM on **09/16/19**. Questions related to this RFP should be submitted via E-mail by to: [gerard.holmes@phila.gov](mailto:gerard.holmes@phila.gov).

Community Behavioral Health  
801 Market Street  
7<sup>th</sup> Floor  
Philadelphia, PA 19107  
ATTN: Gerard Holmes

- Application packages should be marked “FBMHS RFP.” 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 1 hard copy with original signatures.
- 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.

## **4.2. 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.

## **4.3. 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.

# **5. GENERAL RULES GOVERNING RFPS/APPLICATIONS; RESERVATION OF RIGHTS; CONFIDENTIALITY AND PUBLIC DISCLOSURE**

## **5.1. 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.

## **5.2. 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.

### 5.3. 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.

### 5.4. 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 contracted 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

4.

(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.

## 5.5. 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.

## **5.6. Incurring Costs**

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

## **5.7. 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.

## **5.8. 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.

## **5.9. Selection/Rejection Procedures**

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.

## **5.10. 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.

### **5.11. 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.

# APPENDIX A: RFP RESPONSE COVER SHEET

## COMMUNITY BEHAVIORAL HEALTH

CORPORATE NAME OF  
APPLICANT ORGANIZATION \_\_\_\_\_

CORPORATE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROGRAM SITE LOCATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ZIP CODES ABLE TO SERVICE \_\_\_\_\_

Number of general teams:

Specialty Teams:

Proposed specialty- \_\_\_\_\_ Number of Teams- \_\_\_\_\_

Proposed specialty- \_\_\_\_\_ Number of Teams- \_\_\_\_\_

MAIN CONTACT PERSON \_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

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

\_\_\_\_\_  
TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED

## APPENDIX B: TAX STATEMENT

### 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 C: 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

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Signature

Print Name

Date

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Comp