Request for Qualifications

for

Acute Inpatient Psychiatry (AIP)

issued by

Community Behavioral Health

Date of Issue:
August 24, 2020

Proposals must be received via email no later than 2:00 p.m., Philadelphia, PA, local time, on October 12, 2020

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

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1. PROJECT OVERVIEW

1.1. Introduction; Statement of Purpose

Community Behavioral Health (CBH) is seeking providers who are currently operational and can provide Acute Inpatient Psychiatry (AIP) to the Medicaid recipients of Philadelphia. CBH is seeking AIP programs that can provide 24/7 care to children and/or adult populations. The AIPs must be located in or near Philadelphia. Hospital-based and free-standing AIPs will be considered. Providers are encouraged to submit applications for children-specific and/or adolescent-specific and/or adult-specific and/or older-adult-specific AIPs. The AIPs must be operational at time of submission.

The ability to provide active treatment, including comprehensive multimodal assessment; evidence-based individual, group, family, and milieu therapies; best practices in pharmacotherapy; use of peer supports; and other therapeutic interventions promoting the recovery and community tenure for individuals with severe mental illness and co-occurring needs (stemming from substance use disorder, intellectual disabilities, and other psychosocial challenges) will be emphasized through this Request for Qualifications (RFQ).

Applicants must show that the AIP program reflects the Philadelphia system emphasis on recovery transformation and population health as discussed in section 1.12. In particular, treatment should promote wellness as well as symptom-management, address the social determinants of health and mental health, and empower individuals to achieve successful community tenure. AIPs should partner with community organizations to maintain wellness in the community and to support reintegration of individuals discharged from AIP. The Philadelphia system's population health approach assumes that services are provided in a manner which is also consistent with the system transformation of behavioral health services implemented over the last decade. The DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment provide a framework for the system transformation.[1]

In addition, a working knowledge of the following source materials is required:

- For those applicants submitting documentation showing ability to provide Children and Adolescent AIP, applicants must be familiar with the CBH Child and Adolescent Inpatient Performance Standards[2]
- CBH Provider Manual, Section 7.2., "Clinical Guidelines"[3]

[1] For more information, please see http://www.dbhids.org/practice-guidelines/.
[2] For more information, please see https://dbhids.org/wp-content/uploads/1970/01/CAIP-PS.pdf.
[3] For more information, please see https://cbhphilly.org/cbh-providers/oversight-and-monitoring/cbh-provider-manual/.

This procurement process is designed to identify providers who demonstrate the capability to offer high quality behavioral health care services. The merits of each submission will be evaluated based upon quality and responsiveness to this RFQ. CBH will select as many qualified AIPs as needed to expand network capacity to fit current member need.

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 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. The Department envisions 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.

DBHIDS is comprised of six divisions: the Division of Behavioral Health, the Division of Intellectual disAbility Services (IDS), the Division of Community Behavioral Health (CBH), the Division of the Chief Medical Officer, the Division of Planning and Innovation, and the Division of Administration and Finance. CBH manages a full continuum of medically necessary and clinically appropriate behavioral health care services for the City's approximately 718,000 Medical Assistance/Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Approximately 43% (n=312,000) of Philadelphia's Medical Assistance recipients are children under 21 years of age.

The mission of CBH is to meet the behavioral health needs of the Philadelphia community by ensuring 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 RFQ is to identify and contract with qualified child, adolescent, adult, and older adult AIP providers in and around Philadelphia who meet IMD requirements and are able to provide high-quality treatment.[4]

1.4. Applicant Eligibility: 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 RFQ. Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined in Section 2., "Proposal Format." In addition, all required attachments must be submitted per Section 2., "Proposal Format." Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City of Philadelphia and CBH (as applicable). For applicants who are applying for children and/or adolescent AIP services, CBH Child and Adolescent Inpatient Performance Standards should be followed at a minimum.[5]

1.4.1. Enrollment in Medicaid and Medicare and Licensure Requirements

To be eligible to apply for this RFQ, applicants must either be currently enrolled or willing to enroll in Medicare and Medicaid programs and licensed through Chapter 5100 regulations by the Department of Human Services (DHS).

1.4.2. Exclusion Lists

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)
- System for Award Management (SAM) (formerly Excluded Parties List System (EPLS))
- Department of Human Services' Medicheck List

For this RFQ, 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. The provider must also conduct monthly screening of its own staff, contractors, subcontractors, and vendors.

[4] For more information, please see http://www.healthchoices.pa.gov/info/about/community/.
[5] For more information, please see https://dbhids.org/wp-content/uploads/1970/01/CAIP-PS.pdf.

1.4.3. Location/Site

Applicants must be able to provide proof of their site control at the time of their proposal. This can be in the form of an active lease or rental agreement. As a part of the proposal, please include an active lease or rental agreement clearly showing the location of the site for this program. The physical plant must align with core values and requirements of the DBHIDS Practice Guidelines.[6]

Within the narrative portion of the proposal, applicants should describe plans for transportation to ensure Philadelphia members are able to access services in a timely manner following initial presentation.

Applicants with hospital-based AIPs should present evidence of hospital accreditation from either the Pennsylvania Department of Health or the Office of Mental Health and Substance Abuse Services (OMHSAS).[7]

1.4.4. Capacity

Applicants should include information about the ages that the AIP program is able to serve.

Applicants should include information about ability to treat members who have psychiatric illness complicated by active medical problems. Applicants should include any exclusion criteria for admissions (e.g. inability to treat individuals who are pregnant, inability to treat individuals who are on a feeding tube, inability to treat individuals on oxygen, etc.) as well as the rationale for each exclusion criteria.

1.4.5. Personnel

Personnel must meet the minimum requirements in the Pennsylvania State Code; Chapter 1151 and Chapter 1101.

The AIPs must comply with applicable accreditation guidelines for personnel and coverage. Applicants should propose staff ratios based on these requirements. Expectations for on-site coverage will be the same for free-standing and hospital-based AIPs.

[6] For more information, please see http://www.dbhids.org/practice-guidelines/.
[7] For more information, please visit https://www.humanservices.state.pa.us/HUMAN_SERVICE_PROVIDER_DIRECTORY/.

1.4.6. Training

AIP staff must have education and training that complies with standards in the Manual for Review of Provider Personnel Files (MRPPF).[8] Applicants should include a clear training plan that includes the items listed in the MRPPF.

When providing an evidence-based practice (EBP), EBP clinicians and supervisors must receive expert training and consultation consistent with training expectation or standards set by the EBP developer or official EBP training or certification entity. See 1.4.9., "Evidence-Based Practices," for further details.

1.4.7. Supervision

Supervision of staff should emphasize the importance of the therapeutic alliance. Supervision of staff should be consistent, prioritized, and documented. Supervision is a method of supporting staff, which increases confidence in clinical ability, creates awareness of clinical limitations, and ensures that staff are not providing therapy for which they have not been properly trained.[9] Strong supervision practices can help to boost morale of staff, potentially decreasing turnover of staff.

When providing an evidence-based practice (EBP), staff should follow supervision standards and expectations set by that EBP. Supervision is regular, structured time dedicated to clinical (not administrative) supervision of the EBP model. Clinical EBP supervision can be incorporated into existing supervision structure or can be a dedicated time specific to supervision of the EBP. See 1.4.9., "Evidence-Based Practices," for further details.

Applicants should include a clear supervision plan for all staff, considering any EBPs the Applicant plans to implement in the program. At minimum, the supervision plan should include requirements outlined in the MRPPF.[10]

1.4.8. Language and Culture

CBH recognizes the National Culturally and Linguistically Appropriate Services Standards (National CLAS Standards) to demonstrate cultural competency.[11] These 15 standards create a framework for advancing health equity, improving quality, and helping to eliminate health care disparities. Applicants should present cultural competency plans that align with the National CLAS Standards.

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[8] Please see Section 7.4., "Provider Personnel," in the CBH Provider Manual for the most up-to-date version of the MRPPF.

[9] Substance Abuse Clinical Issues in Intensive Outpatient Treatment, Treatment Improvement Protocol (TIP) Series, TIP 47, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), https://store.samhsa.gov/system/files/sma13-4182.pdf.

[10] Please see Section 7.4., "Provider Personnel," in the CBH Provider Manual for the most up-to-date version of the MRPPF.

[11] For more information, please visit https://thinkculturalhealth.hhs.gov/clas/standards.

Applicants should share protocols to ensure that the site is welcoming to people from diverse cultures and has the resources to work with individuals and families who speak languages other than English.

It is expected that members served will comprise varying racial and socioeconomic backgrounds, and staff must be culturally and linguistically competent, including experience working with members with diverse backgrounds, identities, and related needs. Providers must be prepared to treat and support members 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 members in affirming the gender identity, gender expression, and sexual orientation of their members.

1.4.9. Evidence-Based Practices

DBHIDS has a strong focus on the use of evidence-based practices (EBPs) for all levels of service throughout its provider network. The AIP procured through this RFQ is strongly encouraged to establish an EBP that is appropriate for the population served. If an EBP will be pursued or is already present at the agency, training, supervision, and quality assurance strategies should be described to ensure the EBP is being implemented and sustained.

Applicants are encouraged to become familiar with DBHIDS' EPIC department as well as its EBP designation process.[12]

1.4.10. Documentation

Documentation for the AIP must meet State Regulation 1151.

Electronic Health Record is required; see section 1.11. below for more information about this requirement.

1.4.11. Services to be Provided/Required Tasks

AIPs must provide comprehensive assessment, treatment, and discharge planning for all individuals. Psychiatric nursing and clinical staff should be available 24/7 to implement treatment and closely monitor responses to AIP interventions. Staff must be able to address a

[12] DBHIDS has developed an EBP Program Designation to identify providers that are sustaining high-quality EBP Programs. The goals of the EPIC EBP Program Designation are to identify and roster providers who are offering high-quality, evidence-based, and evidence-supported practices and to increase the number of individuals who receive evidence-based services. The EPIC EBP Designation outlines a set of standards that are expected for implementing an EBP Program in a community behavioral health setting and enables DBHIDS to set up mechanisms for monitoring and incentivizing the delivery of EBPs. You can read about EPIC here, and information about the designation process can be found here.

myriad of presenting challenges stemming from mental health needs, substance use, intellectual disabilities, medical complexities, psychosocial barriers, legal involvement, or a combination of these. Applicants should describe how they will ensure access to medical care for members. Well-established referral pathways and connection to community supports should be mobilized to ensure successful discharges. Services should be culturally competent, trauma-informed, and able to meet the special needs of individuals. Given the social stigma this population faces, it is critical for each AIP to cultivate a nonjudgmental and supportive treatment environment, one which respects the dignity and value of each person who receives treatment.

1.4.11.1. Admission

AIP staff should conduct a welcoming orientation process for newly placed individuals, which should include a site tour, staff introductions, and explanation of AIP guidelines and expectations for individuals receiving services. Psychoeducation should be provided with an emphasis on the goals of AIP and the individual's role in the recovery process.

1.4.11.2. Physical Health and Wellness

AIPs should have physician and nursing capacity to treat chronic and complex medical needs on site. Appropriate physical examination and monitoring will occur in accordance with best practice. AIPs should be able to obtain necessary laboratory work at admission, for ongoing monitoring, and when more in-depth testing is needed. AIPs must also be able to obtain radiological imaging and CT/MRI as indicated. The AIPs should also have adequate staff, transportation, and linkages with outside specialists for individuals whose medical needs require offsite care. Medical staff (including nursing) should provide health and wellness education, addressing symptom management, engagement in treatment, medication consistency, exercise, nutrition, weight management, and drug, alcohol, and/or tobacco use as applicable.

1.4.11.3. Psychiatric Care

Face-to-face evaluation of members admitted to the AIP by a psychiatrist should occur daily; multidisciplinary treatment team meetings with a psychiatrist present should occur daily. The psychiatrist must complete daily notes indicating significant changes or events, medication-related interventions, monitoring of symptoms, objective assessment (including a mental status exam), and treatment response. The psychiatrist should help guide treatment planning in a holistic manner which reflects a comprehensive biopsychosocial assessment and treatment plan. The unit must be able to administer clozapine and long-acting injectables as prescribed by the psychiatrist.

1.4.11.4. Therapy

Applicants are encouraged to select at least one EBP appropriate for the AIP population; if pursued, providers must ensure staff training, supervision, and consistent implementation to

fidelity. Treatment should promote healthy self-regulation and conflict resolution, particularly for individuals with histories of violence. Active treatment should be delivered seven days per week, with each individual involved in some form of therapeutic activity at least five hours per day, with the possibility of more as needed. Efforts should be made, and such efforts documented, to engage individuals who are initially reluctant to participate in treatment.

- **Individual therapy and group therapy:** Person-centered, evidence-based practices via individual and group therapy should be provided with an emphasis on self-management, coping skills, addiction recovery, and conflict resolution. Treatment should continuously address barriers to sustained reintegration into the community.
- **Family therapy:** Per individual consent, sessions should include family members/ significant others and community resource providers with an emphasis on the individual's ability to access support during and after AIP stay.
- **Milieu therapy:** Milieu management comprises many of the activities that provide structure and an opportunity for stability during inpatient stays, including, but not limited to, the management and layout of the inpatient environment, efforts to maintain safety and security, and the daily schedule.
- **Psychiatric Rehabilitation:** Skill-building interventions should be provided to increase successful community tenures.

1.4.11.5. Environmental Safety

The AIPs will emphasize the responsibility of each individual for the functioning and stability of the therapeutic community while promoting dignity and respect in all interactions. Staff and individuals will focus on conflict resolution, de-escalation techniques, and the reduction or elimination of the use of restraint and seclusion. The environment will support the promotion of clean air and living spaces and noise control. Access to outdoor space is required of the AIP environment.

1.4.11.6. Special Needs

The AIPs should be able to address special needs and disorders of presenting individuals, including, but not limited to:

- Trauma histories
- Intellectual disabilities
- Multilingual/multicultural needs
- Histories of aggression/violent behavior
- Self-injurious
- Women's Health/Pregnancy
- Complex medical needs including HIV/AIDS
- Individuals who are transgender, thus requiring awareness of staff to name changes, identification documents, pronouns, and any added support to integrate safely with other AIP residents

- Individuals with autism spectrum disorder (ASD)
- Sexual offenses
- Fire setting
- Forensic involvement
- Substance use disorders
- Chronic pain
- Medication Assisted Treatment for Opioid Use Disorder (methadone, buprenorphine, naltrexone)
- Nicotine Replacement Therapy
- FDA-approved medication-assisted treatments for alcohol use disorder

If the Applicant is unable to address any of the above listed special needs, or any special needs not listed above, the Applicant should include a note within the narrative of this section of their proposal explaining rationale.

1.4.11.7. Linkages/Discharges

The AIPs will develop collaborative relationships with community-based levels of care to ensure successful reintegration into the community upon discharge; this includes securing partnerships with educational/vocational programs and employers for post-discharge opportunities. Linkages with housing organizations and resources will be essential in ensuring individuals have a safe and stable place to live following discharge. AIPs should have the capability to conduct utilization reviews with CBH. Coordination with past, current, and prospective providers is critical and required. The AIPs must establish working relationships with the Admissions, Discharges, and Planning Team (ADAPT), the Behavioral Health Justice-Related Services (BHJRS) division, and CBH to ensure smooth referral processes. Interagency meetings including CBH will occur at intervals to be determined by CBH, based on clinical need. To address complex medical needs that require off-site treatment, AIPs must establish working relationships with outside specialists.

Successful transition into the community is of paramount importance. As such, applicants must describe post-discharge follow-up procedures. A discharge plan should be developed and signed by the individual and all involved agencies.

1.5. General Disclaimer

This RFQ does not commit CBH to award a contract. This RFQ 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 RFQ, shall become the property of CBH and may be subject to public disclosure by CBH.

1.6. Timetable

It is expected that all services are already operational and pending enrollment in Medicaid/Medicare (if not currently enrolled), as well as the CBH initial credentialing process,[13] and that the provider will be able to start accepting CBH admissions. CBH is unable to accept claims for AIP services prior to the completion of Medicaid/Medicare enrollment and completion of the CBH initial credentialing process.

1.7. Monitoring

Programs that meet requirements as outlined in this RFQ will be subject to evaluation and program, compliance, and budgetary monitoring by DBHIDS and CBH. On-site reviews, including participation in treatment teams, may occur as deemed necessary by CBH.

CBH may also require provider self-audits. In the Centers for Medicare and Medicaid Services (CMS) Pennsylvania Comprehensive Program Integrity Review, third-party initiated self-audits are highlighted as one of the PA-DHS program integrity measures. Self-audits are initiated by a third party if a potential concern is identified through compliance-related activities (e.g. data mining, hotline reports, third-party audits, etc.). To initiate the self-audit, the third party (i.e. the CBH Compliance Department) will contact the MA provider, request they conduct a self-audit, and both parties must mutually agree to the audit methodology and scope. Findings are then reviewed by the third party (i.e. the CBH Compliance Department), and overpayments and improper payments are returned in accordance with the Self-Audit Protocol.[14, 15, 16]

1.8. Reporting Requirements

By accepting a selection under this RFQ, applicants agree to comply with all data reporting requirements of CBH. Awardees agree to supply all the required data necessary for outcome evaluation and Performance Management purposes and to participate in required assessments. To fulfill the data reporting requirements, successful applicants must work with CBH and, where applicable, the CBH Claims, Information Services, and Performance Management Departments to ensure the quality and completeness of data. Reporting requirements may be modified prior to or during the contract award period.

1.9. Performance Standards

The selected Applicant(s) will be required to meet any performance standards established by CBH during the term of the contract, along with meeting CBH credentialing and compliance

[13] Please see Section 2., "Credentialing," in the CBH Provider Manual.

[14] For more information, visit https://dbhids.org/wp-content/uploads/2018/11/Compliance-Bulletin_FINAL.2.pdf.

[15] For more information, visit https://cbhphilly.org/cbh-providers/oversight-and-monitoring/audit-tools/.

[16] Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2012). Medicaid Integrity Program Pennsylvania Comprehensive Program Integrity Review Final Report.

standards. All successful Applicants will be expected to have a compliance plan along with all other required documents for CBH initial credentialing.

The AIP will be expected to internally monitor and analyze data and trends to assess member satisfaction, progress in treatment, and program quality through a set of standardized tools. Seven-day and 30-day follow up, as well as 30-day readmission rates, will be tracked by CBH as performance measures—as per HEDIS and the PA-HEDIS specifications—and reported to the State. Successful community tenure and readmission will be tracked and connected to value-based contracting.

1.10. 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. for the AIP.

The Applicant is to use the budget forms which are provided separately on the CBH website to develop the budget. Start-up funding is not available for this project. The Applicant should submit this budget form as an **unlocked excel document**.

1.10.1. Value-Based Payments

Starting in 2018, OMHSAS began requiring all Behavioral Health Managed Care Organizations (BH-MCOs) in the Commonwealth to transition an increasing percentage of its contracts with providers to Value Based Payments (VBP) models. The expectation is that, by the end of 2020, all BH-MCOs will include at least 20% of their total medical expenses in VBP arrangements, 10% of which must be paid through higher risk models.

1.11. Technological Capabilities

Applicants must have the technological capabilities required to perform the proposed activities in this RFQ. At a minimum, Applicants must have electronic claims submission and an Electronic Health Record (EHR) ready for use.

1.12. Population Health

Because of the successful DBHIDS transformation initiative between 2005 and 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 US 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 cannot 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 focus 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 of 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' 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 while *also* working to screen for and prevent the onset or progression of conditions, thus improving outcomes and better utilizing resources.

4. **Address the social determinants of health.** Poor health and health disparities do not 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 cannot 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.

2. PROPOSAL FORMAT, CONTENT, AND SUBMISSION REQUIREMENTS; SELECTION PROCESS

2.1. Required Proposal Format

Proposals should include the following (when saving electronically, save all items below separately and use the following titles for each separate item):

- Attachment A: RFQ Response Cover Sheet
- Attachment B: City Tax and Regulatory Status Clearance Statement
- Attachment C: City Disclosure of Litigation
- Attachment D: Statement Regarding Exclusion Lists
- **Narrative Response** (not to exceed seven pages)
- Training Plan *(not required)*
- Supervision Plan *(not required)*
- Status of Minority/Women/People with Disabilities Owned Business Enterprises *(required if For-Profit only)*
- Corporate Status
- Governance Structure
- Operational Documents
    - National Provider Identifier (NPI)
    - Tax Identification Number
- Budget

Proposals must be prepared simply and economically, providing a straightforward, concise description of the Applicant's ability to meet the requirements of the RFQ. Each proposal must provide all the information detailed in this RFQ using the format described below. The narrative portion of the proposal must be presented in font size 12, using Times New Roman or Calibri font, and single-spaced on 8.5" by 11" sheets of paper with minimum margins of 1". The Applicant must address each item listed below in section 2.2.1., "Narrative Response Requirements," to be considered a complete submission.

Applicants are required to limit their General Narrative Description to **seven 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.

2.2. Proposal Content

2.2.1. Narrative Response Requirements

- Brief description of history of AIP program (not to exceed one page)

- Capacity (see section 1.4.4. for additional details)
    - Approximate number of people served by AIP program in the past year
- Location of Site (see section 1.4.3. for additional details)
    - Proof of site control (can be submitted as attachment)
    - Address and description of immediate area surrounding site
    - Plan for addressing transportation needs to and from site for Philadelphia members
- Enrollment in Medicaid/Medicare (see section 1.4.1. for additional details)
    - Provide enrollment ID information if enrolled in Medicaid and/or Medicare
- Personnel (see section 1.4.5. for additional details)
    - List of staffing and hours
- Language and Culture (see section 1.4.8. for additional details)
    - Reference protocols that ensure the site is welcoming to all (can include copy of protocols as attachment)
- Evidence-Based Practices (EBP) (see section 1.4.9. for additional details)
    - Training, supervision, and quality assurance strategies for chosen EBP
- Documentation (see section 1.4.10. for additional details)
- Services to be Provided (see section 1.4.11. for additional details)
    - Admission
    - Physical health and wellness
    - Psychiatric care
    - Therapy
    - Environmental Safety
    - Special Needs
    - Linkages/Discharges
- Electronic Billing system (see section 1.11. for additional details)
    - Confirmation that Applicant has electronic billing system; specify
- Electronic Health Record (see section 1.11. for additional details)
    - Confirmation that Applicant has electronic health record; specify

2.3. Terms of Contract

The contract entered into by CBH as a result of this RFQ will be designated as a Provider Agreement. Negotiations will be undertaken only with the successful Applicants whose applications, including all appropriate documentation that shows them to be qualified, responsible, and capable of performing the work required in the RFQ.

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.

2.4. Health Insurance Portability and Accountability Act (HIPAA)

The work to be provided under any contract issued pursuant to this RFQ 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.

2.5. 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 RFQ 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 ensure 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's Office of Economic Opportunity (OEO) Certification Registry. If the Applicant is M/W/DSBE certified by an approved certifying agency, a copy of certification should be included with the proposal.

- **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 can be found here.

2.6. 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 RFQ.

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 RFQ 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 RFQ but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFQ. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made online 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.

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

Applicants are advised that any contract awarded pursuant to this RFQ 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 RFQ 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 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 RFQ. 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 RFQ. By submitting a proposal in response to this RFQ, 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 RFQ. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFQ of the requirements of Chapter 17-1300.

2.8. Certification of Compliance with Equal Benefits Ordinance

If this RFQ 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, 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 RFQ, all Applicants so acknowledge and certify that, if awarded a Service Contract pursuant to this RFQ, 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 RFQ. 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.

2.9. 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 RFQ 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.

2.10. 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 RFQ. 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).

2.11. Selection Process

An application review committee will review all responses to this RFQ. Based on the criteria detailed above, the committee will make recommendations concerning the submissions that are best able to meet the goals of the RFQ. Submissions will be reviewed based upon the merits of the written response to the RFQ.

3. APPLICATION ADMINISTRATION

3.1. Procurement Schedule

The anticipated procurement schedule is as follows:

RFQ Event	Deadline Date
RFQ Issued	8/24/20
Information Session (see below for details)	8/31/20
Deadline to Submit Questions	9/4/20
Answers to Questions Posted	9/9/20
Application Submission Deadline	10/12/20
Applicants Identified for Contract Negotiations	10/23/20
Projected Start Date	1/6/20

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

This RFQ is issued on August 24, 2020. In order to be considered for selection, all applications must be emailed to the address below no later than 2:00 p.m. on October 12, 2020. CBH encourages Applicants to include a read receipt on all submissions to verify that the email was indeed received. Due to the size of some files, multiple emails may be required to complete a submission; in that case, CBH encourages providers to number their emails in the subject line of the email. All emails related to the submission must be received by the above due date and time to be considered a complete submission.

Questions related to this RFQ should be submitted via email by September 4, 2020, at 2:00 p.m. EST to Laura.York@phila.gov.

- Applications should be sent via email to Laura.York@Phila.gov with the subject line "**AIP RFQ Submission**." Applications submitted by any means other than electronic files via email will not be considered.
- Applications submitted via email cannot be resubmitted with edits.
- Please be sure to save each item listed in Section 2 as separate PDF files, and clearly label the electronic files.
- Applicants are encouraged to check their full application before sending to make sure all signatures, information, and dates are completed on each form. Submission of incomplete forms may result in an application not being considered.

- Applicants are encouraged to attach read receipts with submissions.
- Applications submitted after the deadline date and time will not be considered.
- 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.

The August 31, 2020, information session will be hosted virtually via Zoom Webinar from 1:00 p.m. to 2:00 p.m.; please register here prior to August 31, 2020.

All updates and documents, including the Q&A and negotiation announcement, will be posted to the cbhphilly.org "Contracting" page.

3.2. 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 ensure a thorough and mutual understanding. CBH will schedule such presentations virtually and on an as-needed basis.

3.3. 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 reissue all or part of the RFQ 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.

4. GENERAL RULES GOVERNING RFQS/APPLICATIONS; RESERVATION OF RIGHTS; CONFIDENTIALITY AND PUBLIC DISCLOSURE

4.1. Revisions to RFQ

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

4.2. City/CBH Employee Conflict Provision

City of Philadelphia or CBH employees and officials are prohibited from submitting an application in response to this RFQ. 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.

4.3. 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 RFQ. An Applicant's refusal to enter into a contract which reflects the terms and conditions of this RFQ or the Applicant's proposal may, in the sole discretion of CBH, result in rejection of Applicant's proposal.

4.4. Reservation of Rights

By submitting its response to this notice of Request for Qualifications as posted on the CBH website, the Applicant accepts and agrees to this Reservation of Rights. The term "notice of request for qualifications" (RFQ), as used herein, shall mean this RFQ and include all information posted on the CBH website in relation to this RFQ.

4.4.1. Notice of Request for Qualifications (RFQ)

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 RFQ at any time;
(b) to issue a new RFQ with terms and conditions substantially different from those set forth in this or a previous RFQ;
(c) to issue a new RFQ with terms and conditions that are the same or similar as those set forth in this or a previous RFQ in order to obtain additional applications or for any other reason CBH determines to be in their best interest;
(d) to extend this RFQ in order to allow for time to obtain additional applications prior to the RFQ application deadline or for any other reason CBH determines to be in its best interest;
(e) to supplement, amend, substitute, or otherwise modify this RFQ 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 RFQ 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 RFQ 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 CBH website.

4.4.2. 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, determines the application is incomplete, deviates from, or is not responsive to the requirements of this RFQ, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations, or items of work not called for by this RFQ, or if CBH determines it is otherwise in its best interest to reject the 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 RFQ;

(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, determines 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, determines 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 RFQ, 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 RFQ;

(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 RFQ, 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 CBH website.

4.4.3. 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 RFQ, 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.

4.5. 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 RFQ, 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.

4.6. Incurring Costs

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

4.7. 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.

4.8. 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 RFQ 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 RFQ. Selection or rejection of an application does not affect this right.

4.9. Selection/Rejection Procedures

The Applicant(s) whose submission is selected by CBH will be notified in writing as to the selection, and/or their selection will also be posted on the CBH 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.

4.10. Non-Discrimination

The successful Applicant, as a condition of accepting and executing a contract with CBH through this RFQ, 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.

4.11. Life of Proposals

CBH expects to select the successful Applicants as a result of this RFQ 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 RFQ. 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.