



Request for Qualifications

for

Specialty Independent Practitioners

issued by

Community Behavioral Health

Date of Issue:
December 1, 2020

**Proposals must be received via email no later than
2:00 p.m., Philadelphia, PA, local time, on February 1, 2021**

**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 soliciting applications for independent practitioners who are qualified to provide treatment in one of the following specialty areas:

- Post-Traumatic Stress Disorder (per DSM)
- Trauma-informed care
- Depressive disorders (per DSM), particularly when secondary to chronic health conditions
- Anxiety disorders (per DSM)
- Hoarding (per DSM)
- Forensic evaluations to include, Fire-setting evaluations and/or treatment (per DSM)
- Feeding and eating disorders
- Co-occurring mental health/substance use
- Co-occurring mental health/intellectual disabilities
- Post-carceral and forensic populations
- Dually eligible older Philadelphians and Philadelphians with disabilities
- Lesbian/gay/bisexual/transgender/queer/intersex/asexual (LGBTQIA) populations
- Applied Behavior Analysis (ABA) providers
- Autism spectrum disorder diagnostic evaluators
- Psychology testing
- Evidence-based practices (EBP) clinicians ([per EPIC designation](#))
- Non-English spoken languages and/or American Sign Language fluency

Practitioners who would like to deliver services as part of a group practice should indicate this in their application and should submit one application per practitioner; a “group practice” comprises staff of the same discipline and licensure.

CBH utilizes the services of the Council for Affordable Quality Healthcare, Inc. (CAQH), a National Committee for Quality Assurance (NCQA) certified Credentials Verification

Organization (CVO) to collect and complete primary source verification on credentials for individual practitioners for both initial credentialing and recredentialing. For the purposes of this RFQ, Applicants must submit responses per questions and criteria described throughout this document. Applicants should also review the [CBH Credentialing Manual](#) and the CAQH Provider Application (Appendix C of the CBH Credentialing Manual) to ensure all requirements for entering the CBH Network can be met. Once CBH determines an Applicant is qualified via the RFQ process, they will submit the CAQH Application to begin the CBH credentialing process. In addition, ABA provider Applicants should review the ABA Performance Standards and ABA Designation Application found on in the [CBH Provider Manual](#) on the CBH website.

Applicants must develop services in a manner that reflects the Philadelphia system transformation toward a recovery-oriented system of care, as described in the DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment.¹

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 with an emphasis on self-determination for individuals with intellectual disabilities. Built on a strategic plan: Prioritizing for a Changing Environment (PACE), DBHIDS focuses on priority areas, overlaid with the vision of addressing Trauma, achieving Equity, and engaging Community (TEC). 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 seven 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, the Division of

¹ 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>

Behavioral Health Justice Related Services (BHJRS), 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 independent practitioners to develop a robust network of behavioral health providers in Philadelphia. This RFQ aims to open the network to practitioners who are eligible to practice in the areas identified by CBH as needing additional service capacity. The rationale for selecting each area is based on diagnosis data for children and adults receiving CBH-funded services, annual member needs assessment findings, current treatment capacities, and city-wide data regarding growth among certain populations.

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 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).

1.4.1. Enrollment in Medicaid and Medicare and Licensure Requirements

Applicants must be enrolled, at their primary practice location, in Pennsylvania Medicaid as licensed clinical social workers, licensed psychologists, or licensed psychiatrists. Licensed professional counselors and licensed marriage and family therapists who meet criteria of this RFQ are encouraged to apply, and, if selected to enter the network, CBH will provide assistance in enrolling those licensed professionals in Medicaid as needed.

Enrollment in Medicaid requires that practitioners adhere to the PA Code relevant to their licensing entities. For social workers, marriage and family therapists, and professional

counselors, the state regulations can be found [here](#). For psychologists, the state regulations can be found [here](#).

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' Medichex 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 a monthly screening of its own staff, contractors, subcontractors, and vendors.

1.4.3. Location/Site

Services must be easily accessible by residents of Philadelphia. The setting must align with standards of licensing entities (including sections addressing privacy and confidentiality) and the DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment.

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.²

ABA Providers must have an existing Intensive Behavioral Health Services (IBHS) license and expected to be in compliance with Title 55 PA. Code Chapter 5240 regulations.

1.4.4. Established Practice

Applicants must have an established practice as evidenced by site control, client base, referral pathways, linkages with relevant community partners, and an electronic billing system.

ABA Providers must be able to explain and demonstrate how they would fulfill member's need for an IBH Written Order and use of a MA enrolled licensed psychologist to support the need for psychological testing and for diagnostic clarification if needed., Licensed Psychiatrist, or Developmental Pediatrician. ABA Providers must also have an established Electronic Medical Record (EMR) and a system for collecting, graphing, and analyzing treatment data.

² For more information, please see <http://www.dbhids.org/practice-guidelines/>.

1.4.5. Requirements Per Specialty

	Population description	Age range	EBP or other training certification
Post-Traumatic Stress Disorder (PTSD)	Individuals diagnosed with PTSD per DSM	Adults and children	Demonstrated training/certification in treating PTSDs
Trauma informed care	Individuals experiencing psychological trauma ³	Adults and children	Demonstrated training/certification in trauma-informed practices
Depressive disorders	Individuals diagnosed with depressive disorders per DSM	Adults and children	Demonstrated training/certification in treating depressive disorders
Depression with co-occurring medical challenge	Individuals diagnosed with depressive disorders per DSM secondary to chronic medical challenges	Adults and children	Demonstrated training/certification in treating co-occurring depressive disorders
Anxiety disorders	Individuals diagnosed with an anxiety disorder per DSM	Adults and children	Demonstrated training/certification in treating anxiety disorders
Hoarding disorder	Individuals diagnosed with hoarding disorder per DSM (Adults and children	Demonstrated training/certification in treating hoarding disorder
Forensic Evaluations to include, Fire-setting	Individuals diagnosed with pyromania per DSM (or with a forensic history of fire setting	Adults and children	Demonstrated training/certification in fire setting intervention
Feeding and eating disorders	Individuals with any disorder found in the Feeding and Eating Disorder per DSM	Adults and children	Demonstrated training/certification in treatment of feeding and eating Disorders

³ For more information, please visit: https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816_litreview.pdf

Co-occurring mental health/ substance use	Individuals with co-occurring mental health and substance use challenges	Adults and children	Medication-assisted treatment training or certification
Co-occurring mental health/intellectual disability (ID)	Individuals with mental health challenges and an ID diagnosis	Adults and children	Demonstrated training/certification in treatment of individuals with ID
Post-carceral (individuals with history of incarceration) and forensic practitioners	Individuals with a mental health diagnosis who have a forensic history or who are currently involved with the legal system	Adults and children	Demonstrated training/certification in treatment of post-carceral or forensic individuals
Practitioners treating dual-eligible older Philadelphians or those with a disability	Older adults (65 and older) AND individuals with long-term disability determination that has resulted in them having Medicare	Adults over age 21 who are dually eligible	Ability to bill Medicare primary and to balance bill Medicaid/CBH
LGBTQIA	Individuals from LGBTQIA communities/ population seeking culturally relevant services	Adults and Children	Demonstrated training/certification in providing LGBTQIA-relevant services
ABA providers	Children with a behavioral health diagnosis, particularly a neurodevelopmental disorder treated by ABA	Children	<p>Must have an OMHSAS approved IBHS for ABA Services and Group Service description and be enrolled in Pennsylvania Medicaid as a Provider Type 11/Specialty 591 and 592 and be able to qualify for ABA Designation per CBH requirements; see ABA Designation here and ABA Performance Standards in the CBH Provider Manual. ABA Applicants must receive ABA Designation after being selected through this RFQ and before being credentialed through CBH.</p> <p>ABA providers must comply with Act 62 requirements related to Third Party Liability. Providers must verify insurance at the time services are provided. Preference will be given to those ABA providers who demonstrate ability to</p>

			serve those with commercial insurance and Medicaid.
Psychologists- psychological testing	Any individual in need of psychological testing	Adults and children	Demonstrated certification/training in psychometric testing (including a list of the specific tests that are applicable)
Evidence-Based Practices	Any individual in need of evidence-based practices	Adults and children	Ability to apply and be approved for DBHIDS EPIC Independent Practitioner EBP designation ⁴
Non-English spoken languages and/or American Sign Language fluency	Any individual in need of non-English and/or ASL behavioral health services	Adults and children	Fluency in non-English language, and/or certification proving fluency in American Sign Language

1.4.6. Personnel and Training

Applicants must have established hiring and vetting practices to ensure hiring of culturally and clinically competent staff (as applicable for group practices and IBHS ABA Services). Staff credentials and training must adhere to requirements of the CBH Manual for Review of Provider Personnel Files (MRPPF) and the Supplement to the MRPPF (SMRPPF) found on [the CBH website](#).

ABA Providers must hire and train personnel in alignment with the CBH ABA Performance Standards found [in the CBH Provider Manual](#).

1.4.7. Language and Culture

CBH recognizes the National Culturally and Linguistically Appropriate Services Standards (National CLAS Standards) to demonstrate cultural competency.⁵ 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.

According to the most recent data, CBH members most often requested interpretation services for Arabic, Portuguese, Chinese Mandarin, Spanish, and Vietnamese (in order of most requested to least requested). CBH members also requested interpretation services for Chinese Cantonese, Haitian Creole, Russian, Burmese/Karen, French, Farsi, and Nepali.

⁴ For more information, visit: <https://dbhids.org/wp-content/uploads/2020/02/EPIC-EBP-IP-Designation-Notification-FINAL.pdf>

⁵ For more information, please visit <https://thinkculturalhealth.hhs.gov/clas/standards>.

1.4.8. Evidence-Based Practices

DBHIDS has a strong focus on the use of EBPs for all levels of service throughout its provider network. The Practitioners procured through this RFQ are strongly encouraged to establish an EBP that is appropriate for the population served. If an EBP will be pursued or is already in practice, outline the training, supervision, and quality assurance strategies that will be used or are used 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.⁶

1.4.9. Documentation

All service providers must follow Federal, State, and CBH requirements for documentation.

At a minimum, Applicants must have an EMR ready for use.

1.4.10. Compensation/Reimbursement

Level of Care	Rate		Unit of Measure
	Adult	Child	
Evaluation – MD	\$ 188.38	\$ 205.43	Event
Assessment	\$ 78.75	\$ 85.58	Event
Medication Management	\$ 47.03	\$ 51.43	15 Minutes
Psychological Testing	\$ 90.30	\$ 98.18	60 Minutes
Individual Therapy with Psychiatrist	\$ 94.33	\$ 102.58	30 Minutes
Individual Therapy with Non- Psychiatrist	\$ 39.38	\$ 42.79	30 Minutes
Individual Therapy with Non- Psychiatrist	\$ 78.75	\$ 85.58	60 minutes
Family/Couples Therapy with Psychiatrist	\$ 44.89	\$ 49.09	15 Minutes
Family/Couples Therapy with Non- Psychiatrist	\$ 22.84	\$ 24.94	15 Minutes
Collateral Family Psychiatrist	\$ 44.89	\$ 49.09	15 Minutes
Collateral Family Non- Psychiatrist	\$ 22.84	\$ 24.94	15 Minutes
Group Therapy	\$ 5.99	\$ 6.51	15 Minutes
ABA	\$ 22.50	\$ 22.50	15 Minutes
ABA Behavior Analytic - BCBA	\$ 35.00	\$ 35.00	15 Minutes

⁶ 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](#).

ABA Assessment		\$ 35.00	15 Minutes
ABA Behavior Health Technician		\$ 16.00	15 Minutes

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,⁷ and that the provider will be able to start accepting CBH admissions. CBH is unable to accept claims for Independent Practitioner 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.^{8, 9, 10}

1.8. Reporting Requirements

By accepting a selection under this RFQ, Applicants agree to comply with all data reporting

⁷ Please see Section 2., "Credentialing," in [the CBH Provider Manual](#).

⁸ For more information, visit https://dbhids.org/wp-content/uploads/2018/11/Compliance-Bulletin_FINAL.2.pdf.

⁹ For more information, visit <https://cbhphilly.org/cbh-providers/oversight-and-monitoring/audit-tools/>.

¹⁰ Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2012). Medicaid Integrity Program Pennsylvania Comprehensive Program Integrity Review Final Report.

requirements of CBH. Awardees agree to supply all the required data necessary for outcome evaluation and Performance Management purposes and to participate in any 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 standards. All successful Applicants will be expected to have a compliance plan along with all other required documents for CBH initial credentialing.

1.9.1. 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 Payment (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. This will not be a requirement of awardees but could offer opportunities in the future for interested service providers.

1.10. 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 EMR ready for use.

1.11. 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 are 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 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 is 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, which 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 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 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
- Attachment E: Staff Roster (*if applying as a Group Practice or IBHS ABA Services*)
- **Narrative Response** (not to exceed seven pages)
- Status of Minority/Women/People with Disabilities Owned Business Enterprises (*required if For-Profit only*)
- Corporate Status
- Governance Structure
- Operational Documents (see section 2.2.2.)

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

- Overview of Practice (not to exceed one page)
 - Prepare a description of the practice, including the following information:
 - Services delivered
 - Length of time as an established practice
 - Approximate number of people serviced in the last year
 - Hours of operation
 - Site control/location
 - Include accessible location for CBH members and their families. Describe proximity and access to nearest forms of public transportation and any other accommodation for meeting the needs of members who rely on public transportation.
 - Status of enrollment in Medicaid and/or Medicare as a practitioner and/or acceptance of other insurance plans
 - Status of electronic billing system and electronic medical record system

- ABA Providers: describe the EMR and system for collecting, graphing, and analyzing treatment data. Does the Applicant use an established data software platform for remote data collection? If so, which one?
 - Status of Minority/Women/People with Disabilities Owned Business Enterprises
- Statement of Qualification and Relevant Experience
 - Describe the background, training, and credentials (i.e. licenses and/or certifications) that qualify the Applicant; include this for all staff if applying as a group.
 - ABA Providers: should reference the ABA Performance Standards and ABA Designation Application found [here](#).
- Linkages and Referral Protocols
 - Describe the Applicant’s established linkages with community partners and how these linkages enhance the practice. Describe referral sources and referral protocols in place.
- Corporate Status
 - Indicate the Applicant’s corporate status, including for-profit or not-for-profit status. Provide legal documentation of that status as an attachment to the proposal, if applicable.
- Governance Structure
 - Describe the governing body of the Applicant’s organization. Each Applicant must provide a list of the names, gender, race, and business addresses of all members of its Board of Directors. Indicate which, if any, board members are self-disclosed service recipients or are family members of people who have received services.
- 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](#) and any existing industry standards and best practices are relevant to their specialty area. 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.

2.2.2. Operational Documentation and Requirements

Applicants must demonstrate the financial capability and fiscal solvency to do the work described in this RFQ 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:

- National Provider Identifier (NPI)
- Individual Employer ID Number/Tax Identification Number (EIN/TaxID number and EIN/Tax ID name as indicated on IRS document)
- State of Pennsylvania professional license number
- Council for Affordable Quality Healthcare number (if available)
- Current Curriculum Vitae
- Insurance Information

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.
- 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 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. Applicants must complete and submit with their 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	12/01/2020
Information Session (see below for details)	12/7/2020
Deadline to Submit Questions	12/14/2020
Answers to Questions Posted	12/29/2020
Application Submission Deadline	2/01/2021
Applicants Identified for Contract Negotiations	3/01/2021
Projected Start Date	4/01/2021

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

This RFQ is issued on December 1, 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 February 1, 2021. 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 December 14th, at 2:00 p.m. EST to Farrah.Sloan@phila.gov.

- Applications should be sent via email to Farrah.Sloan@phila.gov with the subject line **“Specialty Independent Practitioners 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 December 7, 2020 information session will be hosted virtually via Zoom Webinar at 1:00 p.m. Click [here](#) to access the webinar via Zoom.

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 the proposal, each Applicant agrees that the contents of the 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 the Applicant's proposal.

4.4. Reservation of Rights

By submitting their 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 its 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, determines that doing so is in 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 contract 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 of 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 their 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 their 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, deems 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 regarding 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.