



Request for Information
for
Methadone Maintenance Treatment

issued by

Community Behavioral Health

Date of Issue:

10/8/21

Proposals must be received no later than
2:00 P.M., Philadelphia, PA, local time, on 11/5/21

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

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1. Project Overview, Statement of Purpose

The purpose of this Request for Information (RFI) is to give interested, qualified organizations the opportunity to inform Community Behavioral Health (CBH) of their capacity, and ability to operate Methadone Maintenance Treatment (MMT) programs within the CBH network. Through this RFI process, CBH is soliciting responses to gather information on MMT programs from current CBH substance use disorder (SUD) providers.

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 seven divisions: Division of Behavioral Health, Division of Intellectual disAbility Services (IDS), Division of [Community Behavioral Health](#) (CBH), Division of the Chief Medical Officer, Division of Planning and Innovation (PI), Behavioral Health and Justice Division (BHJD) and Division of Administration, Finance, & Quality (AFQ). CBH manages a full continuum of medically necessary and clinically appropriate behavioral healthcare services for the City's approximately 735,000 Medical Assistance recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program.

The mission of CBH is to meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high performing, efficient, and nimble organization driven by quality, performance, and outcomes. We envision CBH as a diverse, innovative,

and vibrant organization in which we are empowered to support wellness, resiliency, and recovery for all Philadelphians.

3. Project Background

As the opioid epidemic continues to be a significant public health crisis in the city of Philadelphia CBH is committed to ensuring access to high-quality, evidenced-based substance use disorder (SUD) treatment including MMT services to the residents of this city. CBH and DBHIDS are working to save lives, improve access to care, and reverse the effects of opioids in the community. This epidemic has proven to be increasingly fatal, with overdose deaths rising every year. In 2019, 1,500 people died from a drug overdose; 80% of those deaths involved opioids.

4. Applicant and Project Requirements

Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined in Section 6. Please follow the “Proposal Format” as outlined in Attachment B. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and being a service provider in good standing with the City of Philadelphia and CBH (as applicable). To be eligible for submission in this RFI, applicants must be a current SUD provider within the CBH network, be a non-profit organization, and ensure accessibility for CBH members.

5. Terms of RFI

- This RFI is for information gathering purposes only and is not intended to result in a contract with any respondent. CBH is seeking community insight and information prior to considering the development of a Request for Proposals (RFP).
- While the goal of the RFI is to inform potential service development, this RFI does not commit CBH to publish an RFQ, RFP, or award a contract. The issuance of an RFQ or RFP as a result of information gathering from these responses is solely at the discretion of CBH.
- Responses to this RFI will in no way impact any future proposal submitted to RFQs or RFPs regarding this service. Those wishing to respond to any potential future proposals are not required to have first responded to this RFI.

6. Proposal Content

Applicant agency:

- a. Identify the name of the agency

- b. Indicate the type of service offered by the agency
- c. Indicate the level of care offered by the agency

Organizational background:

- a. Number of years in operation
- b. Primary mission and philosophy
- c. Other relevant information about the organization related to MMT or SUD services that is pertinent to this RFI

Operational Components:

- a. Describe your organization's ability to staff an MMT program, including current staffing issues, and plan to ensure staffing retention
- b. Describe your organization's marketing techniques to ensure census remains high within the MMT program. How would your organization address times of low census?
- c. Describe how your organization ensures accessibility for clients. Discuss how your organization's hours of operation cater to a variety of work schedules of your clients.
- d. Describe any barriers your organization would face in taking on an MMT program. Discuss how your organization would address these barriers.
- e. Discuss your organization's ability to expand capacity of your existing MMT program, if applicable.
- f. How quickly could your agency transition into running an existing MMT program?

Clinical Components:

- a. Describe how your organization ensures timely intake into the MMT program. Include any barriers to this and how barriers are being addressed.
- b. Describe how your organization provides referrals internally to other programs for its clients.
- c. Describe how care coordination is provided to current clients. If care coordination is not provided, describe how this component can be added to your organization's program.
- d. What trainings are provided to staff regarding MMT services? Are these trainings on going annually?
- e. Describe how your organization meets the needs of poly-substance users, as well as members with mental health challenges.
- f. Describe your organization's telehealth capacity. Include any barriers encountered and how these barriers are being addressed.
- g. Describe your organization's experience working with pregnant and perinatal individuals.

Environmental Factors:

- a. Discuss how your organization would address negative pushback from the neighborhood in which the MMT program would exist.
- b. How can your organization establish positive rapport with the surrounding community of an existing MMT program?

Budgeting Factors:

- a. Can your organization provide MMT services through an alternative payment arrangement (APA) such as a case rate?

7. Submission Information

Deadline to submit responses is November 5, 2021 at 2:00 PM. Please email completed applications to Lauren Hicks at Lauren.Hicks@phila.gov.

In your submission, please include:

1. The transmittal cover letter (Attachment A) which includes the provider/agency name, the point of contact name and title, a telephone number and email address
2. Answers to RFI, which can include a response for all or some of the questions asked in the RFI. Applicants do not have to respond to every question. Preferred submission format is included below as Attachment B

Following the Submission

CBH will review all submissions and determine next steps based on information submitted. CBH plans to share relevant insights publicly.

ATTACHMENT A: RFI RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH
Methadone Maintenance Treatment RFI 2021
Attn: Lauren Hicks, Lauren.Hicks@phila.gov

CORPORATE NAME OF APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

SIGNATURE OF OFFICIAL AUTHORIZED _____ TITLE _____

TO BIND APPLICANT TO A PROVIDER AGREEMENT

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE _____

DATE SUBMITTED _____

ATTACHMENT B: PREFERRED RFI FORMAT

COMMUNITY BEHAVIORAL HEALTH Methadone Maintenance Treatment RFI 2021

Applicant agency:

- a. Identify the name of the agency
- b. Indicate the type of service offered by the agency
- c. Indicate the level of care offered by the agency

Organizational background:

- a. Number of years in operation
- b. Primary mission and philosophy
- c. Other relevant information about the organization related to MMT services that is permanent to this RFI

Operational Components:

- a. Describe your organization's ability to staff an MMT program, including current staffing issues, and plan to ensure staffing retention.
- b. Describe your organization's marketing techniques to ensure census remains high within the MMT program. How would your organization address time of low census?
- c. Describe how your organization ensures accessibility for clients. Discuss how your organization's hours of operation cater to a variety of work schedules of your clients.
- d. Describe any barriers your organization would face in taking on an MMT program. Discuss how your organization would address these barriers.
- e. Discuss your organization's ability to expand capacity of your existing MMT program, if applicable.
- f. How quickly could your agency transition into running an existing MMT program?

Clinical Components:

- a. Describe how your organization ensures timely intake into the MMT program. Include any barriers to this and how barriers are being addressed.
- b. Describe how your organization provides referrals internally to other programs for its clients.
- c. Describe how care coordination is provided to current clients. If care coordination is not provided, describe how this component can be added to your organization's program.
- d. What trainings are provided to staff regarding MMT services? Are these trainings on going annually?

- e. Describe how your organization meets the needs of poly-substance users, as well as members with mental health challenges.
- f. Describe your organization's telehealth capacity. Include any barriers encountered and how these barriers are being addressed.
- g. Describe your organization's experience working with pregnant and perinatal individuals.

Environmental Factors:

- a. Discuss how your organization would address negative pushback from the neighborhood in which the MMT program would exist.
- b. How can your organization establish positive rapport with the surrounding community of an MMT program?

Budgeting Factors:

- a. Can your organization provide MMT services through an alternative payment arrangement (APA) such as a case rate?