



Request for Proposals

for

Methadone Maintenance Treatment

issued by

Community Behavioral Health

**Date of Issue:
December 20, 2021**

**Proposals must be received no later than
2:00 P.M., Philadelphia, PA, local time, on January 18, 2022**

**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 a provider to acquire two existing Methadone Maintenance Treatment (MMT) programs within the city of Philadelphia. MMT is the use of methadone, administered over a prolonged period of time, as treatment for an individual who is addicted to opioids. Individuals receiving MMT, which has been used to treat opioid dependence since the 1950's, are administered a daily dose of Methadone as a liquid or pill to reduce their withdrawal symptoms or cravings for opioids.¹ As Methadone Maintenance is an important tool to assist individuals on their journey through recovery, CBH recognizes the importance of ensuring this existing MMT program remains operating in the city of Philadelphia.

The purpose of the RFP is for the acquisition of one or both of the JEVS ACT I and JEVS ACT II programs located at 5820 York Rd. Philadelphia, 19141 and 1745 North 4th St. Philadelphia, 19122, respectively. CBH will award up to two providers based on the requirements of this RFP. The awardee(s) will be expected to work in good faith with JEVS during the transition period to best maintain continuity of operations and member care.

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

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

- ASAM text⁴
- DBHIDS Practice Guidelines²
- CBH Provider Bulletins 18-06, 18-07, 18-08, 18-09, 19-02; 19-05; 19-09; 19-21⁵
- Pennsylvania Guidance for Applying the ASAM Criteria, 2013⁶
- SAMHSA Treatment Improvement Protocol 63: Medications for Opioid Use Disorder⁷

¹ Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings. Geneva: World Health Organization; 2009. 6, Methadone maintenance treatment. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK310658/>

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

³ City of Philadelphia Mayor's Opioid Task Force, Report and Recommendations, <https://www.phila.gov/documents/opioid-task-force-report/>

⁴ D Mee-Lee, GD Shulman, MJ Fishman, DR Gastfriend, MM Miller, eds. *The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions* (3rd ed. Carson City, NV: The Change Companies, 2013)

⁵ For more information, visit <https://cbhphilly.org/cbh-providers/oversight-and-monitoring/cbh-provider-manual/provider-bulletins/>

⁶ Pennsylvania Department of Drug and Alcohol Programs, Pennsylvania Guidance for Applying *The ASAM Criteria*, 2013, <https://www.ddap.pa.gov/Documents/ASAM/ASAM%20Application%20Guidance%20Final.pdf>

⁷ Medications for Opioid Use Disorder, Treatment Improvement Protocol (TIP) Series, TIP 63, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA),

- SAMHSA Treatment Improvement Protocol 47: Substance Abuse: Clinical Issues in Intensive Outpatient Treatment⁸
- SAMHSA Treatment Improvement Protocol 42: Substance Use Treatment for Persons with Co-occurring Disorders⁹

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 the following 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, Division of Behavioral Health and Justice, and Division of Administration & Finance. 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

<https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf>

⁸ 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>

⁹ Substance Abuse Treatment for Persons with Co-occurring Disorders, Treatment Improvement Protocol (TIP) Series, TIP 42, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), <https://store.samhsa.gov/system/files/sma13-3992.pdf>

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 City of Philadelphia, like much of the US, faces a crisis in fatal opioid overdose deaths. 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. The COVID-19 pandemic seems to have a correlation to the increase in unintentional drug overdose deaths in the past year. From 2019 to 2020 there were 1,214 drug overdoses in Philadelphia, an increase of 9% and 6% from 2018 and 2019, respectively.¹⁰ Eighty-six percent of overdose fatalities involve opioids; with fentanyl being a main driver of fatal overdoses, Philadelphia has seen a significant increase in fentanyl-related drug overdose deaths, from less than 10% in 2010, to now 81% in 2020.¹¹

In 2017, Mayor Jim Kenney's Task Force to Combat the Opioid Epidemic in Philadelphia released its final report and recommendations which have informed much of the work CBH and its provider network have done to improve access and quality of Opioid Use Disorder (OUD) treatment.

Jewish Employment and Vocational Services, now known as JEVS Human Services, was founded in 1941 to assist refugees in finding meaningful vocation in America. Since being founded it has expanded and now provides more than two dozen successful programs, providing an array of services. JEVS operates two outpatient opioid treatment facilities in Philadelphia known as ACT (Achievement Through Counseling and Treatment) I and ACT II. Both ACT programs offer MMT, as well as individual, group, and family counseling, and educational and vocational supports, among other services. Although JEVS ACT I and ACT II programs have been a great asset to the CBH network, providing services to nearly 700 CBH members in 2020, JEVS is looking to transition operations and ownership of both programs.

The objective of this RFP is to ensure the ACT I and ACT II programs remain open and continue to provide MMT to the members of the CBH network. Awardee(s) will be expected to continue to

¹⁰ Philadelphia Department of Public Health. Unintentional Drug Overdose Fatalities in Philadelphia, 2020. CHART 2021;6(5):1-8.

¹¹ Philadelphia Department of Public Health. Unintentional Drug Overdose Fatalities in Philadelphia, 2020. CHART 2021;6(5):1-8.

provide MMT and maintain the additional services currently being provided by both ACT I and ACT II programs, as well as expand to providing additional MAT services.

1.4 Applicant Eligibility- Threshold Requirements

To be eligible to apply for this RFP, applicants must be offering an ASAM level of care (LOC) with an appropriate DDAP license within Philadelphia, experience providing MMT services, currently billing Medicaid for services, and be a current CBH contracted provider. Applicants must also be willing to provide additional Medication Assisted Treatment (MAT) at both ACT I and ACT II locations, in addition to MMT.

Outpatient Programs are currently licensed on an annual basis by the Pennsylvania Department of Drug and Alcohol Programs (DDAP). Both ACT I and ACT II programs are licensed as outpatient drug and alcohol facilities. Applicants will be required to obtain an Opioid Treatment Program (OTP) license through SAMHSA, Narcotic Treatment Program (NTP) license, and an Outpatient Substance Use Disorder (OP SUD) license.

To be eligible to apply for this RFP, applicants must provide proof that the program will be directly staffed with a physician with an active Buprenorphine X waiver with a patient limit to accommodate this service¹² and be registered with the DEA-Narcotic Treatment program. Applicants must be familiar with CBH's Tobacco Recovery and Wellness Initiative (TRWI)¹³, a project that helps behavioral health providers incorporate evidence-based tobacco dependence treatment into their clinical and community practice.

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all applicants must meet. Failure to meet all of these requirements may disqualify an applicant from consideration through this RFP. Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined in *Section 3. Proposal Content*. In addition, all required attachments must be submitted per *Section 3. Proposal Content*. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City and CBH (as applicable).

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

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

¹² American Society of Addiction Medicine. (n.d.). Retrieved from <https://www.asam.org/resources/practice-resources/buprenorphine-waiver-management>.

¹³ Tobacco Recovery Wellness Initiative (TRWI). (n.d.). Retrieved from <https://cbhphilly.org/cbh-providers/trwi/>.

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

1.5 General Disclaimer

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

1.6 Location/Site

JEVS ACT I and ACT II programs are located at 5820 Old York Rd. Philadelphia, 19141 and 1745 North 4th St. Philadelphia, 19122, respectively. Applicants must be able to deliver services and staff these existing programs at these locations. The ACT I and ACT II programs are equipped to remain fully operational through the transition from JEVS' ownership to the awarded provider(s). It is expected that the awarded provider(s) act in good faith with JEVS during the transition period to ensure continuity of operations and member care.

CBH will be awarding up to two contracts to up to two providers for both the ACT I and ACT II programs. CBH will award the right to negotiate to the applicant(s) with the highest score(s), following the review process, for each location. Applicants should indicate in their proposal which ACT program location they are applying for. Applicants are allowed to apply for both locations and should indicate their preference within their proposals, ranking their first preferred location one (1) and their second preferred location two (2).

2. SCOPE OF WORK

2.1. Overview of Services

The JEVS ACT I and ACT II programs help individuals who have been negatively impacted by substance abuse and addiction. The programs are CARF accredited and values the belief that each client served is entitled to confidentiality, dignity, and respect while receiving treatment. The ACT I and ACT II programs provide OP services and IOP Methadone Maintenance services, individual, group, and family counseling and education, physical, medication, and psychiatric evaluations and treatment, employment services, HIV/AIDS testing, counseling, and education,

Hepatitis testing and inoculation, as well as case management services, and peer support services. Awarded provider(s) are expected to maintain the services currently offered by the ACT I and ACT II programs and expand to providing additional MAT services at both locations.

At minimum, applicants are expected to provide the following components in the ACT I and ACT II programs, per the DDAP outline of Level 1 Outpatient Services:

Setting	<ul style="list-style-type: none"> • DDAP License for Outpatient treatment
Support Systems	<ul style="list-style-type: none"> • Medical consultation available 24/7 by phone • Psychiatric consultation available 24/7 by phone • Medical, psychiatric, psychological, laboratory, and toxicology services on-site or through consultation or referral • Direct affiliation with or close coordination through referral to more intensive levels of care and medication management • Emergency services available by telephone 24/7
Staffing	<ul style="list-style-type: none"> • Certified and/or licensed addition counselor • Licensed independent practitioner with prescribing authority granted by state-based licensing boards • Office based nurses • Qualified addition specialist physician
Clinical	<ul style="list-style-type: none"> • Up to 9 clinical contact hours per week • Family therapy • Educational groups, occupation and recreational therapy, and addiction pharmacotherapy • Planned format of therapies including individual and group therapy • Motivational enhancement and engagement strategies

2.1.2. Service Delivery

2.1.2.1 Individualized Treatment

Individualized Treatment is person-centered and collaborative, designed to meet the member’s individual need and preference.¹⁴ Applicants are expected to describe the plan to ensure all treatment is individualized to member needs.

Applicants are expected to utilize quality of life measures to inform individualized care plans for each member throughout their treatment.

¹⁴ D Mee-Lee, GD Shulman, MJ Fishman, DR Gastfriend, MM Miller, eds. The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions (3rd ed. Carson City, NV: The Change Companies, 2013)

2.1.2.2 Evidence-based Practices

DBHIDS has a strong focus on the use of evidence-based practices (EBPs) for all levels of services throughout its provider network. The services procured through this RFP are encouraged to include the implementation of evidence based and empirically supported approaches to treatment.

Applicants are expected to provide a plan to implement direct provision of MMT for members with Opioid Use Disorder (OUD). Applicants are expected to have a plan that involves education on MMT and other Medication Assisted Treatment (MAT) options.

Documentation of “medication-free” treatment of opioid use disorder must include a discussion of the member’s refusal despite appropriate education on medication-assisted treatment options or a discussion of contraindications to such treatment.

When MAT is provided for members with Opioid Use Disorder, providers must adhere to the CBH Clinical Guidelines for the Pharmacologic Treatment of Opioid Use Disorder.¹⁵

Awardee(s) of the ACT I and ACT II programs will need to have the capacity to expand these programs to include MAT. In an effort to reduce barriers to access, applicants should submit policies and procedures for induction of MAT, including policies and procedures for induction of MAT for pregnant individuals. In addition, applicants should include their policies and procedures for emergency dosing to be implemented during times of natural disasters, strike, pandemic etc. Applicants should also include policies and procedures related to admission and the assessment process.

Applicants are encouraged to provide any evidence-based practices that they will include in the program, along with supporting literature and/or data to show the EBP’s relevance to the target population. Inclusion of EBP’s used in the applicants’ programs will be awarded bonus points. For each EBP identified in the proposal, the Applicant can provide the following information:

- Training and implementation requirements for delivering the EBP
- Consultation and supervision in the use of the EBP
- Integration into program operations
- Quality assurance strategies to assure fidelity to EBP and competence in program delivery
- Sustainability planning to maintain the EBP after initial training and implementation

¹⁵ For more information, visit: <https://dbhids.org/wp-content/uploads/2018/07/Clinical-Guidelines-for-the-Pharmacologic-Treatment-of-OUD.pdf>

2.1.2.3. Language and Culture

Applicants should develop and share plans to ensure that the ACT I and ACT II programs remain welcoming to people from diverse cultures and have the resources to work with individuals and families with limited English proficiency (LEP). 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.

2.1.2.4 Personnel, Required Staffing, and Training

Personnel

Proposals must meet the minimum requirements in the Pennsylvania State Code; chapter 1223 outpatient addictions clinic services and chapter 704 standards for licensure of freestanding treatment facilities.

Required Staffing

- Project Director
- Facility Director
- Clinical Supervisor
- Counselor
- Counselor Assistant

Training

In addition to participating in all CBH mandatory trainings¹⁶, as well as all NIAC required training¹⁷, and additional DDAP required trainings within one year of hire; staff must be trained in the following:

- ASAM 2-day training for all clinical staff at minimum

¹⁶ CBH Manual for Review of Provider Personnel Files, updated February 2014: <https://dbhids.org/wp-content/uploads/2015/10/Manual-for-Review-of-Provider-Personnel-Files-v.1.1-August-2014.pdf>

¹⁷ The Network Inclusion Criteria Standards for Excellence, updated February 2019: <https://dbhids.org/wp-content/uploads/2019/02/NIC-3.0-Standards-for-Excellance-2019.pdf>

- ASAM e-learning training for all non-clinical staff at minimum
- MAT as standard of care/ MAT training for all staff
- Co-occurring disorders
- Mental health first aid for all staff¹⁸
- Trauma-informed care
- DDAP Addictions 101
- Screening and Assessment
- Drug and Alcohol Confidentiality
- Motivational Interviewing

Applicants should include a clear training plan for all staff that includes, at minimum, the items listed above, as well as those listed in the Manual for Review of Provider Personnel Files.¹⁵

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.¹⁹ Strong supervision practices can help to boost morale of staff, potentially decreasing turnover of staff.

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 Manual for Review of Provider Personnel Files.¹⁵

2.1.2.5. Hours of Operation/ Access

At present JEVS ACT I and ACT II have the following hours of operation: Monday-Friday 6am-4pm, Saturday, Sunday, and holidays 8am-12pm. The awarded provider(s), at minimum, should be able to maintain the current hours of operation at both programs. The awarded provider(s) may extend these hours to increase accessibility for members to receive treatment.

¹⁸ For more information, visit:

https://healthymindsphilly.org/en/mhfa/?gclid=CjwKCAiAi4fwBRBxEiwAEO8_HoLrO_HhWvbnT82QuYTedliou-wg9E_KjUFHF0f7fZ0_x2r7mT-5oRoC1zUQAvD_BwE

¹⁹ 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>

2.1.2.6 Service Requirements

Applicants should include a treatment schedule that shows the frequency of the clinical components included in section 2.1 of this document at a minimum, along with any additional clinical components the applicant may feel would benefit the population treated by this service. This treatment schedule should also clearly show hours of operation, group and individual psychotherapy hours, hours of physician oversight, medication induction hours, medication management hours, all Medicaid reimbursable services, all ancillary therapeutic services (i.e., yoga, vocational groups, educational groups, etc.) and all scheduled breaks. Applicants should explain how their treatment schedule lends itself to individualized care for each member.

Trauma-Informed Care

Applicants are expected to show understanding of trauma-informed care and how to implement this successfully.

Individual and Group therapy

Applicants are expected to show treatment schedules and have policies/procedures that ensure each member has access to individual psychotherapy while engaged in treatment.

Applicants are expected to show psychotherapy groups within their treatment schedule as well as any models being used within their psychotherapy groups.

CBH Provider Notice dated November 18, 2016²⁰ reminded the provider network that, per Drug and Alcohol MA Regulations Title 55, Chapter 1223 Definitions, group psychotherapy may have no less than two and no more than ten persons. The maximum group size for psychoeducational groups in order to be reimbursed by CBH is 15 participants. This number excludes any treatment staff and may not be increased by using cofacilitators.

Education and Vocation

Applicants are expected to show understanding of the importance of educational and vocational resources and present a clear plan for offering these services regularly as a part of the ACT I and ACT II programs. Educational and vocational goals should be clearly reflected in any/all recovery planning throughout a person's engagement in the service.

²⁰ https://cbhphilly.org/wp-content/uploads/2019/02/notification_2016_11_18_group_therapy_size_limitations.pdf

Family Engagement and Therapy

Applicants are expected to show understanding of the importance of family engagement and family therapy. Applicants are expected to share strategies and methods for engaging families of origin for members receiving treatment.

Case Management Support

Applicants are expected to include a plan for offering case management services as needed for all members. Case management services should include linkage to transportation services, community resources, housing resources, medical supports and mental health treatment and psychiatry, as well as linkage to alternative insurance coverage, as needed.

2.1.2.7. Readiness

It is CBH's intention to have the awarded provider(s) transition into fully operating the JEVS ACT I and ACT II programs on or before June 1, 2022. It is expected that applicants provide information about their readiness to do so within their proposal. Major components to assess readiness are included below, however applicants are encouraged to include any additional information supporting their readiness to acquire the ACT I and ACT II programs on or before June 1, 2022 within their general narrative. The following items will be reviewed and scored as a part of the review process.

Timeline/Implementation Plan- Attachment 7

Applicants are expected to submit a timeline/implementation plan that outlines milestones (i.e. recruitment period, hiring period, training period etc.) leading up to the acquisition date of the program.

Staff Readiness for ASAM- Appendix D

Applicants are expected to include documentation of attendance and completion of ASAM trainings. Applicants are expected to complete appendix D and submit with their proposal

Program Readiness for ASAM Implementation- Appendix E

Applicants should demonstrate an of adoption of the ASAM guiding principles in their current programs. Applicants are expected to complete Appendix E and submit with their proposal.

Value Based Purchasing/Contracting Readiness – Appendix F

CBH plans to move Level 1 OP services to a value-based purchasing agreement. ACT I and ACT

II are currently being reimbursed at the ASAM 1.0 case rate and will continue to be reimbursed through this monthly case rate. Applicants are expected to complete Appendix F and submit with their proposal.

Treatment schedule- Attachment 8

Applicants are expected to provide the treatment schedule for their current program. This treatment schedule can be utilized for the ACT I and ACT II programs once the awarded provider(s) has acquired the programs.

Staffing Plan- Attachment 9

Applicants should submit a staff roster with position titles, indicating those positions that are already filled, and a plan and timeline for filling vacant positions. Staffing plan should consider requirements outlined in section 2.1.2.4 of this document.

2.2 Documentation Requirements

Applicants are expected to be familiar with Medicaid reimbursable activities. All services must be documented in the member's medical chart. If documentation requirements are published in the future, the Applicant is expected to follow these.

For the following, Applicants are expected to be familiar with Pennsylvania state requirements and adhere to these.

- Treatment plans ^{21,22,23}
- Individual notes
- Group notes
- Internal audits²⁴
- Entry into the PA WITS system for non and under insured individuals

2.3. Monitoring

²¹ PA Code Title 28 Chapter 709:

<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter709/chap709toc.html&d=>

²² PA Code Title 55 Chapter 1223:

<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter1223/chap1223toc.html&d=>

§ 1223.52. Payment conditions for various services

²³ https://cbhphilly.org/wp-content/uploads/2018/11/treatment-planning-guide-11_2018-revision.pdf

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

2.4. Reporting Requirements

By accepting the award under this RFP, the Applicant(s) agrees to comply with the evaluation and reporting requirements of CBH. The Awardee(s) agrees to supply all the required data necessary for evaluation purposes and to participate in required assessments. The successful Applicant(s) will also be required to meet all data reporting requirements established by CBH. At a minimum, all presently available encounter data gathered from CBH claim forms will be collected. To fulfill the data reporting requirements, the successful Applicant(s) must work with CBH and, where applicable, the CBH Claims, Performance Evaluation, and Information Technology Departments to ensure the quality and completeness of data.

Social Determinants of Health (SDOH) are conditions in the places where people live, learn, and work, and can impact health risks and outcomes. Measuring and tracking SDOH like economic stability, health, and education can support individualized care and drive better treatment outcomes.^{25,26}

Applicants are expected to track and report the following metrics:

MAT Metrics

- Percentage of individuals who receive an FDA-approved medication for Alcohol Use Disorder
- Percentage of individuals who receive an FDA-approved medication for Tobacco Use Disorder
- Percentage of individuals who receive an FDA-approved medication for Opioid Use Disorder

Process/Outcomes Metrics

- Percentage of individuals who follow up to Drug & Alcohol Outpatient treatment within 7 days of discharge
- Percentage of individuals who receive 2 clinical services within 7 days of admission

Quality of Life Tool

- The Quality of Life tool will be administered at intake and discharge to assess pre/post changes in Quality of Life, while also measuring changes to Social Determinants of Health; WHOQOL-BREF²⁷

²⁵ For more information, visit: <https://www.cdc.gov/socialdeterminants/index.htm>

²⁶ For more information, visit: <https://dbhids.org/wp-content/uploads/2018/10/SDOH-Bulletin-18-15-amended.pdf>

²⁷ World Health Organization Quality of Life Brief: https://www.who.int/mental_health/media/en/76.pdf

2.5. 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. The awarded provider(s) will be expected to have a compliance plan along with all other required documents for CBH initial credentialing.

2.6 Compensation/Reimbursement

The successful applicants will be reimbursed by CBH. ACT I and ACT II are currently being reimbursed at the ASAM 1.0 case rate and will continue to be reimbursed through this monthly case rate. Applicants are expected to complete Appendix F and submit with their proposal. Applicant must have the ability to contract with BHSI for under insured and uninsured individuals.

Value Based Payments

Starting in 2018, OMHSAS began requiring all Behavioral Health Managed Care Organizations (BHMCOs) in the Commonwealth to transition an increasing percentage of its contracts with providers to Value Based Payments (VBP) models. The expectation was that, by the end of 2020, all BHMCOs would include at least 20% of their total medical expenses in VBP arrangements, 50% of which must be paid through medium/high risk models.

2.7 Technology Capabilities

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

2.8 Population Health

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

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

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

The current national attention to population health confirms that Philadelphia's population health approach is appropriate. The U.S. healthcare environment is already moving in this direction in an effort to contain costs and achieve better outcomes. Acknowledgement is growing locally, nationally, and internationally that promoting optimum health among a whole population can't be achieved within a narrow paradigm built primarily to manage diagnosed conditions. To break the cycle of escalating costs, health systems are increasingly focusing resources on prevention and early intervention. Because of DBHIDS' longstanding commitment to promoting recovery, resilience, and self-determination, Philadelphia is well positioned to be a leader in the nation's next health transformation. The thrust of Philadelphia's behavioral health initiatives are shifting from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the population.

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

a time to promoting optimum health, wellness, and self-determination throughout the whole population.

Health providers and payers use a variety 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's approach to population health builds on many years of focus on community health; thus, our approach is consistent with a public health framework.

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

- 1. Attend to the needs of the whole population, not just those seeking services.** Population health approaches emphasize community-level outcomes, not just outcomes for individuals with diagnoses. A key benefit of a population health approach is its focus on keeping people well so that, over time, communities experience less illness and its associated consequences.
- 2. Promote health, wellness, and self-determination.** Health is much more than the absence of illness or management of symptoms. There is a fundamental difference between providing targeted interventions to address illness versus promoting wellness and quality of life.
- 3. Provide early intervention and prevention.** There will always be a need for access to high – quality clinical care, supports, and services. A population health approach provides such care and also works to screen for and prevent the onset or progression of conditions which improves outcomes and better utilizes resources.
- 4. Address the social determinants of health.** Poor health and health disparities don't result from medical conditions alone. Chronic stress, toxic environments, limited access to nutritious foods, inadequate housing, social isolation, and numerous other nonmedical factors contribute to poor outcomes. A population health approach seeks to address these factors to reduce health disparities and safeguard everyone's right to optimum health and self-determination.
- 5. Empower individuals and communities to keep themselves healthy.** Healthcare providers can't shoulder the entire responsibility for healthy communities. A population health approach not only educates but also empowers and motivates people to take responsibility for promoting their own health and wellness.

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

3.1. Required Proposal Format

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

- Appendix A: RFP Response Cover Sheet
- Proposal Content: Narrative Response to 3.2.1-3.2.4.7
- Attachment 1: DDAP License
- Attachment 2: Evidence-Based Practices (bonus point)
- Attachment 3: Policies/Procedures for induction of MAT
- Attachment 4: Policies/Procedures for Admission and Assessment Process
- Attachment 5: Training Plan
- Attachment 6: Supervision Plan
- Attachment 7: Timeline/Implementation Plan
- Attachment 8: Treatment Schedule
- Attachment 9: Staffing Plan
- Attachment 10: Corporate Status
- Attachment 11: Governance Structure
- Operational Documents (listed in section 3.2.8.)
- Appendix B: Tax Statement
- Appendix C: Disclosure of Litigation
- Appendix D: Staff Readiness for ASAM
- Appendix E: Program Readiness for ASAM Implementation
- Appendix F: Value Based Purchasing/Contracting Readiness
- Appendix G: Statement Regarding Exclusions List
- Budget Form (available on Contracting page of CBH website, posted below RFP)
- Disclosure Forms (available on Contracting page of CBH website, posted below RFP)

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

questions may result in the proposal being considered non-responsive. Each attachment, appendix or addendum must reference the corresponding section or subsection number and the file should be saved separately and titled according to the list above. Applicants are encouraged to ensure that electronic files are readable; files that are not readable will not be considered during the review process and could result in disqualification entirely.

Applicants are required to limit their General Narrative Description to **8 single spaced pages**, excluding required attachments. As a general comment, if you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. **Applicants whose narrative exceeds the page limits may have their proposals considered non-responsive and be disqualified.**

3.2. Proposal Content

3.2.1 Introduction/Executive Summary (not to exceed 1 page)

Applicants should prepare a brief introduction including a general description of the understanding of the scope and complexity of the proposed project, including the applicant's ability to acquire and transition into operating the ACT I and/or ACT II programs.

Applicants should provide information on the continuum of services offered by the applicant agency and the length of time the agency has been in existence. Describe applicant agency work and experience providing services similar to those requested in this RFP.

3.2.2. Licensure and Location (see 1.6 for more details)

Applicants must be offering an ASAM LOC with an appropriate DDAP license within Philadelphia. Applicants should indicate in their proposal which ACT program location they are applying for. Applicants are allowed to apply for both locations and should indicate their preference within their proposals, ranking their first preferred location one (1) and their second preferred location two (2). Applicants should also include copy of current DDAP license for ASAM LOC

Attachment 1: DDAP License

3.2.3. Program Philosophy

This section provides the opportunity to describe the vision, values and beliefs that will be evident in the implementation of the proposed services. The applicant should explain how the values of the DBHIDS Practice Guidelines will inform the implementation of the services offered. The applicant should explain how the Mayor's Opioid Taskforce Recommendations

will inform the implementation of the services offered. The applicant should explain how the values and guiding principles of ASAM will inform the implementation of the services offered.

3.2.4. Program Design

3.2.4.1 Individualized Treatment (see section 2.1.2.1 for more detail)

Applicants should describe their plan to ensure that treatment will be individualized for each member.

3.2.4.2 Evidence-Based Practices (see section 2.1.2.2 for more detail)

Applicants are expected to provide a plan to implement direct provision of medication assisted treatment (MAT) for members with substance use disorders that have evidence-based medication approaches such as opioid use disorder, alcohol use disorder, and tobacco use disorder. Applicants are expected to have a plan that involves education about these treatment options.

Applicants can describe the evidence-based practice(s) that are being used in their programs for bonus points. This should include a summary of why this EBP is appropriate for this population, and should include supporting data such as a training plan, consultation and supervision plans, sustainability plan etc.

Attachment 2: Evidence-Based Practices (bonus)

Attachment 3: Policies/Procedures for Induction on MAT (including policies/procedures for emergency dosing and pregnant individuals)

Attachment 4: Policies/Procedures for Admission and Assessment Process

3.2.4.3. Language and Culture (see section 2.1.2.3 for more detail)

Applicants should develop and share plans to ensure that the ACT I and ACT II programs remain welcoming to people from diverse cultures and have the resources to work with work with individuals and families with limited English proficiency (LEP). Applicants should show clear understanding of the complexity of language and culture needs. Applicants should describe how their staff is reflective of the population served.

3.2.4.4. Personnel and Required Staffing (see section 2.1.2.4 for more detail)

Applicants should include a staff training plan and a staffing plan in alignment with ASAM and DDAP requirements. Applicants should refer to section 2.1.2.4 of this document for CBH required training and staffing for this LOC.

Attachment 5: Training Plan

Attachment 6: Supervision Plan

3.2.4.5. Hours of Operation/Access (see section 2.1.2.5 for more detail)

Applicants should provide current hours of operation/access and discuss the ability to maintain, at minimum, the current hours of operation at ACT I and ACT II as outlined in section 2.1.2.5.

3.2.4.6 Service Requirements (see 2.1.2.6 for more details)

Describe the following components as they are delivered in the applicant agency. All the following items will be scored individually during the review process, so it is important that the proposal clearly and thoroughly addresses each of the following components:

- Trauma-Informed Care
- Individual and Group Therapy
- Education and Vocation
- Family engagement and Therapy
- Case Management

3.2.4.7 Readiness (see section 2.1.2.7. for more detail)

Major components to assess readiness are included below, however applicants are encouraged to include any additional information supporting their readiness to transition into operating the ACT I and/or ACT II programs on or before June 1, 2022 within their general narrative. The following items will be reviewed and scored as a part of the review process.

Timeline/Implementation Plan- Attachment 7

Applicants should include a plan for the acquisition and transition into operating the ACT I and/or ACT II programs

Staff Readiness for ASAM- Appendix D

Applicants are expected to complete Appendix D and submit with their proposal.

Program Readiness for ASAM Implementation- Appendix E

Applicants are expected to complete Appendix E and submit with their proposal.

Value-Based Purchasing/Contracting Readiness- Appendix F

Applicants are expected to complete Appendix F and submit with their proposal.

Treatment Schedule- Attachment 8

Applicants should submit the treatment schedule for their current program. Treatment schedules should clearly show hours of operation, group and individual psychotherapy hours, hours of physician oversight, medication induction hours, medication management hours, all Medicaid reimbursable services, and all ancillary therapeutic services.

Staffing Plan- Attachment 9

Applicants are expected to submit a staff roster for the ACT I and/or ACT II programs, with position titles, indicating those positions that are already filled, and a plan and timeline for filling vacant positions. Staffing plans should consider requirements outlined in section 2.1.2.4 of this document.

3.2.5. Reporting Requirements (see section 2.4 for more detail)

Applicants are expected to follow performance metrics as outlined in section 2.4 of this document

3.2.6. Corporate Status

Please indicate whether you are a for-profit or not-for-profit organization and provide legal documentation of that status as an attachment to your proposal. Preference will be given to minority/women/disabled-owned businesses.

Attachment 10: Corporate Status

3.2.7 Governance Structure

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

Additionally, the applicant must include Appendix G, indicating 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, as listed and described in section 1.4 RFP.

Attachment 11: Governance Structure

Appendix G: Statement Regarding Exclusion List

3.2.8. Operational Documentation and Requirements

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

- Tax Identification Number
- An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain, and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations.
- Federal Income Tax returns for for-profit agencies, or IRS Form 990, Return of Organization Exempt from Income Tax for non-profit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note, the most recent tax return must be submitted prior to any potential contract negotiations.
- Proof of payment of all required federal, state, and local taxes (including payroll taxes) for the past twelve (12) months.
- Proof of an adequate Line of Credit demonstrating funds available to meet operating needs. If not available, please explain.
- Disclosure of any Bankruptcy Filings or Liens placed on your agency over the past five years. Please include an explanation of either. If there were no Bankruptcy Filings or Liens placed on your agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.
- Certificates of insurance. Certificates of insurance with the named insured entity being the same name and address as the provider contracting with CBH. The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The insurances certificate must include the following coverage: General Liability with a minimum of \$2,000,000 aggregate and a minimum of \$2,000,000 per occurrence. Professional Liability with a minimum of \$1,000,000 aggregate and a minimum of \$3,000,000 per occurrence. Professional liability policy may be per occurrence or claims made, if claims made, a two-year tail is required. Automobile Liability with a minimum combined single limit of \$1,000,000. Workers Compensation/Employer Liability with a \$100,000 per Accident; \$100,000 Disease-per Employee; \$500,000 Disease Policy Limit. CBH, City of Philadelphia and Commonwealth of Pennsylvania Department of Public Welfare must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health. Further, for applicants that have passed all threshold review items and are recommended by the Review Committee to be considered for contract negotiations for this RFP, each applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the applicant agency.

3.3. Terms of Contract

The contract entered into by CBH as a result of this RFP will be designated as a Provider Agreement. Negotiations will be undertaken only with the successful applicants whose applications, including all appropriate documentation (e.g., audits, letters of credit, past performance evaluations, etc.) shows them to be qualified, responsible, and capable of performing the work required in the RFP.

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

3.4. Health Insurance Portability and Accountability Act (HIPAA)

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

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

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

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

- For-profit applicants should indicate if their organization is a Minority (MBE), Woman (WBE), and/or Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and/or identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the applicant is M/W/DSBE certified by an approved certifying agency, a copy of certifications should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.

- Not-for-profit applicants cannot be formally M/W/DSBE certified. CBH does utilize adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):
 - At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities.
 - A woman or minority individual or person with a disability must hold the highest position in the company.
 - Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans.
 - Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards.
- Not-for-profit organizations may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE certified sub-contractors, along with their certification information.
- For additional information regarding the Commonwealth of Pennsylvania's M/W/DSBE certification process, go to the following website:
www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority_and_women_business_opportunities/1358

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

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

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

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

Applicants need not have a City of Philadelphia Business Privilege Tax Account Number and Business Privilege License Number to respond to this RFP, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made 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.

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

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

1300, the successful applicant's failure or the failure of any subcontractor at any tier to comply (absent an approved waiver) with the provisions of Chapter 17-1300, or any discrimination or retaliation by the successful applicant or applicant's subcontractors at any tier against any of their employees on account of having claimed a violation of Chapter 17-1300, shall be a material breach of any Service Contract resulting from this RFP. By submitting a proposal in response to this RFP, applicants acknowledge that they understand, and will comply with the requirements of Chapter 17-1300, and will require the compliance of their subcontractors at any tier if awarded a contract pursuant to this RFP. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFP of the requirements of Chapter 17-1300.

3.8. Certification of Compliance with Equal Benefits Ordinance

If this RFP is a solicitation for a "Service Contract" as that term is defined in Philadelphia Code Section 17-1901(4) ("A contract for the furnishing of services to or for the City, except where services are incidental to the delivery of goods. The term does not include any contract with a governmental agency."), and will result in a Service Contract in an amount in excess of \$250,000, pursuant to Chapter 17-1900 of the Philadelphia Code (1 A link to the Philadelphia Code is available on the City's official web site, www.phila.gov. Click on "City Code and Charter," located to the bottom right of the Welcome page under the box "Transparency."), the successful Applicant shall, for any of its employees who reside in the City, or any of its employees who are non-residents subject to City wage tax under Philadelphia Code Section 19-1502(1)(b), be required to extend the same employment benefits the successful applicant extends to spouses of its employees to life partners of such employees, absent a waiver by the City under Section 17-1904. By submission of their Proposals in response to this RFP, all applicants so acknowledge and certify that, if awarded a Service Contract pursuant to this RFP, they will comply with the provisions of Chapter 17-1900 of the Philadelphia Code and will notify their employees of the employment benefits available to life partners pursuant to Chapter 17-1900. Following the award of a Service Contract subject to Chapter 17-1900 and prior to execution of the Service Contract by the City, the successful applicant shall certify that its employees have received the required notification of the employment benefits available to life partners and that such employment benefits will actually be available, or that the successful applicant does not provide employment benefits to the spouses of married employees. The successful applicant's failure to comply with the provisions of Chapter 17-1900 or any discrimination or retaliation by the successful applicant against any employee on account of having claimed a violation of Chapter 17-1900 shall be a material breach of the any Service Contract resulting from this RFP. Further information concerning the applicability of the Equal Benefits Ordinance, and the obligations it imposes on certain City contractors is contained in the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page.

3.9. City of Philadelphia Disclosure Forms

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

3.10. CBH Disclosure of Litigation Form

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

3.11. Selection Process

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

3.12. Threshold Requirements

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all applicants must meet. Failure to meet all of these requirements may disqualify an applicant from consideration through this RFP. Threshold requirements include timely submission of a complete proposal with responses to all sections and questions outlined in Section 3.2 Proposal Content. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City and CBH (as applicable).

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

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

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

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

3.13. RFP Responses

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

4. APPLICATION ADMINISTRATION

4.1. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	12/20/21
Bidder's Conference	1/4/22
Deadline to Submit Questions	1/7/22
Answers to Questions on CBH Website	1/12/22

Application Submission Deadline	1/18/22
Awardees Posted on CBH Website	3/1/22
Project Start Date	6/1/22

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

This RFP is issued on December 20, 2021. In order to be considered for selection, all applications must be electronically submitted to Lauren Hicks via the email Lauren.Hicks@phila.gov no later than 2:00 PM on January 18, 2022.

Questions related to this RFP should be submitted via E-mail by January 7, 2022 at 5:00pm EST to: Lauren.Hicks@phila.gov

- Application emails should be marked “**MMT RFP**” in the subject line.
- Applicants must include proposed budget as an excel file.
- 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.

4.2. Interviews/Presentations

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

4.3. Term of Contract

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

5. GENERAL RULES GOVERNING RFP'S/APPLICATIONS; RESERVATION OF RIGHTS; CONFIDENTIALITY AND PUBLIC DISCLOSURE

5.1. Revisions to RFP

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

5.2. City/CBH Employee Conflict Provision

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

5.3. Proposal Binding

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

5.4. Reservation of Rights

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

1. Notice of Request for Proposals (RFP)

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

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

2. Proposal Selection and Contract Negotiation

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

- (a)** to reject any application if CBH, in its sole discretion, determine the application is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in their best interest to reject the application to reject any application if, in CBH's sole judgment, the applicant has been delinquent or unfaithful in the performance of any contract with CBH or with others; is delinquent, and has not made arrangements satisfactory to CBH, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to applicant; is financially or technically incapable; or is otherwise not a responsible applicant

- (b)** to waive any defect or deficiency in any application, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole judgment, the defect or deficiency is not material to the application
- (c)** to require, permit or reject, in CBH's sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their applications by some or all of the applicants at any time following application submission and before the execution of a final provider agreement or consultant contract
- (d)** to issue a notice of intent to develop a provider agreement or consultant contract and/or execute a provider agreement and/or consultant contract for any or all of the items in any application, in whole or in part, as CBH, in its sole discretion, determine to be in CBH's best interest
- (e)** to enter into negotiations with any one or more applicants regarding price, scope of services, or any other term of their applications, and such other agreement or contractual terms as CBH may require, at any time prior to execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to any applicant and without reissuing this RFP
- (f)** to enter into simultaneous, competitive negotiations with multiple applicants or to negotiate with individual applicants, either together or in sequence, and to permit or require, as a result of negotiations, the expansion or reduction of the scope of services or changes in any other terms of the submitted applications, without informing other applicants of the changes or affording them the opportunity to revise their applications in light thereof, unless CBH, in its sole discretion, determine that doing so is in and CBH's best interest
- (g)** to discontinue negotiations with any applicant at any time prior to the execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to the applicant, and to enter into negotiations with any other applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so
- (h)** to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant 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, determine it is in the best interest of CBH to do so
- (i)** to elect not to enter into any provider agreement or consultant contract with any applicant, whether or not a notice of intent to develop a provider agreement or

consultant contract has been issued and with or without the reissuing this RFP, if CBH determines that it is in CBH's best interest to do so

- (j) to require any one or more applicants to make one or more presentations to CBH at CBH's offices or other location as determined by CBH, at the applicant's sole cost and expense, addressing the applicant's application and its ability to achieve the objectives of this RFP
- (k) to conduct on-site investigations of the facilities of any one or more applicants (or the facilities where the applicant performs its services)
- (l) to inspect and otherwise investigate projects performed by the applicant, whether or not referenced in the application, with or without consent of or notice to the applicant
- (m) to conduct such investigations with respect to the financial, technical, and other qualifications of each applicant as CBH, in its sole discretion, deem necessary or appropriate
- (n) to permit, at CBH's sole discretion, adjustments to any of the timelines associated with this RFP, including, but not limited to, extension of the period of internal review, extension of the date of provider agreement or consultant contract award and/or provider agreement or consultant contract execution, and extensions of deadlines for implementation of the proposed project; and
- (o) to do any of the foregoing without notice to applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

3. Miscellaneous

- (a) Interpretation; Order of Precedence. In the event of conflict, inconsistency, or variance between the terms of this Reservation of Rights and any term, condition or provision contained in any RFP, the terms of this Reservation of Rights shall govern.
- (b) Headings. The headings used in this Reservation of Rights do not in any way define, limit, describe or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

5.5. Confidentiality and Public Disclosures

The successful Applicant shall treat all information obtained from CBH that is not generally available to the public as confidential and/or proprietary to CBH. The successful Applicant

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

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

5.6. Incurring Costs

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

5.7. Prime Contractor Responsibility

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

5.8. Disclosure of Proposal Content

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

5.9. Selection/Rejection Procedures

The applicants whose submission is selected by CBH will be notified in writing as to the selection, and/or their selection will also be posted on the DBHIDS website. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. This letter should not be considered as a letter of award.

A formal letter of award will be forthcoming at such time when mutual agreement has been reached by the parties on all issues pertaining to the application. Applicants whose submissions are not selected will also be notified in writing by CBH.

5.10. Non-Discrimination

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

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

5.11. Life of Proposals

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

APPENDIX A: RFP RESPONSE COVER SHEET

**COMMUNITY BEHAVIORAL HEALTH
Methadone Maintenance Treatment 2021
Attn: Lauren Hicks**

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 TO BIND APPLICANT TO A PROVIDER AGREEMENT TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED

APPENDIX B: TAX STATEMENT

CITY OF PHILADELPHIA TAX AND REGULATORY STATUS AND CLEARANCE STATEMENT FOR APPLICANTS

THIS IS A CONFIDENTIAL TAX DOCUMENT NOT FOR PUBLIC DISCLOSURE

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

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

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

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

Authorized Signature

Date

Print Name and Title

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

APPENDIX C: CBH DISCLOSURE OF LITIGATION FORM

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

Not Applicable

Signature

Print Name

Date

Comp

APPENDIX F: VALUE BASED PURCHASING/CONTRACTING READINESS

1. The applicant currently has a Value-Based Purchasing arrangement: ___ Yes ___ No
If yes, please indicate:

2. The applicant currently has a billing system in place that is supportive and ready for Value-Based Purchasing: ___ Yes ___ No
If yes, please indicate:

APPENDIX G: STATEMENT REGARDING EXCLUSION LISTS

The Applicant must attest that neither the provider nor its staff, contractors, subcontractors, or vendors are on any of the three Excluded Individuals and Entities lists:

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

____ I attest that the Applicant meets the above requirement

Authorized Signature

Date

Print Name and Title