



Request for Proposals

for

Assertive Community Treatment

issued by

Community Behavioral Health

Date of Issue:

Tuesday, January 18, 2022

(Revised January 21, 2022)

**Proposals must be received no later than
2:00 P.M., Philadelphia, PA, local time, on Friday, February 11,
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 two providers to deliver Assertive Community Treatment (ACT) services. Assertive Community Treatment (ACT) is a person-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons with the most serious mental illnesses and impairments who have not benefited from

traditional outpatient programs. The ACT model provides these necessary services 24 hours a day, seven days a week, 365 days a year.

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 the 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, Behavioral Health and Justice Division (BHJD) and Division of Administration & Finance. CBH manages a full continuum of medically necessary and clinically appropriate behavioral healthcare services for the City's approximately 718,000 Medical Assistance recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Approximately 43% (n=312,000) of Philadelphia's Medical Assistance recipients are children under 21 years of age.

The mission of CBH is to meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high performing, efficient, and nimble organization driven by quality, performance, and outcomes. We envision CBH as a diverse, innovative, and vibrant organization in which we are empowered to support wellness, resiliency, and recovery for all Philadelphians.

1.3. Project Background and Objective

Assertive Community Treatment (ACT) services are targeted to individuals with serious mental illnesses that cause symptoms and impairments in basic mental and behavioral processes. ACT services are individually tailored for each member through relationship building, individualized assessment and planning, and active involvement with members to enable each to find and live in their own residence, to find and maintain work in community jobs, to better manage symptoms, to achieve individual goals, and to maintain optimism and recover.

ACT serves adults ages 18 and older with serious mental illnesses that are complex and significantly impact functioning. Many of these individuals may not have received appropriate services. These individuals with Serious Mental Illness (SMI) are arrested at disproportionate rates relative to individuals without mental illness. This is reflected in our county jails, where DBHIDS analysis of PDP data indicated a 19.2% SMI prevalence rate at the end of 2020 ¹, as compared to the 5.2% prevalence rate of SMI among the general population nationwide.² Moreover, 68-69% of PDP admissions of individuals with SMI consist of Black community members,³ while Philadelphia as a whole is comprised of 42.1% Black individuals.⁴ The disparities in SMI incarceration rates are notable and the disparities in incarceration of Black individuals with SMI even more so. These individuals are often overrepresented among the homeless and incarcerated, and often lacked access to appropriate services.

ACT services are delivered in community settings by a multidisciplinary team and include behavioral health treatment, rehabilitation, and support services needed for members to achieve their goals. The ACT team is mobile, and services are delivered in an ongoing rather than time-limited framework to aid the process of recovery and ensure continuity of care. Serious mental illnesses are episodic disorders and many benefit from the availability of a longer-term treatment approach and continuity of care.⁵

Severity of illness, disruptiveness in the community or in the hospital, or failure to participate in or respond to traditional mental health services does not exclude members from accessing ACT services. The ACT team should be a strong advocate for members' self-determination and independence in day-to-day activities.

The objective of this RFP is to expand ACT capacity within the CBH network to meet member need. CBH currently has two ACT providers, Community Treatment Team and Horizon House. CBH is seeking two additional ACT providers.

¹ Department of Behavioral Health and Intellectual disAbility Services. (2020). *Stepping Up Analysis, Quarter 4 2020, October 1st, 2020- December 31st, 2020*.

² National Institute of Mental Health (2021, January). *Mental illness*.
<https://www.nimh.nih.gov/health/statistics/mental-illness>

³ Department of Behavioral Health and Intellectual disAbility Services. (2020). *Stepping Up Analysis, Quarter 4 2020, October 1st, 2020- December 31st, 2020*.

⁴ United States Census Bureau. (n.d.) *Quick facts Philadelphia city, Pennsylvania*.
<https://www.census.gov/quickfacts/philadelphiacitypennsylvania>

⁵ <https://www.act-bc.com/>

ACT strives to lessen or eliminate the symptoms of mental illness, to minimize or prevent recurrent acute episodes of the illness, to meet basic needs, enhance quality of life, improve social and employment skills, and enhance an individual's ability to live independently in his or her community.

1.4. Applicant Eligibility

To be eligible to apply for this RFP, applicants must either be currently enrolled or willing to enroll in Pennsylvania Medicaid programs. In addition, applicants must be an:

- In-network CBH provider not currently providing ACT services; or
- Out-of-network provider who would like to enter the network to provide ACT

Applicants must also meet all threshold requirements (see 4.6. for complete threshold requirements).

1.5. Enrollment in Medicaid and Medicare and Licensure Requirements

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

Enrollment in Medicaid requires that practitioners adhere to the PA Code relevant to their licensing entities. For social workers, marriage and family therapists, and professional counselors, the state regulations can be found [here](#). For psychologists, the state regulations can be found [here](#).

1.6. Exclusion List

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

- List of Excluded Individuals and Entities (LEIE)
- System for Award Management (SAM) (formerly Excluded Parties List System (EPLS))
- Department of Human Services' Medichex List

For this RFP, the Applicant must include an attached statement that the provider and its staff, subcontractors, or vendors have been screened for and are not on any of the three Excluded Individuals and Entities lists. The provider must also conduct a monthly screening of its own staff, contractors, subcontractors, and vendors.

1.7. 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.

2. SCOPE OF WORK

2.1. Overview of Services

The purpose of this RFP process is to assist DBHIDS in determining applicants' readiness to provide ACT services for adults as an approved provider.

This expansion of ACT services is intended to align and coordinate ACT services with the DBHIDS system transformation and Practice Guidelines. The result will be ACT services that have adopted a person-first perspective within a recovery orientation ultimately leading to improved outcomes for the individuals that we serve.

2.1.1. EBP Readiness

EBPs are a core component of clinical practice. As such, CBH will support EBP training in the initial phase of implementation. CBH will provide for the following EBPs: Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT). It is expected that the initial phase of implementation will take multiple years across all involved providers. Providers already implementing other EBPs are expected to continue the provision of such EBPs as indicated.

There remains an ongoing expectation that agencies will continue to maintain or increase capacity to deliver CBT and DBT by adding more clinicians through training opportunities. CBH will aim to inform providers of ongoing training opportunities when possible. It is expected that agencies will also prioritize training and avail themselves of opportunities to meet their specific agency needs, which may or may not be CBH-supported.

Providers should also consider internal organizational factors to facilitate successful implementation and sustainability of EBPs. These factors may include, but are not limited to, having agency leadership fully engaged in the implementation and sustainability over time, supporting EBP-infused culture, maintaining capacity among trained clinicians, building capacity to address turnover and increase penetration in the organization, navigating competing demands, integrating policies and practices with EBPs, building stakeholder involvement, and evaluating outcomes.

Following the completion of the training and implementation, providers will be expected to independently sustain the EBPs, including facilitating ongoing referrals and engagement, delivering the EBPs to a volume of individuals and families, maintaining proper documentation and use of measures, and developing strategies to support staff through supervision and to address staff attrition.

DBHIDS has developed an EBP Program Designation to identify providers that are sustaining high quality EBP Programs. Providers who participate in CBH-sponsored training initiatives are expected to develop the following capacities and procedures by the time implementation is complete. Criteria for EBP Designation include:

- Training and consultation
 - Intensive training by a qualified treatment expert
 - Case-specific consultation to translate knowledge to practice
- EBP service delivery
 - Strategies for receiving referrals, assessment, and connecting individuals with EBP-trained counselors
 - Maintaining EBP service volume to meet referral needs and maintain proficiency with the practice
- EBP quality assurance
 - Documentation of use of EBP in treatment plans and notes
 - Supervision of the EBP, including use of EBP-specific tools or checklists
 - Collection of clinical outcome measures appropriate for the EBP
 - Including measures of improved function or quality of life improvement
 - Developing systems for ongoing collection and reporting

Providers are expected to demonstrate sustained capacity for the EBP programs via annual resubmission of the EBP Program Designation Application. Achieving and maintaining EBP Program Designation status will be required for inclusion in rosters of EBP providers.

Proposals should present a clear plan for implementation of EBPs (CBT and DBT) and the development of sustainable programs. The plan should describe your current capacity and plans to build and sustain these EBPs, with the understanding that CBH will support the initial phase of training and implementation. The plan should consider internal organizational factors to facilitate successful implementation and sustainability of EBPs. These factors may include, but are not limited to, having agency leadership fully engaged in the implementation and sustainability over time, supporting EBP-infused culture, maintaining capacity among trained clinicians, building capacity to address turnover and increase penetration in the organization, navigating competing demands, integrating policies and practices with EBPs, building stakeholder involvement, and evaluating outcomes. Additionally, providers should identify an EBP point person who will serve as the main point of contact for EBP implementation internally and with external stakeholders (CBH/EPIC, EBP experts).

2.2. Eligibility

Provider Participation: All ACT programs will be licensed/approved by the Office of Mental Health and Substance Abuse Services (OMHSAS). Additionally, the ACT provider shall complete a PROMISE enrollment application and list each service location that will be performing ACT. The PROMISE enrollment application can be found at:
<http://www.dpw.state.pa.us/omap/promise/enroll/omappromiseenroll.asp>.

Member Eligibility: Following are the eligibility requirements for Assertive Community Treatment Services:

Adults, 18 years of age or older, who have serious and persistent mental illness. A person shall be considered to have a serious and persistent mental illness when all of the following criteria for diagnosis, treatment history, and functioning level are met.

- A. *Diagnosis:*** Primary diagnosis of schizophrenia or other psychotic disorders such as schizoaffective disorder, or bipolar disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders. Individuals with a primary diagnosis of a substance use disorder, intellectual disability, or brain injury are not the intended target population;
- B. *Functioning level:*** Global Assessment of Functioning Scale (as specified in DSM V-R or revisions thereafter) ratings of 40 or below;
- C. *Members who meet at least two of the following criteria:***
 - a.** At least two psychiatric hospitalizations in the past 12 months or lengths of stay totaling over 30 days in the past 12 months that can include admissions to the psychiatric emergency services;
 - b.** Persistent or very recurrent severe major symptoms (e.g., affective, psychotic, suicidal);
 - c.** Co-occurring mental illness and substance use disorders with more than six months duration at the time of contact;
 - d.** High risk or recent history of criminal justice involvement which may include frequent contact with law enforcement personnel, incarcerations, parole or probation;
 - e.** Homeless, imminent risk of being homeless, or residing in unsafe housing;
 - f.** Residing in an inpatient or supervised community residence, but

clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available;

- D. Difficulty effectively utilizing traditional case management or office-based outpatient services, or evidence that they require a more intensive and frequent service to meet their clinical needs.

Discharge: The programs shall not have time limits for members admitted to the program and the team shall remain 'the point of contact for all members indefinitely as needed. The service shall have a "no drop out" policy and work to retain members at a mutually satisfactory level. Discharges from the ACT team may occur when members and program staff mutually agree to the termination of services. This shall occur when members:

- A. Have successfully reached individual goals for discharge, and when the member and program staff mutually agree to the termination of services.
- B. Have successfully demonstrated an ability to function in all major role areas (i.e., work, social, self-care) without ongoing assistance from the program, without relapse when services are withdrawn, and the member requests for the termination of services. When members are discharged to lower levels of care, based on a careful assessment of their readiness and on mutual agreement, the process should involve a gradual transition period, including at least 30 days of overlap of responsibility for monitoring the member's status and progress. Members should have the option to re-enroll in the ACT team. Even after the transition period has ended, the ACT team should periodically monitor the members' engagement with the new program until the members are assessed to have fully and successfully engaged with the new program.
- C. Move outside the geographic area of the ACT team's responsibility. In such cases, the ACT team will arrange for transfer of mental health service responsibility to an ACT program or other provider within the member's new geographic location. The ACT team will maintain contact with the member until this service transfer is implemented.
- D. If a member declines or refuses services and requests discharge despite the team's persistent and caring attempts to engage the individual in treatment, discharge or transfer to a lower level of care should not occur automatically. The action plan to re-engage the individual should be reviewed and documented before discharge is considered.

2.3 Provider Responsibility

ACT services will be provided 24 hours a day, seven days a week, 365 days a year. All services will be provided to members in community settings. ACT has a minimum staff-to-member ratio but also established the minimum number of staff required to cover the shifts, set the frequency of staff services contacts with members, and required gradual admission of members to the team. The following guidelines establish the responsibilities of the providers:

- A. Each new ACT team will stagger member admissions, admitting no more than 6 members per month. The teams should gradually build up capacity to serve the maximum recommended number of members, which is 100 members for a full-size team. Under no circumstances shall the maximum number of members admitted exceed 120.
- B. The staff size may need to be adjusted to a larger number in settings where the members are consistently acutely ill, have spent long periods of time in institutional settings, are being released from correctional settings, or have complicating medical conditions.
- C. The ACT team should systematically identify need for assertive engagement strategies, use motivational interventions, and employ therapeutic limit setting interventions only when needed.
- D. The ACT team shall have the capacity to provide multiple contacts a week with members experiencing severe symptoms, trying a new medication, experiencing a health problem or serious life event, trying to go back to school or starting a new job, making changes in living situation or employment, or having significant ongoing problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week and depend on member need and a mutually agreed upon plan between members and program staff. Many, if not all, staff shall share responsibility for addressing the needs of all members requiring frequent contact.
- E. The ACT team shall provide an average of two hours of face-to-face contacts per week across all members (total hours of face-to-face contacts per week for all members divided by number of members).
- F. The ACT team will provide ongoing contact for members who are hospitalized for substance abuse or psychiatric reasons. To assist the continuity of care of those members, the ACT team shall:
 - a) assist in admission process;

b) make contact with the member and inpatient provider within 24 hours of knowing of the inpatient admission to provide information, conduct appropriate assessment, assist with member's needs, and to begin discharge planning;

c) maintain at least weekly face--to-face contact with the member and the inpatient treatment team staff;

d) assist the member with transitioning from the inpatient setting to the community; and

e) maintain at least three face-to-face contacts per week for one month following discharge.

- I. ACT teams will not use telephone answering devices as a primary method to receive calls. ACT members will have direct phone access to the ACT office, Monday through Friday. ACT teams will be available to answer all incoming calls, will be scheduled for on-call duty to provide crisis and other services after the regular shift hours. The ACT team shall be available to provide treatment, rehabilitation, and support activities seven days per week including holidays. This means regularly operating and scheduling staff Monday through Friday to work two overlapping 8 hour shifts for a total of 12 hours of coverage per day, with a minimum of 2 staff on the second shift in the last four hours of operation.
- J. ACT teams should monitor and to ensure that services are not duplicated with members independently seeking services outside of the ACT program. As part of the procedural safeguards, the ACT team will establish collaborative agreements with emergency/crisis services and other providers of mental health services in the county of their operation.
- K. Individuals who are being considered to be admitted to the ACT program should be screened for disorders such as brain injury before they are admitted to the program. This screening is done to ensure that individuals with the primary diagnosis of brain injury, who are not the intended target group for ACT services, are not erroneously admitted to the program.
- L. The ACT team (or its organizational representative) will actively recruit new members who could benefit from ACT from referral sources that commonly serve individuals who meet the ACT admission criteria.

2.3. Personnel and Required Training

Applicants must have established hiring and vetting practices to ensure hiring of culturally and clinically competent staff. Staff credentials and training must adhere to requirements of the

CBH Manual for Review of Provider Personnel Files (MRPPF) and the Supplement to the MRPPF (SMRPPF) found on the [CBH website](#).

2.3.1. Required Personnel

Staff Position	Qualifications	# of Staff/FTE
Team Leader	Master's level team leader/supervisor who is the clinical and administrative supervisor of the team, who also functions as a practicing clinician on the ACT team.	1 FTE
Psychiatrist	Licensed Psychiatrist	16 Hours/week for 50 members Additional 3 hours/week for every 14 additional members
Registered Nurse	Registered nurse w/ experience in mental illness	3 FTE
Peer Specialist	A person who is or has been a recipient of mental health services for serious mental illness; Certified as a Peer Specialist.	1 FTE
*Master's Level	Master's level and at least two years' experience in psychiatry, social work, psychology, nursing, rehabilitation, counseling, or activity therapies.	4 FTE (in addition to Team Leader)
*Other Level	Bachelor's level and paraprofessional-mental health workers who carry out rehabilitation and support functions.	1-3 FTE's
Vocational Specialist	Master's or other clinical staff, preferably with a degree in rehabilitation counseling.	1-4 FTE's
Program/Administrative Assistant	Organizing, coordinating, and monitoring all non-clinical operations of ACT.	1-1.5 FTE

2.3.2. Required Training

All ACT staff, with the exception of the program/administrative assistant, will complete 12 hours of co-occurring disorder (mental health/substance abuse)-specific training,

recovery/resiliency training, and training on trauma within six months of hire unless they have already had this training within the past 2 years.

All ACT staff, with the exception of the program and administrative assistant, will complete 12 hours of annual training that includes training conducted by members and family members. The training should include instruction in the areas most relevant to the needs of the members served by the team. Although not mandated, it is recommended that the program and administrative assistant also complete 12 hours of annual training. Additionally, the ACT team should schedule on-going training and consultation, which may include visits to shadow an experienced ACT team, to effectively administer the ACT program and support fidelity to the model.

The ACT team will maintain written personnel policies and procedures for hiring, establish core staff competencies, orientation, and training; and maintain personnel files for each team member containing the job application, copies of credentials or licenses, position description, annual performance appraisals, and individual orientation and training plan.

2.4. Language and Culture

CBH recognizes the National Culturally and Linguistically Appropriate Services Standards (National CLAS Standards)⁶ to demonstrate cultural competency. These 15 standards create a framework for advancing health equity, improving quality, and helping to eliminate health care disparities. Applicants should present cultural competency plans that align with the National CLAS Standards.

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

2.5. Location/Site

Applicants must be able to deliver services in geographically diverse areas of the city, ACT providers are expected to provide services to all Philadelphia residents regardless of place of residence who are Medical Assistance eligible or uninsured.

2.6. Timetable

It is expected that all services requested through this RFP will be fully operational by the start of June 2022.

⁶ Think Cultural Health <https://thinkculturalhealth.hhs.gov/clas/standards>

2.7. Monitoring

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

2.8. Reporting Requirements

By accepting the award under this RFP, the Applicant(s) agree to comply with the evaluation and reporting requirements of CBH. The Awardee(s) agree 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, Program Evaluation, and Information Technology Departments to ensure the quality and completeness of data.

2.9. Performance Standards

The selected Applicant(s) will be required to meet the performance standards established by CBH during the term of the contract along with meeting CBH credentialing, and compliance standards. All successful applicants will be expected to have a compliance plan along with all other required documents for CBH initial credentialing.

2.10. Compensation/Reimbursement

The successful applicants will be paid following current payment structure with potential to move to APA.

2.11. Technological Capabilities

Applicants must have the technology capabilities required to perform the proposed activities in this RFP. At a minimum, applicants must have electronic claims submission and an electronic health record (EHR) ready for use. Programs must possess appropriate technology to support the ability of staff to deliver services in the community and schools (e.g. cell phones, laptops).

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

3.1. Required Proposal Format

Proposals should include:

- Appendix A: RFP Response Cover Sheet
- Proposal Content: Narrative response and any required attachments to
- Operational documents listed in Section 3.2.7.
- Appendix B: City of Philadelphia Tax and regulatory Status and Clearance Statement
- Appendix C: City of Philadelphia Litigation Form
- 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 Times New Roman font, single-spaced, on 8.5" by 11" sheets of paper with minimum margins of 1". For each section where it is required, the applicant must fully answer all of the listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal being considered non-responsive. Each attachment, appendix, or addendum must reference the corresponding section or subsection number.

Applicants are required to limit their General Narrative Description to 10-15 single-spaced pages, excluding required attachments. Applications should not exceed 15 pages. As a general comment, if you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds the page limit may have their proposals considered non-responsive and be disqualified.

3.2. Proposal Content

3.2.1. Introduction/Executive Summary

Project Summary:

Provide a brief overview of your agency (not to exceed one page).

A. Prepare a very brief introduction, including a general description of your understanding of the scope of the proposed project. Briefly indicate how you will implement proposed services.

- Describe how you will meet the needs of the targeted population. Include the needs of individuals with serious mental health, substance abuse, homelessness and persons who are medically compromised and physically disabled.
- Describe your agency's previous work and experience providing care coordination services similar to those requested in this RFP. Describe your successes and any efforts made to further recovery and resiliency.
- Describe the continuum of services your organization offers.
- Discuss your ability to train for EBP's, such as Dialectical Behavioral Therapy and Cognitive Behavioral Therapy. Will your team have access to clinical EBP training by a psychologist?

B. Linkages and Referral Protocols

- Describe established linkages with community partners and how these linkages enhance your services. Describe referral sources and referral protocols your agency has in place.

C. Evidenced Based-Practices

- What, if any EBP's does your agency currently provide? Describe any EBP Initiatives or Research Activities your agency has been involved in or is currently enrolled in (both DBHIDS-sponsored and independent enrollments).
- Describe some of the specific successes and challenges your agency has had with EBPs. If you have not implemented EBPs before, discuss some of the anticipated challenges associated with this kind of practice and how your agency intends to address them.
- Discuss your ability to train for EBP's, such as Cognitive Behavioral Treatment (CBT) and Dialectical Behavioral Treatment (DBT). (See section 2.1.1. EBP Readiness)

D. Personnel and Training

- Discuss how you will staff ACT teams, decrease employee turnaround, and improve employee engagement.
- Discuss your plan for sufficient supervision, clinical training, and incorporation of recovery-oriented principles in the training and orientation of staff. (See section 2.3)

E. Program Evaluation and Improvement

- Describe the agency's Continuous Quality Improvement Plan. Describe any principles of Continuous Quality Management that will be utilized and how they will be integrated into the management philosophy, policies, and practices of the program.
- Please discuss three quality improvement measures that you have implemented in your agency in the past year. Indicate how you have used the information gathered to make program improvements.
- Briefly discuss your agency's capability of tracking and reporting outcomes and acknowledge your agency's willingness to comply with the reporting requirements stated in the RFP.

3.2.2. Service Requirements

Please describe how you will ensure components of ACT are delivered, including individual and group services, care coordination, family supports, clinical consultation, psychology, and psychiatry. Your response should include how you will ensure access to quality services, enhance the sense of competency and self-efficacy of the adults in the community and assist them in remaining in the least restrictive environment and community of choice.

3.2.3. Program Philosophy

This section provides the opportunity to describe the vision, values and beliefs that will be evident in the design and implementation of the proposed services. The Applicant should explain how the values of the DBHIDS Practice Guidelines) and any existing industry standards and best practices are relevant to their specialty area. This section should also include a description of how person-first culturally competent and trauma-informed practices and approaches are incorporated into the Applicant organization and into the proposed program.

3.2.4. Licensure and Location

Applicants should indicate licensure status, in addition to, current curriculum vitae for all staff.

3.2.5. 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.

3.2.6. Governance Structure

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

3.2.7. Operational Documentation and Requirements

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

- Tax Identification Number
- An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations. In the case of a start-up with no financial activity, please provide a business plan, including three-year financial projection of Cash Flow, Income Statement, and Balance Sheet.
- 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. In the case of a start-up, provide proof of corporate charter, corporate tax status, and/or individual tax return(s) of principal(s)/owner(s).
- Proof of payment of all required federal, state, and local taxes (including payroll taxes) for the past twelve (12) months. If pre-operational, provide proof of deposits to cover

initial operations.

- 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 insurance 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, the City of Philadelphia, and the 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, [visit this website](#).

3.2. 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 in determining this status, through its Department of Revenue and Department of Licenses and Inspections, 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.

4.1. 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.

4.2. 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.

4.3. 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.

4.4. 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).

4.5. Selection Process and Responses

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.

4.6. 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 herein. 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 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 an attached statement that the provider and its staff, subcontractors, or vendors have been screened for and are not on any of the three Excluded Individuals and Entities lists. Ongoing, the provider must conduct monthly screening of its own staff, contractors, subcontractors, and vendors for excluded individuals on the three Excluded Individuals and Entities lists.

4. APPLICATION ADMINISTRATION

4.1. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	January 18, 2022
Bidder's Conference	January 25, 2022
Deadline to Submit Questions	January 31, 2022
Answers to Questions on Website	February 7, 2022
Application Submission Deadline	February 11, 2022
Applicants Identified for Contract Negotiations	March 14, 2022
Project Start Date	March 2022

CBH reserves the right to modify the schedule as circumstances warrant. This RFP is issued on Tuesday, January 18, 2022. In order to be considered for selection, all applications must be emailed to the address below no later than 2:00 p.m. on Friday, February 11, 2022. CBH encourages Applicants to include a read receipt on all submissions to verify that the email was indeed received. Due to the size of some files, multiple emails may be required to complete a submission; in that case, CBH encourages providers to number their emails in the subject line of the email. All emails related to the submission must be received by the above due date and time to be considered a complete submission.

Questions related to this RFP should be submitted via email by Monday, January 31, 2022 at 2:00 p.m. EST to Farrah.Sloan@phila.gov with the subject line **"ACT RFP Q&A"**.

- Applications should be sent via email to Farrah.Sloan@phila.gov with the subject line **"ACT RFP Submission"**. Applications submitted by any means other than electronic files via email will not be considered.

- Applications submitted via email cannot be resubmitted with edits.
- Please be sure to save each item listed in Section 2 as separate PDF files, and clearly label the electronic files.
- Applicants are encouraged to check their full application before sending to make sure all signatures, information, and dates are completed on each form. Submission of incomplete forms may result in an application not being considered.
- Applicants are encouraged to attach read receipts with submissions.
- Applications submitted after the deadline date and time will not be considered.

The individual Applicant or an official of the submitting agency, authorized to bind the agency to all provisions noted in the application, must sign the cover sheet of the application.

The Bidder's Conference will be hosted virtually via Zoom Webinar on Tuesday, January 25, 2022 at 1:00 p.m. Please note that attendance for this conference is optional; however, encouraged. Click [here](#) to access the webinar via Zoom. All updates and documents, including the Q&A and negotiation announcement, will be posted to the cbhphilly.org "Contracting" page.

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 ensure 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 reissue all or part of the RFP if it is not able to establish acceptable providers for any or all services. CBH also reserves the right to amend contracts throughout the contract period and to renegotiate the contract length as needed.

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

5.1. Revisions to RFP

CBH reserves the right to change, modify, or revise the RFP at any time. Any revision to this RFP will be posted on the CBH 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 CBH 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 CBH 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 CBH 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, determines 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 its 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, determines 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, determines that doing so is in and CBH's best interest;
- (g)** to discontinue negotiations with any applicant at any time prior to the execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to the applicant, and to enter into negotiations with any other applicant, if CBH, in its sole discretion, determines it is in the best interest of CBH to do so;
 - (h)** to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contract to an applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different applicant and enter into negotiations with that applicant, if CBH, in its sole discretion, determines it is in the best interest of CBH to do so;
 - (i)** to elect not to enter into any provider agreement or consultant contract with any applicant, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued and with or without the reissuing 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 its 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 Disclosure

The successful applicant shall treat all information obtained from CBH that is not generally available to the public as confidential and/or proprietary to CBH. The successful applicant shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful applicant agrees to indemnify and hold harmless CBH, its officials and employees, from and against all liability, demands, claims, suits, losses, damages, causes of action, fines, and judgments (including attorney's fees) resulting from any use or disclosure of such confidential and/or proprietary information by the successful applicant or any person acquiring such information, directly or indirectly, from the successful applicant.

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

5.6. Incurring Costs

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

5.7. Prime Contractor Responsibility

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

5.8. Disclosure of Proposal Contents

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFP process becomes the property of CBH and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by any person other than competing applicants. CBH retains the

right to use any/all ideas presented in any reply to this RFP. Selection or rejection of an application does not affect this right.

5.9. Selection/Rejection Procedures

The applicant(s) whose submissions are selected by CBH will be notified in writing as to the selection, and their selection will also be posted on the CBH website. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. This letter should not be considered as a letter of award. A formal letter of award will be forthcoming at such time when mutual agreement has been reached by the parties on all issues pertaining to the application. Applicants whose submissions are not selected will also be notified in writing by CBH.

5.10. Non-Discrimination

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

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

5.11. Life of Proposals

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

APPENDIX A: RFP RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

CORPORATE NAME OF
APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

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

PRINTED/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 online 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

Company

