

ASAM 3.7 and 3.7 WM

Date of Issue:	August 12, 2024
Applications must be received no later than:	2:00 p.m. September 19, 2024
Submit all RFP-related questions to:	<u>CBHClinicalProcurements@phila.gov</u>

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER:
WOMEN, MINORITY INDIVIDUALS AND PEOPLE WITH
DISABILITIES ARE ENCOURAGED TO RESPOND**

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1. PROJECT OVERVIEW

1.1. Introduction; Statement of Purpose

Community Behavioral Health (CBH), a Behavioral Health Managed Care Organization (BH-MCO) for the Commonwealth of Pennsylvania (PA) **Behavioral HealthChoices** and **Community HealthChoices** programs, is seeking providers to deliver **American Society of Addiction Medicine** (ASAM) treatment services for Medically Monitored Intensive Inpatient Services (3.7 level of care/LOC) and Medically Monitored Inpatient Withdrawal Management (3.7WM LOC). Applicants can also provide Clinically Managed High-Intensity Residential Services (3.5 LOC) if they meet the initial service provision of ASAM 3.7 or ASAM 3.7WM. Providers of only ASAM 3.5 LOC are ineligible to respond to the request for proposals (RFP). The **Department of Behavioral Health and Intellectual Disability Services** (DBHIDS), CBH, and City partners continue closely monitoring the needs of individuals and families seeking recovery. CBH is issuing this RFP to increase service availability throughout Philadelphia County and nearby regions to support the continued need for access to treatment. PA was able to secure federal funding to pay for residential substance use disorder (SUD) treatment through an approved Section 1115 Waiver Demonstration. The effective dates of the approved demonstration are October 1, 2017, through September 30, 2027. PA's commitment to ***The ASAM Criteria, 3rd Edition***, is a condition of the waiver's approval.

In 2021, CBH network providers aligned with ASAM under the **Pennsylvania Department of Drug and Alcohol Programs** (DDAP). CBH currently funds a continuum of SUD services in community-, residential-, and hospital-based settings, including ASAM 1.0, 2.1, 2.5, 3.1, 3.5, 3.7, 3.7WM, 4.0, and 4.0WM LOCs. Following an LOC assessment completed by an ASAM-trained clinician, individuals are connected to the recommended LOC. Within six months of admission to each LOC, the providers must complete an ASAM alignment monitoring review for each LOC at provider locations licensed under DDAP.

In July 2022, ASAM 3.7 LOC was added to the continuum of services. This service provides high-intensity residential treatment for members with SUD who require a 24-hour monitored residential setting. Along with the need for SUD treatment, members may also have more intensive psychiatric needs or require medical attention, including wound care. This service has been able to support members impacted by the continued increase of xylazine use in Philadelphia, as well as those who have more significant mental health concerns. All providers must accept individuals on all prescription psychiatric and forms of medication-assisted treatment (MAT).

In addition to 3.7 LOC, CBH provides ASAM 3.7WM LOC, which addresses the need for 24-hour withdrawal management and medical monitoring services. These services may be delivered by nursing staff and mental health and SUD clinicians under physician-approved policies and procedures or clinical protocols.

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Following the completion of 3.7WM LOC, a LOC reassessment may occur, and the recommendation may be 3.5 LOC. This service provides 24-hour supportive supervision and treatment in a safe, structured environment. Treatment includes planned daily clinical programming to stabilize and support the individual's recovery and to learn and apply recovery skills. Activities may include relapse prevention, exploring interpersonal choices, and the development of a social network supportive of recovery. As CBH currently has a robust ASAM 3.5 LOC provider network, only applicants who provide 3.7 or 3.7WM LOCs in addition to 3.5 LOC will be considered.

This RFP aims to increase network capacity and meet the needs of all CBH members, including those who fall under the American Disabilities Act (ADA) guidelines. Access issues continue to impact some of the most vulnerable members. Providers responding to this RFP will be required to accommodate members with disabilities under the [ADA 2010 Standards for Accessible Design](#). Confirmation regarding ADA accessibility is required unless providers have an ADA Compliance Exemption.

Applicants must currently provide an ASAM LOC with an appropriate DDAP license at the intended site for this service. Providers must be located within 100 miles or two hours of Philadelphia County, with preference given to providers within 50 miles or one hour of Philadelphia County. Applicants are required to provide 3.7 and 3.7WM LOCs but may also offer 3.5 LOC as part of their proposal. Preference will be given to providers who offer a continuum of bed-based ASAM services and community-based services in Philadelphia and can meet the needs of members requiring more intensive psychiatric treatment or medical interventions.

1.2. Organizational Overview

The City of Philadelphia contracts with the [PA Department of Human Services](#) (PA-DHS) to provide behavioral health services to Philadelphia's Medicaid recipients under PA's HealthChoices behavioral health mandatory managed care program. Through this contractual agreement, services are funded on a capitated basis. The City of Philadelphia, through DBHIDS, contracts with CBH to administer the HealthChoices program.

DBHIDS has a long history of supporting innovative services in Philadelphia for individuals in recovery, family members, providers, and communities; the Philadelphia behavioral health system is recognized nationally and internationally for innovation in delivering behavioral health care services in the public sector. DBHIDS envisions a Philadelphia where everyone 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 mission is accomplished using a population health approach with an emphasis on recovery, resilience-focused behavioral health services, and self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to

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individuals and their families dealing with intellectual disabilities, mental health issues, or SUD to ensure they receive high-quality services that are accessible, effective, and appropriate.

DBHIDS is comprised of six divisions: Behavioral Health, Intellectual Disability Services (IDS), CBH, Planning Innovation, Behavioral Health and Justice Division (BHJD), and Division of Administration, Finance, and Quality.

CBH manages a full continuum of medically necessary and clinically appropriate behavioral health care services for the City's approximately 833,000 Medicaid recipients under PA's HealthChoices program. Approximately 66% (n=552,000) of Philadelphia's Medicaid-eligible individuals are adults over 18 years of age.

The mission of CBH is to meet the diverse 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. CBH consistently promotes its mission as a diverse, innovative, and vibrant organization empowered to support wellness, resiliency, and recovery for all Philadelphians.

1.3. Project Background and Objective

The impact of the opioid epidemic and the surge in xylazine use has been addressed on national, state, and city levels. In July 2023, the White House Office of National Drug Control Policy (ONDCP) released a [National Response Plan](#) to coordinate a whole-of-government response against the threat of fentanyl adulterated with xylazine, focusing on testing, data collection, research, evidence-based prevention, harm reduction, treatment, and supply reduction. In October 2023, Governor Josh Shapiro established the [Pennsylvania Behavioral Health Council](#), which addresses gaps in access, affordability, and delivery of mental health and SUD services in PA. Mayor Cherelle Parker's [100-Day Action Plan](#) prioritizes accessing treatment for Philadelphia's most vulnerable residents, including individuals with SUD and mental health challenges.

In 2022, Philadelphia reported 1413 overdose deaths, an 11% increase from 2021. In deaths where opiates were included, 96% involved fentanyl. Additionally, in deaths where stimulants were included, 88% involved cocaine. More than half of the overdose deaths in 2022 included both an opioid like fentanyl and a stimulant like cocaine. Xylazine was also involved in 34% of the overdose deaths. In almost all the deaths where xylazine was found, fentanyl was also found. Overdose deaths occurred in nearly every ZIP code in Philadelphia.

Overdose deaths have disproportionately impacted non-Hispanic Black and Hispanic Philadelphians. Deaths by overdose in these populations increased by 87% among non-Hispanic Black individuals and 43% among Hispanic individuals from 2018 to 2022. These numbers also reflect the national trends in demographics for drug overdose deaths. Deaths involving stimulants contributed to the sharp rise in overdose deaths,

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specifically among non-Hispanic and Black individuals. There is a need for culturally responsive resources to address the changing trends in overdoses.

Due to the ongoing opioid epidemic, it is required that responding providers can induct members on MAT as well as provide MAT maintenance, with preference given to providers who prescribe methadone. To increase access and serve all members, providers will be required to accommodate members with a wide range of disabilities, including members needing a cane, walker, or wheelchair for mobility. Additional medical issues may include coronary artery disease, low blood pressure, hepatitis, a history of seizures, asthma, etc. CBH requires providers to admit members who are HIV+ and coordinate with prescribers if members do not have their prescriptions when admitting to treatment. Additionally, preference will be given to providers who can provide wound care. For additional information, providers should reference the [ADA 2010 Standards for Public Accommodations And Commercial Facilities](#).

CBH, in partnership with DBHIDS and Philadelphia treatment providers, has previously implemented multiple initiatives to increase access to high-quality, evidence-based SUD treatment. Many of these initiatives have emphasized increasing access to MATs and residential treatment, and previous procurements have expanded hospital and residential treatment services to address the ongoing opioid epidemic as well as the increasing overdose deaths. This RFP aims to continue this expansion by improving access to ASAM 3.7 and 3.7WM LOCs with consideration for providers who also have ASAM 3.5 LOC within their continuum. CBH seeks to increase network capacity by up to 100 beds.

1.4. Applicant Eligibility – Threshold Requirements

To be eligible to respond to this RFP, applicants must be enrolled in Medicare and Medicaid programs. They must also be licensed through DDAP as an ASAM 3.7 Medically Monitored Intensive Inpatient Services provider or ASAM 3.7WM Medically Monitored Inpatient Withdrawal Management provider. Applicants can also include ASAM 3.5 Clinically Managed High-Intensity Residential Services in their proposal.

Applicants must have site control by October 1, 2024, and be license-eligible and [PROMISE™](#)-eligible by February 1, 2025. The awarded applicants are expected to be able to provide services to CBH members by June 1, 2025. CBH is entitled to rescind the right to negotiate if there are delays with service implementation. Additionally, applicants must not be on the three Federal and Commonwealth exclusion lists or on a Corporate Integrity Agreement.

CBH reserves the right to implement a procurement threshold indicating that a provider proposal may not be considered if the provider has been in the pre-planning phase of another procurement for one year or more. This consideration will not include regulatory or CBH-related delays.

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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 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

This RFP requires providers to be located within 100 miles or two hours of Philadelphia County, with preference given to providers within 50 miles or one hour of Philadelphia County. Applicants must have site control by October 1, 2024, and the ability to become license-eligible and PROMISE™-eligible by February 1, 2025. The facility can be free-standing or located in a hospital setting. The physical plant must align with the core values and requirements of the [DBHIDS Practice Guidelines](#), which include complying with regulations and standards under the ADA 2010 Standards for Accessible Design.

2. SCOPE OF WORK

2.1. Overview of Services

This RFP aims to expand CBH's in-network capacity by identifying providers of residential SUD treatment services of ASAM LOCs 3.7 and 3.7WM with the option to include ASAM 3.5 LOC. These services include 24-hour directed screening, evaluation, treatment, and ongoing recovery services to help the individual achieve stabilization and changes in substance use behaviors. Services at these LOCs generally target individuals who need safe and stable living environments to develop the necessary recovery skills to prevent immediate relapse. Screenings and assessments for admissions must be available during weekend and evening hours in addition to the usual business hours of operation.

Treatment interventions should be evidence-based, person-centered, individualized, and appropriate for the population served. These interventions include motivational interviewing, cognitive-behavioral therapy, solution-focused therapy, and the transtheoretical model. Modalities should comprise individual, family, and group sessions as appropriate.

All programs must have co-occurring capabilities, and all clinical staff must be trained to understand and respond to co-occurring mental health disorders, with referrals to and close coordination with outside practitioners when mental health needs exceed the capabilities of outpatient addiction staff. Staff should also be trained in grief- and trauma-informed care.

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In addition to psychosocial addiction therapies, programs must directly provide MAT to support recovery from SUDs, including opioid (must offer two of the following: agonist, partial agonist, or antagonist), alcohol, and tobacco use disorders, delivered and monitored by a practitioner with prescribing authority (e.g., physicians, physician assistants, or advanced registered nurse practitioners). A memorandum of understanding (MOU) must be obtained for the MAT not directly provided as applicable.

Applicants are expected to provide a mechanism to ensure that existing members can be seen by their usual treatment team (or emergency/covering team members in the case of urgent issues), irrespective of whether they have an appointment during the provider's normally scheduled business hours. During these hours, referral to Crisis Response Centers (CRCs) or other providers should be done either after an evaluation by the clinically managed high-intensity SUD program provider or in response to a member's report of an emergency that should be directed immediately to a CRC.

Under the ADA regulations, providers must be able to accommodate members with physical limitations, including those who may require ambulatory support, such as mobility by walker, cane, or wheelchair. Providers also need to share if they can support members who require oxygen.

Additional MOUs should be developed with providers to deliver a holistic and comprehensive continuum of services to include vocational and educational supports and case management. Programs must develop relationships with courts and justice entities who mandate treatment; protocols should be developed to align with ASAM's recommendations regarding accepting individuals with mandated lengths and levels of treatment, including reasonable efforts to ensure the most clinically appropriate programming is provided. Linkages with CBH Care Management, the CBH Psychiatric Emergency Services (PES) Line, and other treatment providers should be developed to ensure seamless transitions between LOCs. Natural and community supports must be accessed and emphasized as part of treatment and discharge planning. An individualized policy for random urine drug screening (UDS) and lab monitoring must be established to ensure the medical necessity of testing.

2.2. Individuals Served

Individuals receiving ASAM 3.5, 3.7, and 3.7WM LOCs must meet the criteria for a substance use, substance-induced, and/or other addictive disorder as defined in the current [Diagnostic and Statistical Manual of Mental Disorders](#) (DSM-5-TR) and the LOC determined following an ASAM assessment. For these LOCs, diagnosis and LOC decisions should be made within 24 hours by a clinician operating within their scope of practice. The clinician should also review the treatment plan to confirm the necessity of clinical services. Individuals served may have complex medical concerns as well as significant mental health and social challenges. Individuals receiving services oftentimes present with a variety of needs, including unstable and inconsistent relationships, limited interpersonal and environmental recovery supports, trauma histories, and forensic involvement. See [The ASAM Criteria, 3rd Edition](#), for additional details.

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2.3. Service Delivery

2.3.1. Individualized Treatment

Individualized treatment should be person-centered, collaborative, and designed to meet the member's individual needs and preferences. Applicants must describe their plan to ensure all treatment is individualized, utilizing quality-of-life measures to inform individualized care plans for each member throughout their treatment. DDAP's current recommended daily clinical service provision is six to eight hours per day, including weekend hours; providers must also continue to meet any updated requirements by DDAP and ASAM. Treatment provisions and episodes should follow guidelines established by *The ASAM Criteria, 3rd Edition*.

Treatment also includes discharge planning and linkage to community-based supports. Providers are required to transport members to step down, aftercare, or community-based resources at the time of discharge. If members do not return to Philadelphia and remain close to the applicant's location, the providers should ensure members' linkages to community supports, including updating their addresses.

2.3.2. Evidence-Based Practices

DBHIDS strongly focuses on using evidence-based practices (EBPs) for all levels of services throughout its provider network. The services procured through this RFP must implement evidence-based and empirically supported approaches to treatment. Training, supervision, and quality assurance strategies to monitor fidelity and track outcomes should be described to ensure the EBP is implemented and sustained and its effectiveness regularly measured. Applicants may be expected to meet the [EPIC EBP Program Designation](#) standards for the main EBPs being implemented in the program. Applicants are expected to provide a plan to implement the direct provision of MAT for members with SUDs that have evidence-based medication approaches, such as opioid use disorder (OUD), alcohol use disorder (AUD), and tobacco use disorder (TUD). Applicants are expected to have a plan that involves education about these treatment options. In alignment with [CBH Provider Bulletin 18-07](#), applicants are expected to provide a minimum of two of the three FDA-approved medications for treating OUD, specifically a minimum of one agonist and one antagonist medication. Documentation of "medication-free" treatment of OUD must include a discussion of the member's refusal despite appropriate education on MAT options or a discussion of contraindications to such treatment. When MAT is provided for members with OUD, providers must adhere to the CBH [Clinical Guidelines for the Treatment of Opioid Use Disorder](#).

To reduce barriers to access, applicants should include policies and procedures around induction and maintenance of MAT, as well as admission and assessment processes. Applicants should describe any additional EBPs that they will include in the program, along with supporting literature and data to show the EBP's relevance to the target population. For each EBP identified in the proposal, the applicant is expected to provide the following information:

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- ➔ 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

2.3.3. Continuous Quality Improvement (CQI) and Program Monitoring

As part of the DBHIDS initiative to ensure the delivery of high-quality services with positive, measurable outcomes, applicants will be expected to describe a plan for continuous quality improvement (CQI) that includes planned, systematic, formal, and ongoing processes for assessing and improving the outcomes of each proposed service. Applicants will also be expected to include diversity, equity, and inclusivity (DEI) monitoring as a core function of the CQI plan. The plan will be expected to detail a workforce that reflects the communities served, supports mitigating health disparities, and understands and demonstrates sensitivity to the needs of underserved communities. 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 CBH deems necessary.

Applicants are also expected to describe their planned processes to track, evaluate, and report outcomes at the individual and program levels. An essential component of service monitoring is gathering information that includes post-discharge monitoring of individuals who have received services, with a particular focus on reduced hospital readmissions and reliance on crisis services. The post-discharge monitoring function should include standardized quality of care metrics and track the use of involuntary commitment and be included as part of the applicant's quality assurance plan to assess and strengthen ongoing collaborative services and to follow up on the progress of individuals who received treatment.

2.3.4. Technological Capabilities

Applicants must have the technology capabilities to perform the activities proposed in this RFP, including the capability for electronic claims submission, service data reporting, telehealth capability, transmission and coordination of care, and secure information sharing.

2.4. Service Philosophy

The awarded provider's treatment must align with *The ASAM Criteria, 3rd Edition* guidelines, emphasizing whole-person care instead of only the SUD. Treatment should address the individual's strengths, needs, obstacles, and support structure to determine the most appropriate LOC. In alignment with DDAP, emphasis

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must be on evidence-based treatment, data-driven decision-making, and connecting members to maintenance treatment.

2.5. Personnel and Required Training

Applicants should employ strategic hiring procedures to identify highly qualified candidates who can support the mission of ASAM services by providing compassionate and competent care. Hiring strategies should aim to form a team whose diversity and lived experience reflect that of the individuals served as much as possible. Treatment staff should support the mission of long-term recovery, community reintegration, and a reduction of overdose risk among members. Given the diversity and racial and socioeconomic backgrounds of CBH members, hiring strategies must aim to form a treatment team whose diversity reflects that of the member population served.

2.5.1. Required Personnel

Awarded providers must meet the minimum requirements in the PA State Code and all applicable ASAM staffing standards. As referenced in [CBH Provider Bulletin 24-06](#), as of February 22, 2024, CBH aligned with the [DDAP Licensing Alert 3-2024 Act 66 of 2023](#), which provides SUD treatment facilities with flexibility in staffing ratios, qualifications, and supervision during an opioid epidemic.

As per [28 Pa. Code § 704](#) and DDAP Act 66, SUD treatment facilities are required to have a full-time clinical supervisor for every eight full-time counselors or three counselor assistants.

➔ **Facility Director**

Per 28 Pa. Code § 704.5(a), responsible for the overall management of all staff and each drug and alcohol treatment facility

➔ **Clinical Supervisor**

- » Shall meet educational and certification requirements outlined in 28 Pa. Code § 704.6(b)
- » Per 28 Pa. Code § 704.6(e), required to participate in documented monthly meetings with their supervisor for the first six months of employment
- » If a drug and alcohol facility does not have a Clinical Supervisor, clinical responsibilities will be addressed in the following way:
 - Per 28 Pa. Code § 704.5(2), if the Facility Director does NOT meet Counselor qualifications and there are less than eight counselors employed, a lead counselor or part-time Clinical Supervisor must be appointed

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➔ Counselor

- » Shall meet the educational and certification requirements outlined in 28 Pa. Code § 704.7(b) and DDAP Act 66
- » Per DDAP Act 66, a certified registered nurse practitioner (CRNP) or a physician assistant (PA) is also qualified to serve as a Counselor
- » Per 28 Pa. Code § Code 704.12(4)(i) and DDAP Act 66, there should be one Counselor for every 12 clients

➔ Counselor Assistant

- » An individual who does not meet the educational and experience requirements for the Counselor position may be hired as a Counselor Assistant if the educational requirements outlined in 28 Pa. Code § 704.8(a) are met
- » Per 28 Pa. Code § 704.9(a), the Counselor Assistant must be supervised by either the Clinical Supervisor or a Counselor who meets the requirements in § 704.6 and § 704.7

➔ Addiction Psychiatrist

- » For [ASAM 3.7 LOC](#), the intensity of services requires a specialty in psychiatric and medical care. This could be directed by an Addiction Psychiatrist or by pairing an addiction-specialized physician with a general psychiatrist.
- » For [ASAM 3.5 LOC](#), an Addiction Psychiatrist is required in order to assess and treat co-occurring mental disorders.

➔ On-Call Medical

- » ASAM 3.5 LOC co-occurring enhanced programs require on-site nursing services.
- » ASAM 3.7 LOC co-occurring enhanced programs also require sufficient nursing staff and flexible staff use to match the intensity of nursing care that meets the needs of members.

2.5.2. Required Training

In addition to the PA codes, providers should comply with DDAP's [ASAM alignment staffing requirements](#), including psychiatrists and registered nurses (RNs). Please review staffing requirements for [ASAM 3.5 LOC](#) and [ASAM 3.7](#) and 3.7WM LOCs. These include physicians overseeing treatment, completing physical examinations, prescribing both physical and psychiatric medication, and nurses

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addressing wound care for members when required. *Guidance for the Application of The American Society of Addiction Medicine, 3rd Edition, 2013, in the Pennsylvania Substance Use Disorder Treatment System for Adults* discusses that ASAM requires all clinical service staff to be credentialed or licensed. DDAP made this adjustment so staff can be grandfathered in if hired before July 1, 2021. If hired after this time, staff must work toward licensure or credentialing, and providers should document such efforts.

Staff must have education and training that complies with the **CBH Manual for Review of Provider Personnel Files (MRPPF)** standards. All clinical staff must have experience working in the behavioral health or SUD field. Providers should proactively address staff wellness and develop a plan to prevent or minimize burnout.

All staff must be trained in:

- ➔ CPR and medical first aid
- ➔ CBH-required safety training
- ➔ Naloxone administration

Clinical staff must be trained in:

- ➔ Co-occurring disorders
- ➔ Structured tools and other quality measures as applicable
- ➔ Motivational interviewing
- ➔ *The ASAM Criteria, 3rd Edition*
- ➔ Mental health first aid
- ➔ Trauma-informed care
- ➔ Treatment approaches related to grief
- ➔ Safety planning intervention
- ➔ Topics relevant to trends and population (monthly or quarterly)
- ➔ The effectiveness of MAT

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2.5.3. Language and Culture

Applicants should develop plans to ensure that the proposed sites welcome people from diverse cultures and have the resources to work with individuals and families who speak languages other than English. The applicant's description of plans for working with persons from diverse cultures should include information on addiction outpatient service strategies and resources to respond to the cultural needs and preferences of persons who live in Philadelphia. Providers must transport members to step down, aftercare, or community-based resources at discharge. If members do not return to Philadelphia and remain close to the applicant's location, the providers should ensure their linkages to community support by updating their addresses.

In addition to linguistic competence, applicants must consider how ASAM 3.5, 3.7, and 3.7WM LOC services will ensure cultural awareness and sensitivity to the populations the program expects to serve. Applicants must present accurate and current information to show that this program's language and culture plan reflects the population served. 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 their gender identities, gender expressions, and sexual orientations and relay this information to clinical management in the utilization review process.

2.6. Timetable

Services requested through this RFP are expected to be fully operational by June 1, 2025.

2.7. Monitoring

Awarded providers will be subject to evaluation, program compliance, and budgetary monitoring by DBHIDS and CBH. As CBH deems necessary, on-site reviews, including participation in treatment te.

2.8. Performance Metrics, Standards, and Reporting Requirements

The selected applicant(s) must comply with CBH's evaluations, credentialing, compliance, and future performance standards and reporting requirements during the term of the contract and provide 24-hour directed screening, evaluation, treatment, and ongoing recovery services to help the members achieve stabilization and changes in substance use behaviors. Reporting requirements may be modified prior to or during the contract award period. The applicant will be expected to have a compliance plan along with all

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other required documents for CBH initial credentialing. In addition to usual business hour operations, screenings and assessments for admissions must be available during weekend and evening hours.

2.9. Compensation/Reimbursement

The selected applicant(s) will be paid via a per diem rate designed to incentivize high-quality and cost-efficient care.

2.10. Technological Capabilities

Applicants must have the technological capabilities required to perform the proposed activities in this RFP. They must also be able to track and share electronic health records (EHRs) and have electronic claims submissions ready for use, with the capability to provide reports quarterly and as requested.

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

3.1. Required Proposal Format

Proposals should include:

- ➔ Proposal Content: Narrative response to Section 2.1
- ➔ Operational documents listed in Section 3.7
- ➔ Attachment: [CBH RFP Response Cover Sheet](#)
- ➔ Attachment: [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)
- ➔ Attachment: [City of Philadelphia Disclosure Forms](#)
- ➔ Attachment: [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ Attachment: [CBH Provider Rate Request Certification Statement](#)

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- ➔ Attachment: [CBH Provider Rate Request Supporting Documentation](#) (xlsx)
Please Note: This Excel file contains three sheets: Expenditure Summary, Personnel Invoice Schedule, and Miscellaneous Item Detail

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 with minimum margins of one inch. For each section where it is required, the applicant must fully answer all 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 eight single-spaced pages, excluding required attachments. As a general instruction, if you have responded to a requirement in another part of your proposal, refer 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. Introduction/Executive Summary

- ➔ Provide a brief overview of your agency (not to exceed one page), including a general description of your understanding of the proposed project's scope.
- ➔ Provide the location of your organization.
- ➔ Share what LOCs you provide and the current bed capacity.
- ➔ Describe the continuum of services your organization offers, emphasizing service delivery for individuals with an SUD diagnosis.
- ➔ Describe previous work and experience providing SUD services similar to or aligned with those requested in this RFP.

3.3. Licensure and Location

Applicants must be located within 100 miles or two hours of Philadelphia County. To increase access, preference will be given to providers located within 50 miles or one hour of Philadelphia County. Applicants should provide the address of the facility and the ability to support individuals' ADA accommodations. Applicants should indicate their licensure status and ability to obtain required licenses through DDAP.

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3.4. Corporate Status

Please indicate whether you are a for-profit or not-for-profit organization and attach legal documentation of that status to your proposal. Preference will be given to minority, women, or disabled-owned business enterprises (M/W/DSBE).

3.5. Government 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.

3.6. Service Requirements

The following information should be included in applicants' proposals.

- ➔ Describe your organization's alignment with the ASAM 3.5, 3.7, and 3.7WM LOCs under the DDAP requirements.
- ➔ Clinical Services:
 - » Describe plans for training your staff in ASAM LOC and treatment provisions, including completion of ASAM LOC assessments to determine medical necessity criteria.
 - » Describe plans for training your staff in motivational interviewing.
 - » Include what EBP modalities will be implemented and how staff will be trained.
 - » Include types of community-based connections and linkages that are available (e.g., mental health treatment, educational services, and work-related services) and how these linkages enhance your organization.
 - » Describe your organization's co-occurring or co-occurring enhanced treatment. Share what personnel you employ to support the identified treatment.
 - » Describe your organization's ability to provide intensive psychiatric treatment including medication assessment and prescription as needed.
 - » Describe your organization's ability to provide MAT, including what types are offered and your ability to induct and maintain members on it.

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- » Describe your organization's ability to provide wound care.
- » Describe your organization's services to any specific population.
- ➔ Referral Process:
 - » Describe how your organization will ensure timely responses to referrals, intakes, and waitlist management for individuals referred to ASAM 3.7 and 3.7WM LOCs (ASAM 3.5 LOC optional); include a description of any barriers and how they will be addressed.
 - » Describe your organization's member referral processes.
 - » Describe established linkages with community partners (including Philadelphia County) and how these linkages enhance the treatment of members receiving services within your organization.
 - » Describe your discharge referral resources. These may include lower LOCs and community-based resources.
 - » Describe the process for meeting individualized treatment needs pertaining to community reintegration for individuals returning to Philadelphia or remaining in the county of treatment.
 - » Describe the continuum of services to which your organization offers member referrals (e.g., lower LOCs through the ASAM continuum).
- ➔ Transportation/Accessibility:
 - » If provided by your agency, describe transportation to and from your program.
 - » Specify whether your organization has any ADA capabilities, requirements, or compliance exemptions.
 - » Describe your ability to serve members with physical disabilities or limitations. Share how you can support these members in accessing treatment.

3.7. 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

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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, including 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 a 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 that the most recent report must be submitted prior to any potential contract negotiations. In the case of a startup with no financial activity, please provide a business plan, including a 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 that the most recent tax return must be submitted prior to any potential contract negotiations. In the case of a startup, provide proof of corporate charter, corporate tax status, and individual tax return(s) of principal(s)/owner(s).
- ➔ Proof of payment for all required federal, state, and local taxes (including payroll taxes) for the past 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 explanations. If your agency has not been subject to bankruptcy filings or liens over the past five years, please include an attestation signed by either your chief executive officer or chief financial officer indicating this.

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- ➔ 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, and \$500,000 disease policy limit
 - » CBH, the City of Philadelphia, and the Commonwealth of Pennsylvania Department of Public Welfare must be named as additional insured with respect to your general liability policy. The certificate holder must be CBH.
 - » Applicants who have passed all threshold review items and are recommended by the review committee to be considered for contract negotiations for this RFP will be required to provide a statement from an independent CPA attesting to the applicant agency's financial solvency.

3.8. Terms of Contract

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

The selected applicant(s) must maintain full responsibility for the maintenance of such insurance as may be required by the law of employers, including (but not limited to) worker's compensation, general liability, unemployment compensation, employer's liability insurance, professional liability, and automobile insurance.

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3.9. 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(s) and CBH.

3.10. Minority/Women/Disabled-Owned Business Enterprises (M/W/DSBE)

CBH is a city-related agency, and as such, its contracted providers must cooperate with the local municipality's intent regarding M/W/DSBEs. CBH expects the selected applicant(s) to employ a "Best and Good Faith Efforts" approach to include certified M/W/DSBEs 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 M/W/DSBE certified by an approved certifying agency or identified in the [City of Philadelphia Office of Economic Opportunity \(OEO\)](#) certification registry. If the applicant is M/W/DSBE-certified, a copy of the certification 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 minorities, women, or disabled persons.
 - » A woman, minority, or disabled person must hold the highest position in the company.

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- » 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 subcontractors and their certification information.

3.11. 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](#).

If the applicant is not in compliance with the City's tax and regulatory codes, the applicant will be provided with an opportunity 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 the award of the contract contemplated by this RFP.

Selected applicant(s) 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(s) 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 this RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made through the [City of Philadelphia Business Services webpage](#). Call the Department of Revenue at 215-686-6600 for questions related to City

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of Philadelphia Business Privilege Tax Account Numbers or the Department of Licenses and Inspections at 215-686-2490 for questions related to a Business Privilege License.

3.12. 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 selected applicant(s) under such contract is a “Service Contractor,” as those terms are defined in Chapter 17-1300 of the Philadelphia Code, or [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 Chapter 17-1300 purposes. If any such Service Contractor (i.e., applicant and subcontractors at any tier) is also an “Employer,” as that term is defined in § 17-1302 (more than five employees) and is among the Employers listed in § 17-1303, 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 § 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 the 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 any wage or equal benefits ordinances on [eContract Philly](#) for further details concerning the applicability of this chapter 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 selected applicant(s)’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 selected applicant(s) or their 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 Chapter 17-1300 requirements.

3.13. 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 § 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

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in a Service Contract in an amount in excess of \$250,000, pursuant to [Philadelphia Code Chapter 17-1900](#), the selected applicant(s) 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 § 19-1502\(1\)\(b\)](#), be required to extend the same employment benefits the selected applicant(s) extends to spouses of its employees to life partners of such employees, absent a waiver by the City under § 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 Philadelphia Code Chapter 17-1900 and will notify their employees of the employment benefits available to life partners. Following the award of a Service Contract and prior to execution of the Service Contract by the City, the selected applicant(s) 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 selected applicant(s) does not provide employment benefits to the spouses of married employees. The selected applicant's failure to comply with these provisions or any discrimination or retaliation by the selected applicant(s) against any employee on account of having claimed a violation of Chapter 17-1900 shall be in material breach of the 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 wage and equal benefits ordinances on [eContract Philly](#).

3.14. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the [City of Philadelphia Disclosure Forms](#) 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 applicants or any representatives of applicants have received any requests for money or other items of value or advice on particular firms to satisfy M/W/DSBE participation goals. These forms must be completed and returned with the proposal. The forms are attached as separate PDFs on the website posting.

3.15. 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 [City of Philadelphia Disclosure of Litigation Form](#).

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3.16. 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 best meet the RFP's goals.

Submissions will be reviewed based on the merits of the written responses to the RFP.

3.17. 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, taken into consideration, and discussed with the PA Department of Human Services.

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

- ➔ [List of Excluded Individuals and Entities \(LEIE\)](#)
- ➔ [System for Award Management \(SAM\) \(formerly EPLS\)](#)
- ➔ [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. 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.

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4. APPLICATION ADMINISTRATION

4.1. Procurement Documents and Schedule

Please make sure to include completed and signed (where applicable) attachments with your submission:

- ➔ Attachment: [CBH RFP Response Cover Sheet](#)
- ➔ Attachment: [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)
- ➔ Attachment: [City of Philadelphia Disclosure Forms](#)
- ➔ Attachment: [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ Attachment: [CBH Provider Rate Request Certification Statement](#)
- ➔ Attachment: [CBH Provider Rate Request Supporting Documentation](#) (xlsx)
Please Note: This Excel file contains three sheets: Expenditure Summary, Personnel Invoice Schedule, and Miscellaneous Item Detail

<i>RFP Event</i>	<i>Deadline Date</i>
RFP Issued	August 12, 2024
Deadline to Submit Questions	August 29, 2024
Answers to Questions on Website	September 5, 2024
Application Submission Deadline	2:00 p.m. ET on September 19, 2024
Applicants Identified for Contract Negotiations	October 24, 2024

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

This RFP is being issued on August 12, 2024. To be considered for selection, all applications must be emailed to CBHClinicalProcurements@phila.gov no later than 2:00 p.m. on September 19, 2024.

- ➔ Email subject line should be marked “ASAM 3.7 and 3.7WM RFP.” Applications submitted by any means other than email will not be accepted.

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- ➔ Applicants must submit the electronic application with appropriate e-signatures.
- ➔ Applications submitted after the deadline date and time will not be accepted. The cover sheet of the application must be signed by an official of the submitting agency authorized to bind the agency to all provisions noted in the application.

All questions concerning this RFP must be submitted in writing to the Provider Network Development Team at CBH at CBHClinicalProcurements@phila.gov. Questions should have the subject line “ASAM 3.7 and 3.7WM RFP Questions.” Only requests submitted by August 29, 2024, will be addressed in the FAQ. Questions submitted after the deadline date may result in no response. CBH will respond to questions it considers appropriate to the RFP and of interest to all applicants but reserves the right, at its discretion, not to respond to any question. Responses will be posted on the [CBH Clinical Procurements](#) page. Posted responses become part of the RFP upon posting. CBH reserves the right, at its discretion, to revise responses to questions after posting by posting a modified response. No oral response to any applicant question by any DBHIDS or CBH employee or agent shall be binding to CBH or in any way considered to be a commitment by CBH.

4.1.1. Bidder’s Conference

An [ASAM 3.7 and 3.7WM RFP Bidder’s Conference](#) will be hosted via Zoom on August 21, 2024, at 1:00 p.m. Interested parties must register in advance via the link (Passcode: 471213). After registering, you will receive a confirmation email containing information about joining the webinar. Attendance is optional.

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. Terms of Contract

CBH reserves the right to set the rates for this service, budgets 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 CBH’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.

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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 Clinical Procurements](#) page with the original RFP. The applicant must 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 that violates these conditions may be rejected based on CBH's sole judgment.

5.3. Proposal Binding

By signing and submitting a proposal, each applicant agrees that the contents of its proposal are available for the 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 that reflects the terms and conditions of this RFP or the applicant's proposal may, at the sole discretion of CBH, result in the rejection of the applicant's proposal.

5.4. Reservation of Rights

By submitting responses to this notice of request for proposals as posted on the CBH website, applicants accept and agree 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.

5.4.1. Notice of Request for Proposals (RFP)

CBH reserves the right and may, at its sole discretion, exercise any one or more of the following rights and options with respect to this notice of request for proposals:

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1. to reject any and all applications and to reissue this RFP at any time;
2. to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
3. 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 its best interests;
4. 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 interests;
5. 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;
6. 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, at CBH's sole discretion, a new RFP for the same or similar services; and
7. to do any of the foregoing without notice to applicants or others, except such notice as CBH, at its sole discretion, elects to post on the CBH website.

5.4.2. Proposal Selection and Contract Negotiation

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

1. to reject any application if CBH, at 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 interests to reject the application;
2. to reject any application if CBH, at its sole discretion, determines 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 the applicant; is financially or technically incapable; or is otherwise not a responsible applicant;

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3. to waive any defect or deficiency in any application, including, without limitation, those identified in preceding subsections, if, at CBH's sole discretion, the defect or deficiency is not material to the application;
4. to require, permit, or reject, at 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;
5. 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, at its sole discretion, determines to be in CBH's best interests;
6. 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;
7. 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, at its sole discretion, determines that doing so is in CBH's best interests;
8. 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, at its sole discretion, determines it is in the best interests of CBH to do so;
9. 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, at its sole discretion, determines it is in the best interests of CBH to do so;
10. 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, at its sole discretion, determines that it is in CBH's best interests to do so;

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11. to require any one or more applicants to make one or more presentations to CBH at CBH's offices or other locations 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;
12. to conduct on-site investigations of the facilities of any one or more applicants (or the facilities where the applicant performs its services);
13. 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;
14. to conduct such investigations with respect to the financial, technical, and other qualifications of each applicant as CBH, at its sole discretion, deems necessary or appropriate;
15. 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
16. to do any of the foregoing without notice to applicants or others, except such notice as CBH, at its sole discretion, elects to post on its website.

5.4.3. Miscellaneous

1. *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.
2. *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 selected applicant(s) shall treat all information obtained from CBH that is not generally available to the public as confidential and/or proprietary to CBH. The selected applicant(s) shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The selected applicant(s) 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 selected applicant(s) or any person acquiring such information, directly or indirectly, from the selected applicant(s).

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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 the sole point of contact regarding 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 selected applicant(s) will be notified in writing as to the selection, and their selection will also be posted on the CBH website. This notification will provide information on any issues within the application that will require further discussion or negotiation with CBH. This notification should not be considered a letter of award. A formal letter of award will be forthcoming when the parties have reached a mutual agreement on all issues pertaining to the proposal. Applicants whose submissions are not selected will also be notified in writing by CBH.

5.10. Non-Discrimination

The selected applicant(s), 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

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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 applicant(s) 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. By submitting a proposal, respondents agree to hold the terms of their proposal open to CBH for up to 180 days following the submission deadline.