

**Behavioral Health Developmental Disability Specialized
Residential Treatment Facility for Adults (BHDD RTFA)**

Date of Issue:	February 13, 2025
Applications must be received no later than:	2:00 p.m. March 27, 2025
Submit all RFP- related questions to:	Provider Network Development CBHClinicalProcurements@phila.gov

**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

The [Department of Behavioral Health and Intellectual Disability Services](#) (DBHIDS) and [Community Behavioral Health](#) (CBH) are seeking proposals for the development of a Behavioral Health Developmental Disability Specialized Residential Treatment Facility for Adults (BHDD RTFA). The BHDD RTFA will serve CBH members ages 21 years and older who are diagnosed with a mental health diagnosis and developmental disability (DD). This will be a six- to eight-bed program for adults registered with or eligible for registration with the Office of Intellectual disAbility Services (IDS). It will act as an intermediate level of care (LOC) for members stepping down from a more intensive LOC but require further stabilization and skill building to eventually transition to a community residential placement.

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. Philadelphia, through DBHIDS, contracts with CBH to administer the HealthChoices program.

DBHIDS has a long history of supporting innovative services in Philadelphia for people 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 community so that all Philadelphians can thrive. This is accomplished using a population health approach emphasizing recovery, resilience-focused behavioral health services, and self-determination for individuals with DDs. Working with an extensive network of providers, DBHIDS provides services to persons recovering from mental health or substance use, individuals with DDs, and families to ensure that they receive high-quality services that are accessible, effective, and appropriate. DBHIDS comprises seven divisions: Commissioner's Office, Behavioral Health, 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 healthcare services for the City's approximately 802,345 Medical Assistance recipients under Pennsylvania's HealthChoices behavioral health managed care program.

The mission of CBH is to meet the behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high-performing, efficient, and nimble organization driven

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by quality, performance, and outcomes. We envision CBH as a diverse, innovative, and vibrant organization in which we are empowered to support wellness, resiliency, and recovery for all Philadelphians.

1.3. Project Background and Objective

The City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services, in partnership with Community Behavioral Health and the [Pennsylvania Office of Developmental Programs](#) (ODP), are working together to better meet the needs of individuals with co-occurring mental health diagnoses and DDs. According to the [Adult Consumer Survey](#), 32.9% of individuals with DDs whom state agencies serve also have co-occurring mental illnesses. This heterogeneous population presents with various clinical presentations, syndromes, and other underlying pathologies that impact their needs and supports over their lifespan. ([Leonard & Wen, 2002](#)).

Additionally, many individuals with co-occurring DDs and mental illness may also have a trauma history, including sexual abuse, physical abuse, and/or neglect ([Marcal & Trifoso, 2017](#)). Contributing factors may be due to multiple placements in foster care or institutional LOCs during the individual's childhood or adolescence. They may be triggered, which exacerbates their symptoms and may lead to higher levels of psychiatric treatment, including admissions to acute and extended acute inpatient. From a systems perspective, DBHIDS (including CBH) has been working to infuse trauma-informed care into all treatment settings within the provider network, ranging from training and education on trauma to the implementation of evidence-based practices to build capacity for trauma treatment. However, individuals with co-occurring DDs and mental health diagnoses may have a hard time verbalizing their experiences. They may exhibit chronic trauma symptoms that are often not recognized or misinterpreted due to being overshadowed by behaviors or other psychiatric symptoms (Daveney, Hassiotis, Katona, Matcham & Sen, 2019).

Over the last ten years, CBH has worked to improve its capacity to address the needs of adults with co-occurring DDs and mental health diagnoses. There has become an identified need for specialized and integrated residential treatment programming for individuals with co-occurring mental health diagnoses and DDs. To further support this population and meet this need, a six- to eight-bed RTFA program is being developed that will only take specific individuals. This specialized RTFA program will not be open to outside referrals. While [general RTFA programs](#) may serve individuals transitioning from community-based services, the specialized BHDD RTFA will serve as a step down from a higher LOC, with the goal of the individual transitioning back into the community.

The BHDD RTFA will serve individuals with:

- ➡ Significant life skill deficits require habilitation and approaches specific to their understanding.
- ➡ Histories of psychiatric RTF and/or placements in foster care, group homes, and other institutional settings prior to the age of 21.

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- ➔ Histories of psychiatric inpatient admissions or admissions to extended acute care units.
- ➔ Non-verbal or communication deficits that require communication devices/tools, etc.
- ➔ History of significant aggression or self-injurious behaviors.

1.3.1. Approach to Care

A population health approach is important to improve and maintain the health of everyone in a community, not just those with medical and/or mental health diagnoses. This RTFA will aim to provide specialized medical stabilization, habilitation, psychiatric services, and skill-building techniques to improve adaptive functioning and create a pathway that successfully transitions the individual to the community. Individuals with DDs have a much higher risk of experiencing a range of comorbid medical and mental health conditions; DBHIDS recognizes that whole-person care must be the framework for treating this population ([Leonard & Wen, 2002](#)).

There are numerous contributing factors, including unconscious bias against people with disabilities, physical access barriers, and inequities due to unmet social determinants of health, driving disparities in access to medical care for people with DDs. It is crucial to recognize that symptoms of any medical condition, particularly those conditions that have not yet been diagnosed, may cause discomfort in an individual who may not be able to communicate these issues or may exacerbate symptoms of an existing psychiatric disorder ([Fletcher, Loschen, Stavrakaki & First, 2007](#)). However, diagnostic overshadowing occurs frequently as individuals presenting a medical condition are turned away from appropriate assessments or care because the symptoms are attributed to their mental illness or a DD ([Fletcher et al., 2007](#)).

This RTFA will aim to provide whole-person care and support that considers the physical, mental, emotional, and social aspects of an individual's health and well-being to provide coordinated and comprehensive services that address an individual's needs and preferences with active treatment at the RTFA, supporting the dimensions of whole-person care (i.e., mind, spirit, social health, environment).

Whole-person care will focus on adaptive levels, communication abilities, and adaptive coping skills. By identifying emotional and behavioral challenges, adaptations can be made to the interventions and approaches to support individual growth. Compensatory strategies should be implemented as part of active treatment and sensory integration strategies (e.g., sensory room), which can be crucial in calming and de-escalating individuals when needed ([Marcal & Trifoso, 2017](#)).

1.4. Applicant Eligibility; Threshold Requirements

Applicants must be enrolled in Medicare and Medicaid programs to be eligible to respond to this RFP. CBH in-network providers and out-of-network providers are also eligible to respond. Preference will be given to providers currently contracted with CBH and the ODP.

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Applicants must have a documented history of serving members with co-occurring mental health diagnoses and DDs. The RTFA must be licensed through the Office of Mental Health and Substance Abuse Services (OMHSAS) and accredited by the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF).

Applicants must also meet all threshold requirements (see [Sections 3.1. and 3.2.](#) for complete requirements).

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

The six- to eight-bed specialized BHDD RTFA program must be in Philadelphia County. The BHDD RTFA must meet accessibility standards under the Americans with Disabilities Act (ADA). Applicants may own or lease the property directly or describe control of the facility through a partnership with an entity that has an appropriate facility. The applicant must provide information on the property's zoning and licensing status for each potential facility and describe how it can be configured as an RTFA.

Providers with an existing site, licensed by the PA DHS as a residential care facility with a zoning permit through Philadelphia for a Personal Care Home, will be given preference. If an applicant does not have an existing site, the identified location must be zoned as a Personal Care Home when the lease begins. The selected provider must be site-controlled by **July 1, 2025**.

1.6.1. Facility Requirements

The BHDD RTFA should include:

- ➔ A separate sensory room with soft lighting, activity wall panels, sensory pillows, weighted blankets, or other items
- ➔ Single rooms to allow for solitude and minimize potential conflicts while ensuring the safety of residents
- ➔ Natural (not florescent) lighting fixtures to offer a calming environment
- ➔ Functional and comfortable furniture, including a bed, seating, and storage for personal belongings

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- ➔ Calm and neutral colors to create a soothing atmosphere (this can positively impact the mental well-being of residents)
- ➔ Anti-ligature features to minimize the risk of self-harm (this includes considering the type of fixtures and fittings to reduce potential hazards)
- ➔ Emergency response systems to ensure that individuals can quickly and easily request assistance if needed
- ➔ An ADA-accessible design to ensure that the rooms can meet the needs of individuals with various physical abilities (this may include considerations such as wider doorways and accessible bathrooms)
- ➔ Adaptable spaces to accommodate evolving therapeutic requirements
- ➔ Surveillance cameras (as required/allowed by license)
- ➔ Shatterproof or impact-resistant windows where appropriate
- ➔ Secure medication storage
- ➔ Automated external defibrillators
- ➔ Controlled access points to regulate who enters and exits the facility, minimizing the risk of unauthorized individuals gaining access
- ➔ Therapeutic art and décor (e.g., artwork, plants) that can contribute to a calming and aesthetically pleasing environment
- ➔ Personalization to help create a sense of ownership and comfort

1.7. Request for Proposals

This RFP process aims to identify a provider to develop a specialized BHDD RTFA. Applicants must have experience working with individuals with co-occurring mental health diagnoses and DDs. The services and programming at the RTFA must meet the needs of each individual, considering their preferences, capacity, and adaptive functioning. The services must be trauma-informed, culturally competent, and able to meet the special needs of individuals. These individually based services will be provided in the facility with 24/7 supervision.

This specialized BHDD RTFA will be utilized as a step-down unit for individuals transitioning from an inpatient psychiatric LOC to a community-based setting. Unlike other RTFAs, the BHDD RTFA will not be

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open to outside referrals. It will be part of the continuum of care that supports individuals who require further stabilization and habilitation skill development. Before admission to the RTFA, individuals must have an acceptance letter from a community-based residential provider (waiver). The goal is for individuals to continue making progress as they require fewer intensive supports. The RTFA will also work closely with the community-based residential provider to ensure a successful discharge from the RTFA and transition back into the community.

2. SCOPE OF WORK

2.1. Overview of Services

CBH is requesting proposals to develop a six- to eight-bed specialized BHDD RTFA for individuals with co-occurring mental health diagnoses and DDs who are stepping down from more acute LOCs. Interventions will be a blended model of psychiatric and behavioral interventions specific to the learning and adaptive skills of the individuals in need of this LOC. The BHDD RTFA facility will offer 24/7 supervision. The length of stay will be approximately three to six months, depending upon treatment progress. This includes the individual acquiring adaptive skills, responding to behavioral health treatment interventions, and having a behavioral support plan developed as they transition into a community-based setting under any ODP Waivers.

2.2. Service Philosophy

The specialized BHDD RTFA provides a step-down service from more acute LOCs for individuals with co-occurring mental health diagnoses and DDs that focuses on whole-person care. It provides treatment that allows this population to stabilize and reintegrate into the community.

2.3. Service Delivery

The following outlines the services provided by the BHDD RTFA and how they will be delivered:

2.3.1. Admission

The CBH Complex Care Management Team will authorize admissions to the BHDD RTFA in consultation with the BHDD Executive Clinical Leadership Group (ECLG) for individuals stepping down from a more acute LOC. Members who are stepping down from RTF placement and have a letter of acceptance for a community residential placement have the potential to be approved for this step-down unit, depending on the specific case. CBH will continue to review for medical necessity and facilitate care coordination in partnership with the BHDD ECLG.

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The BHDD RTFA will be required to accept all individuals referred. There is a “no rejection” policy. The RTFA program is expected to admit all individuals who DBHIDS deems appropriate and eligible for this LOC. This may include individuals with mental health diagnoses and co-occurring DDs.

2.3.2. Scope of Services

- ➔ **Psychiatric and Psychological Evaluations:** The Specialized BHDD RTFA will receive a packet prior to a member’s admission, which includes all psychiatric evaluations, including updated mental status, medication logs, individual service plans (ISPs), and health information. The specialized BHDD RTFA will integrate that information into a comprehensive biopsychosocial evaluation outlining specific treatment goals and objectives to continue stabilization and help transition to the community. Adaptive assessments will be included in the packet of information as part of the referral so that the interventions are developed based on the adaptive level of the admitted individual.
- ➔ **Functional Behavioral Assessments:** These will be used to determine the function of a particular behavior, what is causing it, and what events are maintaining it. The adaptive level of functioning assessments will also be conducted or, if available, integrated into the assessment and treatment planning process.
- ➔ **Psychotherapy:** This is the provision of trauma-informed and dialectical behavior therapy (DBT)-informed approaches, cognitive behavioral therapy (CBT), and other therapeutic interventions specific to the individuals’ needs and adapted to their level of functioning. This also includes the use of creative expressive arts for individuals who have limited communication skills.
- ➔ **Creative Expressive Arts:** This type of therapy enables individuals with difficulty verbally expressing themselves to do so through other modes of nonverbal communication. Using creative expressive arts can improve an individual’s sense of control and empowerment by allowing them to explore their thoughts and emotions without the hindrance of verbal communication difficulties they may face. These modalities may enhance social skills and relationships, reduce stress and anxiety, improve fine motor skills, and boost self-esteem and confidence. The BHDD RTFA must incorporate creative expressive therapies into the treatment program, including but not limited to:
 - » **Art therapy:** This approach involves utilizing visual arts such as drawing, painting, and sculpting to work through emotions, thoughts, or experiences.
 - » **Movement therapy:** This type of therapy uses physical movement and dance to help people cope with mental health symptoms such as anxiety, stress, and depression.
 - » **Music therapy:** This approach utilizes listening to or creating music to help improve mood and ease anxiety.

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- » The Master's Level Clinician who is providing any creative expressive art therapies is required to be at least a Registered Art Therapist (ATR) or have completed a post-masters certificate in Art Therapy ([American Art Therapy Association](#)), at least a Registered Music Therapist (R-MT) ([American Music Therapy Association, Certification Board for Music Therapists](#)), or at least a Registered Dance/ Movement Therapist (R-DMT) ([American Dance Therapy Association](#)).
- ➔ **Psychosocial Rehabilitation Interventions:** These focus on skill building in such areas as anger management, stress management, conflict resolution, positive coping skills, symptom management, problem-solving, expressing emotions, organization and concentration, goal setting, reality orientation, self-esteem, social and relationship skills training, leisure skills, journal writing, health and wellness, diet and nutrition, personal medication management, family issues, grief and loss, creative thinking, and communication skills.
- ➔ **Individualized 1:1 Support:** This is used as needed to provide modeling in the program and the community, supporting the goals of the treatment plan and issues being addressed in treatment.
- ➔ **Community Reintegration and Life Skills:** The RTFA will work with the receiving community provider to develop a reintegration plan to support the individual's transition back to the community. This Individual Service Plan (ISP) will outline the life skills being developed, including acquiring or improving adaptive skills that lead to more independence to the extent possible. This may include personal care and hygiene, money management, and other independent skills defined by the Vineland or the Adaptive Behavioral Assessment Scale. As part of the IDS required Transition Plan (in development), individuals will learn how to use community resources, engage in recreational activities, and, if applicable, participate in vocational or employment activities.
- ➔ **Nutrition:** Nutrition plays a crucial role in the RTFA unit due to its profound impact on both physical and mental health. Proper nutrition helps stabilize mood, enhance cognitive function, and support overall well-being, essential for individuals facing psychiatric challenges and ID. Balanced diets rich in essential nutrients can improve brain function, mitigate symptoms of mental health disorders, and boost energy levels, enhancing engagement in therapy and daily activities. Additionally, addressing nutritional needs helps prevent complications such as obesity, diabetes, and cardiovascular issues, ensuring a more comprehensive approach to care that supports both the physical and psychological aspects of health. Mealtimes may be flexible and accommodate a variety of activities (e.g., holidays and weekends). Individuals should be offered the opportunity for three meals daily but may be given the choice of not participating in a meal due to their schedule or preference. The prospective applicant should show how they will implement/monitor the following:

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- » **Individualized dietary plans:** Personalizing nutrition plans based on individual needs, preferences, and any specific health conditions
 - » **Balanced nutrition:** Providing a well-balanced diet that includes a variety of nutrients to support cognitive function and mood stability
 - » **Regular monitoring:** Continuously monitoring nutritional status and adjust diets as needed to help identify issues such as malnutrition, weight changes, or deficiencies that may affect health and behavior
 - » **Hydration:** Ensuring appropriate fluid intake as needed to prevent dehydration/hyperhydration, which can exacerbate psychiatric symptoms and lead to other health complications
 - » **Managing Constipation:** Integrating fiber-rich foods and adequate fluids into the diet to prevent constipation
 - » **Safe Eating Practices:** Paying attention to safe eating practices, especially for individuals at risk of aspiration or choking; modifying food textures if necessary and ensuring a calm, supervised eating environment
 - » **Education and training:** Educating caregivers and staff about the importance of nutrition and how to support individuals with dietary needs and recognizing signs of nutritional deficiencies
 - » **Behavioral considerations:** Addressing behavioral or sensory issues related to eating
 - » **Regular health checkups:** Encouraging regular health check-ups to monitor the impact of diet on physical and mental health
 - » **Care coordination:** Collaborating with healthcare professionals to help refine nutrition strategies
- ➔ **Training and Technical Assistance:** The awarded BHDD RTFA provider will assist the receiving community-based provider in understanding the individual's preferences. This will include activities of daily living, leisure time use, assistance with therapy assignments, social skills training, implementing aspects of a behavior plan, assistance with using community resources, and facilitating family interaction, all while engaging the individual in the supportive goal-directed discussion.
- ➔ **Crisis Planning and Intervention:** This includes specific techniques and supports for engaging in the event of a crisis. The RTFA is expected to be staffed to handle most psychiatric emergencies.

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Applicants must develop protocols for both physical and psychiatric emergencies and referral arrangements for emergencies with medical and psychiatric facilities.

- ➔ **Care Coordination and Transition Planning:** Comprehensive care coordination must occur from the point of admission. Individuals must already have a letter of acceptance from a community residential provider (e.g., CLA, LifeSharing, CRR, TIP Housing) before admitting to the BHDD RTFA. The CBH Complex Care Team will facilitate transition planning meetings in partnership with the following supports: the treatment team at the RTFA, the receiving community residential provider, the respective supports coordinator, IDS staff, the individual and their family (if applicable), and the BHID CTT (if applicable).

Due to the short-term length of stay and the need to coordinate with the receiving community provider, transition planning meetings will begin upon admission and continue monthly until discharge. These meetings will serve to review and update the transition plan initially drafted at admission based on current progress and needs. Active involvement of the individual (and/or their legal representative or guardian) in these meetings ensures a person-centered approach. CBH's Complex Care Team will review, coordinate, and authorize recommended respective behavioral health services as requested by the RTFA treatment team.

The transition planning process will include:

- ➔ The awarded BHDD RTFA provider will train the receiving community provider to understand the interventions.
- ➔ Creating the structure/interventions similar to the milieu in the BHDD RTFA
- ➔ Having the direct support professionals or other residential staff come on-site and do in-vivo training with the individual and the treatment team
- ➔ Ensuring that all supports and linkages to community resources are completed (e.g., outpatient psychiatry, medication management, CLA, LifeSharing, DBHIDS Housing & Homeless Services) in implementing interventions during the transition to a community setting
- ➔ Training community-based providers receiving these individuals at the completion of treatment
 - » It is expected that, 30 days before discharge, the RTFA will provide training and technical assistance to all staff supporting the individual, including CLA providers, support coordinators, mental health providers, and family. This training and technical assistance will be part of the Transition Plan required for all IDS-registered individuals.
- ➔ A BHDD Transition Form is in development that will be shared with the selected provider.

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2.3.3. Individuals Served

The BHDD RTFA will serve individuals ages 21 and above with a physician-certified primary DSM-5 mental health diagnosis and qualify for voluntary admission under Section 201 of the [Mental Health Procedures Act](#) (MHPA) (50 P.S. § 7201). Individuals must also have a co-occurring DD and are registered with or eligible for registration with the IDS. Individuals stepping down from a more acute LOC who have been accepted by a community-based residential provider (ID or MH) will be eligible for admission. Individuals admitted to the BHDD RTFA will receive individualized, integrated behavioral health and adaptive interventions based on their needs to support a successful transition back into the community.

In addition to cognitive limitations and comorbid psychiatric disorders, some individuals targeted for this service may have additional deficits in adaptive coping skills, emotional dysregulation, and excessive maladaptive behaviors. The range of psychiatric disorders includes but is not limited to anxiety disorders, trauma- and stressor-related disorders, bipolar and related disorders, personality disorders, schizophrenia spectrum and other psychotic disorders, depressive disorders, and disruptive, impulse-control, and conduct disorders. Structure, consistency, and transition planning are important factors in this population. Behaviors may be triggered by a change in routine, transitioning from one program to another, or from one shift change to another. This may result in hospitalization of the individual, staff turnover in response to the individual's behaviors, disruption in residential placement, and an increase in frustration and hopelessness of the individual and their family.

2.3.4. Language and Culture

Applicants should develop plans to ensure that services are delivered in a manner that is welcoming to people from diverse cultures and have the resources to work with individuals and families who speak languages other than English.

2.4. Timetable

Services requested through this RFP are expected to be fully operational by March 2026.

2.5. Monitoring

Awarded providers will be subject to evaluation, program, compliance, and budgetary monitoring by DBHIDS and CBH. This may include on-site reviews, participation in treatment team meetings, etc., as CBH deems necessary.

2.5.1. 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

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includes planned, systematic, formal, and ongoing processes for assessing and improving the outcomes of each proposed service.

2.5.1.1. Reporting Requirements

By accepting the award under this RFP, the Applicant agrees to comply with CBH's evaluation and reporting requirements. The Awardee agrees to supply all the required data necessary for evaluation purposes and to participate in required assessments. The successful Applicant 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 must work with CBH and, where applicable, the CBH Claims, Performance Evaluation, and Information Technology Departments to ensure the quality and completeness of data.

2.6. Performance Metrics and Standards

The successful applicant will agree to comply with CBH's evaluation, future performance standards, and reporting requirements. The selected applicant will be required to meet the future performance standards established by CBH during the contract term, along with CBH credentialing and compliance standards. Reporting requirements may be modified prior to or during the contract award period. Applicants should be able to track and share future identified metrics through an Electronic Health Record (EHR).

2.7. Compensation/Reimbursement

This is a per diem service, and the rate will be negotiated based on the budget and services outlined in the proposal.

2.8. Organization and Personnel Requirements

The BHDD RTFA should consist of an integrated team of staff trained and experienced in models of psychotherapeutic, psychosocial, and behavioral interventions for adults with co-occurring mental health diagnoses and DDs. All staff must have prior experience working with severe mental illness.

The multi-disciplinary team identifies appropriate clinical assessments and customized support plans constructed to assure positive outcomes, as well as the development of self-management strategies, self-care, responsibility, decision-making, and independence skill acquisition. The team will also jointly collaborate with the individuals, their families, supports coordinators, CBH, DBH, IDS, and other providers involved in the care of the individual receiving the RTFA's services.

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2.8.1. Required Personnel

➔ Psychiatrist

- » Serves as the team clinical lead
- » Will provide direct treatment and consulting services as needed
- » Will provide psychiatric assessments based on in-person interviews, medication evaluation, and ongoing medication management and may offer some limited direct treatment
- » Also available to provide clinical consultation and expertise regarding complex cases to community psychiatrists, physicians, and other mental health professionals concerning individuals

➔ Psychiatric Nurse

- » Supports the individual, provides medication checks, assessment, and provides supports consultation and follow-up regarding medical, behavioral, and health issues
- » Requires a Registered Nurse (RN) with at least two years of behavioral health experience.

➔ RTFA Director

- » Provides program oversight and team supervision
- » Acts as liaison to the BHDD Executive Clinical Leadership Group
- » Accountable for team productivity and results
- » Ensures that the team provides appropriate services and follow-up
- » Accountable to ensure that authorizations, services, and discharges from the caseload occur promptly
- » Requires a master's degree in a human service discipline, with at least five years of supervisory experience
- » Will be a full-time, benefitted position

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➔ Master's Level Clinicians

- » Implement an array of treatment interventions on site, including the RTFA's identified EBP and other best practices used for individuals with SPMI and DDs
- » The goal is to improve the individual's emotional and behavioral responses to internal and external experiences that often lead to self-harming and/or aggressive behaviors.
- » Will assist in completing assessments and developing integrated treatment plans with treatment interventions specific to the individual's level of functioning.
- » Will assist in the development of crisis intervention plans and provide clinical support to the residential staff
- » Will be a full-time, benefitted position

➔ Behavioral Specialists

- » Will be eligible for or have a registered behavior technician (RBT) or applied behavioral analysis (ABA) certification to assist with the development of behavioral strategies and approaches, including task analysis, development of wellness recovery action plan (WRAP), or other recovery plans
- » Trains residential staff on such behavioral health plans and using communication strategies, particularly for those individuals who may be non-verbal or have challenges in receptive/expressive language

➔ Psychiatric Rehabilitation Specialists

- » Teach emotional, cognitive, and social skills to individuals receiving treatment
- » The goal would be to improve the quality of their lives and restore their functional capabilities by focusing on increasing their ability to live successfully in the community.

➔ Certified Peer Specialists

- » Provide supports by sharing their own experiences and modeling adaptive behavior
- » May also assist with WRAP participation in individual support plan development and recovery-related activities, coaching, and helping the individual feel less alone
- » Required to have experience working with the DD population

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➔ Registered Dietician (RD)

- » Will review the ISPs to identify any nutritional needs and medical conditions that require specialized meals (e.g., individuals with diabetes, other metabolic disorders, or individuals that have significant BMI measures that require nutrition planning)
- » Can be employed either on a part-time basis or contracted as a consultant

2.8.2. Required Training

The BHDD RTFA should consist of an integrated team of staff trained and experienced in psychotherapeutic, psychosocial, and behavioral interventions for adults with co-occurring mental health diagnoses and developmental disabilities. All [CBH mandatory trainings](#) must be completed within three months of hire, and bi-annually thereafter. Additionally, all staff must complete at least ten hours of training annually.

Required training for all direct care staff:

- ➔ Fire Safety and Prevention
- ➔ Disaster
- ➔ Management of Escalation
- ➔ Infection Control
- ➔ Suicide Prevention
- ➔ Person-First/Cultural Competency
- ➔ Restrictive Procedures

Required specialized training for all clinical staff:

- ➔ **Whole-Person Care:** Whole-person care with this population means providing comprehensive care that addresses not only the individual's physical health needs but also their mental health, social needs, and specific challenges related to their developmental disability, considering all aspects of their life and well-being in a coordinated manner. This includes training in the areas of Health and Wellness.
- ➔ **Co-Occurring Mental Health Diagnoses and Developmental Disabilities:** [The Diagnostic Manual – Intellectual Disability 2 \(DM-ID-2\)](#) is a textbook of diagnoses of mental disorders in persons with intellectual disabilities designed to provide state-of-the-art knowledge of mental

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disorders and DDs. It provides a series of chapters that correspond closely to the DSM-5 classification system, with specific directions for applying the existing criteria to make them apply to persons with dual diagnosis.

- ➔ **Trauma-Informed Care:** The Center for Disability Services developed a [trauma-informed toolkit for providers](#). It provides information on the ACES study and evidence on how trauma is magnified in individuals with intellectual and other DDs. It provides a guide for trauma-informed behavioral planning processes.
 - » It is important to note that the toolkit highlights that there needs to be a special understanding of trauma and the use of Functional Behavioral Analysis. Behaviors manifested by a trauma history may require different interventions, and one should not assume that the behavior serves a purpose or function.
- ➔ **Functional Behavioral Assessment and Behavioral Support Planning:** The ODP offers staff training on the assessment and replacement of behaviors using a Functional Behavioral Assessment.
- ➔ **De-escalation and Crisis Management Techniques for Individuals with Co-Occurring Mental Health Diagnoses and DDs**
- ➔ Training in specialized assessments:
 - » [Sensory Integration](#)
 - » Communication assessments for non-verbal or limited verbal individuals
 - » Social skills assessment
- ➔ **Communication Skills and Adaptive Strategies:** To support individuals who use alternative or augmentative communication methods
- ➔ **Evidence-Based Practices (EBPs):** The appropriate EBPs for the BHDD population include Modified DBT, Social Skills System Training, and Technology/Video Modeling ([NC Complex MH/ID Resources](#)).

Required specialized training for all clinical supervisors and clinical staff:

- ➔ EBPs adopted by the agency in order to guide their implementation

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Required training for all physicians:

- ➔ Physicians must complete trainings within three months of hire and annually thereafter.
- ➔ Fire Safety and Prevention
- ➔ Disaster
- ➔ Person-First/Cultural Competency
- ➔ All personnel must receive at least quarterly in-service training on topics relevant to trends and the population. These trainings may occur more frequently based on need.

2.9. Technological Capabilities

Applicants must have the technological capabilities required to perform the proposed activities in this RFP. At a minimum, applicants must have electronic claims submission and EHR ready for use.

3. PROPOSAL FORMAT, CONTENT, AND SUBMISSION REQUIREMENTS

3.1. Required Proposal Format

Proposals should include:

- ➔ 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.

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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 1". 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 must limit their General Narrative Description to twelve single-spaced pages, excluding required attachments. Applications should not exceed twelve pages. As a general comment, 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. Proposal Content

3.2.1. 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.

3.2.2. Licensure and Location

Prospective providers must obtain a license through OMHSAS and accreditation (e.g., the Joint Commission or CARF) to provide services requested through this RFP. Please indicate your current licensure status and your plan for obtaining accreditation. Also, please indicate if you are currently contracted with CBH and/or ODP. If your organization is not currently contracted with CBH, please indicate in what other counties you have a HealthChoices contract.

Please provide the current location that will be used as the BHDD RTFA, including the zoning permit and status as a Residential Care Facility. Please share if your organization owns, leases, or plans to lease the facility. If you do not have a current location for the BHDD RTFA, please discuss your plan to obtain site control by **July 1, 2025**.

3.2.3. Program Philosophy

Please describe the vision, values, and beliefs that will be evident in the design and implementation of the BHDD RTFA. Applicants should share how the values of the DBHIDS Practice Guidelines, State regulations, and guiding documents will inform the development and implementation of the service. Please include the plan for bringing your services online by March 2026.

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Because this program will work with people who have both mental health and DD challenges, it is essential that the principles of both systems are reflected in its design and implementation.

- ➔ Describe your organization's strategies to create a person-first (culturally competent) and/or trauma-focused environment.
- ➔ Describe your organization's strategies or skills to approach this population from a strengths-based and resilience-focused perspective.

3.2.4. Service Requirements

The following information should be included in the applicant's proposal:

3.2.4.1. *Experience/Capabilities*

Describe prior experience that is relevant to the provision of this service. Specifically, please provide the following:

- ➔ Describe the continuum of services offered by your organization. This may include services currently contracted with CBH, ODP, or those provided in other counties.
- ➔ Describe your experience serving individuals with DDs and mental health diagnoses.
- ➔ Provide information on how the addition of this program will affect your organization's operations. Specifically, describe the organizational changes needed to ensure this program will be a fully integrated service.

3.2.4.2. *Program Design*

Describe in detail your proposed strategies for delivering BHDD services within the RTFA, including how the program will utilize best practices to achieve the objectives of this RFP. Please describe your organization's plans to incorporate the following services to the BHDD RTFA (see [Section 2.3.2.](#) for detailed descriptions of services):

- ➔ **Special Populations:** Describe how your organization will work with individuals with varying needs, including persons with trauma, physical health challenges, sexual behaviors, or substance use. Include information concerning program capability for working with individuals or families for whom English is not their primary language.
- ➔ **Psychiatric/Psychological Evaluations:** Describe how your organization will integrate previous psychiatric evaluations into a comprehensive biopsychosocial evaluation. Include a discussion of the tools to be used for screening and assessment.

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- ➔ **Functional Behavioral Assessments (FBA):** Describe who will complete the FBAs and how other staff will be trained to support the implementation of FBAs. Describe your plan to use FBAs as part of treatment.
- ➔ **Evidence-Based Practices (EBPs):** Share which EBP your organization plans to implement at the BHDD RTFA. Describe your plan for training staff and integrating the EBP into treatment.
- ➔ **Creative Arts:** Describe which Creative Expressive Art Therapies will be implemented to treat this population and how it will benefit them. Describe your plan for hiring or supporting staff to attain a post-master's certificate in art therapy.
- ➔ **Psychosocial Rehabilitation:** Describe how your organization will utilize Psychosocial Rehabilitation Interventions (e.g., anger management, stress management) to meet the needs of this population.
- ➔ **Nutrition:** Describe your organization's plan for implementing individualized dietary plans, including monitoring nutrition and diet.
- ➔ **Crisis Intervention:** Describe the plan for training staff in Crisis Planning and Intervention. Describe the techniques to de-escalate crises without using CRC or inpatient services.
- ➔ **Community-Based Provider Education:** Describe the planned methods to increase knowledge of working with people with mental health diagnoses and DD challenges to community providers.
- ➔ **Care Coordination:** Provide examples of ways your organization has coordinated with CBH or other providers to coordinate care or transition care.
 - » Describe your plan for working with the community-based residential provider to support the individuals' transition and discharge process, including the elements needed for successful discharge from the RTFA service.
- ➔ **BHDD Program:** Describe how appropriate supervision will be provided to staff working at the RTFA.

3.2.4.3. Facility

Discuss times and ways the Sensory Room will be incorporated into the individuals' treatment.

3.2.4.4. Implementation Plan

Provide a timeline for program implementation with the anticipated operations date. It should include all elements needed to implement the program, including renovations, licensing and credentialing, and hiring and training staff.

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3.2.5. Personnel and Required Training

A stable workforce will be critical to the success of the BHDD RTFA provider. Provide an organizational chart illustrating the anticipated number of staff and highlighting the functional top-down hierarchy. Applicants should refer to [Section 2.8.1](#) for staffing requirements and [Section 2.8.2](#) for training requirements. Additionally, please provide a personnel budget that includes the proposed staffing pattern for a week of operations, including the anticipated number of staff per position, hours worked per position, and any other costs associated with personnel (benefits, contract employees, etc.).

3.2.6. Reporting Requirements

Future metrics will be discussed with the selected provider and initially provided to CBH on a quarterly basis.

3.2.7. 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.

3.2.8. 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.

3.2.9. Operational Documentation and Requirements

Applicants must demonstrate 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 nor a review report is available, please explain and submit a compilation report by a CPA firm. These submissions must be for the most recently ended corporate fiscal year. Submit the report for the prior corporate fiscal year if it is unavailable. Please note that the most recent report must be submitted before contract negotiations. Please provide a business plan for a start-up with no financial

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activity, 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 before contract negotiations. In the case of the most recent tax return being unavailable, 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 12 months
 - » If pre-operational, provide proof of deposits to cover initial operations.
- ➔ Attestation of ability to sustain operations for two weeks in the event of a delay in claims processing
- ➔ 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 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 are made, a two-year tail is required.)

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- 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.
- » Regarding your General Liability Policy, CBH, the City of Philadelphia, and the Commonwealth of Pennsylvania Department of Public Welfare must be named additional insured. 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.

3.3. Terms of Contract

The contract entered 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.), show them qualified, responsible, and capable of performing the work required in the RFP.

The selected applicant(s) shall maintain total 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 and Employer 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 under this RFP is subject to the federal Health Insurance Portability and Accountability Act (HIPAA), as amended, and 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 (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

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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 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.
 - » 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.

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

As CBH is a quasi-governmental, city-related agency, prospective applicants must meet specific 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 concerning the payment of City taxes or

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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 must complete and return with its proposal a [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#).

If the applicant does not comply 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 consider these city policies when entering 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. However, in most circumstances, they will be required to obtain one or both if selected for the 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 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.

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

Applicants are advised that any contract awarded pursuant to this RFP is a "Service Contract," and the 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,

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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.

3.8. Certification of Compliance with Equal Benefits Ordinance

If this RFP is a solicitation for a "Service Contract" as that term is defined in [Philadelphia Code § 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 [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 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 for 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](#).

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3.9. 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.

3.10. CBH Disclosure of Litigation Form

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

3.11. Selection Process and Responses

A consensus 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 response to the RFP.

3.12. Threshold Requirements

Threshold requirements provide a baseline for all proposals, providing essential information that all applicants must meet. Failure to meet these requirements may disqualify an applicant from consideration through this RFP. Threshold requirements include submitting 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. State licensure status will also be reviewed, considered, and discussed with the PA Department of Human Services when applicable.

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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 screenings of its staff, contractors, subcontractors, and vendors for excluded individuals on the three Excluded Individuals and Entities lists.

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

RFP Event	Deadline Date
RFP Issued	February 13, 2025
Deadline to Submit Questions	March 7, 2025
Answers to Questions on Website	March 13, 2025

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RFP Event	Deadline Date
Application Submission Deadline	2:00 p.m. ET on March 27, 2025
Applicants Identified for Contract Negotiations	May 1, 2025

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

This RFP is issued on February 13, 2025. To be considered for selection, all applications must be emailed to cbhclinicalprocurements@phila.gov no later than 2:00 p.m. on March 27, 2025.

- ➔ The email subject line should be marked “BHDD RTFA RFP.” Applications submitted by any means other than email will not be accepted.
- ➔ 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.

4.2. Questions Related to the Procurement

All questions concerning this RFP must be submitted in writing via email to the Provider Network Development Team at cbhclinicalprocurements@phila.gov with the subject line “BHDD RTFA RFP Q&A” no later than March 7, 2025, and may not be considered if not received by then. 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 a commitment by CBH.

4.3. Pre-Proposal Bidder’s Conference/Information Session

A [BHDD RTFA RFP Bidder’s Conference](#) will be hosted via Zoom on Wednesday, February 26, 2025, from 11:00 a.m. to 12:00 p.m. Interested parties must register via the link (Passcode: 315328). After registering, you will receive a confirmation email containing information about joining the webinar. Attendance is optional.

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4.4. Interviews/Presentations

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

4.5. Terms 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 cannot 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 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.

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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 concerning this notice of request for proposals:

1. to reject any applications and to reissue this RFP at any time;
2. to issue a new RFP with terms and conditions substantially different from those outlined in this or a previous RFP;
3. to issue a new RFP with terms and conditions that are the same or similar as those outlined 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.

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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 concerning 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, concerning 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;
3. to waive any defect or deficiency in any application, including, without limitation, those identified in the 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 allowing them to

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- 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 of this RFP, if CBH, at its sole discretion, determines that it is in CBH's best interests to do so;
 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 concerning 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.

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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).

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.

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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 anyone 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 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, submitted proposals 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.