Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

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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

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

TABLE OF CONTENTS

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

Behavioral Health Developmental Disability (BHDD)
Acute Inpatient Psychiatry (AIP)

1. PROJECT OVERVIEW

1.1. Introduction; Statement of Purpose

Community Behavioral Health (CBH), in partnership with the Department of Behavioral Health and Intellectual Disability Services (DBHIDS), is seeking proposals to develop a specialized acute inpatient psychiatric unit for adults 21 years and older diagnosed with behavioral health disorders and co-occurring developmental disability (DD). The behavioral health and development disorder acute inpatient psychiatric unit (BHDD AIP) unit will be unique in the following ways:

- It will provide whole-person treatment integrating behavioral, psychiatric, psychological, medical, and physical health and wellness strategies into the treatment process.
- It will include a sensory room that is separate but part of the milieu that offers a space that includes a mobile interactive floor, mobile interactive wall, and a sensory corner that offers interactive sensory integration for individuals with sensory processing challenges.
- It will integrate interventions specific to and adapted for individuals with varying degrees of communication style, sensory needs, and underlying traumatic experiences.

The BHDD AIP is part of a larger system of care being developed to meet the specialized needs of individuals diagnosed with behavioral health disorders and co-occurring DD. The DBHIDS Practice Guidelines for Recovery and Resilience-Oriented Treatment provide the foundation for this transformation, along with the principles of Everyday Lives. This procurement process is intended to identify providers who demonstrate the capability to deliver high-quality behavioral health care services and submissions will be evaluated based on quality and responsiveness to the request for proposals (RFP).

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 Cit, 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 with an emphasis on

recovery and resilience-focused behavioral health services and self-determination for individuals with DD. Working with an extensive network of providers, DBHIDS provides services to persons and their families recovering from mental health or substance use disorders (SUDs) or living with DDs to ensure they receive high-quality services that are accessible, effective, and appropriate. DBHIDS comprises seven divisions: Commissioner's Office, Behavioral Health, Division of 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 healthcare services for the City's approximately 802,345 Medical Assistance (MA) recipients under the 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 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 objective of this RFP is to identify and contract with a qualified provider capable of delivering specialized BHDD AIP services. This initiative is part of a broader effort by DBHIDS, in partnership with CBH and the **PA Office of Developmental Programs** (ODP), to develop a fully integrated system of care for this complex population.

The new BHDD AIP will offer a flexible array of high-quality services specifically designed for individuals with behavioral health disorders and co-occurring DD. Interventions should be specific to the individuals' adaptive skills level, cognitive and processing capabilities, and severity of psychiatric symptoms. The program's objective is to deliver whole-person care, stabilizing individuals through a combination of medical and psychiatric interventions, behavioral support, and skill-building. By addressing both mental health symptoms and the underlying trauma, the program aims to improve long-term outcomes and facilitate smooth transitions to community-based care.

Applicants must demonstrate a comprehensive understanding of the unique needs of this population including how behaviors secondary to the individual's DD may be exacerbated by mental health concerns and medical conditions. Applicants must understand this population in terms of communication needs, sensory integration challenges, cognitive processing delays and the impact of trauma. Applicants should be able to describe how treatment, including behavioral interventions, behavioral support plan development, improved health and wellness, medication management, and skill-building will be tailored to the individual's intellectual and cognitive abilities. The goal will be for stabilization and transitioning to community-based placements which may include either a community home or a mental health placement both with waiver funded supports.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

1.4. Individuals Served

The BHDD AIP will serve CBH adult members with serious mental illness and co-occurring DD. Individuals must be registered or eligible for registration with the IDS and must be eligible for waiver services.

Please note that the individuals identified for this inpatient unit will have variable IQ scores and adaptive skills that may require 1:1 support to assist with daily living activities, engaging in therapeutic groups, and treatment modalities. These individuals typically have:

- Significant deficits in life skills, requiring habilitation and individualized care approaches
- Non-verbal or communication challenges, requiring alternative communication devices or methods

Additionally, the specialized BHDD AIP should be able to support individuals with:

- Significant trauma histories which may include sexual abuse, physical abuse, and neglect, and may exacerbate their psychiatric symptoms
- Aggressive behaviors that require specialized behavioral interventions
- Histories of multiple foster care, RTF, and group home placements which has complicated continuity of care
- Complex medical and behavioral health needs that may require immediate diagnostic assessments, including labs, that may require interventions based on those assessments.

1.5. Approach to Care

The BHDD AIP will adopt a whole-person care model, addressing the physical, mental, emotional, and social aspects of an individual's health and well-being. This approach is particularly critical, as individuals with DD are at a significantly higher risk for a range of medical conditions, including chronic diseases, due to factors such as diagnostic overshadowing, unmet social determinants of health, and barriers to appropriate medical care (**Aldinger et al., 2015**; **Pouls et al., 2022**).

People with DD frequently experience diagnostic overshadowing, where symptoms of mental illness or physical health conditions are misattributed to their disability, resulting in inadequate treatment. Additionally, this population faces higher rates of diseases such as cardiovascular conditions and respiratory illnesses (**Mason & Scior, 2004**). These risks are compounded by unmet healthcare needs, limited access to preventive care, and trauma history (**Mason & Scior, 2004**).

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

Given these challenges, the BHDD AIP's use of the whole-person care framework will provide comprehensive, coordinated services that address the wide array of health concerns for this vulnerable population. The model will focus on:

- Ensuring that those with medical needs that often exacerbate psychiatric symptoms are assessed and referred to appropriate medical treatment (This will involve care coordination with Physical Health Managed Care Organizations (PH-MCOs), CBH, and IDS.)
- Developing behavioral support plans, assessing communication needs particularly for those that require communication devices, and using sensory integration assessment tools including the development of a sensory room to help manage behavioral and emotional challenges that often arise as a result of an individual's cognitive level and capacity
- Implementing skill-building interventions that will enhance adaptive functioning, increase communication abilities, and teach coping strategies, with a focus on long-term success in community settings

The physical health and wellness of individuals will be a key component of care. Clinical staff will be available to provide health education on symptom management, nutrition, exercise, and substance use where applicable. Preventive health screenings will also be conducted regularly to identify and treat health concerns early, reducing the risk of complications.

The BHDD AIP is the most acute level of care as part of a continuum of services. A step-down unit will be developed to assist the transitioning of individuals from the BHDD inpatient unit to the community.

1.6. Applicant Eligibility; Threshold Requirements

To be eligible to respond to this RFP, applicants must currently be contracted with CBH as an in-network provider of Acute Inpatient Psychiatry (AIP) services for adults. Applicants must be able to provide medical services to address whole person integrated treatment. Preference will be for providers who are directly affiliated with a medical hospital. Providers who have a memorandum of understanding (MOU) with a medical hospital are also eligible to provide the service.

Applicants must be enrolled in Medicare and Medicaid programs and must be currently licensed through the Office of Mental Health and Substance Abuse Services (OMHSAS; **55 Pa. Code § 1151.31**. The BHDD AIP must be accredited by the Joint Commission (**55 Pa. Code § 1151.31**). Applicants must also meet all threshold requirements.

1.7. General Disclaimer

This RFP does not commit CBH to award a contract. This RFP and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any respondent, is intended to

be granted 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.

1.8. Location/Site

Applicants must have the ability to create the specialized eight to ten bed BHDD AIP unit within their current facility. This unit will be separate from their other AIP unit(s). Preference is for the BHDD AIP to be located within a medical hospital, or within close proximity to the affiliated medical hospital, or medical hospital identified in the MOU, to support a whole-person, integrated approach to services. CBH prefers providers who are located in Philadelphia County.

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. For each potential facility, the applicant is required to provide information on the property's zoning and licensing status. Additionally, applicants must be able to provide proof of their site control at the time of their proposal. As a part of the proposal, please include an active lease or rental agreement clearly showing the location of the site for this program.

1.8.1. Facility Requirements

The BHDD AIP should include:

- A separate sensory room with soft lighting, activity wall panels, sensory pillows, weighted blankets, or other items
- Single rooms with bathrooms to allow for solitude, and minimize potential conflicts, while ensuring the safety of residents
    - » Single rooms will reduce the risk of confrontations or disturbances that can arise in shared living spaces.
    - » Having an attached bathroom allows individuals to maintain their personal hygiene independently, promoting a sense of autonomy and self-care.
- Functional and comfortable furniture, including a bed, seating, and storage for personal belongings
- Natural (not florescent) lighting fixtures to offer a calming environment
- Calm and neutral colors to create a soothing atmosphere (this can positively impact the mental well-being of residents)
- Emergency response systems to ensure that individuals can quickly and easily request assistance if needed

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

- 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)
- Therapeutic art and décor (e.g., artwork, plants) that can contribute to a calming and aesthetically pleasing environment
- Adaptable spaces to accommodate evolving therapeutic requirements

1.8.2. Environmental Safety

The BHDD AIP will emphasize the responsibility of each individual for the functioning and stability of the therapeutic community while promoting dignity and respect in all interactions. To ensure safety, staff and individuals will utilize conflict resolution and de-escalation techniques. There should be an effort to reduce or eliminate the use of restraints and seclusion. Applicants must adhere to **55 Pa. Code § 13: Use of Restraints in Treating Patients/Residents** along with **OMHSAS Restraint and Seclusion Bulletin**. The environment will support the promotion of clean air and living spaces and noise control.

Ensuring a safe and secure environment in the BHDD AIP is paramount. Implementing a combination of physical safety measures and appropriate equipment can significantly contribute to the wellbeing of both residents and staff. The BHDD AIP will be a locked unit and should have the following security measures:

- Surveillance cameras (as required/allowed by license)
- Secure entry (keypad or other secure mechanisms)
- Controlled access points to regulate who enters and exits the facility, minimizing the risk of unauthorized individuals gaining access
- Shatterproof or impact-resistant windows, where appropriate
- Secure medication storage
- Automated external defibrillators
- Anti-ligature features may be considered to minimize the risk of self-harm and ensure individual safety (this includes considering the type of fixtures and fittings to reduce potential hazards)

2. SCOPE OF WORK

2.1. Overview of Services

CBH and IDS are requesting proposals to develop an eight to ten bed specialized BHDD AIP for individuals with co-occurring mental health diagnoses and DD. The BHDD AIP will provide comprehensive, whole-person, trauma-informed treatment. The program's goal is to stabilize individuals by addressing their physical, mental, and emotional needs. Services will be delivered in accordance with evidence-supported and evidence-based practices (EBPs) and will be adapted to meet the unique needs of each individual.

The BHDD AIP will be required to accept all individuals that have been referred through the Executive Clinical Leadership Group (ECLG). The ECLG is comprised of clinical experts from CBH, DBHIDS, and the ODP who are responsible for the authorization, care coordination, and transition of individuals through the BHDD system of care. The selected provider must adhere to a "no reject" policy, ensuring care for all individuals who meet medical necessity criteria for acute care.

The BHDD AIP will provide 24/7 care that includes psychiatric, therapeutic, behavioral and medical interventions. Providers must demonstrate the ability to deliver individualized care that promotes stabilization, skill-building, and community reintegration. The program will also facilitate seamless transitions to less restrictive settings, including the BHDD RTFA.

Providers are expected to collaborate with supports coordination organizations, case management agencies, CBH, IDS, and community-based residential providers which include community living arrangement (CLA) programs, LifeSharing, Community Residential Rehabilitation programs, and other housing options supporting this initiative.

2.2. Service Delivery

The BHDD AIP must align with core values and requirements of the **DBHIDS Practice Guidelines**, **Everyday Lives**, and the **CBH Clinical Performance Standards for AIP**.

The service delivery model emphasizes:

- **Whole-person care:** The BHDD AIP operates under a whole-person care philosophy, which seeks to address the mental, physical, emotional, and social needs of individuals in a coordinated and integrated manner.
- **Trauma-informed care:** All services will be delivered through a trauma-informed lens, recognizing the profound impact of past traumas on individuals' current mental health and behaviors. This includes identifying specific safety skills that need to be taught, evaluated, and

reinforced on a regular basis to improve adaptive functioning based on what is known about their trauma history.

- **Person-centered approach:** Treatment plans will be individualized, focusing on each person's strengths, preferences, and goals. Services will be adapted to each individual's intellectual and adaptive functioning. The program will work collaboratively with individuals and their families (when applicable) to create a supportive environment that fosters healing and growth.

- **Collaboration and community integration:** The BHDD AIP will prioritize partnerships with community-based services to facilitate smooth transitions from inpatient treatment into long-term, supportive environments. This includes working with supports coordinators, case managers, and behavioral health providers.

- **Flexibility and adaptability:** Given the complex needs of this population, services will be flexible and adaptable to ensure each individual receives the care and support that best meets their needs at any given time.

    - By adhering to these principles, the BHDD AIP aims to create a nurturing and supportive environment that promotes stabilization, recovery, and successful reintegration into the community. An initial authorization will be given for admission followed by concurrent reviews to ensure progress in treatment. The length of stay will be variable depending on the individual's treatment progress. The length of stay will typically be no longer than 45 days. Any days needed beyond that for any individual will be reviewed by the ECLG. which includes CBH Complex Care.

2.2.1. Admissions

It is required that the BHDD AIP will accept all individuals referred to the specialized unit. This includes both voluntary (201 status) and involuntary (302 status) admissions. When individuals present to a Crisis Response Center (CRC), the CRC will call for information sharing with the CBH Psychiatric Emergency Services (PES) line. Information shared will include if an individual is registered with the IDS. The CRC should also call the PES line if the evaluating physician feels that the individual requires AIP hospitalization. Individuals may be referred to the specialized unit if they meet criteria.

The BHDD AIP Unit will be a highly structured and specialized service designed to meet the needs of adults with behavioral health disorders and co-occurring DD who have are at risk of harm to self, to others or who are unable to care for themselves. This specialty service will be for those individuals who are experiencing serious behavioral or mental health challenges and have not responded to treatment in other levels of care. The acute psychiatric condition being evaluated or treated by inpatient psychiatric hospitalization must require active treatment, including a combination of services such as intensive nursing and medical intervention, psychotherapy, occupational and activity therapy. Individuals must require inpatient psychiatric hospitalization services at levels of intensity and frequency exceeding what may be rendered in an outpatient setting, including psychiatric partial hospitalization.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

Within three days of admission to the BHDD AIP, clinicals will be reviewed by the BHDD ECLG.

2.2.2. Length of Stay

The expected length of stay for the inpatient unit will be based upon medical necessity being considered, the behavioral health conditions, capacity of the individual to progress in treatment, and the need for specialized interventions. However, lengths of stay are expected to be no more than 45 days with the goal of transitioning the individual to less restrictive level of care. Any days needed beyond that for any individual will be reviewed by the ECLG which includes CBH Complex Care.

The BHDD ECLG, CBH, and the utilization review committee (or its representative) will create written criteria to determine a member's need for continued stay (**55 Pa. Code § 1151.76**). An initial authorization will be given for admission followed by concurrent reviews to ensure progress in treatment. The length of stay will be variable depending on the individual's progress in treatment.

2.2.3. Scope of Services

2.2.3.1. Initial Psychiatric Evaluation

The initial psychiatric evaluation with medical history and physical examination should be performed within 24 hours of admission. The severity of illness and intensity of service that characterize an individual with co-occurring mental health and developmental disabilities appropriate for this specialized inpatient psychiatric hospitalization should include the following:

- Chief complaint
- A description of the presenting problem including intensity of symptoms
- Current medical history, including medications and evidence of failure or inability to benefit from a less intensive program
- Psychiatric and medical history
- Risk Assessment to screen suicide risk, risk of self-harm and harm to others
- Past or present substance abuse
- Past or present forensic history
- Family, vocational, and social history
- Mental status examination, including general appearance and behavior, orientation, affect, motor activity, thought content, long and short-term memory, estimate of intelligence, capacity for self-harm and harm to others, insight, judgment, capacity for activities of daily living (ADLs)

- Physical examination
- Formulation of the patient's status, including an assessment of the reasonable expectation that the patient will make timely and significant practical improvement in the presenting acute symptoms as a result of the psychiatric inpatient hospitalization services

A team approach may be used in developing the initial psychiatric evaluation and the treatment plan, but the physician (MD/DO) must personally document the mental status examination, physical examination, diagnosis, and certification.

Physician orders should include, but are not limited to, the following items:

- The types of psychiatric and medical therapy services and medications
- Laboratory and other diagnostic testing
- Allergies
- Provisional diagnosis(es)
- Types and durations of precautions (e.g., constant observation for 24 hours due to suicidal plans, restraints)

2.2.3.2. Treatment Planning

The treatment plan is the tool used by the physician and multi-disciplinary treatment team to implement the physician-ordered services and move the patient toward the expected outcomes and goals. Because of the co-occurring nature of the individual being treated on this specialized unit, the treatment plan will also incorporate interventions that are specific to the mental health needs and adapted to the capacity of the individual.

- This individualized, comprehensive, outcome-oriented plan of treatment should be developed:
  - Within the first three program days after admission
  - By the physician, the multidisciplinary treatment team, and the patient
  - Based upon the physician's diagnostic evaluation, psychosocial and nursing assessments, and reason for admission
- The treatment plan should include:
  - The specific treatments ordered, including the type, amount, frequency, and duration of the services to be furnished

- The expected outcome for each problem is addressed
- Outcomes that are measurable, functional, time-framed, and directly related to the cause of the patient's admission

- The initial treatment plan and updated plans must be signed by the physician and those mental health professionals contributing to the document.
- The treatment plan should be part of a broader care plan that takes a holistic, person-centered approach.
- The formulation and treatment plan should be shared with all the relevant parties, including GPs, as soon as possible.
- Treatment plan updates should show the treatment plan to be reflective of active treatment, as indicated by documentation of changes in the type, amount, frequency, and duration of the treatment services rendered as the patient moves toward expected outcomes.
- Treatment plan updates should be documented at least weekly, as the physician and treatment team assess the patient's current clinical status and make necessary changes. Lack of progress and its relationship to active treatment and reasonable expectation of improvement should also be noted.

2.2.3.3. Medication Management Services

Psychotropic medications such as: antipsychotics, antidepressants, mood stabilizers (including anti-epileptic medications), anti-anxiety medications (including benzodiazepines), psychostimulants, beta-adrenergic blockers, and opioid antagonists are used widely among people with DD. The selected provider will need to develop policies around prescribing and treatment planning in alignment with clinical performance standards. The BHDD AIP must provide emergency and routine medications in accordance with applicable federal, state, and local law. These medications include the administration of pro re nata (PRN) medications and long acting injectables.

The prescriber should ensure that an appropriate formulation is carried out and a treatment plan drawn, prior to instigating any intervention.

- The prescriber is responsible for assessing the person's capacity to consent to treatment.
- Where possible, and when necessary, the prescriber should discuss the formulation and treatment plan with other relevant professionals.
- The prescriber should identify a key person who will ensure that medication is administered appropriately and communicate all changes to the relevant parties.

- The prescriber should provide the person and/or her/his family or carers with a written treatment plan at the time of prescribing.
- The method and timing of the assessment of treatment outcome should be set at the beginning of the treatment.
- The consultation should consider the communication needs of the person.
- As appropriate, there should be an objective way to assess outcomes (e.g., behavior/emerging adverse effects); the use of standardized scales is recommended.

2.2.3.4. Therapies

Individual therapy should occur at least once weekly.

- These will be modified based upon the capacity of the individual and may include cognitive behavioral therapy (CBT), modified dialectical behavior therapy (DBT), behavioral interventions, social skills training, adaptive skills training, and creative arts.

2.2.3.5. Behavioral Interventions

- **Applied Behavior Analysis (ABA):** ABA uses positive reinforcement to help the individual achieve behavioral change. Clinicians can customize each ABA program to meet individual needs. Many ABA programs involve developing key skills that are important in everyday life.
- **Positive Behavioral Support (PBS):** PBS is a form of ABA that addresses the reasons and reinforcement mechanisms behind a person's behavior. PBS programs focus on non-punitive and systematic methods to help individuals achieve their behavioral health goals.
- **Cognitive Behavioral Interventions:** Cognitive behavioral interventions require understanding the complex relationship that exists between an individual's thoughts, feelings, and behaviors. It is believed that by modifying these interactions, a profound impact on a person's behavior can be achieved. This makes cognitive-behavioral therapy a powerful tool for treating intellectual disability.
- **Social Stories:** Social stories are another powerful method that can be used in cognitive-behavioral interventions. These short stories can help individuals with intellectual disability to understand the norms and expectations in various social situations in a simple and individualized way. The representation of these situations provides a guideline on how they can behave accordingly, thereby promoting positive behaviors.
- **Adaptive Behavior Strategies as Therapeutic Interventions:** These tactics teach important life skills (e.g., interpersonal, academic, self-help), serving as the foundation for effective behavior management. Behavioral therapy techniques play an integral role in managing behavioral

challenges in individuals with intellectual disability. Consistent application of behavioral therapy, tailored to individual needs, can significantly enhance behavior management. This approach contributes to an individual's overall quality of life, fostering positive development.

- **Creative Arts Therapies:** These include different modalities, each to help with emotional regulation and processing thoughts and experiences. They can promote opportunities for social interaction and emotional expression are especially valuable for people with difficulty communicating verbally. Creative arts therapies include art, movement, drama, and music.

- **Social Skills Training:** Individuals with DD and comorbid mental health problems are likely to experience difficulties in socializing. Impairment in social skills is a defining feature among individuals with DD.

- **Therapeutic Recreational Activities:** As appropriate, these should consist of games, arts and crafts, exercises (e.g., walks, yoga). Physical activity plays a significant role as a therapeutic intervention, serving as both a tool for the promotion of healthier lifestyles and as an effective complement to behavioral therapy techniques. Its significant impact on mental and physical health and its usefulness in controlling behavioral issues inherent in DD are well known.

- **Family Therapy:** Per individual consent, sessions should include family members/significant others and community resource providers with an emphasis on the individual's ability to access support during and after the BHDD AIP stay.

- **Milieu Therapy:** Milieu management comprises many of the activities that provide structure and an opportunity for stability during inpatient stays, including, but not limited to, the management and layout of the inpatient environment, efforts to maintain safety and security, and the daily schedule.

2.2.3.6. Evidence-Based Practices (EBPs)

DBHIDS has a strong focus on the use of EBPs for all levels of service throughout its provider network.

The BHDD AIP procured through this RFP is strongly encouraged to establish an EBP that is appropriate for the population served. When providing an EBP, clinicians and supervisors must receive expert training and consultation consistent with training expectation or standards set by the EBP developer or official EBP training or certification entity.

If an EBP will be pursued or is already present at the agency, training, supervision, and quality assurance strategies should be described to ensure the EBP is being implemented and sustained. Applicants are encouraged to become familiar with the **Evidence-Based Practice and Innovation Center (EPIC)**, as well as its EBP designation process.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

2.2.4. Other Assessments

- **Communication Assessment and Strategies:** Unaided and aided alternative communication strategies are for individuals with limited verbal skills. It is important to have a communication assessment to determine which alternative communication strategies would be best for each person admitted to the specialized BHDD AIP.
    - **Unaided modes of communication:** Non-spoken means of natural communication (including gestures and facial expressions) as well as manual signs
    - **Aided modes of communication:** Approaches that require some form of external support, such as communication boards with symbols (e.g., objects, pictures, photographs, line drawings, visual-graphic symbols, printed words) or computers, handheld devices, or tablet devices with symbols that generate speech through synthetically produced or recorded natural (digitized) means
- **Sensory Integration Assessment and Strategies:** Some individuals with BHDD are very sensitive to stimulation overload, often responding to overstimulation with repetitive behaviors like head-banging, scratching, or biting causing self-injury or harming others. An assessment should be done to determine what triggers an individual and what strategies and tools are best for each individual.
    - Noise canceling headphones and wireless earbuds playing soft music may help calm or de-escalate an individual.
    - Weighted blankets, soft lighting, activity wall panels in the sensory room, and sensory pillows are some examples of items that can be used for individuals with sensory needs.

2.2.5. Medical Services

The BHDD AIP should have physician and nursing capacity to assess medical conditions that often impact this population. A physical exam and laboratory work are required within 24 hours of admission. Monitoring will occur in accordance with best practice. This includes obtaining necessary laboratory work at admission for ongoing monitoring. The BHDD AIP should also be able to provide and/or coordinate medical services as needed.

Medical staff (including nursing) should provide health and wellness education including symptom management, treatment engagement, medication consistency, exercise, nutrition, weight management, and drug, alcohol, and/or tobacco use as applicable. Applicants should highlight preventive health care services that they are able to offer. The facility should have an existing health prevention program in place, and expectations to follow existing plan to identify health concerns.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

All individuals, including non-verbal individuals, should have evidence in their record that they receive an annual evaluation of their vision and hearing. This includes a screening, follow-up examination as indicated by the screening, and timely referrals as noted in the examination.

Staff must be responsive to an individual's health care needs or injuries that may occur while admitted to the specialized inpatient unit. The facility should follow their system of addressing these issues as well as reporting it to CBH and IDS. Assistance will be provided by the ECLG if these situations occur.

2.2.5.1. Nutrition

Nutrition plays a crucial role in the BHDD AIP unit due to its profound impact on both physical and mental health. Proper nutrition promotes mood stabilization, enhances cognitive function, and supports overall well-being, which is essential for individuals facing psychiatric challenges and DD. Balanced diets rich in essential nutrients can improve brain function, mitigate symptoms of mental health disorders, and boost energy levels, which in turn can enhance engagement in therapy and daily activities. To address the nutritional needs of individuals receiving treatment, the BHDD AIP may seek services from a registered dietitian (RD) who is already employed at the facility or can consider hiring an RD on a part-time or consultant basis to serve the unit.

2.2.6. Coordination of Care and Discharge Planning

Within five days of admission, there will be an initial meeting with the BHDD ECLG, the respective assigned supports coordinator, the CBH Complex Care Team, and IDS to begin developing the coordination of care and discharge plan. This initial meeting is essential for reviewing the treatment plan, the individual service plan (ISP) and identifying the type of community placement (BH or DD) that will be needed once the individual is stabilized.

All individuals must be eligible for waiver services. As part of the coordination of care, the BHDD ECLG will work with the supports coordinator in applying for the waiver and making referrals to the appropriate DD placements (if that is the recommendation). A transition and discharge plan will be developed. The plan will include diagnoses, outcomes of structured tools, medications, behavioral health services needed, and type of community-home placement. The individual and the respective team will discuss and include the individual from the point of admission until discharge from the inpatient unit. The transition and discharge plan should be sent to the next treatment provider, PCP, and other relevant parties as determined by the individual.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

Transition and discharge plans should be given to and reviewed with the individual, family members, and all other relevant parties, including the PCP, IDS supports coordinator, and the subsequent treatment provider. Providers should ensure that all parties understand the discharge plan. Recipients of the discharge plan should be documented, and CBH should receive the discharge plan within 24 hours of discharge.

2.3. Personnel and Required Training

The BHDD AIP 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 DD. All staff must have prior experience working with severe mental illness.

The multi-disciplinary team identifies appropriate clinical assessments and individualized treatment plans constructed to assure positive outcomes, the development of self-management strategies, self-care, responsibility, decision-making and independence skill acquisition.

2.3.1. Required Personnel

- **Director of Inpatient Psychiatric Services:** Inpatient psychiatric services must be under the supervision of a clinical director, service chief, or equivalent who is qualified to provide the leadership required for an intensive treatment program. The number and qualifications must be adequate to provide essential psychiatric services.
  - **Credentials:** A licensed general psychiatrist with documented specialized training, supervised experience, and demonstrated competence in working with individuals with mental health disorders and co-occurring DD
  - **Basic Functions:**
    - At a minimum, functions must be performed as outlined at the frequency prescribed in the licensing standards for AIP treatment.
    - At a minimum, the attending psychiatrists must document psychiatric management with progress notes daily. At a minimum (not including individual, group, or family psychotherapy), the attending psychiatrist must spend sufficient hours per week in the patient's psychiatric management and treatment to properly provide for admission, discharge, treatment team, family and staff conferences, ordering and supervising treatment, communication with parents, ongoing psychiatric assessment, and documentation. The time will increase or decrease according to the number of admissions, initial evaluations, basic evaluations or comprehensive examinations.
    - This minimum number of hours will need to be increased to account for additional medical factors and training.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

- **Psychiatrist:** All treating psychiatrists must be board certified in psychiatry and hold an active medical license in Pennsylvania.
  - **Credentials:** A licensed general psychiatrist with documented specialized training, supervised experience, and demonstrated competence in working with individuals with mental health and co-occurring DD
  - **Ratio:** There will be a sufficient number of qualified attending psychiatrists to provide the basic functions of evaluations, admissions, diagnoses, prescribing of treatment, discharging patients, and to supervise the clinical treatment team.
  - **Basic Functions:**
    - At a minimum, the attending psychiatrists must document psychiatric management with progress notes every three days.
    - At a minimum (not including individual, group, or family psychotherapy), the attending psychiatrist must spend sufficient hours per week in the patient's psychiatric management and treatment to properly provide for admission, discharge, treatment team, family and staff conferences, ordering and supervising treatment, communication with parents, ongoing psychiatric assessment, and documentation.
    - The time will increase or decrease according to the number of admissions, initial evaluations, basic evaluations, or comprehensive examinations.
- **Registered Dietician (RD):** The RD will review ISPs to identify any nutritional needs and medical conditions that require specialized meals (e.g., individuals with diabetes or other metabolic disorders, individuals that have significant BMI measures that require nutrition planning).
- **Director of Psychiatric Nursing Services:** The unit must have a qualified director of psychiatric nursing services.
  - **Credentials:** The director of psychiatric nursing services must be a registered nurse (RN). They must hold a master's degree in psychiatric and mental health nursing (or its equivalent), from an accredited school of nursing, or be qualified by education and experience in the care of this population.
  - The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; give skilled nursing care and therapy; and direct, monitor, and evaluate the nursing care furnished.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

- **Nurse:** In addition to the director of nursing, there must be adequate numbers of RNs and licensed practical nurses (LPNs) to provide necessary nursing care, and to maintain progress notes.
    - The staffing pattern must ensure the availability of an RN 24 hours daily. There must be adequate numbers of RNs and LPNs to provide the nursing care necessary under each inpatient's active treatment program.
- **Master's Level Clinicians:** These clinicians will implement an array of treatment interventions onsite. The goal is to improve emotional and behavioral responses of internal and external experiences the individuals may have that often lead to self-harming and/or aggressive behaviors. They will assist in the completion of assessments, and development of integrated treatment plans with treatment interventions specific to the level of functioning of the individual. These clinicians will assist in the development of crisis intervention plans and provide clinical support to the residential staff.
- **Behavioral Specialists:** These specialists will be eligible for or have a registered behavior technician (RBT) or ABA certification to assist with the development of behavioral strategies and approaches including task analysis and development of wellness recovery action plans (WRAPs) or other recovery plans. They will be responsible for conducting the functional behavioral assessments and developing the behavioral support plan.
- **Certified Peer Specialists (CPSs):** CPSs provide support by sharing their own experiences and modeling adaptive behavior. They may also assist with ISP development and coaching and helping the individual feel less alone. CPSs are required to have past experience working with the DD population.
- **Social Workers:** Psychiatric social workers in inpatient hospital settings complete many tasks to support patients, including conducting psychosocial assessments to determine patients' mental health status and needs; providing psychotherapy and other clinical services to help clients address their emotional, behavioral, and mental health needs.
- **Mental Health Technicians:** These technicians must meet the requirements outlined in **CBH Provider Bulletin 22-03**. They will monitor and treat patients and provide 1:1 support in partnership with the team of other professionals, including doctors, nurses, therapists, and social workers. They will provide:
    - Patient care: Assisting patients with daily tasks, such as eating, dressing, and maintaining cleanliness
    - Monitoring: Performing vital health checks, such as blood pressure and heart rate
    - Therapy: Assisting in therapy and recreational activities

- Documentation: Keeping daily records of patients
- Restraint: Preparing to restrain patients who may become violent
- Patient progress: Monitoring patient progress and reporting to other team members

2.3.2. Required Training

The BHDD AIP staff must have previous experience serving individuals with co-occurring mental health diagnoses and DD. Staff must have education and training that complies with standards in the **Manual for Review of Provider Personnel Files (MRPPF)**. All CBH mandatory trainings must be completed within three months of hire and bi-annually thereafter. Additionally, all staff must complete at least 10 hours of training annually. Staff trainings can be completed through **MyODP**, **PCHC**, and the **DBHIDS Learning Hub**.

Staff should receive ongoing training, as appropriate, in the following:

- All direct care staff must be trained in:
  - Co-occurring disorders
  - Positive behavioral approaches
  - Trauma-informed care
  - Sensory integration strategies
  - Fire safety and prevention
  - Disaster training
  - De-escalation and co-regulation
  - Infection control training
  - Suicide prevention training
  - Person-first/cultural competency training
  - Restrictive procedures
  - Appropriate use of restraint and seclusion
  - Practices aimed at reducing or eliminating restraint and seclusion

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

- All clinical staff must be trained in:
  - Functional behavioral assessment and behavior support planning
  - Trauma-informed care in this population
  - Sensory integration assessments and use in treatment
  - Understanding the health risks of the five common medical conditions
  - Individual service plans (ISPs)
  - Use of automated external defibrillator
  - First aid for medical emergencies
  - De-escalation and co-regulation techniques
  - Mental health crisis prevention and management
  - Cardiopulmonary resuscitation
  - Communicable disease prevention
  - Blood-borne pathogen exposure control
  - Suicide assessment and prevention
  - Development disabilities
  - Cultural competency
  - Medication administration
- All clinical supervisors and clinical staff **must** receive specialized training in the EBPs adopted by the agency to guide their implementation.
- Nursing staff must train and ensure direct support staff demonstrate competency in detecting signs and symptoms of illness, injury, and change in an individual's health baseline, in addition to the **Fatal Five**.
- Physicians must be trained in:
  - Fire safety and prevention

- Disaster training
- Person-first/cultural competency training

- All physicians **must** complete trainings within three months of hire and annually thereafter.
  - All personnel must receive at minimum quarterly in-service training on topics relevant to trends and population. These trainings may occur more frequently based on the need.

2.3.3. 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.

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

It is expected that members served will comprise varying racial and socioeconomic backgrounds, and staff must be culturally and linguistically competent, including experience working with members with diverse backgrounds, identities, and related needs. Providers must be prepared to treat and support members whose treatment needs are heavily impacted and informed by social determinants and risk factors, including health complications, substance use challenges, poverty, histories of homelessness unstable, or inadequate housing, and violence in their communities. Programs should also be affirming of LGBTQIA+ populations, with an ability to sensitively support members in affirming the gender identity, gender expression, and sexual orientation of their members.

Key aspects of cultural competence within the DD population include (**Butler, McCreedy, Schwer et al., 2016**):

- **Understanding the "disability culture":** Recognizing that people with disabilities have their own culture with specific values, including interdependence, self-advocacy, and the importance of community support systems
- **Person-centered communication:** Using respectful language, avoiding labels and infantilizing speech, and focusing on the individual's strengths and abilities rather than their limitations
- **Family involvement:** Recognizing the central role of family in the lives of individuals with ID and actively engaging them in decision-making and service planning

- **Cultural sensitivity to diverse backgrounds:** Considering how cultural factors like ethnicity, religion, socioeconomic status, and immigration experiences can impact the needs and access to services for individuals with ID
- **Addressing communication barriers:** Utilizing appropriate communication methods based on the individual's abilities, including visual aids, simplified language, or sign language
- **Awareness of cultural practices and beliefs:** Understanding how different cultures may perceive disability and the role of traditional healing practices

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

2.6. Performance Metrics, Standards, and Reporting Requirements

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 term of the contract, 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.

2.7. Compensation/Reimbursement

The BHDD AIP's funding stream will be comprised of operational startup costs through State carry over and reinvestment funding as part of implementing the overall BHDD system of care.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

Applicants will be required to submit an operations budget. This budget must include all start-up and ongoing operating costs for the BHDD AIP, such as staff, administrative costs, ongoing supplies, ongoing building expenses including rent and maintenance, etc. The applicant is to use the budget forms which are linked below in Section 3.1. to develop the budget. The applicant should submit this budget form as an unlocked Microsoft Excel document.

Once members admit to treatment, the payment will be a per diem rate.

2.8. 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

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*

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 eight single-spaced pages, excluding required attachments. Applications should not exceed eight 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

Applicant should provide their address and specify where within their facility the BHDD AIP unit will be located if it's part of an organization with more than one facility. Applicants should also indicate it they are part of a larger medical hospital system. If they are not affiliated with a medical hospital, applicants should indicate which medical facility they have an MOU with and the distance from their facility.

Applicants must provide plans for utilizing their current physical space to develop the specialized BHDD AIP within their current site.

3.2.2.1. Facility

Please refer to Section 1.6. for a list detailed facility requirements:

- **Basic Requirements:** Discuss the ways the eight to ten bed BHDD AIP unit will be incorporated into your organization's existing facility.
- **Safety Requirements:** Please discuss ways your organization will ensure environmental safety.
- **Sensory Room:** Please submit a plan to address how your organization will set up the sensory room including type of sensory items that will be embedded into that room, which will be on the unit itself.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

3.2.3. 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.

3.2.4. 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.

3.2.5. Program Philosophy

Applicants should describe their vision, values, and beliefs that will be evident in the design and implementation of the BHDD AIP unit. The applicant should explain how the values of the **DBHIDS Practice Guidelines for Recovery and Resilience-Oriented Treatment**, and the principles of **Everyday Lives** should inform the development of the service.

Applicants should discuss their commitment and adherence to the System of Care guidelines with an emphasis on trauma, equity, and community.

Applicants should include a description of how person-first (culturally and linguistically competent) and trauma-informed practices and approaches are incorporated into the applicant organization and into the proposed program.

Applicants should include a plan for service implementation by March 2026.

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

3.2.6. Service Requirements

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

- **Experience/Capabilities:** Describe prior experience serving individuals with DD and mental health diagnoses.

3.2.6.1. Program Design

Describe in detail your proposed strategies for delivering BHDD AIP services, including how the program will utilize best practices to achieve the objectives of this RFP. Your response should include how you will ensure access to quality services, enhance the sense of competency and self-efficacy of the individuals and individuals in relying on connected community-based supports to reduce readmissions to the BHDD AIP.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

Please reference **Section 2.3** for service delivery requirements to be detailed in the proposal.

Please describe your organization's plans to incorporate the following services to the BHDD AIP:

- **Whole-Person Care:** Describe ways your organization plans to integrate physical health, DD, and mental health diagnoses into an individualized treatment plan, to achieve whole-person care.
- **Cultural Competence:**
  - Share resources your organization has for working with individuals and/or families whose primary language is not English.
  - Please discuss ways your organization plans to integrate the key aspects of cultural competence within the DD population listed in **Section 2.4.3.**, and a plan for training staff.
- **Assessments:**
  - Share which communication assessments will be used to determine which alternative communication strategies will benefit this population. Share plans for training staff and incorporating the strategies into individual treatment plans.
  - Share which sensory integration assessments will be used to identify individuals' triggers and determine which tools can be used strategies will benefit this population. Share plans for training staff, and how it will be integrated into a treatment plan.
- **Behavioral Interventions & Therapeutic Treatment:**
  - **Evidence-Based Practices (EBPs):** Share which EBP's your organization plans to implement at the BHDD AIP unit. Describe your plan for training staff and integrating the EBP's into treatment.
  - Discuss other therapeutic or behavioral interventions that your organization plans to implement, referring to Section 2.3.3. Discuss your plans for training staff.
- **Medication & Psychiatry:**
  - Please describe strategies for the use of medications to treat symptoms of mental health conditions and related behaviors.
  - Include when you would consider any changes in medications, including discontinuation to determine baseline behavior, efficacy of medication, and the use of polypharmacy.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

- **Medical:**
  - Discuss your organizations plans for an initial medical evaluation, and how this will inform ongoing medical services/interventions. Please refer to Section 2.3.5.
  - Discuss your organization's current preventative services, whether your organization has an existing health prevention program in-place, and the existing plan to follow the prevention program.
- **Nutrition:** Describe your organization's plan for implementing individualized dietary plans, including monitoring nutrition and diet, as referenced in Section 2.3.5.1.
- **Care Coordination:**
  - Describe plans for care coordination between your organization and the BHDD ECLG, CBH Complex Care Team, and IDS and others involved in the individual that will be treated in this level of care.
  - Describe how your organization will form a collaborative relationship with an individual's family and/or identified supports.
  - Lastly, discuss what existing community-based partnerships your organization currently has.

3.2.7. Personnel and Required Training

A stable workforce will be critical to the success of the BHDD AIP. Provide a proposed staffing pattern for services to be provided seven days a week, 24 hours per day. Provide job descriptions for all positions outlining their functions. Provide an organizational chart illustrating the key functional areas, staff roles, and the anticipated number of staff (FTEs) for each position. Applicants should refer to **Section 2.5.1.** for staffing requirements.

- Provide a plan for hiring and training staff, as outlined in Section 2.5.2. for training requirements.
- Applicants must provide their policies concerning the use of physical, mechanical and chemical restraints and seclusion including a description of efforts and strategies to minimize the use of these coercive interventions.
- **Trauma-Informed Care:** Discuss a plan for training staff in Trauma-Informed Care for this population and how it will be integrated into individualized treatment plans.
- **Person-Centered Approach:** Describe a plan for training staff in utilizing a Person-Centered Approach, and how it will be utilized in creating individualized treatment plans.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

3.2.8. 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 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 any potential contract negotiations. In the case of a start-up, provide proof of corporate charter, corporate tax status, and/or individual tax return(s) of principal(s)/owner(s).
- Proof of payment of all required federal, state, and local taxes (including payroll taxes) for the past twelve (12) months
  - If pre-operational, provide proof of deposits to cover initial operations.
- Attestation of the 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.)
    - 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, each applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the applicant agency

3.3. Terms of Contract

The contract entered 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 applicants 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 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 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.

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

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, 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**.

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.

Behavioral Health Developmental Disability (BHDD)
Acute Inpatient Psychiatry (AIP)

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.

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

- **List of Excluded Individuals and Entities (LEIE)**
- **System for Award Management (SAM**; formerly known as Excluded Parties List System (EPLS)
- **Department of Human Services' Medicheck 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 regularly screen its staff, contractors, subcontractors, and vendors for excluded individuals on the three Excluded Individuals and Entities lists.

4. APPLICATION ADMINISTRATION

4.1. Procurement Schedule

RFP Event	Deadline Date
RFP Issued	March 20, 2025
Deadline to Submit Questions	April 9, 2025
Answers to Questions on Website	April 15, 2025

Behavioral Health Developmental Disability (BHDD) Acute Inpatient Psychiatry (AIP)

RFP Event	Deadline Date
Application Submission Deadline	2:00 p.m. ET on April 29, 2025
Applicants Identified for Contract Negotiations	June 5, 2025

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

This RFP is issued on March 20, 2025. To be considered for selection, all applications must be emailed to **cbhclinicalprocurements@phila.gov** no later than 2:00 p.m. on April 29, 2025.

- The email subject line should be marked "BHDD AIP 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 AIP RFP Q&A" no later than April 9, 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 AIP RFP Bidder's Conference** will be hosted via Zoom on April 3, 2025 at 2:00 p.m. Interested parties must register via the link (Passcode: 050236). After registering, you will receive a confirmation email containing information about joining the webinar. Attendance is optional.

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 CBH'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 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 applying 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 in CBH's sole judgment may be rejected.

5.3. Proposal Binding

By signing and submitting their proposal, each applicant agrees that the proposal's contents are available to establish 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 its response to this notice of Request for Proposals as posted on the CBH website, the applicant accepts and agrees to this Reservation of Rights. The term "notice of request for proposals," as used herein, shall mean this RFP and include all information posted on the CBH website about 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 preceding 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 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 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 execute a provider agreement and 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 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 contracted 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 provider agreement or consultant contract execution, and extensions of deadlines for implementation of the proposed project; and

16. to do any preceding 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 define, limit, describe, or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions and are not part of this Reservation of Rights.

5.5. Confidentiality and Public Disclosure

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

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

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

Application information will be confidential and will not be revealed or discussed with competitors. All material submitted during the RFP process becomes CBH's property 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 applicant(s) whose submissions are selected by CBH will be notified in writing as to the selection, and their selection will also be posted on the CBH website. This letter will provide information on any issues within the application that will require further discussion or negotiation with CBH. This letter should not be

considered as a letter of award. A formal letter of award will be forthcoming when the parties have reached a mutual agreement on all issues about the application. Applicants whose submissions are not selected will also be notified in writing by CBH.

5.10. Non-Discrimination

The successful applicant, as a condition of accepting and executing a contract with CBH through this RFP, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that: "The contractor does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap, or disability in providing services, programs, or employment or in its relationship with other contractors."

5.11. Life of Proposals

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