

ASAM 2.1 Intensive Outpatient

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Applications must be received no later than:	2:00 p.m. ET October 23, 2025
Submit all RFP-related questions to:	CBHClinicalProcurements@phila.gov

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

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1. PROJECT OVERVIEW

1.1. Introduction; Statement of Purpose

Community Behavioral Health (CBH), a Behavioral Health Managed Care Organization (BH-MCO) for the Commonwealth of Pennsylvania (PA) Behavioral HealthChoices and Community HealthChoices programs, is seeking providers to deliver American Society of Addiction Medicine (ASAM) 2.1 intensive outpatient (IOP) services in Philadelphia County.

To expand access to services, CBH will award up to three providers to implement ASAM 2.1 level of care (LOC). Providers must be currently licensed by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) as an outpatient program and should have the capacity to serve up to 30 members in the IOP. The treatment site must be located in Philadelphia County. CBH will award contracts based on geographic diversity to ensure adequate coverage for CBH members with preference for providers operating in North, Northwest, South, Southwest and West Philadelphia. Providers who were previously awarded the right to implement ASAM 2.1 services in response to CBH's 2021 request for proposals (RFP) are ineligible to respond to this 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 City of Philadelphia, through the Department of Behavioral Health and Intellectual Disability Services (DBHIDS), contracts with CBH to administer the HealthChoices program.

DBHIDS has a long history of supporting innovative services in Philadelphia for individuals in recovery, family members, providers, and communities; the Philadelphia behavioral health system is recognized nationally and internationally for innovation in delivering behavioral health care services in the public sector. DBHIDS envisions a Philadelphia where everyone can achieve health, well-being, and self-determination.

The mission of DBHIDS is to educate, strengthen, and serve individuals and the community so that all Philadelphians can thrive. This mission is accomplished using a population health approach with an emphasis on recovery, resilience-focused behavioral health services, and self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to individuals and their families dealing with intellectual disabilities, mental health issues, or substance use disorder (SUD) to ensure they receive high-quality services that are accessible, effective, and appropriate.

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

CBH manages a full continuum of medically necessary and clinically appropriate behavioral health care services for the City's approximately 788,850 Medicaid recipients under PA's HealthChoices program. Approximately 67% (n=529,600) of Philadelphia's Medicaid-eligible individuals are adults who are 18 years of age and older. The mission of CBH is to meet the diverse behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high-performing, efficient, and nimble organization driven by quality, performance, and outcomes. CBH consistently promotes its mission as a diverse, innovative, and vibrant organization empowered to support wellness, resiliency, and recovery for all Philadelphians.

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. The 2.1 Intensive Outpatient service must be developed in a manner that reflects the Philadelphia system emphasis on recovery transformation, total population health and the DBHIDS organizing framework of Trauma, Equity, and Community (TEC)—addressing trauma and the social determinants of health (SDOH) along with the multilayered traumas individuals experience, achieving equity at the individual and community level, and engaging communities through inclusion while tapping into the wisdom of our communities. This holistic approach to treatment supports five wellness dimensions and symptom-management, addresses the SDOH and mental health, and empowers individuals to achieve successful community tenure. The Philadelphia system's population health approach adopts those services that are provided in a manner which is also consistent with the system transformation of behavioral health services.

1.3. Project Background and Objectives

The overdose crisis continues to impact Pennsylvanians statewide. However, according to the [Pennsylvania Department of Public Health](#), the number of overdose deaths and types of substances contributing to the death varies by county and geographic region. In PA, Philadelphia County recorded the highest overdose death rate in 2023 with 1315 deaths. The 19134 ZIP code, encompassing Kensington and surrounding neighborhoods, experienced the highest number of overdose fatalities in Philadelphia in recent years. In 2022, 193 overdose deaths occurred in this ZIP code, reflecting a 14% increase from the previous year ([Philadelphia Department of Public Health](#)).

Similar to how the opioid epidemic has had a greater impact on certain neighborhoods throughout Philadelphia, the overdose deaths have also disproportionately affected different ethnic groups throughout the city. From 2018-2022, there was an 87% increase of fatal overdoses among non-Hispanic Black

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individuals and a 43% increase among Hispanic individuals. By contrast, the number of fatal overdoses of non-Hispanic White individuals decreased by 12% during this period.

Several factors are contributing to the overdose crisis in Philadelphia, including the presence of fentanyl and stimulants in the illicit drug supply as well as the risk of fatal overdoses due to contamination and mixing of substances. Recent analyses by the Center for Forensic Science Research and Education (CFSRE) found that Philadelphia's heroin supply is widely contaminated with fentanyl and xylazine. In a 2023 study, CFSRE tested 344 drug samples and confirmed that a significant portion contained these dangerous additives. In the early 2020's, xylazine had been found in 30-40% of Philadelphia's illicit fentanyl supply, but in the past year, this has dropped off, and more recently, medetomidine has been found in 70-80% of Philadelphia's illicit fentanyl supply. These substances are posing a new threat as they require an increased need for more intensive medical treatment and further complicate withdrawal ([Philadelphia Department of Public Health](#)), and underscore that the changing nature of the drug supply is a key factor with which treatment providers must contend and remain educated.

Understanding evolving trends in overdose fatalities is pertinent to the development of culturally responsive resources, harm reduction materials, and public health initiatives that are necessary to prevent overdose deaths from occurring ([United States Drug Enforcement Administration](#)). Prevention efforts and harm reduction strategies are crucial in improving community safety and access to effective treatment. CBH continues to be responsive to the needs of Philadelphians by ensuring access to a continuum of substance abuse services based on individual member need. With the goal of supporting individuals in their communities as well as successful reintegration upon returning from inpatient or residential treatment, CBH is looking to expand their network of ASAM IOP providers.

ASAM 2.1 involves structured, non-residential treatment services, typically including a combination of individual and group counseling, psychoeducation, and other therapies, delivered at a level of intensity in outpatient care. Treatment may include individual, group therapy, mental health, and SUD education, along with medication management. Family therapy, occupational therapy, recreational therapy, and recovery support services may also be provided. The program of services consists primarily of counseling and education about addiction-related and mental health problems.

1.4. Applicant Eligibility; Threshold Requirements

To be eligible to apply for this RFP, applicants must be currently licensed through DDAP as an outpatient provider under [28 Pa. Code § 709](#) and [55 Pa. Code § 1101](#).

In network and out of network providers are eligible to apply; providers who were previously awarded the right to implement ASAM 2.1 services in response to CBH's 2021 ASAM 2.1 RFP are ineligible to respond to this RFP. The IOP must be located in Philadelphia County and applicants must provide proof that the program will be directly staffed with a physician.

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The awarded applicant(s) are expected to begin providing ASAM 2.1 services to CBH members by March 31, 2026. CBH is entitled to rescind the right to negotiate if there are delays with service implementation.

1.5. General Disclaimer

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

1.6. Site Location

This RFP requires providers to be located in Philadelphia County. CBH will award contracts based on geographic diversity to ensure adequate coverage for CBH members. Preference will be given to providers operating in North, Northwest, South, Southwest and West Philadelphia (see chart below) with consideration for providers accessible via public transportation.

Region	Zip Codes
North and Northwest Philadelphia	19118, 19128, 19150, 19119, 19138, 19144, 19129, 19138, 19144, 19129, 19126, 19141, 19140, 19127, 19160, 19132
South, Southwest, and West Philadelphia	19131, 19139, 19142, 19104, 19151, 19153, 19143, 19145, 19147, 19146, 19148

Applicants must be able to provide proof of their site control within Philadelphia County at the time of their proposal. This can be in the form of an active lease or rental agreement. As a part of the proposal, please include an active lease or rental agreement clearly showing the location of the site for this program. The physical plant must align with core values and requirements of the [DBHIDS Practice Guidelines](#).

2. SCOPE OF WORK

2.1. Overview of Services

ASAM 2.1 is an acute, clinically intensive service that provides comprehensive, structured, and integrated treatment services for patients. Individuals receiving these services may present with complex co-occurring mental health and medical conditions, which are better met by an integrated service model, including clinical and medical staffing. IOP for adults is 9 to 19 hours of structured, professionally directed programming per week. Programs primarily provide counseling and education about addiction-related and mental health concerns. Structured programming consists of psychotherapy focused on addiction-related and mental health

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challenges. Consultation and referral arrangements for an individual's psychiatric and medical needs are provided through maintenance monitoring if the individual is stable. Emergency and crisis services are available by phone 24 hours a day, 7 days a week to assist in crisis stabilization and maintaining individuals at this LOC.

ASAM 2.1 treatment provides maximum flexibility to meet the individualized needs of members at different stages of SUDs. These services may be appropriate as the initial treatment intervention for members whose severity of illness and level of functioning warrants this intensity and who may be appropriately managed within the community. Additionally, IOP is often utilized as a discharge resource for members who are stepping down from more intensive levels of care. ASAM 2.1 LOC may be used for members who have achieved stability in recovery but require ongoing monitoring and disease management. Individuals receiving ASAM 2.1 services meet the criteria for a substance use, substance-induced, and/or other addictive disorder as defined in the current [*Diagnostic and Statistical Manual of Mental Disorders* \(DSM-5-TR\)](#).

2.2. Service Delivery

The awarded provider's treatment must align with DDAP regulations and [*The ASAM Criteria, 3rd Edition*](#) guidelines, emphasizing whole-person care instead of only the SUD. Treatment should be individualized to address the member's strengths, needs, obstacles, and support structure. Different combinations of therapy may be utilized to meet the individuals' needs.

Applicants are expected to include the following components in their proposed ASAM 2.1 program:

- ➔ Psychiatric consultation available 24/7 by phone and available in person within 72 hours
- ➔ Medical consultation available 24/7 by phone and available in person within 72 hours
- ➔ Capacity to consult with an addiction specialty psychiatrist

Training

- ➔ Co-occurring capability

Clinical

- ➔ 9-19 clinical contact hours per week (skilled treatment services, see ASAM text page 199)
- ➔ Motivational interviewing
- ➔ Planned format of therapies, including individual and group therapy
- ➔ Family therapy

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- ➔ Motivational enhancement and engagement strategies

ASAM 2.1 services are intended to be clinically rigorous, intensive, and acute services for members struggling with substance use who require clinically intense and highly structured treatment aimed at the recovery from substances.

The awarded providers must serve individuals of all ages and genders, with no one turned away, regardless of type or degree of need, acuity, challenges, or insurance status. Providers must be ADA-accessible, complying with regulations and standards under the [American Disabilities Act 2010 Standards](#). Providers must accept members who are HIV+. Providers should also indicate if specialized programming is available to support any specific populations (i.e., LGBTQIA+ members, young adults, older adults, veterans, parents).

2.2.1. Co-Occurring Treatment

All programs must have co-occurring capabilities, and all clinical staff must be trained to understand and respond to co-occurring mental health disorders. Providers must be able to assess and recognize the members' co-occurring disorders and accommodate such mental illness into the members' SUD treatment within their programs. Providers should be able to offer referrals to and coordinate with outside practitioners when mental health needs exceed the capabilities of the IOP. Other characteristics of such programs include:

- ➔ Arrangements in place for coordination and collaboration between SUD and mental health services
- ➔ Addresses medication monitoring, addiction, and psychological assessment and consultation, either on-site or through coordinated care with off-site providers
- ➔ Staff trained to address the interaction between mental health and SUD including the impact on the member's readiness to change, as well as relapse and recovery environment issues—through individual and group program content

2.2.2. Co-Occurring Enhanced Treatment

Co-occurring enhanced providers have policies and procedures for assessment, treatment planning, program content, and discharge planning that address co-occurring mental health and substance use symptoms and disorders. Comprehensive treatment is provided, including psychiatric services appropriate to the patient's mental health needs. Psychiatric service may be offered on-site, via telehealth or closely coordinated off-site, within a shorter time than in a co-occurring capable program. At a minimum, providers should have the capacity to consult with an addiction psychiatrist. Co-occurring enhanced programs provide concurrent and integrated treatment that includes intensive case management, assertive community treatment, medication management, and psychotherapy.

Co-occurring enhanced providers offer comprehensive treatment for the members' co-occurring substance use and mental health treatment needs. Other characteristics of such programs include:

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- ➔ Licensed and staffed as required in their respective mental health or substance use regulations
- ➔ Addresses all co-occurring enhanced sections in *The ASAM Criteria, 3rd Edition* specific to the program's LOC
- ➔ Incorporates policies, procedures, assessments, treatment, and discharge planning processes that accommodate patients who have both unstable co-occurring mental and SUDs
- ➔ Addresses all co-occurring capable characteristics outlined in *The ASAM Criteria, 3rd Edition*
- ➔ Aligns with *The ASAM Criteria, 3rd Edition* at their corresponding LOC
- ➔ Incorporates mental health symptoms management groups into addiction treatment and vice versa
- ➔ Motivational enhancement therapies specifically designed for those with co-occurring mental and SUDs are available
- ➔ Close collaboration or integration between addiction and mental health services that provide crisis backup services and access to addiction and mental health case management and continuing care

2.2.3. Individualized Treatment

Treatment is person-centered and collaborative, designed to meet the individual needs and preferences. Applicants are expected to describe the plan to ensure all treatment is specific to the member, including utilizing quality of life measures and social determinants of health assessments to inform individualized care plans for each member throughout their treatment.

An individualized treatment plan should reflect the member's progress in treatment. Various treatment interventions may optimize the response to treatment. Motivational enhancement and engagement strategies are preferred to confrontational therapies and should take into consideration the member's current stage of change.

Treatment should also routinely address mental health conditions and provide integrated clinical services. This may include referrals to more intensive mental health treatment or prescribing and monitoring psychotropic medications when the need arises

2.2.4. Treatment Programming

ASAM 2.1 may include individual and group counseling, family therapy, motivational enhancement, educational groups, occupational and recreational therapy, psychotherapy, addiction pharmacotherapy, or other therapies. Treatment amount, frequency, and intensity should be individualized based on the member's multidimensional severity and level of functioning.

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Medication-assisted treatment (MAT) should be offered. While ancillary therapeutic services are still an important aspect of the ASAM 2.1 LOC, most services provided are clinically intensive and delivered by professional staff.

2.2.5. Evidence-Based Practices

DBHIDS has a strong focus on the use of evidence-based practices (EBPs) for all LOCs throughout its provider network. The services procured through this RFP must implement evidence-based and empirically supported approaches to treatment. Training, supervision, and quality assurance strategies to monitor fidelity and track outcomes should be described to ensure the EBP is being implemented and sustained, and its effectiveness regularly measured. Applicants may be expected to meet the standards of the [EPIC EBP Program Designation](#) for the main EBPs that are being implemented in the program.

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

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

Applicants should describe any additional EBPs besides motivational interviewing and cognitive behavioral therapy that they will include in the program, along with supporting literature and/or data to show the EBP’s relevance to the target population. For each EBP identified in the proposal, the Applicant is expected to provide the following information:

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

When providing an EBP, clinicians and supervisors must receive expert training and consultation consistent with training expectations or standards set by the EBP developer or official EBP training or certification entity.

2.2.6. Utilization Management

ASAM 2.1 services are managed by CBH. Providers will need to call CBH within 24 hours of the individual’s presentation for treatment to provide the ASAM assessment and request authorization. ASAM 2.1 may be

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subject to denial by a physician advisor in cases where the presentation does not meet medical necessity criteria as defined by ASAM admission criteria. Continued stay reviews occur every 30 days and require review by a physician advisor to approve ongoing treatment. Discharge reviews should be completed in a timely manner consistent with CBH's utilization management protocols.

CBH has developed [Clinical Practice Guidelines](#) to outline best practices for treating specific disorders or certain populations. Providers should reference guidelines for the treatment of members with OUD, AUD, and may find other guidelines around prescribing medications.

2.3. Personnel and Required Training

2.3.1. Required Personnel

ASAM 2.1 programs are staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals, including addiction counselors, psychologists, social workers, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders

As outlined by [28 Pa. Code §704. Staffing Requirements for Drug and Alcohol Treatment Activities](#), drug and alcohol treatment programs must have a full-time clinical supervisor for every eight full-time counselors or three counselor assistants, or both ([28 Pa. Code § 704.6\(a\)](#)). The recommendation is a 1:15 ratio for staff to consumers. This recommendation is based on *The ASAM Criteria, 3rd Edition* for the amount of service hours per week in IOP (9-19 hours).

DDAP sets specific qualifications for counselors, with current requirements outlined through [DDAP Act 66 of 2023](#) to evaluate staffing compliance. Act 66 provides SUD treatment facilities with regulatory flexibility in staffing ratios and qualifications and supervision provisions during an opioid epidemic.

The project director and the facility director shall meet one of the following qualifications:

- **Facility Director:** Per [28 Pa. Code § 704.5\(a\)](#), responsible for the overall management of all staff, and each drug and alcohol treatment facility; must meet one of the following requirements:
 - » A master's degree or above from an accredited college with a major in medicine, chemical dependency, psychology, social work, counseling, nursing (with a specialty in nursing/health administration, nursing/counseling education or a clinical specialty in the human services), public administration, business management or other related field and two years of experience in a human service agency, preferably in a drug and alcohol setting, which includes supervision of others, direct service and program planning
 - » A bachelor's degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a specialty in nursing/health administration, nursing/counseling education or a clinical specialty in the human services), public administration, business management or other related field and three

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years of experience in a human service agency, preferably in a drug and alcohol setting, which includes supervision of others, direct service and program planning

- ➔ **Clinical Supervisor:** Per [28 Pa. Code § 704.6\(b\)](#), shall meet educational and certification requirements outlined in the PA Codes, including meeting at least one of the following qualifications:
 - » A master's degree or above from an accredited college with a major in medicine, chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in administration or the human services) or other related field and two years of clinical experience in a health or human service agency which includes one year of working directly with the chemically dependent
 - » A bachelor's degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in administration or the human services) or other related field and three years of clinical experience in a health or human service agency which includes one year of working directly with the chemically dependent person
 - » An associate degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in administration or the human services) or other related field and four years of clinical experience in a health or human service agency which includes one year of working directly with the chemically dependent person
 - » Full certification as an addictions counselor by a statewide certification body which is a member of a national certification body or certification by another state government's substance abuse counseling certification board and three years of clinical experience in a health or human service agency which includes one year of working directly with the chemically dependent person; the individual shall also complete a department-approved core curriculum training which includes a component on clinical supervision skills
 - » Per [28 Pa. Code § 704.5\(b\)\(2\)](#), If the Facility Director does NOT meet counselor qualifications, and there are less than eight counselors employed, a lead counselor or part-time Clinical Supervisor must be appointed.
- ➔ **Counselor:** Per [28 Pa. Code § 704.7\(b\)](#), shall meet one of the following requirements as outlined below but may also use for updated staffing requirements to meet immediate needs:
 - » Current licensure in PA as a physician
 - » A master's degree or above from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the

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human services) or other related field which includes a practicum in a health or human service agency, preferably in a drug and alcohol setting

- If the practicum did not take place in a drug and alcohol setting, the individual's written training plan shall specifically address a plan to achieve counseling competency in chemical dependency issues.
 - » A bachelor's degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field and one year of clinical experience (a minimum of 1,820 hours) in a health or human service agency, preferably in a drug and alcohol setting
 - If a person's experience did not take place in a drug and alcohol setting, the individual's written training plan shall specifically address a plan to achieve counseling competency in chemical dependency issues.
 - » An associate degree from an accredited college with a major in chemical dependency, psychology, social work, counseling, nursing (with a clinical specialty in the human services) or other related field and two years of clinical experience (a minimum of 3,640 hours) in a health or human service agency, preferably in a drug and alcohol setting. If a person's experience was not in a drug and alcohol setting, the individual's written training plan shall specifically address a plan to achieve counseling competency in chemical dependency issues.
 - » Current licensure in PA as a registered nurse and a degree from an accredited school of nursing and one year of counseling experience (a minimum of 1,820 hours) in a health or human service agency, preferably in a drug and alcohol setting
 - If a person's experience was not in a drug and alcohol setting, the individual's written training plan shall specifically address a plan to achieve counseling competency in chemical dependency issues.
 - » Full certification as an addiction counselor by a statewide certification body which is a member of a national certification body or certification by another state government's substance abuse counseling certification board
- ➔ **Counselor Assistant:** Per [28 Pa. Code § 704.8\(a\)](#), an individual who does not meet the educational and experience requirements for the Counselor position may be hired as a Counselor Assistant if one of the following educational requirements are met:
- » A master's degree in a human service area
 - » A bachelor's degree in a human service area

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- » Licensure in PA as a registered nurse
 - » An associate degree in a human service area
 - » A high school diploma or general education development (GED) equivalent
 - » The Counselor Assistant must be supervised by either the Clinical Supervisor or a Counselor who meets requirements in 28 Pa. Codes § [704.6](#) and [704.7](#).
- ➔ **Addiction Psychiatrist:** For ASAM 2.1, an Addiction Psychiatrist is required to assess and treat co-occurring mental disorders. This could be provided by an [Addiction Psychiatrist](#) or pairing an Addiction-Specialized Physician with a General Psychiatrist.

2.3.2. Training

All staff must be trained in:

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

Clinical staff must be trained in:

- ➔ Consultation and supervision in the use of the EBP
- ➔ *The ASAM Criteria, 3rd Edition*
- ➔ Co-occurring disorders
- ➔ Structured tools and other quality measures as applicable
- ➔ Motivational interviewing, motivational enhancement or other evidence-based practice (EBP)
- ➔ Mental health first aid
- ➔ Trauma-informed care
- ➔ Treatment approaches related to grief
- ➔ Safety planning intervention
- ➔ Topics relevant to trends and population (monthly or quarterly)

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- ➔ The effectiveness of MAT

Applicants should include a clear training plan for all staff that includes, at minimum, the items listed above, as well as those listed in the [CBH Manual for Review of Provider Personnel Files](#) (MRPPF).

In an effort to reduce barriers to access, Applicants should include policies and procedures around induction on medication for opioid use disorder (MOUD). Applicants should also include policies and procedures explaining the admission and assessment process.

2.3.3. Supervision

[Substance Use and Health Services Administration \(SAMHSA\)](#) emphasizes the importance of the therapeutic alliance when supervising staff. Supervision of staff should be consistent, prioritized, and documented. Supervision is a method of supporting staff, which increases confidence in clinical ability, creates awareness of clinical limitations, and ensures that staff are not providing therapy for which they have not been properly trained. Strong supervision practices can help boost the morale of staff, potentially decreasing turnover of staff.

When providing an EBP, staff should follow supervision standards and expectations set by that EBP. Supervision is a regular, structured time dedicated to clinical (not administrative) supervision of the EBP model. Clinical EBP supervision can be incorporated into existing supervision structure or can be a dedicated time specific to supervision of the EBP. Applicants should include a clear supervision plan for all staff, considering any EBPs the Applicant plans to implement in the program. At minimum, the supervision plan should include requirements outlined in the MRPPF.

2.4. Language and Culture

Applicants should develop plans to ensure that the proposed sites welcome members from diverse cultures and have the resources to work with individuals and families who speak languages other than English. The applicant's description of plans for working with persons from diverse cultures should include information on service strategies and resources to respond to the cultural needs and preferences of persons who live in Philadelphia.

In addition to linguistic competence, applicants must consider how ASAM 2.1 services will ensure cultural awareness and sensitivity to the populations the program expects to serve. Applicants must present accurate and current information to show that this program's language and culture plan reflects the population served. It is expected that members served will comprise varying racial and socioeconomic backgrounds, and staff must be culturally and linguistically competent, including experience working with members with diverse backgrounds, identities, and related needs.

Providers must be prepared to treat and support members whose treatment needs are heavily impacted and informed by social determinants and risk factors, including health complications, substance use challenges, poverty, histories of homelessness, unstable or inadequate housing, and violence in their communities.

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Programs should also be affirming of LGBTQIA+ populations, with an ability to sensitively support members in affirming their gender identities, gender expressions, sexual orientations, and relay this information to clinical management in the utilization review process.

2.5. Timetable

Services requested through this RFP are expected to be fully operational by **March 31, 2026**. CBH reserves the right to terminate contracts with awarded applicants who are unable to implement services by this date.

2.6. Monitoring

2.6.1. Program Monitoring

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

2.6.2. Continuous Quality Monitoring

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

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

2.7. Performance Metrics, Standards, and Reporting Requirements

The selected applicant(s) must comply with CBH's evaluations, credentialing, compliance, and future performance standards and reporting requirements during the term of the contract. Reporting requirements

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may be modified prior to or during the contract award period. The applicant will be expected to have a compliance plan along with all other required documents for CBH initial credentialing.

2.8. Compensation/Reimbursement

ASAM 2.1 IOP is billed with an all-inclusive, fee-for-service rate in 15-minute units. Services must be documented in progress notes. ASAM 2.1 IOP requires a minimum of nine hours per week and a maximum of 19 hours per week of qualifying services.

Billable services may include:

- ➔ Individual Therapy
- ➔ Group Therapy
- ➔ Medication Management
- ➔ Family Therapy
- ➔ Educational Groups
- ➔ Occupational and Recreational Therapy
- ➔ Other Therapies (e.g., art and movement therapy)

2.9. Documentation Requirements

Documentation standards for ASAM 2.1 IOP include individualized progress notes in the Member's chart that clearly reflect each service provided. Providers must adhere to all federal, state, and CBH requirements related to the documentation of services provided. Progress notes should be timely, complete, and accurate, in accordance with established agency policies and procedures. Specific ASAM 2.1 IOP documentation guidelines will include a multi-dimensional assessment that needs to be completed along with individualized treatment plans, physical & UDS.

2.10. Technological Capabilities

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

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

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 Vendor Procurement Terms and Conditions/Acknowledgement 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 one inch. For each section where it is required, the applicant must fully answer all the listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal being considered non-responsive. Each attachment, appendix, or addendum must reference the corresponding section or subsection number. Applicants are required to limit their general narrative description to eight single-spaced pages, excluding required attachments. As a general instruction, if you have responded to a requirement in another part of your proposal, refer to that section and do not repeat your response. Applicants whose narrative exceeds the page limit may have their proposals considered non-responsive and disqualified.

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3.2. Proposal Content

3.2.1. Introduction; Executive Summary

Provide a brief overview of your organization (not to exceed one page), including a general description of your understanding of the scope of the proposed project. Share your organization's continuum of services, emphasizing service delivery for individuals with an SUD diagnosis. Describe how your organization plans to expand your current continuum of services to include IOP services. Indicate how you will support the timeframe for service implementation.

3.2.2. Licensure and Location

Applicants should indicate their licensure status through DDAP.

Applicants should provide the address of the facility where the ASAM 2.1 services will be provided. Applicants must be able to provide proof of their site control within Philadelphia County at the time of their proposal. This can be in the form of an active lease or rental agreement.

To help ensure access to members, applicants should include the days and hours of operation as well as any nearby public transportation (including specific bus routes, subway lines, regional rail lines, etc).

3.2.3. Corporate Status

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

3.2.4. 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. Service Requirements

The following information should be included in the applicants' proposals:

- ➔ Describe how the program ensures all treatment is individualized to the member's needs.
- ➔ Describe how the program ensures a safe and supportive environment for recovery.
- ➔ Describe your organization's ability to treat and support individuals with co-occurring mental health disorders.

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- ➔ Describe your organization plans to provide psychiatric and medical consultation.
- ➔ Describe the assessment process for being referred to other behavioral health services.
- ➔ Share MAT options for opioid use disorder as well as other SUDs that will be provided to members. Provide a plan that involves education about these treatment options.
- ➔ Share what EBP's will be utilized as part of your organization's program. Include a plan to support staff training and supervision, if applicable
- ➔ Describe plans and service strategies for working with diverse cultures, including resources responsive to the cultural needs and preferences of members.
- ➔ Describe any specialized programming that will be provided to support any specific populations (i.e. LGBTQIA+ members, young adults, older adults, veterans, parents).
- ➔ Share what social determinants of health assessments will be administered in the program. Include the types of referrals and/or linkages to additional community-based resources will be made for individuals receiving ASAM 2.1 services.
- ➔ Describe plans for training your staff in ASAM Criteria 3rd edition and treatment provisions, including completion of ASAM LOC assessments to determine medical necessity criteria.

3.2.6. Policies and Procedures

- ➔ Applicants should provide policies and procedures explaining the admission and ASAM assessment process.
- ➔ Applicants should include policies and procedures around induction on MOUD and other types of MAT.

3.2.7. Operational Documentation and Requirements

Applicants must demonstrate the financial capability and fiscal solvency to do the work described in this RFP and as described in their proposal. Applicants must also have financial viability and be able to meet ongoing financial obligations including operating costs of current programs while developing and implementing ASAM 2.1. CBH will perform a financial review to confirm there are no major concerns (including but not limited to previously receiving cash advances or loans from CBH, limited accessible funds or current tax liens) that may impact the sustainability of the program.

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:

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- ➔ Tax Identification Number
- ➔ An overview of your agency's financial status, including a certified corporate audit report (with management letter where applicable)
 - » If this is not available, please explain and submit a review report by a CPA firm. If neither a certified corporate audit report nor a review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note that the most recent report must be submitted prior to any potential contract negotiations. In the case of a startup with no financial activity, please provide a business plan, including a three-year financial projection of cash flow, income statement, and balance sheet.
- ➔ Federal income tax returns for for-profit agencies, or IRS Form 990 (Return of Organization Exempt from Income Tax) for non-profit agencies
 - » Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year. Please note that the most recent tax return must be submitted prior to any potential contract negotiations. In the case of a startup, provide proof of corporate charter, corporate tax status, and individual tax return(s) of principal(s)/owner(s).
- ➔ Proof of payment for all required federal, state, and local taxes (including payroll taxes) for the past 12 months
 - » If pre-operational, provide proof of deposits to cover initial operations.
- ➔ Proof of an adequate line of credit demonstrating funds available to meet operating needs (If not available, please explain.)
- ➔ Disclosure of any bankruptcy filings or liens placed on your agency over the past five years
 - » Please include explanations. If your agency has not been subject to bankruptcy filings or liens over the past five years, please include an attestation signed by either your chief executive officer or chief financial officer indicating this.
- ➔ 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.

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- » The insurance certificate must include the following coverage:
 - General liability with a minimum of \$2,000,000 aggregate and a minimum of \$2,000,000 per occurrence
 - Professional liability with a minimum of \$1,000,000 aggregate and a minimum of \$3,000,000 per occurrence (Professional liability policy may be per occurrence or claims made; if claims made, a two-year tail is required.)
 - Automobile liability with a minimum combined single limit of \$1,000,000
 - Workers' compensation/employer liability with a \$100,000 per accident, \$100,000 disease-per-employee, and \$500,000 disease policy limit
- » CBH, the City of Philadelphia, and the Commonwealth of Pennsylvania Department of Public Welfare must be named as additional insured with respect to your general liability policy. The certificate holder must be CBH.
- » Applicants who have passed all threshold review items and are recommended by the review committee to be considered for contract negotiations for this RFP will be required to provide a statement from an independent CPA attesting to the applicant agency's financial solvency.

3.3. Terms of Contract

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

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

3.4. Health Insurance Portability and Accountability Act (HIPAA)

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

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be required to comply with CBH confidentiality standards identified in any contractual agreement between the selected applicant(s) and CBH.

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

CBH is a city-related agency, and as such, its contracted providers must cooperate with the local municipality's intent regarding M/W/DSBEs. CBH expects the selected applicant(s) to employ a "Best and Good Faith Efforts" approach to include certified M/W/DSBEs in the services provided through this RFP where applicable and meet the intent of M/W/DSBE legislation.

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

- For-profit applicants should indicate if their organization is a M/W/DSBE certified by an approved certifying agency or identified in the [City of Philadelphia Office of Economic Opportunity \(OEO\)](#) certification registry. If the applicant is M/W/DSBE-certified, a copy of the certification should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.
- Not-for-profit applicants cannot be formally M/W/DSBE-certified. CBH does utilize adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):
 - » At least 51% of the board of directors must be qualified minorities, women, or disabled persons.
 - » A woman, minority, or disabled person must hold the highest position in the company.
 - » 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.

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

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

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

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

Applicants need not have a City of Philadelphia Business Privilege Tax Account Number and Business Privilege License Number to respond to this RFP but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by this RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made through the [City of Philadelphia Business Services webpage](#). Call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia Business Privilege Tax Account Numbers or the Department of Licenses and Inspections at 215-686-2490 for questions related to a Business Privilege License.

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

Applicants are advised that any contract awarded pursuant to this RFP is a "Service Contract," and the selected applicant(s) under such contract is a "Service Contractor," as those terms are defined in Chapter 17-1300 of the Philadelphia Code, or [Philadelphia 21st Century Minimum Wage and Benefits Standard Ordinance](#). Any Subcontractor and any sub-subcontractor at any tier proposed to perform services sought by this RFP is also a "Service Contractor" for Chapter 17-1300 purposes. If any such Service Contractor (i.e.,

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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 actually be available, or that the selected applicant(s) does not provide employment benefits to the spouses of married employees. The selected applicant’s failure to comply with these provisions or any discrimination or retaliation by the selected applicant(s) against any employee on

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account of having claimed a violation of Chapter 17-1900 shall be in material breach of the Service Contract resulting from this RFP. Further information concerning the applicability of the Equal Benefits Ordinance and the obligations it imposes on certain city contractors is contained in the wage and equal benefits ordinances on [eContract Philly](#).

3.9. 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

An application review committee will review all responses to this RFP. Based on the criteria detailed below, the committee will make recommendations concerning the submissions that best meet the RFP's goals.

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

3.12. Threshold Requirements

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

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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: recredentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed, taken into consideration, and discussed with the PA Department of Human Services.

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

- ➔ [List of Excluded Individuals and Entities \(LEIE\)](#)
- ➔ [System for Award Management \(SAM\) \(formerly EPLS\)](#)
- ➔ [Department of Human Services' Medichex List](#)

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

4. APPLICATION ADMINISTRATION

4.1. Procurement Schedule

RFP Event	Deadline Date
RFP Issued	September 16, 2025
Deadline to Submit Questions	October 2, 2025
Answers to Questions on Website	October 9, 2025
Application Submission Deadline	2:00 p.m. ET on October 23, 2025
Applicants Identified for Contract Negotiations	December 2, 2025

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

This RFP is being issued on September 16, 2025. To be considered for selection, all applications must be emailed to CBHClinicalProcurements@phila.gov no later than 2:00 p.m. on October 23, 2025.

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- ➔ Email subject line should be marked “ASAM 2.1 Intensive Outpatient 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.

All questions concerning this RFP must be submitted via email to the Provider Network Development Team at CBH at CBHClinicalProcurements@phila.gov. Questions should have the subject line “ASAM 2.1 IOP RFP Questions.” Only requests submitted by October 2, 2025, will be addressed in the FAQ. Questions submitted after the deadline date may result in no response. CBH will respond to questions it considers appropriate to the RFP and of interest to all applicants, but reserves the right, at its discretion, not to respond to any question. Responses will be posted on the CBH Clinical Procurements page. Posted responses become part of the RFP upon posting. CBH reserves the right, at its discretion, to revise responses to questions after posting by posting a modified response. No oral response to any applicant question by any DBHIDS or CBH employee or agent shall be binding to CBH or in any way considered to be a commitment by CBH.

4.1.1. Bidder's Conference

The ASAM 2.1 Intensive Outpatient RFP **Bidder's Conference** will be hosted via Microsoft Teams on September 25, 2025 at 1 p.m. Interested parties should register via the link. After registering, you will receive a confirmation email containing information about joining the webinar. Attendance is optional, and the Bidder's Conference will be recorded and available for viewing for anyone unable to attend.

4.2. Interviews/Presentations

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

4.3. Terms of Contract

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

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5. GENERAL RULES GOVERNING RFPs, RESERVATION OF RIGHTS, CONFIDENTIALITY, AND PUBLIC DISCLOSURE

5.1. Revisions to RFP

CBH reserves the right to change, modify, or revise the RFP at any time. Any revision to this RFP will be posted on the [CBH Clinical Procurements](#) page with the original RFP. The applicant must check the website frequently to determine whether additional information has been released or requested.

5.2. City/CBH Employee Conflict Provision

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

5.3. Proposal Binding

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

5.4. Reservation of Rights

By submitting responses to this notice of request for proposals as posted on the CBH website, applicants accept and agree to this Reservation of Rights. The term "notice of request for proposals," as used herein, shall mean this RFP and include all information posted on the CBH website in relation to this RFP. Services must be implemented by March 31, 2026, and CBH is entitled to rescind the right to negotiate if there are delays with service implementation.

5.4.1. Notice of RFP

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

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1. to reject any and all applications and to reissue this RFP at any time;
2. to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
3. to issue a new RFP with terms and conditions that are the same or similar as those set forth in this or a previous RFP in order to obtain additional applications or for any other reason CBH determines to be in its best interests;
4. to extend this RFP in order to allow for time to obtain additional applications prior to the RFP application deadline or for any other reason CBH determines to be in its best interests;
5. to supplement, amend, substitute, or otherwise modify this RFP at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more applicants;
6. to cancel this RFP at any time prior to the execution of a final provider agreement, whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, at CBH's sole discretion, a new RFP for the same or similar services;
7. to do any of the foregoing without notice to applicants or others, except such notice as CBH, at its sole discretion, elects to post on the CBH website; and
8. to terminate the contract if the providers are taking longer to implement the services needed by March 31, 2026.

5.4.2. Proposal Selection and Contract Negotiation

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

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

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

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

5.4.3. Miscellaneous

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

5.5. Confidentiality and Public Disclosure

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

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

5.6. Incurring Costs

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

5.7. Primary Contractor Responsibility

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

5.8. Disclosure of Proposal Contents

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

5.9. Selection/Rejection Procedures

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

5.10. Non-Discrimination

The selected applicant(s), as a condition of accepting and executing a contract with CBH through this RFP, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that: "The contractor does not and will not discriminate against any person because of

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race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap, or disability in providing services, programs, or employment or in its relationship with other contractors.

5.11. Life of Proposals

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