

Q&A TOPICS

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Q&A Amendment: Procurement Awarding Process

1. Why are the parameters of the RFP changing?

Due to the high volume of proposals received, CBH has refined the RFP parameters to limit the number of providers and sites to protect clinical quality and ensure fiscal responsibility. This approach allows CBH to provide more intensive implementation support to selected providers, promote timely service launch, and maintain strong oversight of adherence to Clinical Performance Standards through Performance Evaluation monitoring. Long-term program sustainability and financial accountability were key considerations in this decision.

2. Why are only a maximum of two sites per provider being awarded?

CBH currently maintains a large network of IBHS-ABA providers. Past experience has shown that rapid expansion or implementation of new services can strain provider operations. Limiting awards to a maximum of two sites per provider supports successful implementation, safeguards clinical quality, and promotes operational stability and long-term sustainability.

3. How did CBH determine the number of sites per region that will be awarded?

CBH reviewed current CBH eligible member ZIP code concentration data as well as currently operating ABA-EC pilot program locations to determine need by region.

4. If awarded, will providers have the opportunity to expand and add more sites in the future?

At this time, only sites awarded contracts for ABA-EC programs will be selected through this RFP. Consideration for expansion may be assessed in the future following successful program implementation and service provision.

- 5. If my agency submitted proposals for multiple sites and awardees were already contracted for my preferred region, will my agency be considered for other regions?**

Yes, CBH will be awarding sites based on the content of proposals, site location, OCDEL licensure or MOU status, and provider preference. If your agency is selected and your first choice of region is not available, the next site preference on your list in an available region will be offered.

- 6. What should I do if my agency no longer wants one or more of our sites considered in the RFP process?**

If your agency no longer wants one or more of your sites to be considered for a contract award, please exclude those sites from your preference list on Appendix B. Sites that are not included on your Appendix B will not be considered for a contract award.

- 7. Can I submit an addendum to my original site proposal?**

No, CBH is not accepting any additional information other than your agency's Attestation and Appendix B.

Q&A Amendment: Program Operations

- 1. Is there a maximum number of members an ABA-EC program can admit?**

Yes. Each awarded site will be contracted for a census of nine members.

- 2. Will awarded providers be able to increase their census in the future?**

Currently, CBH is contracting for nine members per site. Provider outcomes will be monitored by the Performance Evaluation team, and CBH will continue to assess clinical quality and member need, which may inform future capacity decisions.

- 3. How is CBH determining which children will receive the service given the limited number of slots?**

Children admitted to ABA-EC programs must meet [Medical Necessity Criteria for IBHS-ABA](#). Children must have a primary behavioral health disorder diagnosis of ASD, with level 2 or 3 severity for either the social communication or restricted, repetitive behaviors and interests, or likely both. Children aged three to five who have not yet entered kindergarten and require intensive intervention that cannot be implemented in a less restrictive setting are eligible for the program. Factors impacting admission include geographic site location, member address, as well as member choice.

4. How will children be referred to ABA-EC programs?

Members who meet the above criteria and have been approved for IBHS-ABA will be referred to the ABA-EC programs. Referrals may come directly from CBH or providers may identify, refer and request approval through their own agency's intake processes. Whenever an ABA-EC program has openings within its contracted capacity, the provider should expect direct referrals from CBH and be prepared to offer admission within seven days.

Q&A Amendment: Rates

1. Why is there no longer an enhanced first year rate?

Based on data and feedback from the pilot, CBH has approved the enhanced first year rate as the ongoing per diem daily rate. CBH has awarded this to rate to support program sustainability.

2. What is the per diem rate?

Awarded providers will be notified of the per diem rate during the initial awardee meeting.

3. Will CBH be providing startup funds?

No startup funds will be awarded given the approved ongoing higher rate.

Operations

1. Where would you like the required attachments included with the submission? For example, before or after the narrative?

The required attachments, attestations, and proposal narrative should be submitted as separate documents, each labeled with your agency's name and the form title. All documents should be attached to an email to CBHclinicalprocurements@phila.gov with the subject line: ABA-EC Programs RFP.

2. We are unsure about a few areas, such as “purchased personnel” and “purchased treatment” on the CBH Provider Rate Request Supporting Documentation (xlsx). Can instructions be provided for what these items are and how to complete this sheet correctly?

Purchased personnel and purchased treatment are the estimated costs of what your program would pay external consultants or third-party vendors for services that your regular staff or agency does not provide. These categories may or may not apply to your

program. If they are, you would write the total amount for each category and define what they are on Tab 3: Miscellaneous Item Detail.

3. Is this a competitive process, or will providers who meet the requirements be approved?

RFPs are a competitive process. First, providers must pass the CBH good standing review, which includes an initial review to ensure that all documents have been submitted and that the provider has no significant Quality Management, Program Integrity, or Financial department concerns. Providers who meet this criterion will have proposals that move forward to the consensus review, which is comprised of CBH staff and community members who have a greater understanding of this population. Proposals will be reviewed and scored based on the submission content as outlined in Section 3.2 of the RFP. Providers with passing scores will then require approval from DBHIDS and CBH leadership to be awarded a contract for ABA-EC.

4. Is there a maximum number of agencies that will be approved?

No, there is no limit on the number of agencies that will be awarded.

5. Will newly credentialed CBH IBHS-ABA providers be considered?

Yes, any in-network CBH IBHS-ABA providers that meet the additional requirements are eligible to apply.

6. If awarded, will providers be able to add additional sites in the future?

At this time, only sites awarded contracts for ABA-EC programs will be selected through this RFP. There is no current plan for expanding ABA-EC programs beyond this RFP process. Providers with multiple center locations must apply to each unique site.

7. What is the timeline for implementing the service?

Preference will be given to providers who currently hold an OCDEL license or are co-located within an OCDEL-licensed childcare facility, as this will enable quicker service implementation. Providers may also include a plan in their proposal to be licensed by OCDEL within one year of being awarded a contract, with a deadline of no later than March 12, 2027. Alternatively, providers establishing a memorandum of understanding (MOU) to co-locate within a licensed childcare facility must be site-controlled by June 1, 2026. All programs must be fully operational and able to accept CBH members by September 1, 2027.

8. When would the program start once providers are awarded?

Each provider will develop their own timeline, depending on the status of their OCDEL license or the development of an MOU with an Early Childhood Education (ECE) program, site location, staffing, and other relevant factors. CBH will work with each provider individually to get programs started as quickly as possible. All programs must be fully operational and able to accept CBH members by September 1, 2027.

9. Is CBH considering applicants in areas of the city outside of the preferred ZIP codes?

Yes. The requirement is that sites are located in Philadelphia County or within 1 mile of Philadelphia County limits. Any provider who meets this criterion is eligible.

10. How are the programs located in preferred ZIP codes scored compared to those that are not located in preferred ZIP codes if both providers meet all criteria for the ABA-EC Program as stipulated in the RFP?

Preferred ZIP codes have been identified as areas with a greater need to expand services based on the number of members within that region who would benefit from increased access to services. If a provider is not located in a preferred ZIP code, it will not be penalized in the scoring process.

11. Are ABA-EC programs responsible for providing transportation to children receiving their services?

No, providers are not responsible for providing transportation, and the costs of transportation are not reimbursable by CBH. Agency policy would require interested families to be able to bring their child to and from services, unless other collaborative transportation agreements can be developed between the provider and a third-party entity (e.g., SDP engagement if the child qualified for special education).

Finance**1. What is the payment structure, and will there be an enhanced rate?**

Pending approval from the PA Office of Mental Health and Substance Abuse Services (OMHSAS), awarded providers will be paid through an alternative payment arrangement (APA) designed to incentivize high-quality, cost-efficient care. An enhanced per diem rate will be provided for the first year of service only, commencing on the date ABA-EC treatment is first delivered, to support the initial implementation. After the first year of operations, all providers will transition to a standard daily per-child, per-diem rate. CBH establishes rates, which are not subject to negotiation. Rates are all-inclusive, and

children attending ABA-EC programs are not eligible for other IBHS or IBHS-ABA services while participating in these programs.

2. What is the reimbursement rate?

Providers will be individually notified of the per-child, per-diem rate after contracts have been awarded.

3. How will providers be reimbursed if a child has dual insurance (e.g., Aetna and CBH)?

CBH members will require prior authorization from CBH to be admitted to ABA-EC programs. Providers seeking prior authorization for members who do not have CBH as their primary coverage must follow the procedure outlined in Section 3.5.2.

Authorizations When CBH is Not Primary in the [CBH Provider Manual](#). All IBHS require coordination of benefits, per [55 Pa. Code §§ 1155](#) and [5240](#) regulations.

Early Childhood Education (ECE) Partnership

1. Will CBH connect ABA providers to approved ECE providers looking to partner?

No. CBH will not directly be connecting ABA providers to ECE providers. A list of Philadelphia's public preschools is available at freephillyprek.org.

2. Have OCDEL licensed ECE providers been informed of this RFP and that ABA providers will be looking to partner with them?

The RFP is available to the public on the CBH website and can be shared with any organizations interested in partnering. PHLpreK will also share the RFP with its network of ECE providers.

3. What is the motivation for ECE providers to partner with the ABA-EC programs? Will they get monetary compensation from CBH?

[Research has shown](#) that inclusive environments are beneficial for both neurodivergent and neurotypical children, as they teach respect, acceptance of differences, patience, and understanding. IBHS-ABA providers are encouraged to develop a partnership with an ECE provider who is motivated to integrate neurodivergent children into their classrooms. CBH is not compensating ECE providers who partner with ABA-EC programs.

4. Does the partnership have to be in the same physical location?

Yes, the ABA-EC program must be co-located with the ECE provider to allow for spontaneous and planned integration with neurotypical peers in natural routines to occur.

5. What does “co-located” mean?

“Co-located” means that the ABA-EC program and the ECE provider are operating within the same larger physical space, including the use of contiguous classrooms and shared play spaces.

6. If the partner PHLpreK site has only two open slots for the academic year, does that mean we could receive referrals for only two CBH members to be admitted to the ABA-EC program?

No. We want to fill each program to its maximum capacity with appropriate referrals. If your agency partners with a PHLpreK provider, a certain number of PHLpreK slots will be held open to allow children receiving ABA-EC services to rotate into the classroom for inclusion opportunities. Multiple children can rotate into one PHLpreK slot on the same day. Eventually, a child who has successfully completed the ABA-EC program may be eligible to apply for a full integration PHLpreK slot.

7. Who is responsible for hiring staff for the ABA-EC program, the ABA-EC program, or the ECE provider?

The ABA-EC program is responsible for hiring staff for its program.

8. Who is responsible for organizing and executing parental involvement, the ABA-EC program or the ECE provider?

Active engagement of the parent(s), family, legal guardian(s), or caregiver(s) is essential to the success of any service to early childhood populations. Contracted providers of ABA-EC programs should have an explicit process and procedure for informing parents and gaining their informed consent to active participation before enrolling a child in an ABA-EC program. This should include provisions for session cancellations, rescheduling, and minimal expectations of participation, as well as clear criteria when barriers to participation begin to interfere with the child’s maximal progress.

Additionally, the Individualized Treatment Plan (ITP) for children enrolled in ABA-EC programs must include at least two active parent training goals pertaining to the transfer of behavioral interventions or skill-building strategies, on which there is a documented and data-based review of progress every 90 days. To achieve parent training goals, it is expected that ABA-EC programs will offer parent training sessions on at least a bi-weekly basis and ensure a minimum of monthly family sessions throughout the child’s entire course of treatment.

9. Who is responsible for purchasing the materials and other expenses related to operating the classroom, the ABA-EC program, or the ECE provider?

The ABA-EC program is responsible for providing materials for their program and working with their partner ECE provider to determine if there are shared expenses. To help with the initial service implementation, including materials, an enhanced rate will be applied for the first year of operations.

10. Can an ECE provider agree to enter a proposal with more than one ABA provider at a time?

An ECE provider with multiple site locations could theoretically have a partnership with more than one ABA provider if there are different ABA-EC programs at separate ECE provider locations. Two ABA-EC programs cannot co-locate and operate within the same physical childcare facility.

11. Who makes decisions on acceptance of members to ABA-EC programs and the content of the curriculum in general?

Children admitted to ABA-EC programs must meet medical necessity criteria (MNC) for ABA-EC, as outlined in the [MNC for IBHS-ABA](#). ABA-EC programs are expected to operate at their maximum contracted capacity; therefore, they are expected to accept all CBH referrals when openings occur. The IBHS-ABA provider is responsible for creating a curriculum for the ABA-EC program. The integration of ABA-EC program participants and neurotypical peers should be planned in partnership with the ECE provider. Please see the [recording of the Bidder's Conference](#) for 10 questions to ask your ECE provider to establish a successful partnership.

12. Are eligible providers located outside the Philadelphia border (within one mile) permitted to establish a collaborative relationship with PHLpreK for children who have completed the ABA-EC program and are transitioning to PreK enrollment?

No. To establish a partnership with PHLpreK, a provider must be co-located within a licensed childcare facility that has PHLpreK slots within Philadelphia city limits. If an OCDEL-licensed ABA-EC program or an ABA-EC program that is co-located in a licensed childcare facility is located outside of Philadelphia, it is not eligible to partner with PHLpreK, as all PHLpreK providers are required to be located within the city limits of Philadelphia.

13. Is the ABA provider or the state paying the preschool per child?

PHLpreK providers receive funding from the city of Philadelphia to offer public preschool slots. If you are partnering with PHLpreK, children in ABA-EC programs who are ready for full matriculation into regular preschool would be able to apply for one of

the PHLpreK slots. A provider who partners with a private preschool will be responsible for including compensation in their MOU with that ECE provider.

Clinical Programming

- 1. Has the targeted age group for the program shifted? After the presentation given by SPIN at a previous CBH meeting, we thought that children two years old through to kindergarten were eligible to be served.**

Pilot ABA-EC programs have enrolled some two-year-olds who meet MNC. However, children cannot integrate into preschool classrooms until they are three years old. Additionally, at age two, children are unlikely to be able to tolerate a full day of ABA-EC programming. Therefore, the focus of ABA-EC programs is children three to five years old.

- 2. Are there any non-ABA curriculum requirements?**

No. The requirements of ABA-EC programs can be found in the [ABA-EC Programs Clinical Performance Standards](#).

- 3. Since this is still an IBHS-ABA service, how does this align with the IBHS requirements?**

ABA-EC programs are considered Group ABA and must adhere to all regulations outlined in [55 Pa. Code § 5240](#). Please see the [MNC for IBHS-ABA](#).

- 4. Who is responsible for diagnosing the child?**

Children who are referred to ABA-EC programs must already have a diagnosis of autism spectrum disorder (ASD), with Level 2 or 3 support needs. IBHS-ABA providers must be able to evaluate and diagnose members with ASD and the full range of behavioral health disorders typically identified in childhood, or have an established MOU for diagnostic and ongoing evaluation with another provider.

- 5. What are some examples of behavioral supports that cannot be provided to children enrolled in ABA-EC programs?**

ABA-EC programs are expected to be comprehensive, stand-alone programs, and it is anticipated that most enrolled children will not require any other behavioral health services while enrolled in ABA-EC programs. Children are ineligible to receive other forms of IBHS or ABA services from another provider while enrolled in an ABA-EC program.

6. Can a child have Early Intervention (EI) services while enrolled in ABA-EC programs?

Yes. It is anticipated that most children enrolled in ABA-EC programs will be dually eligible for early intervention or special education and likely to receive related services as part of an individualized education plan (IEP). Therefore, each ABA-EC program must have a plan for coordinating care and integrating treatment approaches with other service providers. ABA-EC providers shall assess the child's eligibility for EI or special education services and ensure ongoing collaboration of ABA-EC staff with any related services professionals, such as specialized instruction, speech, occupational, and/or physical therapies included in a child's IFSP or IEP.

7. The RFP states that one staff member per room must meet the requirement for BA-ABA or BC-ABA. Could there be a BA or BC assigned to cover two rooms, so that each room still has a BC assigned to the child's case? Furthermore, is there a maximum number of BA or BC caseloads that can be handled?

On average, group sizes are expected to be one staff member for every three children and a maximum "group" or room size of nine children. One staff member per room must meet the requirement to deliver ABA-Behavior Analytic (BA-ABA) or ABA-Behavior Consultation (BC-ABA), per the IBHS requirements. A provider with two rooms would need to have two staff members who meet the requirements for a BA-ABA or BC-ABA, one to cover each room, with a maximum case load of nine children each.

8. What ratio of neurotypical children to children receiving ABA-EC treatment would be ideal in the inclusion setting?

There is no specific requirement regarding the ratio of children receiving ABA-EC to those enrolled in a regular ECE classroom. ABA-EC programs are required to provide children with regular, planned, and spontaneous interactions with neurotypical peers on a daily basis. The number of children in each program will vary by ABA program and partnering ECE provider.

9. Is there a required number of interactions or a suggested duration of those interactions between ABA-EC program participants and neurotypical peers?

No, there is no specific required number or duration set for the interactions between children receiving ABA-EC and their neurotypical peers. It is expected that ABA-EC programs will provide treatment within a setting that supports both planned and spontaneous opportunities for children to interact with neurotypical peers, via structured and semi-structured activities, in an individually determined and clinically appropriate manner. Ideally, this should occur throughout the day, every day, in the maximally integrated and naturalistic frequency and duration as possible.

10. Can members transition to other services (IBHS-ABA, individual) after they “graduate” from this program?

Yes. It is the expectation that the ABA-EC program makes the recommendation for the most clinically appropriate, least restrictive level of care following discharge from ABA-EC.

11. How will children be referred to ABA-EC programs?

ABA-EC programs may receive a combination of direct referrals from CBH and may accept CBH members identified or referred through their own agency’s intake processes, as well as referrals from CBH. Whenever an ABA-EC program has openings within its contracted capacity, the provider should expect direct referrals from CBH and be prepared to offer admission within seven days.

12. Is there a maximum number of members an ABA-EC program can admit?

Providers should inform CBH of the number of children they can serve at their site in their narrative response to the RFP. It is the expectation that providers of ABA-EC programs operate at their maximum contracted capacity. To ensure timely access to services, providers with openings are expected to accept all CBH referrals for children within their regions who meet medical necessity, age, and diagnostic criteria.

Clinical Metrics

1. What does success look like in Year One, and what does poor performance look like?

It is expected that ABA-EC programs meet the respective [ABA-EC Clinical Performance Standards](#) at a minimum to be considered successful. The first year is regarded as the baseline year, allowing for an understanding of the program's current standing. After baseline data is obtained, CBH collaborates with the provider to identify any necessary changes.

2. Is the baseline data per agency or across all providers who receive the contract?

Per agency.

3. At what point in Year One do you begin reviewing baseline data—quarterly, semi-annually, or end-of-year?

Quarterly.