

Provider Name	
Location of Service	
Level of Care	
Person Submitting Request	
Title	
Phone Number	
Email	

In order for a request for a rate increase to be considered, the following supporting documentation must be submitted:

- Corresponding letter justifying the need
- [Appendix A: Certification Statement](#)
- [CBH-formatted Excel Spreadsheet](#) containing the following:
 - » Appendix B: Expenditure Summary
 - » Appendix C: Personnel Invoice Schedule
 - » Appendix D: Miscellaneous Item Detail
- Most recent audited financial statement
- [Appendix E: Expected Clinical Outcomes and Monitoring Methods](#)

Requests are reviewed biannually and are due by March 15th and September 15th, with decisions made by June 1st and December 1st, respectively. Providers may submit only one request per calendar year for a level of care at a specific service location.

Once all information is compiled, please submit it through our online [Rate Increase Request Submission Form](#). You will receive a confirmation of receipt within 10 business days. At that time, you may be requested to send additional documentation. Please send all financial information in the Excel format provided.

For questions or concerns, please email us at CBH.RateRequest@phila.gov.