

# **REQUEST FOR APPLICATIONS**

**For**

**PARTICIPANTS IN THE APPLIED BEHAVIOR  
ANALYSIS (ABA) TRAINING FOR BEHAVIORAL  
HEALTH REHABILITATIVE SERVICES (BHRS)**

**Issued by**

**COMMUNITY BEHAVIORAL HEALTH**

**Date of Issue  
March 1, 2017**

**Applications must be received no later than 2:00PM on April 7, 2017.**

**Questions related to this RFA should be submitted via E-mail to:**

**Stephanie Wiseman at [stephanie.wiseman@phila.gov](mailto:stephanie.wiseman@phila.gov)**

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

## Table of Contents

|  |    |
|--|----|
| I. Overview  |    |
| A. Introduction/Statement of Purpose   | 1  |
| B. Organizational Overview   | 1  |
| C. DBHIDS System Transformation  | 2  |
| D. General Disclaimer  | 3  |
| E. Project Background  | 4  |
| II. Applied Behavior Analysis (ABA) Training and Implementation  |    |
| A. Training and Implementation Opportunity   | 5  |
| B. Overview of Training and Implementation Program   | 5  |
| C. Continuing Education Credits  | 6  |
| III. Application and Selection Process   |    |
| A. Eligibility Requirements and Expectations   | 7  |
| B. Application Process   | 9  |
| C. Questions about the RFA   | 10 |
| D. Interviews/ Presentations   | 10 |
| E. Notification  | 10 |
| F. Certification   | 10 |
| G. Cost and Reimbursement Information  | 10 |
| IV. General Rules Governing RFAs/Applications; Reservation of Rights;<br>Confidentiality and Public Disclosure |    |
| A. Revisions to RFA  | 10 |
| B. Reservation of Rights   | 11 |
| C. Confidentiality and Public Disclosure   | 11 |
| D. Incurring Costs   | 12 |
| E. Disclosure of Application Contents  | 12 |
| F. Selection/Rejection Procedures  | 12 |
| G. Non-Discrimination  | 12 |
| Appendix A – RFA Application   | 13 |
| Appendix B – Trainee Information Form  | 14 |

## **I. Overview**

### **A. Introduction/Statement of Purpose**

Community Behavioral Health (CBH) is soliciting participants for a training program to build clinical capacity to provide Applied Behavior Analysis (ABA). This initiative is part of an ongoing effort to expand high-quality, evidence-based treatment access for individuals with autism spectrum disorder (ASD). With this Request for Applications (RFA), CBH aims to assist Behavioral Health Rehabilitative Services (BHRS) providers in expanding their own clinical capacity to provide ABA to fidelity and to become CBH ABA designated providers. Agencies selected for this opportunity will receive 40 hours of web-based advanced training in ABA for each identified Therapeutic Support Staff (TSS), which constitute the training hours for Registered Behavior Technicians (RBTs).

CBH Behavioral Health Rehabilitative Services (BHRS) providers in good standing who would like to receive, or already have received, CBH ABA designation can apply. Responses from all applicants who meet RFA qualifications will be considered. There will be no cost to providers for this training; however, a significant organizational commitment will be required to successfully implement and sustain this Evidence-Based Practice (EBP), including providing ongoing ABA training, staffing, policies, and procedures in line with CBH ABA Performance Standards (see III.A. for details).

### **B. Organizational Overview**

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services for the provision of behavioral health services to Philadelphia's Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Services are funded on a capitated basis through this contractual agreement. The City of Philadelphia, through the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), contracts with CBH to administer the HealthChoices program.

CBH was established by the City in 1997 to administer behavioral health care services for the City's approximately 550,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 400 people and has an annual budget of approximately \$800 million.

DBHIDS has been actively transforming Philadelphia's behavioral health system for the last eleven years. The Department's system transformation is rooted in approaches that promote recovery, resilience and self-determination and build on the strengths and resilience of individuals, family members and other allies in communities that take ownership for their sustained health, wellness, and recovery from behavioral health challenges. As a next wave of its transformative efforts, DBHIDS is now putting emphasis on quality community-level health outcomes using a population health approach. A population health approach seeks to promote health and wellness in all, not just to address challenges for persons with diagnoses. The DBHIDS population health approach builds upon many years of focus on community health; thus, the approach is consistent with a public health framework. The essence of DBHIDS' population health approach is based on the following principles: attend to the whole population, not just to those seeking services; promote health, wellness and self-determination; provide early intervention and prevention; address the social determinants of health; and empower individuals and communities to keep themselves healthy.

It is essential to assure that the proposed services meet the standards of the DBHIDS Practice Guidelines as well as using a population health approach to behavioral health services. The Practice Guidelines are based on the core values of the DBHIDS transformation. The transformation initiative was drawn from the earlier work of the Recovery Advisory Committee and from the values identified in the report issued by the Mayor's Blue Ribbon Commission on Children's Behavioral Health. The Practice Guidelines for Recovery and Resilience Oriented Treatment can be found at (<http://www.dbhids.org/practice-guidelines/>).

DBHIDS is committed to developing a system of care that is grounded in Evidence-Based Practices. In 2013, DBHIDS created Evidence-based Practice and Innovation Center (EPIC) to support the alignment of resources, policies and technical assistance to support the ongoing transformation of the system to one that promotes and routinely utilizes evidence-based, empirically-supported, and outcomes-oriented practices.

### C. DBHIDS System Transformation

Because of the successful DBHIDS transformation initiative over the last decade (2005-2015), people with behavioral health conditions and intellectual disabilities now not only live in communities but are *a part of* their communities. As the natural continuation of the transformation of Philadelphia's behavioral health and intellectual disability service system, DBHIDS has now adopted a population health approach.

Population health refers to the health of an entire community. Traditional approaches to health care center around individuals who are already experiencing a health-related condition. Population health approaches take a much broader view, seeking to improve the health status of everyone in a community, not just those who are sick. By providing excellent clinical care as well as community-level interventions and services, **population health approaches help to create communities in which every member—not just those who seek out health services—can thrive.**

As DBHIDS worked in communities to help them better support people in its system, it became clear that many communities are themselves distressed, grappling with violence, poverty, inadequate housing, and other threats to health, well-being, and self-determination. It also has become clear that many people in need of support are not being reached or being reached too late. As a result, DBHIDS has initiated a population health approach to increase capacity within the community to deliver highly effective clinical care supports and services so that over time, communities experience less illness and its associated consequences.

The current national attention to population health confirms that Philadelphia's population health approach is appropriate. The U.S. healthcare environment is already moving in this direction in an effort to contain costs and achieve better outcomes. Acknowledgement is growing locally, nationally, and internationally that promoting optimum health among a whole population can't be achieved within a narrow paradigm built primarily to manage diagnosed conditions. To break the cycle of escalating costs, health systems are increasingly focusing resources on prevention and early intervention. Because of DBHIDS' longstanding commitment to promoting recovery, resilience, and self-determination, Philadelphia is well positioned to be a leader in the nation's next health transformation. The thrust of Philadelphia's behavioral health initiatives are shifting from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the population.

The population health approach challenges us to continue to enhance efforts to improve the health of all Philadelphians. This approach challenges us to expand our efforts beyond pilot projects and special initiatives and embed these principles into the culture of our entire system. It challenges us to consistently broaden our scope to include *all* people in a population, not just those seeking our services. It challenges us to prevent behavioral health conditions and developmental delays from developing or progressing, to equip individuals

with the skills and opportunities to make their own choices and build meaningful lives in their communities, and to move even more out of program settings and deeper into the community to address the social and environmental circumstances that have shaped people's lives. We must learn from the innovative work the city has already started and be even bolder, shifting the *intention* of our work from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the whole population.

Health providers and payers use a variety approaches to improve the health of a population. Some approaches, known as population health management, prioritize identifying and providing services to members of a population who have complex, chronic, or very costly conditions. A key goal of population health management efforts is to control costs, often through existing managed care strategies such as reducing avoidable emergency department visits. Other population health approaches are more akin to public health interventions in that they include broad-based interventions (such as flu shots) that benefit *all* members of a defined population, not just those seeking health services. These two major population health frameworks both use data-driven decision making and focus on health outcomes. DBHIDS's approach to population health builds on many years of focus on community health; thus, our approach is consistent with a public health framework.

The essence of the DBHIDS population health approach is as follows:

1. **Attend to the needs of the whole population, not just those seeking services.** Population health approaches emphasize community-level outcomes, not just outcomes for individuals with particular diagnoses. A key benefit of a population health approach is its focus on keeping people well so that, over time, communities experience less illness and its associated consequences.
2. **Promote health, wellness and self-determination.** Health is much more than the absence of illness or management of symptoms. There is a fundamental difference between providing targeted interventions to address illness versus promoting wellness and quality of life.
3. **Provide early intervention and prevention.** There will always be a need for access to high –quality clinical care, supports, and services. A population health approach provides such care and also works to screen for and prevent the onset or progression of conditions which improves outcomes and better utilizes resources.
4. **Address the social determinants of health.** Poor health and health disparities don't result from medical conditions alone. Chronic stress, toxic environments, limited access to nutritious foods, inadequate housing, social isolation, and numerous other nonmedical factors contribute to poor outcomes. A population health approach seeks to address these factors to reduce health disparities and safeguard everyone's right to optimum health and self-determination.
5. **Empower individuals and communities to keep themselves healthy.** Healthcare providers can't shoulder the entire responsibility for healthy communities. A population health approach not only educates but also empowers and motivates people to take responsibility for promoting their own health and wellness.

#### **D. General Disclaimer**

This RFA does not commit CBH to award a training opportunity to any program. This RFA 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 any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFA, shall become the property of and may be subject to public disclosure by CBH.

## E. Project Background

The dramatic increase in the prevalence of individuals diagnosed with ASD has propelled the system of care needed to support individuals and families with ASD to the forefront of public health issues nationally. In 2011, over 55,000 individuals received services for ASD in Pennsylvania. Of those, 4,617 were residing in Philadelphia, a significant increase of 116% from 2005, when 2,142 Philadelphians were receiving services for ASD<sup>1</sup>. Furthermore, this is likely an undercount of those living with ASD in Pennsylvania as individuals who are not diagnosed, misdiagnosed, or not receiving services were not included in the PA Autism Census report. This significant increase, combined with the high number of Community Behavioral Health (CBH) members diagnosed with ASD (3,718 individuals who received CBH services in 2015), warrants a network response grounded in evidence-based and best practices. Verified through research and endorsed by multiple institutions (including the American Academy of Pediatrics and the United States Surgeon General), ABA has been identified as a leading treatment for ASD. The Behavior Analyst Certification Board (BACB) indicates that “the successful remediation of core deficits of ASD and the development or restoration of abilities, documented in hundreds of peer-reviewed studies published over the past 50 years, has made ABA the standard of care for the treatment of ASD.”<sup>2</sup>

The PA Department of Human Services Office of Mental Health and Substance Abuse Services Bulletin (OMHSAS-16-09), *Medical Necessity Guidelines for Applied Behavior(al) Analysis*, describes ABA as a treatment for children with ASD to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, fading, task analysis, or other interventions to help a child produce practical, socially significant changes in behavior. A data-driven approach, ABA measures the effectiveness of intervention throughout implementation by evaluating changes in behavior over time.

In December 2016, following a collaboration among CBH, providers, family members, ABA clinical and research experts, and other key stake holders in the provision of ASD services, CBH published the ABA Performance Standards for BHRS providers treating children and adolescents with ASD. The Standards serve as a tool to promote continuous quality improvement and best practices in ABA, increase the consistency of service delivery, and most importantly, to improve outcomes for individuals living with ASD and their families.

CBH Performance Standards address ABA provided within Behavioral Health Rehabilitation Services (BHRS) due to the prevalence of youth receiving BHRS who have an ASD diagnosis. In addition, BHRS allows for treatment in the home, school, and community, making it an optimal service delivery mechanism for ABA, which is most effective when provided across settings. The goal of ABA through BHRS is to maximize capacity to address environmental stimuli (setting events, antecedents, and consequences), involve caregivers and other family members, and coordinate with other professionals involved in the youth’s care.

Once providers meet or exceed ABA Performance Standards, they receive ABA designation through CBH. As CBH is aware of the challenges faced by providers in implementing sustainable EBP programs, this RFA aims to provide support for agencies pursuing ABA designation by offering funded ABA training for Therapeutic Support Staff (TSS)s. Applicants are encouraged to read the [CBH ABA Performance Standards](#) and the [Application for ABA Designation](#), both located in the Provider Manual section of the DBHIDS website, for complete details on ABA program requirements.

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<sup>1</sup> Shea, L. (2014). *Pennsylvania Autism Census Update*. Study funded by the Bureau of Autism Services, Pennsylvania Department of Public Welfare. Retrieved from [www.paautism.org/census](http://www.paautism.org/census).

<sup>2</sup> Behavior Analyst Certification Board. (2014). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder*. Retrieved from [http://bacb.com/wp-content/uploads/2016/08/ABA\\_Guidelines\\_for\\_ASD.pdf](http://bacb.com/wp-content/uploads/2016/08/ABA_Guidelines_for_ASD.pdf)

## **II. ABA Training**

### **A. Training and Implementation Opportunity**

CBH is sponsoring an innovative training program for BHRS providers who are pursuing ABA designation through CBH. The training will be provided through Rethink Autism, Inc., an organization whose mission is to increase access to evidence-based tools to address developmental disabilities. Rethink has been endorsed as a best practice in treating ASD by many institutions, including leading school districts<sup>3</sup> in the U.S. and the Association for Science in Autism Treatment<sup>4</sup>. Rethink is also familiar with the Pennsylvania system of care and programs to support children/adolescents on the spectrum and has historically worked well with providers who have contracted independently with them to support ABA dissemination and implementation.

Rethink Autism, Inc. administers web-based ABA programming, which includes clinical training, a resource library, treatment tools, online data collection, and reporting functions for tracking clinical outcomes. CBH intends to fund 40 hours of online training for all staff identified through this RFA. Selected providers will receive access to the web-based RBT training and resource library for one year. Applicants can choose to contract independently with Rethink to access additional components of their clinical suite and for additional RBT slots as needed beyond what are awarded through the RFA.

### **B. Overview of Training and Implementation Program**

#### **1. Training Program Goals**

The goal of this training program is to successfully expand and sustain clinical capacity for ABA provision through BHRS. Following the training and implementation program, providers should demonstrate the capacity to identify and engage appropriate individuals for ABA, deliver the model to fidelity, and sustain comprehensive ABA programs long term.

Advanced Staff Training and Test of Competency, the portion of the Rethink suite funded by CBH, is designed for care providers (anyone working with or caring for a child) who have had basic ABA training or exposure. This set of lessons is appropriate for training new TSSs (including those wishing to become Registered Behavior Technicians), classroom aides, teachers, parents, or other care providers. The lessons cover the basic principles to begin providing ABA in the home, classroom, clinic, hospital, or community. Lessons teach reinforcement, prompting, shaping, discrete trial or incidental teaching interventions, data collection and management, relationship building and communication, professional behavior and supervision, and ethical considerations. Each module is delivered through simple written and vocal instruction accompanied by videos that demonstrate delivery of each piece of ABA instruction. Brief quizzes follow each module to assess the learner's knowledge acquisition and competency to that point. A certification of completion is provided once a passing score is achieved on each module.

TSSs will be expected to complete the Advanced Staff Training and Test of Competency within a timeframe of no more than six months to align with the BACB requirement, and possibly within three months to meet capacity needs (exact timeframe to be confirmed with providers upon selection). Providers will then be

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<sup>3</sup> "Success Stories," Rethink, accessed February 3 2017 <https://www.rethinkfirst.com/Home/SuccessStories>

<sup>4</sup> "Making Decisions About Treatment and Interventions," Association for Science in Autism Treatment, accessed February 3 2017 <http://www.asaonline.org/research-treatment/resources/videos/>

responsible for ensuring each TSS completes the Skill Assessment with a Board Certified Behavior Analyst (BCBA) within one year of hire. See ABA Performance Standards for details regarding RBT training and Skill Assessment.

## **2. Training Model: Overview of Training Modules**

The online Advanced Staff Training and Test of Competency includes the following modules, each of which meet one or more RBT task requirements and total 40 hours of training:

- Introduction to Applied Behavior Analysis
- Introduction to Autism Spectrum Disorder
- Relationship Building
- Reinforcement
- Shaping
- Prompting
- Discrete Trial Teaching
- Incidental Teaching
- Motivating Operations
- Behavior Chains and Chaining Procedures
- Choosing Reinforcers: Preference Assessments
- Stimulus Control and Prompt Fading
- Data Collection
- Graphs and What They Tell Us
- Skill Acquisition Programs
- Describing Behavior
- Function & Assessment of Problem Behavior
- Common Interventions for Problem Behavior
- Generalization & Maintenance Part 1
- Generalization & Maintenance Part 2
- Assessments and the Role of the RBT
- Discrimination Training
- Assisting with Training Care Providers
- Ethical and Professional Behaviors Part 1
- Ethical and Professional Behaviors Part 2

## **C. Continuing Education Credits**

CEUs will not be provided through this training opportunity.

### III. Application and Selection Process

#### A. Eligibility Requirements and Expectations

Applicants must meet the following eligibility requirements.

1. **Licensure and Good Standing:** Eligible applicants are current BHRS providers located in Philadelphia County under contract with CBH. Providers who have a Pennsylvania Department of Human Services license must be in good standing and have a full licensure status. Additionally, the service provider must be in good standing with the City and CBH, which shall be determined by reviewing information gathered through various departments across the DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, an approved Compliance Plan, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with the PA Department of Human Services. Examples of findings from these oversight functions that could disqualify a provider from being in good standing may include but are not limited to: a. Level II Quality Improvement Plan (QIP) (CBH); b. Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS); c. Provisional licensure (State). In addition, CBH will evaluate other commitments between the provider and CBH that may render a provider unable to dedicate the necessary time and resources to this project. Finally, neither the provider nor its staff, subcontractors, or vendors may be on any of the three Excluded Individuals and Entities lists:

- List of Excluded Individuals and Entities (LEIE) <http://oig.hhs.gov/fraud/exclusions.asp>;
- System for Award Management (SAM) (*formerly Excluded Parties List System (EPLS)*) <https://www.sam.gov>;
- Department of Human Services' Medichex List <http://www.dhs.state.pa.us/publications/medichexsearch/>

In each case, CBH will review the findings and make a final determination of standing for the purpose of the provider's eligibility to apply for the RFA.

2. **Program Requirements:** This training opportunity is intended for providers who have achieved or intend to achieve CBH ABA Program Designation. Eligible providers will have the capacity to coordinate with Philadelphia county to provide services to children who meet the medical necessity criteria for ABA but do not have Medicaid. As ABA programs are established, programmatic census levels will be determined and maintained, with a thoughtful approach to caseloads. Teams will be expected to work collaboratively with CBH to be available to receive referrals identified by CBH. In order to be eligible for the ABA Training, BHRS providers must demonstrate that an adequate number of CBH members will benefit from implementation of an ABA program.
3. **Sustained Practice:** Following the completion of the Rethink training program, agencies will be expected to independently sustain ABA in alignment with ABA Performance Standards and ABA Designation, including facilitating ongoing referrals and engagement, maintaining an ABA program census and individual clinician case load, managing data through and tracking outcomes, and ensuring supportive supervision, leadership, and policy and addressing staff attrition.
4. **Monitoring and Reporting Requirements:** The tracking of change is an integral part of ABA, as well as essential to understanding what is working well within treatment. Applicants selected for this RFA will be expected to meet all monitoring and reporting requirements as described in the ABA Designation application (both individual and program data). In addition, agencies will be expected to track and report staff completion of Rethink Modules.

- **ABA-specific program requirements as the per the ABA Designation Application:**
  - **Individual:** Agencies must have established data-collection procedures that inform individual treatment. This would include any data collection tools (graph templates, for eg.) and any policies/ procedures guiding administering, analysis, and application to individual treatment.
  - **Program:** Agencies must have established procedures for aggregating and analyzing data at the agency level, including ways agencies respond to data trends.
  - **Quality Assurance/ Quality Control:** Agencies must have established quality assurance methods.
  
- **RFA training reporting requirements:**
  - Agencies will be expected to report the progress of all staff participating in the Rethink training program. This will include indentifying a single point person for this responsibility.

**5. Technology Capabilities:** Rethink is a HIPAA-compliant cloud-based system specifically designed for behavioral health service providers/agencies to streamline treatment planning and insurance reporting, collect behavioral data, train therapeutic staff, involve parents and practice management. Although Rethink is compatible with most operations systems, applicants should consult [Rethink Technology Specifications](#), posted on the DBHIDS website below this RFA.

**6. Participating Staff:**

**1) TSSs**

TSSs selected for participating in Rethink training must meet the following qualifications per CBH ABA Performance Standards:

- Bachelor’s degree in psychology, social work, counseling, sociology, education criminal justice or similar human services field
- OR a bachelor’s degree in any other field with at least one year of full time equivalent experience in a job that involved direct contact with children or adolescents
- An intention and commitment to complete the RBT Competency Assessment, under the supervision of a qualified BCBA or Board Certified Assistant Behavior Analyst (BCaBA) within 12 months of training completion.
  - The RBT training curriculum can satisfy some of the training outlined in OMHSAS Bulletin 01-01-05; however, the TSS must complete all training as described in OMHSAS Bulletin 01-01-05 and in the CBH Manual for Review of Provider Personnel Files.

**Supervision requirements for TSSs**

Agencies must have the staff capacity to provide TSS supervision in line with CBH ABA Performance Standards:

- TSS workers providing ABA services must receive supervision by a qualified TSS Supervisor (as defined in OMHSAS Bulletin 01-01-05), as well as in-situ, clinical case consultation by the BSC-ASD overseeing the case at the following rates:
- TSS workers employed 20 hours per week or more must receive at least one hour of supervision per week plus one hour of on-site clinical case consultation by the BSC-ASD managing the case.
- TSS workers employed less than 20 hours per week must receive at least 30 minutes of supervision per week plus 30 minutes of on-site clinical case consultation by the BSC-ASD managing the case.

These are the minimum supervision requirements. BSC-ASDs must ensure that each TSS, working on cases that they oversee, receives case consultation at least once per month per case.

All supervision encounters will be tracked in a format in compliance with the requirements in OMHSAS Bulletin 01-01-05 and a copy will be kept in the personnel file.

**Ongoing training requirements for TSSs:**

- TSSs will obtain 10 hours of BACB approved CEUs annually and follow their agency and CBH’s policies and procedures regarding other trainings as required. OMHSAS Bulletin 01-01-05 requires 20 hours of training annually; these 10 hours may count towards that requirement.
- AND complete the RBT Competency Assessment, under the supervision of a BCBA or BCaBA annually.

**2) BCBA/ TEAM LEADER:**

A BCBA must be identified by each applicant to serve as the point person for tracking training status and completion and completing the Skills Assessment with each RBT. This person will be responsible for tracking the status of each participant’s progress through Rethink modules and reporting status to CBH. This person should have regular communication with participating TSSs to address any barriers to timely completion.

**B. Application Process**

The application consists of Appendices A and B. These Appendices must be completed and submitted by the agency applying for ABA training.

- Appendix A is the main portion of the application, to be completed by an official at the agency requesting participation in ABA training and signed by the Executive Director.

Completed application documents must be submitted to Stephanie Wiseman by **2:00PM on April 7, 2017.** Responses submitted after the deadline will be returned unopened. Responses will also be returned unopened to agencies that are ineligible to apply because they do not have a current contract with Community Behavioral Health (CBH) for the level of care noted in section III. A. Submissions are to be addressed as follows:

**Community Behavioral Health  
801 Market Street  
7<sup>th</sup> Floor  
Philadelphia, PA 19107  
ATTN: Stephanie Wiseman**

Submissions should be marked “ABA Training Application.” Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.

Applicants must submit the following:

- An electronic version of the entire application prepared as a PDF document placed onto a compact disc or flash drive (Appendices A and B).
- One (1) clearly marked, signed original hardcopy application.
- Eight (8) additional hardcopies of the complete application (Appendices A and B).

**Proposals submitted after the deadline date and time will be returned unopened.**

The agency Executive Director must sign Appendix A.

### **C. Questions about the RFA**

All questions regarding the RFA must be sent via email and directed to Stephanie Wiseman at [Stephanie.Wiseman@phila.gov](mailto:Stephanie.Wiseman@phila.gov). No phone calls will be accepted. The deadline for submission of questions is **March 8, 2017**. Answers to all questions will be posted on the CBH section of the DBHIDS website ([www.dbhids.org](http://www.dbhids.org)) by **March 17, 2017**

### **Information Session**

CBH will hold an ABA Information Session for all interested agencies. If you are interested in applying, your agency should plan to have a representative in attendance at the ABA overview event on **March 6, 2017**.

### **D. 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 insure a thorough and mutual understanding. CBH will schedule such presentations on an as needed basis.

### **E. Notification**

Applicants will be notified via email by **May 5, 2017** about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

### **F. Certification**

RBT certification requirements are not met fully by the 40 hour training alone. However, those who complete the training are encouraged to become certified by the Behavior Analyst Certification Board. Details on the certification process and application can be found here: <http://bacb.com/rbt/>

### **G. Cost Information**

There will be no cost to providers for participating in this training.

## **IV. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure**

### **A. Revisions to RFA**

CBH reserves the right to change, modify or revise the RFA at any time. Any revision to this RFA will be posted on the DBHIDS website. It is the applicant's responsibility to check the website frequently to determine whether additional information has been released or requested.

## **B. Reservation of Rights**

By submitting its response to this notice of Request For Applications as posted on the DBHIDS website, the Applicant accepts and agrees to this Reservation of Rights. The term “notice of request for applications,” as used herein, shall mean this RFA and include all information posted on the DBHIDS website in relation to this RFA.

### **1. Notice of Request For Applications (RFA)**

CBH reserves and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this notice of training opportunity:

- to reject any and all applications and to reissue this RFA at any time;
- to issue a new RFA with terms and conditions substantially different from those set forth in this or a previous RFA;
- to issue a new RFA with terms and conditions that are the same or similar as those set forth in this or a previous RFA in order to obtain additional applications or for any other reason CBH determines to be in CBH’s best interest;
- to extend this RFA in order to allow for time to obtain additional applications prior to the RFA deadline or for any other reason CBH determines to be in the CBH’s best interest;
- to supplement, amend, substitute or otherwise modify this RFA at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants;
- to cancel this RFA 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, in CBH’s sole discretion, a new RFA for the same or similar services;
- to do any of the foregoing without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

### **2. Miscellaneous**

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 RFA, the terms of this Reservation of Rights shall govern.

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.

## **C. Confidentiality and Public Disclosure**

The successful applicant shall treat all information obtained from CBH and DBHIDS which is not generally available to the public as confidential and/or proprietary to CBH and DBHIDS. The successful applicant shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful applicant agrees to indemnify and hold harmless CBH and DBHIDS, 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 successful applicant or any person acquiring such information, directly or indirectly, from the successful applicant.

By submission of an application, 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 there under. 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.

#### **D. Incurring Costs**

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

#### **E. Disclosure of Application 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 RFA 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 RFA. Selection or rejection of an application does not affect this right.

#### **F. Selection/Rejection Procedures**

Applicants will be notified in writing by CBH as to their selection. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. Applicants who are not selected will also be notified in writing by CBH.

#### **G. Non-Discrimination**

The successful applicant, as a condition of accepting training from CBH through this RFA, 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 provider does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.

**APPENDIX A**  
**ABA Training**  
**Request for Applications (RFA)**

**Agency:** \_\_\_\_\_

**Organizational Type:**     \_\_\_ For Profit     \_\_\_ Not For Profit

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Executive Leader Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Team Leader Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**BCBA/Team Leader Contact:** \_\_\_\_\_

**Number of ABA training slots requested**\_\_\_\_\_

**Number of the following staff currently on staff roster:**

- TSSs with some training in ABA \_\_\_\_\_
- TSSs who are RBTs \_\_\_\_\_
- BCBA's \_\_\_\_\_
- BSC-ASDs \_\_\_\_\_

*DBHIDS is looking to understand your agency's interest and motivation in integrating ABA into your agency's services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of ABA from the onset of engaging in the ABA Initiative. Please respond to the following:*

**1. Agency Scope:**

- a) Describe your agency's history of delivering ABA services and an overview of your present capacity (details to be provided later in the application).
- b) Describe the size of your current BHRS program; include the percentage of children who have a diagnosis of ASD.
- c) Describe how your program will change based on your increased capacity in ABA and by becoming a designated ABA provider. Include how treatment providing ABA would differ from the traditional BHRS model.

**2. Requirements of participating staff:** Participating TSSs and the BCBA Team Leader will dedicate time to training and implementation of ABA, including commitment to 40 hours of training, reaching RBT competency, completing the Skills Assessment, and maintaining ongoing supervision and training requirements. Describe proposed methods to support staff in managing these responsibilities and ensuring time to engage in key activities.

**3. ABA Designation:** Discuss how selection for this training opportunity will enable your program to receive ABA Designation. Describe the current areas of your program that need development/ expansion in order to meet ABA Designation and sustain an ABA program, and outline the plans to do so. Be sure to address the major aspects of ABA programming as delineated in the Designation Application:

- a) Assessment
- b) Treatment plan
- c) Coordination/sharing information
- d) Data monitoring (individual, program, QA/ QC)
- e) Personnel/ training (including whether you currently have a BCBA who can oversee the training program and complete Skills Assessment for RBTs).
- f) Policies/ procedures

**4. Evidence-Based Practice:** Please describe any additional Evidence-based Practice Initiatives or Research Activities your organization has been involved in or is currently enrolled in (both DBHIDS sponsored and independent enrollments). In EBPs across your organization, not just in the level of care you are applying for ABA.

Describe some of the specific successes and challenges your agency has had with EBPs. Describe how you plan to support and integrate multiple EBPs. If you have not implemented specific EBPs before, please discuss some of the anticipated challenges associated with this kind of practice change and how you intend to address them.

**5. License:** Please indicate if your agency has state-approved BHRS-exception service description. Please submit copies of your most recent licensure certificates. Providers with provisional licenses may not be eligible for ABA Training.

License from DHS\_\_\_\_\_

The following signature is required to confirm your agency’s interest in applying for ABA training slated to begin in May 12, 2017.

EXECUTIVE DIRECTOR NAME (Print) \_\_\_\_\_

EXECUTIVE DIRECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_