

REQUEST FOR PROPOSALS (RFP)

for

EXTENDED ACUTE CARE FACILITIES (EAC)

issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue:

June 2, 2017

**Proposals must be received no later than 2:00 P.M., Philadelphia,
PA, local time, on June 12, 2017**

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER – MINORITY, WOMEN
AND DISABLED ORGANIZATIONS ARE ENCOURAGED TO RESPOND**

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I. Project Overview

A. Introduction; Statement of Purpose

Community Behavioral Health (CBH) is seeking one or multiple providers to develop Extended Acute Care (EAC) capacity to treat a total of 50 individuals. CBH will consider one provider with a total capacity of 50 or multiple providers whose combined capacity is 50. The EACs will provide extended psychiatric inpatient care to adults 18 years and older, 24 hours per day, 7 days per week. The EACs must be located in or near Philadelphia. Hospital-based and free-standing EACs will be considered. Providers submitting applications for hospital-based EACs must propose a minimum capacity of 15 and a maximum capacity of 50. Free-standing EACs must treat no more or fewer than 15 individuals to align with Medicaid Institutions for Mental Disease (IMD) exclusions (15 is one below the maximum standard). The EACs must be operational by September 9, 2017.

The ability to provide extended active treatment, including comprehensive multimodal assessment, evidence-based individual, group, family, and milieu therapies, best practices in pharmacotherapy, use of peer supports, and other therapeutic interventions promoting the recovery and community tenure for individuals with severe mental illness and co-occurring needs (stemming from substance use disorder, intellectual disabilities, and other psychosocial challenges) will be emphasized through this RFP.

Applicants must develop EACs in a manner that reflects the Philadelphia system emphasis on recovery transformation and population health as discussed in section II.I. In particular, treatment should promote wellness as well as symptom-management, address the social determinants of health and mental health, and empower individuals to achieve successful community tenure. The EACs should partner with community organizations to maintain wellness in the community and to support reintegration of individuals discharged from EAC. The Philadelphia system's population health approach assumes that services are provided in a manner which is also consistent with the system transformation of behavioral health services implemented over the last decade. The DBHIDS Practice Guidelines for Recovery and Resilience Oriented Treatment (<http://www.dbhids.org/practice-guidelines/>) provide a framework for the system transformation.

B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services (PA-DHS) 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 Community Behavioral Health to administer the HealthChoices program.

CBH was established as a non-profit organization by the City in 1997 to administer behavioral health care services for the City's approximately 600,000 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 twelve

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 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 diagnose and address challenges for some. DBHIDS's 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 the 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.

C. Background

The American Civil Liberties Union (ACLU) of Pennsylvania filed a federal class action lawsuit against the Commonwealth of Pennsylvania on October 22, 2015 on behalf of people with severe mental illness who have been found incompetent to stand trial by the court. These individuals are in custody in county jails or at one of Pennsylvania's forensic hospitals, Norristown State Hospital (Norristown). While the case was in settlement, additional opportunities emerged to provide for the treatment needs of the many of the associated individuals.

Additionally, in January 2017, PA DHS announced plans to close the civil section of Norristown. This closure aligns with the state's efforts to serve more people in the community, reduce reliance on institutional care, and improve access to home- and community-based services for Pennsylvanians. The closure is expected to take 18-24 months, as residents (122 as of January 2017) are transitioned to the community¹.

CBH is committed to helping Philadelphians at Norristown, as well as those transitioning from the Department of Corrections (DOC), successfully transition back to the community. The EACs will serve multiple purposes, including continuing to provide treatment to individuals coming from short-term hospitals, increasing treatment resources for Philadelphians, enhancing the forensic treatment system, and assisting the state in their efforts to reduce reliance on institutional care and increase community reintegration for individuals with long-term psychiatric needs.

D. Request for Proposals (RFP)

One or several EACs are being proposed to increase access in Philadelphia to extended intensive psychiatric care for adults 18 years and older. EACs are hospital-based or free-standing facilities that provide 24/7 treatment for individuals whose severe symptoms and maladaptive behaviors do not sufficiently resolve during the usual length of inpatient stay. The goal of EACs is to provide care that facilitates sustained and successful reintegration into the community. The targeted length of stay is approximately six months, though length of stay can vary depending on individual needs.

EACs are expected to provide extended active treatment, including comprehensive multimodal assessment, evidence-based individual, group, family, and milieu therapies, best practices in pharmacotherapy, use of peer supports, and other therapeutic interventions promoting the recovery

¹ "Department of Human Services to Help More People to Live in the Community," Pennsylvania Pressroom, Accessed March 22, 2017 http://www.media.pa.gov/Pages/DHS_details.aspx?newsid=245

and community tenure for individuals with a number of needs, including severe mental illness, substance use disorders, justice-involvement, intellectual disabilities, physical health challenges, trauma, and other psychosocial barriers to wellness.

Hospital-based EACs should have the capacity to treat at least 15, or a total of 50 individuals at a time; Free-standing EACs should have the capacity to treat 15 individuals (no more or fewer) to align with IMD exclusions. Applicants should have the ability to access a full range of care as demonstrated by strong linkages with mental health, substance use, intellectual disability, and other specialized services.

E. Applicant Eligibility Requirements

To be eligible to respond to this RFP, applicants must be enrolled currently in Medicare and Medicaid programs and licensed through Chapter 5100 regulations by DHS as of September 9, 2017. Each applicant must have current control of a site located within or near Philadelphia. Applicants can propose converting existing Acute Inpatient (AIP) units to get EACs operationalized, and capacity to expedite a start date will be prioritized in RFP selection. Applicants must not be on any of the three Federal and Commonwealth exclusion lists or on a Corporate Integrity Agreement (see III. K. for complete threshold requirements). Proposals for both free-standing and hospital-based EACs that follow applicable accreditation standards, to be confirmed during contract negotiations, will be considered.

F. 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 any 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.

II. Scope of Work

A. Project Details

1. Objective/Purpose

The purpose of this RFP is to identify one or multiple EACs with a total capacity to serve 50 individuals of varying genders; EACs must be capable of treating individuals age 18 and over whose mental illness and co-occurring needs, including substance use disorders, intellectual disabilities, forensic and other psychosocial challenges require 24-hour, long-term support. The EACs must be trauma-informed, culturally competent, and able to meet special needs of individuals, including those with chronic and complex medical needs.

This procurement process is designed to identify providers who demonstrate the capability to offer high quality behavioral health care services. The merits of each submission will be evaluated based upon its quality and responsiveness to this RFP. CBH will select as many qualified EACs as needed to expand network capacity by 50.

2. Location/ Site

The EACs should be located within or near Philadelphia. The applicant may own or lease the property directly. For the proposed facility, the applicant is required to provide information on the property's zoning and licensing status as well as describe how it can be configured as an EAC; as previously stated, applicants can propose converting an existing AIP unit to expedite the start date for the EAC. The site should be able to provide comfortable living space for the proposed number of individuals, including both shared and private rooms, access to outdoor space, and treatment space to accommodate milieu activities, appointments/ sessions, and staff offices. A tobacco-free policy must be maintained throughout the premises.

3. Target Population

EACs serve individuals 18 years and older, of varying genders, whose behavioral health challenges have not sufficiently resolved during an inpatient hospitalization. All individuals referred to EACs have a primary mental health diagnosis though many have substance use disorders and intellectual disabilities that co-exist with mental health disorders. Historical data for the past two years indicates the average age of a CBH individual authorized for EAC services is 45 years old, and age range is 21-79 years old. Individuals referred to EACs often have histories of trauma, incarceration / justice involvement, difficulty sustaining community placements, and other psychosocial barriers to health. Historically, primary diagnoses include psychotic and affective disorders, with many individuals challenged with symptoms including assaultive/destructive behaviors, self injurious behaviors, including self-mutilation and suicide attempts, and refractory symptomology. EACs must accept all referred individuals, including those with either criminal or civil commitments.

Though length of stay is individualized, successful and timely reintegration into the community is prioritized. The target length of EAC stay is less than six months, though some individuals require longer stays.

4. Evidence Based Practices

DBHIDS has a strong focus on the use of evidence-based practices (EBPs) for all levels of services throughout its provider network. The EAC procured through this RFP must establish evidence-based approaches to treatment. Training, supervision, and quality assurance strategies should be described to ensure the EBP is being implemented and sustained.

B. Services to be Provided/Required Tasks

EACs must provide comprehensive assessment, treatment, and discharge planning for individuals 18 years and older. Psychiatric nursing and clinical staff should be available 24/7 to implement treatment and closely monitor responses to EAC interventions. Staff must be able to address a myriad of presenting challenges stemming from mental health needs, substance use, intellectual disabilities, medical complexities, psychosocial barriers, legal involvement, or a combination. Applicants should describe how they will ensure access to medical care for members. Well-established referral pathways and connection to community supports should be mobilized to ensure successful discharges. Services should be culturally competent, trauma-informed, and able to meet the special needs of individuals. Given the social stigma this population faces, it is critical for each EAC to cultivate a nonjudgmental and supportive treatment environment, one which respects the dignity and value of each person who receives treatment.

1. Admission

EAC staff should conduct a welcoming orientation process for newly placed individuals, which should include a site tour, staff introductions, and explanation of EAC guidelines and expectations for individuals receiving services. Psychoeducation should be provided with an emphasis on the goals of EAC and the individual's role in the recovery process. The EAC must establish working relationships with the Community Behavioral Health Utilization Management team, Admissions, Discharges, and Planning Team (ADAPT) and the Behavioral Health Justice-Related Services (BHJRS) division to ensure smooth referral and admissions processes.

2. Assessment

EAC teams should complete an inter-disciplinary assessment to determine all psychiatric and medical interventions to be provided during the individual's course of stay. The assessment process should be trauma-informed, strengths-based, and culturally competent. EACs must have capacity to provide psychological testing as appropriate. The state mandated substance use assessment tool (currently the Pennsylvania Client Placement Criteria) should be used to determine substance use treatment needs. Structured tools should be administered to aid diagnosis and determine baseline measures for tracking progress and outcomes (specific tools, frequencies, and related processes to be determined during contract negotiation). Coordination with prior treatment teams, including outpatient programs, hospitals, residential settings, Long Term Structured Residence (LTSR) programs, Assertive Community Treatment (ACT) programs, as well as system partners (ID case managers, residential case managers) must occur, be documented, and include the treating psychiatrist if applicable. All relevant prior records should be obtained, reviewed, and such review documented.

3. Physical Health and Wellness

EACs should have physician and nursing capacity to treat chronic and complex medical needs on site. Appropriate physical examination and monitoring will occur in accordance with best practice. EACs should be able to obtain necessary laboratory work, both at admission, for ongoing monitoring, and when more in depth testing is needed. EACs must also be able to obtain radiological imaging and CT/MRI as indicated. The EACs should also have adequate staff, transportation, and linkages with outside specialists for individuals whose medical needs require offsite care. Medical staff (including nursing) should provide health and wellness education, addressing symptom management, engagement in treatment, medication consistency, exercise, nutrition, weight management, and drug, alcohol, and/ or tobacco use as applicable.

4. Psychiatric Care

Face to face evaluation of members admitted to the EAC by a psychiatrist should occur daily; multidisciplinary treatment team meetings with a psychiatrist present should occur daily. The psychiatrist must complete daily notes indicating significant changes or events, medication related interventions, monitoring of symptoms, objective assessment including a mental status exam and treatment response. The psychiatrist should help guide treatment planning in a holistic manner which reflects a comprehensive biopsychosocial assessment and treatment plan. The unit must be able to administer clozaril and long acting injectables as prescribed by the psychiatrist.

5. Therapy

Applicants should select at least one EBP appropriate for the EAC population and ensure staff training, supervision, and consistent implementation to fidelity. In addition to EBPs selected for the general population, EACs should provide interventions grounded in criminogenic theory for

individuals with histories of justice involvement to reduce criminogenic risk and ensure sustained community reintegration. Treatment should promote healthy self-regulation and conflict resolution, particularly for individuals with histories of violence. Active treatment should be delivered seven days per week, with each individual involved in some form of therapeutic activity at least five hours per day, with the possibility of more as needed. Efforts should be made, and such efforts documented, to engage individuals who are initially reluctant to participate in treatment.

- **Individual therapy and group therapy:** Person-centered, evidence-based practices via individual and group therapy should be provided with an emphasis on self-management, coping skills, addiction recovery, and conflict resolution. Treatment should continuously address barriers to sustained re-integration into the community.
- **Family therapy:** Per individual consent, sessions should include family members/significant others and community resource providers with an emphasis on the individual's ability to access support during and after EAC stay.
- **Therapeutic leave:** Per state regulations and the individual's recovery plan, therapeutic leave should be a part of the treatment process as clinically indicated / appropriate.
- **Recreational activities:** Walks, exercises, games, creative arts and crafts, and leisure activities should complement traditional therapeutic modalities and increase an individual's ability to identify personal interests and engage in healthy outlets. Recreational activities should promote learning and occur off-site, in the community for identified individuals.
- **Milieu therapy:** Milieu management comprises many of the activities that provide structure and an opportunity for stability during inpatient stays, including but not limited to the management and layout of the inpatient environment, efforts to maintain safety and security, and the daily schedule.
- **Psychiatric Rehabilitation:** Skill-building interventions should be provided to increase successful community tenures.

6. Environmental Safety

The EACs will emphasize the responsibility of each individual for the functioning and stability of the therapeutic community, while promoting dignity and respect in all interactions. Staff and individuals will focus on conflict resolution, de-escalation techniques, and the reduction or elimination of the use of restraint and seclusion. The environment will support the promotion of clean air and living spaces and noise control. Access to outdoor space is a required of the EAC environment.

7. Special Needs

The EACs should be able to address special needs and disorders of presenting individuals, including but not limited to:

- Trauma histories
- Intellectual disabilities
- Multilingual/ multicultural needs
- Histories of aggression/ violent behavior
- Self injurious
- Women's Health/ Pregnancy
- Complex medical needs including HIV/AIDS
- Individuals who are transgender, thus requiring awareness of staff to name changes, identification documents, pronouns, and any added support to integrate safely with other EAC residents
- Individuals with autism spectrum disorder (ASD)

- Sexual offenses
- Fire setting
- Forensic involvement
- Substance use disorders
- Chronic pain
- Medication Assisted Treatment (methadone, buprenorphine, naltrexone)

8. Linkages/ Discharge:

The EACs will develop collaborative relationships with community-based levels of care to ensure successful reintegration into the community upon discharge; this includes securing partnerships with educational/vocational programs and employers for post-discharge opportunities. Linkages with housing organizations and resources will be essential in ensuring individuals have a safe and stable place to live following discharge. EACs should have the capability to conduct utilization reviews with CBH. Coordination with past, current, and prospective providers is critical and required. The EACs must establish working relationships with Admissions, Discharges, and Planning Team (ADAPT) and Behavioral Health Justice-Related Services (BHJRS) division and CBH to ensure smooth referral processes. Interagency meetings including CBH will occur at intervals to be determined by CBH based on clinical need. To address complex medical needs that require off-site treatment, EACs must establish working relationships with outside specialists.

Successful transition into the community is of paramount importance. As such, applicants must describe post-discharge follow-up procedures. A CBH discharge planning meeting will occur with all members prior to discharge. A discharge plan should be developed and signed by the individual, CBH, and all involved agencies.

9. Personnel Requirements

The staffing pattern for the EAC should be as follows:

- **Attending Psychiatrist** who will prescribe clozaril and long acting injectables (with unit capacity to administer both), in addition to standard medications, as clinically indicated
- **Registered Nurse**
- **Therapist** (50% should be licensed within first year of implementation)
- **Case Manager**
- **Mental Health Technicians**
- **Bilingual/Bicultural staff**
- **Psychologist** with capacity for psychological testing and neuropsychological testing
- **Peer Specialists /Psych Rehab**

The EACs must comply with applicable accreditation guidelines for personnel and coverage. Applicants should propose staff ratios based on these requirements and the number of treatment slots being developed and should ensure coverage and the ability to meet treatment and medical needs (as often as possible) on site. Expectations for on-site coverage will be the same for free-standing and hospital-based EACs.

10. Training

EAC staff must have education and training that complies with standards in the Manual for Review of Provider Personnel Files (MRPPF).

- All non-clinical staff must be trained in Mental Health First Aid.

- All staff must be trained in trauma-informed care.
- All staff must be trained ongoing in CBH-required safety trainings
- All staff must have prior experience working with Severe Mental Illness (SMI) and Alcohol and Other Drugs (AOD).
- All staff must be trained in selected EBP(s).
- Clinical staff must be trained in criminogenic approaches.
- Clinical staff must be trained in structured tools and other quality measures as applicable.

C. Timetable

It is expected that all services requested through this RFP will be fully operational by **September 9, 2017**.

D. Monitoring

Programs selected 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 deemed necessary by CBH.

E. Reporting Requirements

By accepting an award under this RFP, applicants agree to comply with all data reporting requirements of CBH. Awardees agree to supply all the required data necessary for outcome evaluation and Performance Evaluation, Analytics, and Research (PEAR) purposes and to participate in required assessments. To fulfill the data reporting requirements, successful applicants must work with CBH and, where applicable, the CBH Claims, Information Services and PEAR Departments to ensure the quality and completeness of data. Reporting requirements may be modified prior to or during the contract award period.

The EAC will be expected to monitor and analyze data and trends to assess member satisfaction, progress in treatment, and program quality through a set of standardized tools, such as the WHODAS 2.0, BDI, MoCA, and PANSS DI. These tools, in addition to other performance measures including readmission rates, will be identified by during contract negotiations and tracked by CBH at regular intervals. Successful community tenure and readmissions (at 30, 60, 180, 360 days) will be tracked and connected to value-based contracting.

F. Performance Standards

The selected applicant will be required to meet CBH credentialing, compliance, and performance standards. All successful bidders will be expected to have a compliance plan along with all other required documents for initial credentialing.

G. Compensation/Reimbursement

Applicants will be required to submit the following budget as the basis for negotiation with CBH.

- Ongoing operations budget: This budget must include all operating costs such as staff, administrative costs, ongoing supplies, ongoing building expenses including rent and maintenance, etc.

The applicant is to use the budget forms which are provided separately on the DBHIDS website to develop each budget. Be sure to label clearly the start-up and ongoing operations budgets.

H. Technology Capabilities

Applicants must have the technology capabilities required to perform the proposed activities in this RFP. At a minimum, applicants must have electronic claims submission and an electronic health record (EHR) ready for use.

I. Available Information

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 of 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.

III. Proposal Format, Content and Submission Requirements; Selection Process

A. Required Proposal Format

1. Format Structure

a. Proposal Cover Sheet

The cover sheet (see Appendix A) must be completed with the applicant's information and included as the first page of the proposal.

b. Table of Contents

A table of contents must be included as the second page of the proposal with each section of the proposal included and with a page number for the first page of each section.

c. Format Requirements

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 a Times New Roman font, single spaced on 8.5" by 11" sheets of paper with minimum margins of 1". For each section where it is required, the applicant must fully answer all of 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's 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 10 (ten) single spaced pages. As a general comment, if you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds the page limits may have their proposals considered non-responsive and be disqualified.

B. Proposal Content

1. Introduction/Executive Summary

Prepare a very brief introduction including a general description of your understanding of the scope and complexity of the proposed project. Indicate your intention to develop a free-standing or hospital-based EAC and the number of individuals you will be able to treat at a time.

2. Statement of Qualifications/Relevant Experience

Provide information on the continuum of services offered by the applicant agency and the length of time the agency has been in existence. Describe previous work with similar target populations and experience providing services similar to those requested in this RFP. This should include experience working with adults with serious addiction challenges. Also describe experience working with adults with co-occurring mental health and substance use issues.

The applicant must also be able to provide documentation of the availability of an appropriate facility for the EAC, ensuring site meets highest quality accreditation standards. Documentation

of availability of the facility must be through ownership or lease documents that are included in the response to this RFP.

3. Corporate Status

Please indicate your corporate status, including whether you are a for-profit or not-for-profit organization and provide legal documentation of that status as an attachment to your proposal.

4. Governance 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.

5. Program Philosophy

This section provides the opportunity to describe the vision, values and beliefs that will be evident in the design and implementation of the proposed services. The applicant should explain how the values of the Philadelphia System Transformation and the Practice Guidelines, including being strengths-based and recovery and resilience focused, are evident in the operations of the applicant organization, particularly as this pertains to program philosophy that focus on successful and sustained community reintegration. This section should also include a description of how person-first (culturally competent) and trauma-informed practices and approaches are incorporated into the applicant organization and into the proposed program.

6. Program Design

a. Describe the admission processes, including identifying staff who will complete the process. This should include referrals and authorizations, as well as orientation to the unit once the individual arrives (See II.B.1.).

b. Describe the inter-disciplinary assessment process, including who will participate and what evidence-based structured tools the agency will use to determine diagnosis and baseline measures (II.B.2.).

c. Describe physical health and wellness interventions to be applied, including capacity through staffing or transport/ linkages to address all complex medical needs (II.B.3.).

d. Describe psychiatric care to be provided, including role of psychiatrist, medication management, recovery planning, and staffing to ensure daily face-to-face evaluations (II.B.4.).

e. Including the list below, describe treatment to be provided during the course of stay. Discuss skill-building interventions and methods to restore/ enhance capacity for community living. Additionally, describe scheduling and other methods to ensure each individual receives active treatment throughout the day as required (II.B.5.).

- Trauma-informed approaches
- Interventions routed in criminogenic theory
- Interventions to treat addiction
- Family/support engagement interventions
- Evidence-based practices

- Recreational activities, including plan for off-site, enriching outings
- Therapeutic Leave
- Milieu Therapy
- **Psychiatric Rehabilitation**

When describing the above, differentiate among individual, family, and group therapy as applicable

- f. For evidence-based practices identified above, describe training modalities, supervision, and quality assurance strategies to ensure continued fidelity and application of the EBPs (II.B.5. & II.A.4.).
- g. Describe plan to ensure environmental safety, including engaging individuals in their responsibility to keep the therapeutic community stable. Address conflict resolution and de-escalation techniques and how these will reduce restraint and exclusion (II.B.6.).
- h. Describe capacity of EAC to address individuals' special needs as listed (II.B.7.).
- i. Describe linkages to other healthcare providers and community-based organizations established or to be established and how they will enhance admission and discharge processes for individuals entering and leaving the EAC. Describe post-discharge follow-up procedures II.B.8.).
- j. Describe proposed staffing patterns with time percentages and methods to ensure training requirements are met. Consider capacity demands and applicable accreditation standards when proposing staffing numbers (II.B.9. &10.).
- k. Describe physical site being proposed for the EAC, including size (must be able to accommodate the identified number of individuals), layout, provisions to ensure stability and comfort (furniture, decor etc.), access to green/ outdoor space, as well as privacy considerations. Follow applicable accreditation standards for site guidelines (II.A.2.).
- l. Describe monitoring and reporting procedures, including staff and methods to ensure twice-yearly administering and analysis to address treatment progress at the individual and program level, as well as satisfaction and other identified trends (II.E.).

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. At a minimum, applicants must meet the financial threshold requirements described below for their proposal to be considered for further review. The following documentation is required at the time of proposal submission and should be submitted as an Attachment to the proposal:

- Tax Identification Number
- An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain, and submit a review report by a CPA firm. If neither a certified corporate audit report nor 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, the most recent report must be submitted

prior to any potential contract negotiations.

- 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, the most recent tax return must be submitted prior to any potential contract negotiations.
- Proof of payment of all required federal, state and local taxes (including payroll taxes) for the past twelve (12) months.
- 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 an explanation of either. If there were no Bankruptcy Filings or Liens placed on your agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.
- Certificates of insurance. Certificates of insurance with the named insured entity being the same name and address as the provider contracting with CBH. The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The insurances 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; \$500,000 Disease Policy Limit. CBH, City of Philadelphia and Commonwealth of Pennsylvania Department of Public Welfare must be named as an additional insured with respect to your General Liability Policy. The certificate holder must be Community Behavioral Health. Further, for applicants that have passed all threshold review items and are recommended by the Review Committee to be considered for contract negotiations for this RFP, each applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the applicant agency.

C. Terms of Contract

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

The selected applicants shall maintain full responsibility for maintenance of such insurances as may be required by law of employers, including but not limited to Worker's Compensation, General Liability, Unemployment Compensation and Employer's Liability Insurance, and Professional Liability and Automobile Insurance.

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

E. Minority/Women/People with Disabilities Owned Business Enterprises

CBH is a city-related agency and as such its contracted providers must cooperate with the intent of the local municipality regarding minority/women/disabled-owned business enterprises. It is the expectation of CBH that the selected applicants will employ a “Best and Good Faith Efforts” approach to include certified minority, women and disabled businesses (M/W/DSBE) 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 Minority (MBE), Woman (WBE), and/or Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and/or identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the applicant is M/W/DSBE certified by an approved certifying agency, a copy of certifications 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 minority individuals and/or women and/or people with disabilities.
 - A woman or minority individual or person with a disability 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 sub-contractors, along with their certification information.
- For additional information regarding the Commonwealth of Pennsylvania’s M/W/DSBE certification process, go to the following website:
www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority_and_women_business_opportunities/1358

a. 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, through its Department of Revenue and Department of Licenses and Inspections, in determining this status, each applicant is required to complete and return with its proposal, a City of Philadelphia Tax and Regulatory Status and Clearance Statement Form (see Appendix B).

If the applicant is not in compliance with the City's tax and regulatory codes, an opportunity will be provided 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 award of the contract contemplated by this RFP.

All selected applicants 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 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 the RFP. Proposals for a Business Privilege Tax Account Number or a Business Privilege License may be made on line by visiting the City of Philadelphia Business Service site- <http://business.phila.gov/Pages/Home.aspx> and clicking on "Register Your Business." If you have specific questions, call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia Business Privilege Tax Account Number or the Department of Licenses and Inspections at 215-686-2490 for questions related to the Business Privilege License.

F. 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 successful applicant under such contract is a "Service Contractor," as those terms are defined in Chapter 17-1300 of the Philadelphia Code ("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 purposes of Chapter 17-1300. If any such Service Contractor (i.e. applicant and subcontractors at any tier) is also an "Employer," as that term is defined in Section 17-1302 (more than five employees), and is among the Employers listed in Section 17-1303 of the Code, 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 Section 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 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,¹ the General Provisions, and the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page for further details concerning the applicability of this Chapter to, 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 successful applicant'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 successful applicant or applicant's 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 the requirements of Chapter 17-1300.

G. 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 Section 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 Chapter 17-1900 of the Philadelphia Code (1 A link to the Philadelphia Code is available on the City's official web site, www.phila.gov. Click on "City Code and Charter," located to the bottom right of the Welcome page under the box "Transparency."), the successful Applicant 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 Section 19-1502(1)(b), be required to extend the same employment benefits the successful applicant extends to spouses of its employees to life partners of such employees, absent a waiver by the City under Section 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 Chapter 17-1900 of the Philadelphia Code and will notify their employees of the employment benefits available to life partners pursuant to Chapter 17-1900. Following the award of a Service Contract subject to Chapter 17-1900 and prior to execution of the Service Contract by the City, the successful applicant 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 successful applicant does not provide employment benefits to the spouses of married employees. The successful applicant's failure to comply with the provisions of Chapter 17-1900 or any discrimination or retaliation by the successful applicant against any employee on account of having claimed a violation of Chapter 17-1900 shall be a material breach of the any 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 About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page.

H. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the City of Philadelphia Disclosure Forms (see Appendix C and separate website Attachment) 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 applicant or any representative of applicant has received any requests for money or other items of value or advice on particular firms to satisfy minority-, woman- or disabled-owned business participation goals. These forms must be completed and returned with the proposal. The forms are attached as a separate PDF on the website posting.

I. 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 CBH Disclosure of Litigation Form (see Appendix D).

J. Selection Process

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 are best able to meet the goals of the RFP.

Submissions will be reviewed based upon the merits of the written response to the RFP.

K. 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 II.A., Project Details. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City and CBH (as applicable).

CBH will determine if a provider is in good standing by reviewing information gathered through various departments across 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, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with PA Department of Human Services.

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

- List of Excluded Individuals and Entities (LEIE) <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/>

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

L. RFP Responses

A review committee will review all responses to this RFP. Based on the criteria detailed below, the committee will make recommendations concerning the submissions that are best able to meet the goals of the RFP.

IV. Application Administration

A. Procurement Schedule

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	June 2, 2017
Deadline to Submit Questions	N/A
Answers to Questions on Website	N/A
Application Submission Deadline	June 12, 2017
Applicants Identified for Contract Negotiations	July 10, 2017
Project Start Date	September 9, 2017

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

This RFP is issued on **June 2, 2017**. In order to be considered for selection, all applications must be delivered to the address below no later than 2:00 PM on **June 12, 2017**. Questions related to this RFP should be submitted via E-mail by to: laura.york@phila.gov.

Community Behavioral Health
801 Market Street
7th Floor
Philadelphia, PA 19107
ATTN: Laura York

- Application packages should be marked “Extended Acute Care.” Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.
- Applicants must submit an electronic version of the application prepared as a PDF document placed onto a compact disc or flash drive with one clearly marked signed original application and seven (7) copies of the application.
- Applications submitted after the deadline date and time will be returned unopened.
- The individual Applicant or an official of the submitting agency, authorized to bind the agency to all provisions noted in the application, must sign the cover sheet of the application.

B. 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.

C. Term of Contract

The initial contract resulting from this RFP will start within 90 days of receipt of the award letter. CBH reserves the right to set the rates for this service, budgets and rates notwithstanding. Continuation of funding is contingent upon the availability of funds, quality of service being provided and contract compliance. CBH reserves the right to continue subsequent yearly contracts. All contracts become binding on the date of signature by the provider agency’s chief executive officer and Community Behavioral Health’s chief executive officer. CBH reserves the right to re-issue 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.

V. General Rules Governing RFPs/Applications; Reservation of Rights; Confidentiality and Public Disclosure

A. 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 DBHIDS website with the original RFP. It is the applicant’s responsibility to check the website frequently to determine whether additional information has been released or requested.

B. 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 may be rejected that, in CBH's sole judgment, violates these conditions.

C. Proposal Binding

By signing and submitting its proposal, each applicant agrees that the contents of its proposal are available for 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 which reflects the terms and conditions of this RFP or the applicant's proposal may, in the sole discretion of CBH, result in rejection of applicant's proposal.

D. Reservation of Rights

By submitting its response to this notice of Request for Proposals as posted on the DBHIDS website, the applicant accepts and agrees to this Reservation of Rights. The term "notice of request for proposals," as used herein, shall mean this RFP and include all information posted on the DBHIDS website in relation to this RFP.

1. Notice of Request For Qualifications (RFP)

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

- (a)** to reject any and all applications and to reissue this RFP at any time;
- (b)** to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
- (c)** 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 their best interest;
- (d)** 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 interest;
- (e)** 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;
- (f)** 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, in CBH's sole discretion, a new RFP for the same or similar services;
- (g)** 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. Proposal Selection and Contract Negotiation

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

- (a)** to reject any application if CBH, in its sole discretion, determine 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 their best interest to reject the application to reject any application if, in CBH's sole judgment, 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 applicant; is financially or technically incapable; or is otherwise not a responsible applicant;
- (b)** to waive any defect or deficiency in any application, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole judgment, the defect or deficiency is not material to the application;
 - (c)** to require, permit or reject, in 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;
 - (d)** 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, in its sole discretion, determine to be in CBH's best interest;
 - (e)** 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;
 - (f)** 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, in its sole discretion, determine that doing so is in and CBH's best interest;
 - (g)** 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, in its sole discretion, determine it is in the best interest of CBH to do so;
 - (h)** to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contracted to an applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different applicant and enter into negotiations with that applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
 - (i)** 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 determines that it is in CBH's best interest to do so;
 - (j)** to require any one or more applicants to make one or more presentations to CBH at CBH's offices or other location 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;
 - (k)** to conduct on-site investigations of the facilities of any one or more applicants (or the facilities where the applicant performs its services);

- (l) 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;
- (m) to conduct such investigations with respect to the financial, technical, and other qualifications of each applicant as CBH, in its sole discretion, deem necessary or appropriate;
- (n) 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
- (o) 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.

3. Miscellaneous

- (a) 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.
- (b) 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.

E. Confidentiality and Public Disclosure

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

By preparation of a response to this RFP, applicants acknowledge and agree that CBH, as a quasi-public corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including applications, to the extent required hereunder. 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.

F. Incurring Costs

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

G. Prime Contractor Responsibility

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

H. 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.

I. Selection/Rejection Procedures

The applicants whose submission is selected by CBH will be notified in writing as to the selection, and their selection will also be posted on the DBHIDS website. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. This letter should not be considered as a letter of award. A formal letter of award will be forthcoming at such time when mutual agreement has been reached by the parties on all issues pertaining to the application. Applicants whose submissions are not selected will also be notified in writing by CBH.

J. Non-Discrimination

The successful applicant, as a condition of accepting and executing a contract with CBH through this RFP, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

The contractor does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.

K. Life of Proposals

CBH expects to select the successful applicants 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 of this RFP. By submission of a proposal, respondents agree to hold the terms of their proposal open to CBH for up to 180 days following the submission deadline.

APPENDIX A

RFP RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

EXTENDED ACUTE CARE

CORPORATE NAME OF
APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROGRAM SITE LOCATION _____

CITY _____ STATE _____ ZIP _____

HOSPITAL-BASED EAC _____

FREE-STANDING EAC _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

SIGNATURE OF OFFICIAL AUTHORIZED TO BIND APPLICANT TO A PROVIDER AGREEMENT TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____

APPENDIX B

CITY OF PHILADELPHIA TAX AND REGULATORY STATUS AND CLEARANCE STATEMENT FOR APPLICANTS

THIS IS A CONFIDENTIAL TAX DOCUMENT NOT FOR PUBLIC DISCLOSURE

This form must be completed and returned with Applicant's proposal in order for Applicant to be eligible for award of a contract with the City. Failure to return this form will disqualify Applicant's proposal from further consideration by the contracting department. Please provide the information requested in the table, check the appropriate certification option and sign below:

Applicant Name	
Contact Name and Title	
Street Address	
City, State, Zip Code	
Phone Number	
Federal Employer Identification Number or Social Security Number:	
Philadelphia Business Income and Receipts Tax Account Number (f/k/a Business Privilege Tax) (if none, state "none")*	
Commercial Activity License Number (f/k/a Business Privilege License) (if none, state "none")*	

____ I certify that the Applicant named above has all required licenses and permits and is current, or has made satisfactory arrangements with the City to become 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, or has made satisfactory arrangements to cure any violation, or other regulatory provisions applicable to Applicant contained in The Philadelphia Code.

____ I certify that the Applicant named above does not currently do business, or otherwise have an economic presence in Philadelphia. If Applicant is awarded a contract with the City, it promptly will take all steps necessary to bring it into compliance with the City's tax and other regulatory requirements.

Authorized Signature

Date

Print Name and Title

* You can apply for a City of Philadelphia Business Income and Receipts Tax Account Number or a Commercial Activity License on line after you have registered your business on the City's Business Services website located at <http://business.phila.gov/Pages/Home.aspx>. Click on "Register" or "Register Now" to register your business.

APPENDIX C

CITY OF PHILADELPHIA DISCLOSURE FORMS

**The City of Philadelphia Disclosure Forms may be found on the DBHIDS Website
along with this posted RFP.**

APPENDIX D

CBH Disclosure of Litigation Form

The Applicant shall describe in the space below 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.

Not Applicable

Signature

Print Name

Date

Company or Agency Name