

**REQUEST FOR PROPOSALS**

**for**

**SUBSTANCE USE ADULT**

**PARTIAL HOSPITALIZATION SERVICES**

**issued by**

**COMMUNITY BEHAVIORAL HEALTH**

**Date of Issue**

**January 8, 2015**

**Mandatory Applicants Meeting – Thursday, January 15, 2015  
10:00AM – Noon, CBH, 801 Market Street, 11<sup>th</sup> Floor, Room 1154A**

**Mandatory Non-Binding Letter of Intent (LOI) from All Applicants  
Intending to Submit a Proposal, Due to CBH by January 22, 2015**

**Mandatory GTOC Pre-Proposal Training Conference - Thursday,  
January 29, 2015, 9:00 AM - 4:00 PM, CBH, 801 Market Street, 11<sup>th</sup>  
Floor, Room 1154A for All Applicants That Have Submitted a LOI**

**Proposals must be received no later than 5:00 P.M., Philadelphia,  
PA, local time, on March 25, 2015**

**Questions related to this RFP should be submitted via E-mail to:  
[hans.leach@phila.gov](mailto:hans.leach@phila.gov)**

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

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## **REQUIRED PROPOSAL ATTACHMENTS FOR ALL APPLICANTS**

- Attachment 1: Proposed Staff Roster, Including the Qualifications and Full-Time Equivalents for Each Position**
- Attachment 2: Financial Capability and Fiscal Solvency Requirements**
- Attachment 3: Completed Budget Forms**
- Attachment 4: Letters of Agreement (LOAs) and/or Memoranda of Understanding (MOUs) from Partnering Community Organizations**
- Attachment 5: Letters of Agreement (LOAs) or Memoranda of Understanding (MOUs) from Housing Providers**
- Attachment 6: Completed Partial Hospitalization Program Activities Plan Chart**
- Attachment 7: Sample Weekly Activity Schedule for an Individual Program Participant**
- Attachment 8: Sample, De-Identified Integrated Recovery Plan for an Individual Program Participant**
- Attachment 9: Sample Relapse and Crisis Plan for an Individual Program Participant**
- Attachment 10: Program Organization Chart Showing Staff and Supervisory Relationships**
- Attachment 11: Site Control Documents**
- Attachment 12: Community Letters of Support**
- Attachment 13: Implementation Plan**
- Attachment 14: Process Evaluation Plan**
- Attachment 15: Outcome Evaluation Plan**
- Attachment 16: Minority (MBE), Woman (WBE), and/or Disabled (DSBE) Owned Business Enterprise Certifications (For-Profit Applicants)**
- Attachment 17: City of Philadelphia Tax and Regulatory Status and Clearance Statement**
- Attachment 18: City of Philadelphia Disclosure Forms**
- Attachment 19: CBH Disclosure of Litigation Form**

## **I. Project Overview**

### **A. Introduction**

Community Behavioral Health (CBH) is issuing a Request for Proposals (RFP) for a substance use partial hospitalization service for adults who have co-occurring substance use and mental health challenges. This program is based upon the requirements of the Pennsylvania Client Placement Criteria (PCPC) Level 2A and the American Society of Addiction Medicine's (ASAM) Level 2.5 for partial hospitalization services.

According to the PCPC, for adults, "Partial hospitalization treatment consists of the provision of psychiatric, psychological, and other types of therapies on a planned and regularly scheduled basis in which the client resides outside the facility. This service is designed for clients who do not require 24-hour residential care but who would nonetheless benefit from more intensive treatments than are offered in outpatient treatment projects." The proposed partial hospitalization service for adults will have a length of stay of approximately 30-45 days; however, participants may stay less than 30 days or longer than 45 days depending on their individual clinical needs.

As defined in the ASAM criteria, level 2.5 partial hospitalization services may be characterized as co-occurring capable or co-occurring enhanced. The program(s) sought through this RFP will be co-occurring enhanced.

Re-authorization by CBH will be required every 14 -21 days. Prospective providers of this service must have been in the CBH network in good standing for at least one year and must have substantial experience serving adults with co-occurring challenges. It is anticipated that the selected program(s) will have the capacity to serve up to 40 individuals at any given time. These services may be conducted at any facility licensed by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) as stipulated in 28 PA Code. Through this RFP process, it is anticipated that one or two providers will be selected.

### **B. Organization Overview**

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Public Welfare (DPW) 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 (CBH) 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 470,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 350 people and has an annual budget of approximately \$800 million.

DBHIDS has been actively transforming Philadelphia's behavioral health system for the last ten years. This system transformation is rooted in approaches that promote recovery, resilience and self-determination and builds on the strengths and resilience of individuals, family members and other allies in communities that take responsibility for their sustained health, wellness, and recovery from behavioral health challenges. System transformation takes place in an

environment where services and supports are individualized, comprehensive, flexible, person-first (culturally responsive), and designed to promote health and wellness across the lifespan. In administering behavioral health services for Philadelphia's Medicaid recipients, CBH has been actively involved in the support and implementation of this system transformation.

### **C. Project Background**

CBH offers a comprehensive continuum of behavioral health services for individuals who reside in Philadelphia County with substance use and mental health disorders. As part of the continuous quality improvement process utilized by CBH, it has been determined that a gap exists in the continuum of substance use services. The gap is a substance use partial hospitalization program for individuals who do not require 24-hour residential care, but who would benefit from more intensive services than are offered at an outpatient level of care. To address this gap in service, CBH is issuing this RFP.

The RFP is being developed as part of a new DBHIDS initiative called Getting To Outcomes Contracting® (GTOC®). The focus of the GTOC initiative is to integrate accountability for outcomes into the procurement, contracting and program implementation processes. The aim is to create a shared vision for the desired outcomes of a program, to utilize strategies that maximize the likelihood of achieving those outcomes and to monitor and evaluate programs for their success in achieving them.

The GTOC framework consists of 10 steps to guide a thorough, accountability-focused process of planning and implementing a program with quality and then evaluating and improving the outcomes of that program. The current RFP has been structured around the 10 steps of GTOC.

An outline of the RFP structure based on the 10 GTOC Steps is provided below:

**GTOC STEP 1 – NEEDS AND RESOURCES:** This section of the RFP provides a justification for why the RFP is being issued, a description of the system-level understanding of the need for this service and how it fits into existing resources. This includes an identification of the priority population for the service. Proposals must include the Applicant's perspective on the need for the service and how it fits into existing resources at the provider's organization and community.

**GTOC STEP 2 – GOALS AND OBJECTIVES:** This section of the RFP provides two primary goals for the service and includes general parameters for the objectives (desired outcomes) that would support the achievement of those goals. Applicants may articulate additional goals and objectives of the proposed program. Proposals must include specifications of expected change on those objectives and how they will be measured.

**GTOC STEP 3 - BEST PRACTICES:** This section of the RFP describes the expectation that applicants will look to the best available research to select evidence-based practices (EBPs) that have been shown to support the achievement of the service goals and objectives.

**GTOC STEP 4 – FIT:** Proposals must include the rationale for why specific EBPs were chosen and how they fit the objectives, cultural characteristics of the proposed population to be served, the organization in which the program will be implemented and system of services for persons with co-occurring challenges.

**GTOC STEP 5 – CAPACITIES:** This section of the RFP outlines the information that must be included to demonstrate existing capacities or a plan to develop the needed capacities to implement the program with quality.

**GTOC STEP 6 - PLAN:** Responses to the RFP must include a detailed plan that describes the activities to be delivered in the proposed program (i.e. the program outputs) and the plan for implementing those activities. The Plan must be designed to meet the Goals and Objectives stated in Step 2.

**GTOC STEP 7 - IMPLEMENTATION AND PROCESS EVALUATION:** The RFP outlines the expectations for an Implementation Plan, for a process evaluation that will be used to monitor the degree to which the program components are being implemented and delivered as intended, and to identify when adaptations are being made to the implementation of the program.

**GTOC STEP 8 – OUTCOME EVALUATION:** Expectations for an outcome evaluation are outlined. Completing an outcome evaluation requires a plan for how achievement of the objectives identified in Step 2 will be evaluated.

**GTOC STEP 9 – CONTINUOUS QUALITY IMPROVEMENT:** Applicants must provide a plan for continuous quality improvement. Responses must include specific information about how process and outcome evaluation data as described in your response to GTOC Step 7 and Step 8 will be collected, reported, regularly monitored and used to identify opportunities to improve the quality and outcomes of the program.

**GTOC STEP 10 – SUSTAINABILITY:** In this section, proposals must include strategies to support the ongoing quality and sustainability of the core elements of the program once they have been implemented.

#### **D. Request For Proposals**

This RFP, as described above, includes a description of the GTOC Steps, the CBH expectations for the provision of partial hospitalization services, and the specific information that Applicants must provide in their proposal related to that GTOC Step. Please refer to “Getting To Outcomes Contracting for Providers” that is posted on the DBHIDS website along with this RFP for a fuller description of each step.

The successful Applicant will have integrated the GTOC 10 Steps throughout the response to this RFP. Once the successful Applicant has been selected, that Applicant will be expected to partner with CBH in the ongoing utilization of the GTOC framework in the contracting, planning, implementation and monitoring phases of the project. The contract for this service will include a service description based on the proposal and feedback and revisions agreed upon with CBH in the right-to-negotiate phase of the contracting process.

To support applicants in the use of the GTOC steps in the planning and writing of proposals in response to this RFP, CBH will distribute a GTOC Guide, titled “Getting To Outcomes Contracting for Providers” to all interested applicants. CBH will also provide a mandatory GTOC training for all prospective applicants. The process for responding to this RFP includes:

1. Mandatory Applicants Meeting to provide an in-person overview of GTOC and the Partial Hospitalization Program to prospective Applicants on January 15, 2015, from 10:00 AM to Noon at CBH, 801 Market Street, 11<sup>th</sup> floor, Room 1154A;
2. Mandatory non-binding Letter of Intent (LOI) to be submitted by all Applicants that intend to submit a proposal. LOI due to CBH on January 22, 2015; and
3. Mandatory GTOC Pre-Proposal Training Conference that must be attended by all Applicants that have submitted a LOI on January 29, 2015, from 9:00 AM to 4:00 PM at CBH, 801 Market Street, 11<sup>th</sup> floor, Room 1154A.

Failure to complete each of these steps will disqualify prospective applicants from submitting a proposal to this RFP. Applicants must submit proposals with narrative that addresses each of the 10 steps of GTOC and includes, but is not limited to, responses to all questions listed after each section. Several sections include charts to be completed or other required information that must be submitted as part of your proposal as Attachments. As noted previously, it is anticipated that one or two providers will be selected to initiate partial hospitalization services in Philadelphia.

#### **E. General Disclaimer**

This RFP does not commit CBH to award a contract. The 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 proposal, including written documents and verbal communication by any Applicant to this RFP shall become the property of CBH and may be subject to disclosure by CBH.

## **II. Proposal Format and Content Requirements, and Scope of Services**

### **A. Required Proposal Format**

#### **1. Format Structure**

##### **1.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.

##### **1.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.

##### **1.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". Each section of the narrative response must begin with a section heading, such as Applicant Response for GTOC Step 1: Needs and Resources (then GTOC Step 2, GTOC Step 3, etc.), followed by Applicant's complete answer to all listed questions in that section 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 use the proper heading, number and letter of the questions or to respond to all questions may result in the proposal's being considered non-responsive. Each Attachment must reference the corresponding section or Attachment number.

Applicants are required to limit their narrative responses to 30 single spaced pages. This page limit includes the narrative section, which is Section II, B. Project Details, GTOC Steps 1 -10, below. There are no page limitations for any information required in Appendices B-E. Attachments to your proposal that are required in the RFP will also not count in the 30 page limit. Applicants whose narrative exceeds the page limits may have their proposals considered non-responsive and be disqualified.

## **B. Project Details**

### **GTOC Step 1: Needs and Resources**

The first step of GTOC is to conduct a needs and resources assessment to provide the justification for the program and explain how it will deliver a needed service in the context of existing resources. CBH has engaged in a needs assessment that included reviewing the existing continuum of services, articulating the unique function of this service within the continuum, identifying a priority population, examining the literature on the clinical needs of that population, and soliciting input from stakeholders, including CBH staff, providers and recipients of services. Below we review the findings of that needs assessment and describe the rationale for this RFP.

CBH offers a comprehensive continuum of behavioral health services for individuals who reside in Philadelphia County with substance use and mental health disorders. At the community-based level of care, CBH offers an array of services ranging from case management to halfway houses; at the residential level of care from withdrawal management and intoxication management to residential treatment facilities; and at the acute level of care, from acute partial hospital services to extended acute care. Despite this comprehensive continuum of services, a gap in substance use services has been identified.

Within the continuum of substance use services, a substance use partial hospitalization program is needed for individuals who do not require 24-hour residential care, but who would benefit from more intensive services than are offered at an outpatient level of care. This level of care, Partial Hospitalization Service, is to be consistent with the Pennsylvania Client Placement Criteria (PCPC) Level 2A and the American Society of Addiction Medicine (ASAM) Level 2.5 and has been recommended by the Commonwealth of Pennsylvania Department of Drug and Alcohol Programs (DDAP).

An unmet need for partial hospitalization in CBH's continuum of services also was articulated in surveys and focus groups conducted with recipients of behavioral health services, CBH and BHSI (Behavioral Health Special Initiative) clinical staff, and providers of substance use and mental health services. These stakeholders emphasized the importance of a level of care that could support the transition into a non-residential setting following residential rehabilitation or inpatient services and/or serve as an intermediate level of care for individuals experiencing a higher level of need than can be met in intensive outpatient or outpatient services, and who may currently be referred to a residential, inpatient or acute setting. Collectively, these groups not only underscored the need for this service, but also identified individuals with co-occurring substance use and mental health challenges as a priority population for this level of care.

National and local data further support the need for services that address the needs of individuals with co-occurring substance use and mental health challenges. According to the 2012 U.S. Department of Health and Human Services (DHHS) National Survey on Drug Use and Health, among 20.7 million adults who had substance use disorders, 40.7% (8.4 million) had co-occurring mental health issues. At the same time, among 43.7 million adults who had any mental



health challenges, 19.2% also had substance use issues (DHHS, 2012). At the local level, CBH claims data from 2011 to 2013 revealed that 17,486 CBH members presented with co-occurring mental health needs, as indicated by 1) claims for individuals who utilized substance use services and also had a mental health diagnosis or 2) claims for individuals who used acute mental health services and also had a substance use diagnosis.

Individuals with substance use disorders who experience mental health challenges often experience difficulties maintaining behavioral stability, which increases their risk of relapse and interferes with their recovery. Compared to individuals with one behavioral health challenge, individuals with co-occurring substance use and mental health challenges have shorter stays in treatment, poorer post-treatment outcomes and higher treatment costs (Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons With Co-Occurring Substance Use Disorders. Treatment Improvement Tip (TIP) Series 42, DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005).

Clinically, there is an increased understanding that individuals who have co-occurring substance use and mental health challenges need to be treated concurrently for both disorders. Studies suggest that behavioral health services that address substance use and mental health challenges in an integrated manner are associated with lower costs, better retention, and better outcomes, including decreased substance use, improved psychiatric symptoms and functioning, decreased hospitalization, increased housing stability, fewer arrests, and overall improved quality of life ([www.samhsa.gov/co-occurring](http://www.samhsa.gov/co-occurring); Campbell and Alexander, 2006).

Recognizing this need in the continuum of substance use, particularly for co-occurring populations, CBH is issuing this RFP for the development and implementation of a partial hospitalization service primarily to serve adults with co-occurring substance use and mental health challenges. Based on national and local data, it is clear that within the population of adults who meet the criteria for PCPC Level 2A, those who also have mental health challenges represent a priority population. Consequently, the proposed program will be required to meet the ASAM criteria for co-occurring enhanced programs, which requires an integrated treatment approach where substance use and mental disorders are treated concurrently.

The priority population for this RFP is adults who reside in Philadelphia County who meet the PCPC criteria for Level 2A and who have mental health needs of moderate severity. This program is not to be designed for individuals with long-term severe mental health challenges but rather for persons who can benefit from an intense, short-term focused program to stabilize acute substance use and mental health disorders or if necessary move to more intensive levels of care. It is anticipated that the individuals who use this service will include persons with substance use challenges who have undertreated mental health needs which are interfering with their recovery, individuals who are stepping down from a residential or inpatient level of care who are identified as having substance use and mental health challenges, and persons who need an intensive level of care but do not require 24-hour services.

The CBH behavioral health continuum has existing resources, such as longer-term services for persons with serious mental health challenges, including those with substance use disorders, through residential programs and Community Integrated Recovery Centers (CIRCs). Therefore, the proposed program is to be designed for individuals with a level of mental health need that can be met in a program which provides integrated intensive substance use treatment and ongoing mental health supports.

GTOC Step 1 also includes a determination of the resources that can be leveraged to meet the needs outlined above. This includes the resources within an Applicant's organization and connections to existing resources in the community. A key resource is previous experience working with the priority population and in delivering similar or complementary services. Applicants are expected to have experience providing integrated care to the priority population for the service, that is, individuals with substance use and mental health challenges.

Applicants are expected to coordinate, not duplicate, resources available in organization's continuum of services and supports as well as access existing resources in the community in which the program will be housed. Therefore, Applicants are expected to have knowledge of and access to resources that will support the recovery of participants. These may include, but are not limited to, services and supports such as transportation, housing supports, recreation and faith-based organizations.

The program must be located in Philadelphia County. Applicants must demonstrate that the proposed location is easily accessible via public transportation. Because many of the expected participants will not have stable housing, Applicants are required to work with shelters and recovery houses to assure that participants have access to these housing arrangements.

### **Applicant Response for GTOC Step 1: Needs and Resources**

Applicants are expected to build upon the needs and resources information provided by CBH in the section above. The response concerning needs and resources should reflect the specific needs and strengths of the population that the proposed partial hospitalization service anticipates serving.

Proposals must include the following information:

1. Needs Assessment
  - a. An expansion of the needs assessment presented in the RFP, to describe the Applicant's understanding of the needs that will be addressed by the proposed partial hospitalization service; and
  - b. A description of the priority population for the program, including the specific needs of people with co-occurring substance use and mental health challenges
2. Resources
  - a. An overall description of the resources within the Applicant's organization including: qualifications of the organization, other services available in the organization's continuum, experience serving a similar population, experience with implementing similar programs and/or evidence-based practices (EBPs), and any data about the outcomes and impact of those programs;
  - b. Information about how the organization's infrastructure, mission and vision would support the implementation of partial hospitalization services; and
  - c. A description of the community in which the program will be located and the resources that will be available to individuals participating in the program.

### **GTOC Step 2: Goals and Objectives**

In order to determine if a service or program is successful, it is necessary to have an explicit understanding of the goals and objectives of the program. In the GTOC framework, goals and objectives are defined in the following ways:

Goals are broad statements that describe the desired longer-term changes that are to be accomplished.

Objectives (or desired outcomes) are specific, measurable, short or intermediate-term changes expected in the priority population that indicate significant progress toward the goal. Objectives should include what will change, for whom it will change, how much it will change, when change will have occurred, and how change will be measured.

For this RFP, CBH has identified two broad goals and several objectives for the partial hospitalization service. Each objective has been described in general terms below. In the proposal, applicants must provide greater specificity about how much change is anticipated and how it will be measured. Programs are not expected to achieve 100% success on each of these objectives. However, they are expected to identify the indicators and benchmarks of success and monitor their progress in achieving those benchmarks.

GOAL 1: People in Philadelphia who have co-occurring substance use and mental health challenges will make progress in their recovery through linkages to and engagement in the most appropriate services and supports.

Goal 1 Objectives: People who participate in the partial hospitalization service:

- a. will receive comprehensive, integrated assessments upon engaging in the partial hospitalization service to efficiently identify when more or less intensive services are needed than are available in the partial hospitalization service, and will be linked to those alternative services and supports, as indicated by referral and claims data documenting engagement in those services, when needed;
- b. will engage with the appropriate treatment provider and/or supports following discharge as indicated by claims data and/or reported participation in services or supports; and
- c. will sustain improvements gained at the partial hospitalization service, as indicated by not utilizing crisis, acute mental health or higher levels of substance use services for one year following discharge from the program, as indicated by claims data.

GOAL 2: People in Philadelphia who have co-occurring substance use and mental health challenges will show progress in their recovery through reductions in substance use, improvements in mental health and meaningful changes in function.

Goal 2 Objectives: People who participate in the partial hospitalization service:

- a. will not experience escalation or exacerbation of substance use or mental health symptoms, as indicated by not utilizing crisis, acute mental health or higher levels of substance use services while participating in the program;
- b. will demonstrate reductions in substance use behavior as indicated by negative laboratory drug screening while participating in the program;
- c. will experience improvements in mental health symptoms as indicated by positive change on an appropriate structured tool; and
- d. will gain knowledge, skills or change their behavior as indicated by self-reported feedback measures.

### **Applicant Response for GTOC Step 2: Goals and Objectives**

CBH has identified the specific Goals and Objectives listed above for this service. Applicants may choose to identify additional Goals and Objectives. For each of the objectives listed above,

and any additional objectives that the Applicant identifies, the response to this RFP must include a complete objective statement that constitutes a measurable outcome. One possible example of an objective statement for Goal 2, Objective a. above is:

Goal 2, Objective a: 80% of people who participate in the partial hospitalization service will stabilize substance use and mental health challenges and therefore will not utilize crisis, acute mental health or higher levels of substance use services while participating in the program, as measured by provider reports and claims data.

To construct each objective statement, the following questions must be answered:

- What will change?
- For whom will it change?
- How much will it change?
- When will change occur?
- How will change be measured?

For Goal 2, Objective a, in the example above, the answers to the questions above might be:

- What will change: *stabilization (i.e. prevention of exacerbation of symptoms or intensification of needs) in the substance use or mental health symptoms.*
- For whom will it change: *80% of people who participate in the partial hospitalization service.*
- How much will it change: *0 episodes of utilizing crisis, acute mental health or higher levels of substance use services.*
- When will change occur: *during the episode of treatment in the partial hospitalization service.*
- How change will be measured: *provider reports and claims data of service utilization.*

Thus, the format for responses in this section should be as follows:

1. Re-Statement of Goal 1
  - a. Re-Statement of Goal 1, Objective a.
    - i. Complete Objective Statement for Goal 1, Objective a.
  - b. Re-Statement of Goal 1, Objective b.
    - i. Complete Objective Statement for Goal 1, Objective b.

(Repeat this format for each additional Objective and Complete Objective Statement under Goal 1, including additional Objectives that you identify)
2. Re-Statement of Goal 2
  - a. Re-Statement of Goal 2, Objective a.
    - i. Complete Objective Statement for Goal 2, Objective a.
  - b. Re-Statement of Goal 2, Objective b.
    - i. Complete Objective Statement for Goal 2, Objective b.

(Repeat this format for each additional Objective and Complete Objective Statement under Goal 2, including additional Objectives that you identify)
3. Statement of Goal 3 (if an additional Goal is identified)
  - a. Statement of Goal 3, Objective a.
    - i. Complete Objective Statement for Goal 3, Objective a.

(Additional information on writing Goals and Objectives will be provided at the Mandatory GTOC Pre-Proposal Conference that must be attended by all Applicants on January 29, 2015, as well as in the GTOC for Providers document posted on the DBHIDS website with this RFP).

### **GTOC Step 3: Best Practices**

CBH has been promoting the use of Best Practices, or more specifically the use of Evidence-Based Practices (EBPs) for several years. EBPs are models or programs that have been rigorously evaluated and found to achieve desired outcomes. CBH expects that applicants will look to the best available research evidence to identify EBPs that are appropriate for the population to be served and that have been demonstrated to achieve the objectives of the program (GTOC Step 2). EBPs are considered essential clinical tools for implementing an effective service. An EBP provides a strong clinical core for the program and a framework for approaching treatment from a consistent, evidence-driven approach.

The partial hospitalization service will be expected to deliver a range of services (see Step 6) to meet individuals' needs; however, in this section Applicants are asked to identify the core EBPs that will be implemented. It can be challenging to implement multiple EBPs fully with quality and fidelity. While treatment must be individualized, Applicants are asked to limit their response to describing the one or two EBPs that will be implemented as core clinical components for the treatment program. The EBPs also function as a unifying approach throughout the program. Therefore, it will be essential for all staff to receive training in all planned EBPs commensurate with their qualifications and role within the program.

Factors to consider when selecting an EBP include how it supports achieving the Goals and Objectives of the program (GTOC Step 2), the quality of the evidence for the EBP, the expected outcomes of that EBP, the population for whom there is evidence that the EBP is effective, and the implementation requirements and available supports (e.g., training and consultation, manuals, fidelity monitoring strategies, certification requirements).

EBPs for the partial hospitalization service include, but are not limited to, motivational enhancement therapy, cognitive behavioral therapy, dialectical behavior therapy, contingency management, relapse prevention, 12 step facilitation and/or telephonic counseling. Additional information on EBPs which may be appropriate for adults with co-occurring substance use and mental health challenges can be found in <http://www.nrepp.samhsa.gov/>

### **Applicant Response for GTOC Step 3: Best Practices**

For each of the EBPs (limit response to 1 or 2) to be used in the proposed program, please address the following:

1. Describe the EBP(s) that has been selected and provide a justification for why it was selected;
2. If more than one EBP has been chosen, explain how each will work in the context of the other EBP;
3. Describe the expected outcomes, based on the research evidence, of each EBP and how they align with the Goals and Objectives listed in Step 2;
4. Provide the training and implementation requirements for delivering the EBP with fidelity and quality;

#### **GTOC Step 4: Fit**

When selecting an EBP, it is also important to consider the “fit” of that model with the proposed service and the population for whom it will be delivered. A strong fit increases the probability that the EBP will be accepted by the priority population, community and staff, and will be well-integrated into other components of the partial hospitalization service. EBPs are frequently developed with an expectation that their implementation will maintain “fidelity” to the model as it has been conceived and put into practice. If there are aspects of the EBP that do not have a strong “fit” with the program, an alternative EBP should be considered, or strategies to make adaptations to the organization, service structure or the EBP (while preserving its core elements) can be planned to support successful implementation and to achieve the desired outcomes.

Several factors must be considered when determining the fit of an EBP for a program. These include the relationship between the proposed EBP(s) and:

- the needs, culture and community of the priority population;
- the applicant organization’s vision, mission and values;
- the structure and other service components of the proposed partial hospitalization service; and
- the recovery transformation framework as articulated in the Practice Guidelines.

#### **Applicant Response for GTOC Step 4: Fit**

For each of the EBPs (limit response to 1 or 2) to be used in the proposed program, please address the following:

1. Describe how the EBP fits with the priority population of the proposed service;
2. Describe how the EBP fits with the mission, vision and values of the applicant organization;
3. Describe how the EBP fits the recovery transformation principles; and
4. Given the nature of your organization and the priority population you propose to serve, describe how the EBP(s) you select can be implemented with fidelity to the model. If any adaptations are needed in the organization or in the EBP to ensure a strong fit with the EBP, describe those adaptations and explain how they maintain the core elements of the model. Be as specific as possible in providing details to support the belief that the selected EBP(s) will be effective in your proposed program.

#### **GTOC Step 5: Capacities**

In GTOC Step 5 – Capacities, Applicants must demonstrate that they are able to implement a partial hospitalization service for adults with co-occurring substance use and mental health challenges. There are essential capacities that must be in place to ensure that the program can be implemented as proposed and has the resources to achieve the desired outcomes. These include the capacities needed to implement the overall program and the proposed EBPs with quality.

There are five categories of capacities that must be addressed: 1) human capacities, 2) technical capacities, 3) fiscal capacities, 4) structural linkages, and 5) evaluation capacities. These capacities either must currently be present within the organization or a clear plan for developing those capacities, either through hiring skilled staff, training or professional development, must be articulated. For each item in the plan, the Applicant should identify each of the capacities listed above that will be needed to accomplish the task.

### **Applicant Response for GTOC Step 5: Capacities**

In this section, proposals must include a detailed account of the capacities that will be in place to implement the proposed partial hospitalization service. The proposal should include specification of the existing capacities within the organization or how those capacities will be developed. A narrative should be provided for each of these sections. Supporting documents are to be submitted as Attachments to the proposal.

1. **Human Capacities** – Human capacities refer to the personnel needed for successful implementation of the partial hospitalization service, including leadership, managerial, clinical and support staff. Applicants must demonstrate that they have the personnel with the required skills to implement the program successfully for this priority co-occurring population utilizing the selected EBP(s).
  - a. Provide a full staff roster, including the qualifications and full-time equivalents for each position, as Attachment 1 to your proposal; and
  - b. Identify which positions will be filled by existing staff members and which will be new hires.
  
2. **Technical Capacities** – Technical capacities refer to a combination of items such as manuals on evidence-based practices/best practices, computer hardware, program space and staff with technical skills such as data entry, computer technicians and specialized record keeping. Applicants must demonstrate that they have the specialized materials, supplies and operations in place to implement the partial hospitalization service and to deliver the EBP(s) and any other specialized services.
  - a. Include a section on how the capacity to deliver the specific EBP(s) identified in Step 3 will be developed (or has already been developed) including, but not limited to:
    - i. Training;
    - ii. Specialized materials, time and space needed for the delivery of the EBP
    - iii. Consultation and/supervision in use of the EBP;
    - iv. Integration into program operations, e.g., hiring, documentation, program evaluation;
    - v. Quality assurance strategies to assure fidelity to EBP and competence in program delivery; and
    - vi. Sustainability planning to maintain the EBP after initial training and implementation.
  - b. In this section, Applicants are to address additional technical capacities that may include, but are not limited to:
    - i. Computer hardware/software other technology (e.g., electronic medical records);
    - ii. HIPAA secure services to receive confidential information;
    - iii. Process for lab testing; and
    - iv. Materials and software for structured assessment measures.
  
3. **Fiscal Capacities** – Fiscal capacities include demonstrating the organization’s financial solvency and ability to support the implementation of this service. The budget must demonstrate that the program can be fully and adequately implemented.
  - a. Proposals must include proof of financial solvency as outlined in Appendix E and attached to your proposal as Attachment 2.

- b. Submission of a budget and budget narrative to demonstrate the viability of the proposed program is required. The operating budget must be provided for a one year period, assuming that the program is fully operational. Start-up funds are not to be budgeted but may be discussed with selected provider(s) during contract negotiations. All anticipated expenditures must be included in the program budget. The three (3) budget forms posted with this RFP on the DBHIDS website must be completed and attached to the proposal as Attachment 3. The budget narrative must describe any line items that require elaboration. The budget narrative should also include service projections in order to provide an understanding of how staff will be utilized and what you project service levels will be for the fully operational one year period. The service levels, i.e. units of service, should be projected in 15 minute increments.
- c. Based upon your budget and your projected service levels, we are requesting that you provide us with the reimbursement rate that you believe is necessary to support the levels of service being proposed. Your proposed reimbursement rate must be included in the budget narrative and must be for a 15 minute unit of service. The budget narrative must be included in this section and is part of the 30 page response limit.

To summarize, the proposed budget and budget narrative must be sufficiently detailed so that it is clear that the operating expenses, and in particular the staffing levels, are adequate to support the levels of service being proposed at the reimbursement rate that you propose. The number of slots being proposed, the required participant to staff ratios, the service projections and the anticipated revenue that you propose will be generated must all be taken into consideration and explained in the budget narrative to demonstrate that the proposed program can be operated and sustained. Budget forms and instructions for completing the budget forms are posted on the DBHIDS website along with this RFP.

4. Structural Linkages – Structural linkages include any partners needed to carry out the program, including collaboration with providers of related services such as primary health care, other levels of substance use and mental health services, community resources, vocational/educational resources, spiritual resources, housing resources, organizations with volunteer opportunities and any other resources with which the proposed program will collaborate.
  - a. Provide descriptions of those resources that are available within the organization and include Letters of Agreement (LOAs) and/or Memoranda of Understanding (MOUs) from partnering organizations as Attachment 4 to your proposal. These documents should specify the planned activities of the partnering organizations.
5. Evaluation Capacities – Evaluation capacities are the skills, personnel and technical hardware and software needed to carry out process and outcome evaluations and continuous quality improvement (CQI) activities of the project (described in the GTOC STEPS 7, 8 and 9). Proposals must include information about existing/new personnel and technical capacity or capacity that will be developed to do the following activities:
  - a. Collect and enter data;
  - b. Summarize data to identify program-level outcomes or trends; and
  - c. Report and review findings with internal stakeholders and with CBH.

### **GTOC Step 6: Plan**

In GTOC Step 6 - Plan, a plan must be presented that details the specific activities of the proposed program and how they will be implemented. The information provided in the plan is to



demonstrate how the activities of the program align with regulatory requirements and program expectations, are linked to the desired outcomes, and how anticipated barriers are addressed. It also must provide detailed information about *what* the activities of the program are and *how* they will be delivered. This plan can serve as a roadmap for monitoring the implementation of the program and identifying strategies to improve the plan if challenges are encountered.

The program expectations that must be addressed in GTOC Step 6 - Plan are detailed below.

### 1. Partial Hospitalization Services Overview

Partial hospitalization services are indicated for individuals who need a more intensive service than is offered in an outpatient level of care, but who do not require 24 hour hospital care. As such, providers must provide to each participant a minimum of 10 hours of service per week over a minimum of 3 days per week. Given the co-occurring nature of individuals being served by the partial hospitalization service, it is anticipated that most individuals will require 15- 20 hours of service per week. It is expected that most participants will use no more than 20 hours each week; however, the provider may determine, in consultation with CBH, that some participants will benefit from up to 25 hours per week.

The program must be open at least 40 hours per week to accommodate the varying schedules of the individual participants. Program hours must meet the needs of individuals who are employed or otherwise engaged in some type of structured activity, as well as those who are free during the work week. To meet this requirement, Applicants are expected to propose programs which include at least some evening and weekend hours. Therapeutic activities should include a combination of individual, group and family therapy, couples counseling, and medication management modalities commensurate with the needs of the person receiving services.

The identified priority population for this service is individuals with co-occurring substance use and mental health challenges. CBH expects that the program will utilize an integrated approach to treatment. The overall program also must reflect the 10 Core Values articulated in the DBHIDS' Practice Guidelines. Partial hospitalization services are expected to include the following programmatic, staffing, supervision and training components:

### 2. Integrated Screening and Assessment Process

Assessment is the foundation of effective treatment. It is an in-depth gathering of data and information to understand an individual's need for treatment which should be conducted in a collaborative, strengths-based manner. As part of the admission process, each prospective participant will receive an integrated, strengths-based screening and assessment which includes both substance use and mental health challenges. The screening and assessment shall be conducted in accordance with the requirements of the State Department of Drug and Alcohol Programs (DDAP), [http://www.portal.state.pa.us/portal/server.pt/document/648408/ch709h\\_ps\\_pdf](http://www.portal.state.pa.us/portal/server.pt/document/648408/ch709h_ps_pdf) and include a Level of Care (LOC) determination in accordance with the PCPC. For all BHSI-funded individuals, a Case Management Level determination is required.

In addition to meeting DDAP and PCPC requirements, the assessment must include a comprehensive bio-psychosocial evaluation (CBE). A CBE utilizes multiple sources of information, including a face-to-face interview, observations, structured assessment instruments for both substance use and mental health challenges, collateral resources, and laboratory diagnostic tests to identify strengths, challenges and severity. The information collected in the CBE should inform the development of a cohesive clinical formulation which, in turn, should

guide the treatment plan process and treatment. The CBE should be completed within 2-3 days of admission so this information is available to guide the development of the initial treatment plan. The initial crisis plan for each individual must also be developed within 2-3 days of admission. The CBE is to be completed primarily by master's prepared staff and should include at least 30 minutes of psychiatric assessment. A urine drug screen (UDS) and alcohol breath test will be required on admission and will be repeated on a weekly basis or more frequently if clinically indicated.

If it is determined that an individual would benefit from a different level of care or service, the provider will be responsible for collaborating with the individual, his/her supports, CBH, DBHIDS and/or BHSI to arrange appropriate referral.

### 3. Integrated Recovery Plan

The CBE and its clinical formulation serve as a blueprint for guiding the development of the integrated recovery plan that addresses substance use and mental health challenges. The recovery plan should include measurable goals targeting the individual's substance use disorder and mental health related needs. The initial treatment plan shall be completed within one week of the individual's entry into the partial hospitalization service and the comprehensive plan within 15 days after entry into the program. The recovery plan should be developed in collaboration with the individual and family/chosen advocates (when appropriate), include strengths, and be based on his/her stage of change, culture/spirituality, cognitive abilities, and educational background.

Recovery plans should aim to identify where the individual is on the recovery continuum and include treatment and services to help him/her successfully achieve the next stage in recovery. They should address challenges identified by the individual in the assessment, specific and measurable goals and objectives that can be supported through individual and group therapy as well as rehabilitation interventions, including ancillary supports and case management.

### 4. Individual and Group Therapy

The proposed partial hospitalization service for adults with co-occurring substance use and mental health challenges must be individualized and flexible. It must include both individual and group services based on individual needs. Each participant must receive at least 2 one-hour sessions of individual therapy each week and 2 or more sessions of group therapy each week that total a minimum of four hours. The group therapy sessions are to have a staff-to-participant ratio of no larger than 1:8. The therapeutic services are to include skill development, wellness education, development of community recovery networks, family engagement and may include 12-step program facilitation. Group and individual therapy should also be offered for tobacco use disorder issues and smoking cessation support. In addition to individual and group therapy, psycho-education programs that are designed to address core issues of human behavior and development associated with behavioral health challenges should be a component of the program. Psycho-education group sessions may have a staff-to-participant ratio of no larger than 1:16. Individual, group and psycho-education services must meet the individual's needs, as stated in the treatment plans of each participant, and include the evidence-based practices identified in GTOC Step 3.

### 5. Family Therapy and Collaboration

The proposed partial hospitalization service must include family/couples therapy and family engagement, when appropriate. Family interventions for individuals with co-occurring substance

use and mental health challenges should include psycho-education to foster understanding of co-occurring disorders, strengthen natural supports and improve treatment adherence.

#### 6. Medication Management, Medication Assisted Treatment and Coordination of Care with Medical Provider

The proposed partial hospitalization service must support and provide psychopharmacology as a tool for recovery, including treatment for mental health issues and medication assisted treatments for substance use disorders, including tobacco use disorders. The program must also take proactive steps to screen for individual medical needs and monitor and coordinate care with medical providers as needed.

#### 7. Relapse Prevention and Crisis Services

A key component of the treatment should involve helping participants develop knowledge and skills to anticipate and cope with the possibility of a relapse in the future. Applicants are expected to describe the relapse prevention components of their proposed partial hospitalization service, as well as how they will deal with relapses therapeutically in individual and group treatment, including how the information from the weekly urine drug screens will be integrated into individualized treatment.

Partial hospitalization services must have the capacity to provide crisis service. It is essential for the Applicant to describe the internal processes to handle crises. It is expected that the program will have capacity to provide support to participants in crisis on a 24/7 basis and will use Crisis Response Centers (CRCs) only when alternative options for crisis management have been exhausted. There needs to be an on-call protocol and capacity to perform a crisis assessment and provide support at times when participants are experiencing “cravings.” A crisis plan or relapse prevention plan should be developed with the active participation of every individual in the program. The crisis management plan should include elements which are designed to help the participant develop skills to manage his/her own crisis. The crisis plan should be developed based on knowledge of the individual’s prior responses to stress and personal struggles. In the event that a participant requires a higher level of care in the substance use continuum, it is expected that a member of the care team will communicate and coordinate with CBH and/or BHSI as well as assessment centers, as appropriate.

#### 8. Case Management

The proposed partial hospitalization service is expected to have a strong case management component. A major role of the case manager will be to provide outreach and encouragement to help participants resolve issues that may limit their regular participation in the program. The activities of the program case manager will include helping participants connect with community resources, such as housing, education, vocational and pre-vocational services, child care, transportation, physical health care, cultural, and recreational and spiritual resources either in the community in which the program is located or the individual’s home community. Case managers will support efforts to reach out to the individual’s family and chosen advocates to encourage their participation in the program. Further, case managers are to have a role in the development and implementation of continuing care plans for individuals as they prepare to leave the program. Case managers will support “warm handoffs” to other levels of care and community resources. Proactive collaboration is expected when participants have Targeted Case Management or BHSI case managers external to Partial Hospitalization Services.

## 9. Psychosocial Rehabilitation and Recovery Activities

In addition to the clinical treatment components of the partial hospitalization service outlined above, there are many activities that can support individuals in building recovery capital and facilitate community recovery networks. These activities can support success in the program and be used by participants in the community post-discharge. The partial hospitalization service should include educational, pre-vocational and vocational services, creative arts, spiritual resources, volunteer opportunities, child care and housing resources, either through on-site activities or through demonstrated linkages to community supports which are essential to recovery.

In particular, because of the importance of stable housing for the participants in the program, the proposed partial hospitalization service is expected to develop a strong strategy for collaborating and coordinating with participants' housing supports. For example, creative strategies regarding co-location and/or close proximity to shelters, transportation arrangements to and from shelters and recovery houses and demonstrated coordination of services and care with staff of recovery houses and shelters should be present.

## 10. Trauma-Informed Care

It is well documented that there is a high incidence of trauma among individuals who have co-occurring disorders. Because trauma has profound effects on individuals, including their ability to participate in treatment, the partial hospitalization service must include a trauma-informed approach to care that includes screening tools to identify trauma, and trauma-specific services and approaches that create a safe and healing environment for participants who have experienced trauma.

## 11. Continuing Care Planning

Partial hospitalization services are a short-term intervention for which the length of stay is to be individualized. Most participants will remain in the program for approximately 30 to 45 days, but individual participants may be discharged in less than 30 days or need more than 45 days service. An essential program component is continuing support planning. This function should begin with the initial assessment and be reflected in all recovery plans and recovery plan updates. It should address continuing needs for treatment and demonstrate strong referral relationships to other levels of care within the treatment continuum, as well as supportive services, housing, employment/education plans, medication list, follow-up appointments, and include a crisis and continuing support plan. Additionally, participants should be informed about and linked with community resources and have received "warm handoffs" to the resources they plan to use immediately following partial hospitalization.

## 12. Staff Training

Because partial hospitalization services target individuals with co-occurring substance use and mental health challenges, all staff are expected to be cross-trained in addiction and mental health and be able to treat both disorders concurrently. It is understood that many professionals have expertise in either mental health or substance use treatments and may need training opportunities to develop the skills to treat someone with both needs in an integrated approach. Therefore, partial hospitalization services must have plans in place for how they will recruit staff and provide training to develop this expertise among all staff members.

Staff also must receive training in EBP(s) to be used in the service design to assure that it is implemented with fidelity and competence.

Further, staff must receive training on the principles of transformation which underlie the programs and services of DBHIDS/CBH.

Resources for establishing and evaluating workforce competence in co-occurring substance use and mental health challenges are available in the SAMHSA Treatment Improvement Protocol (TIP) 42 <http://store.samhsa.gov/shin/content//SMA13-3992/SMA13-3992.pdf> and at the SAMHSA website on Co-Occurring Disorders <http://media.samhsa.gov/co-occurring/topics/healthcare-integration/define-integrated-services.aspx>.

### 13. Staffing

All employees and contracted individuals providing clinical services in the program must comply with Pennsylvania Department of Drug and Alcohol Programs and CBH staffing requirements, as appropriate.

The configuration of clinical staff, administrative/support staff and consultative staff and the need for multidisciplinary staff should be reflective of the size of the program, the program setting and its array of services. Each staff person, with the exception of the peer staff, must be a Certified Addictions Professional with at least certification of Certified Alcohol and Drug Counselor (CADC). The staffing pattern must meet ASAM/PCPC requirements for adult partial hospitalization services.

a. Physician – The program should include an adult board certified psychiatrist with training in both substance use and mental health services to provide mental health treatment. ASAM certification or certification in the Subspecialty of Addiction Psychiatry is preferred. The physician is expected to provide clinical services to reasonably manage withdrawal symptoms that do not require inpatient detoxification. The physician should be experienced in providing medication assisted treatments, including but not limited to buprenorphine, methadone, naltrexone/Vivitrol, acamprostate and medications for the treatment of tobacco use disorders. Psychopharmacology for mental health treatment must also be provided. It is expected that physicians will be involved in assessment and recovery planning, provide leadership to the treatment team and participate in treatment team meetings, provide individual treatment, at a minimum once per week for medication management, participate in CBEs, and provide supervision of physician extenders. Physician extenders such as Certified Registered Nurse Practitioners (CRNP) or Physician Assistants (PA) may be utilized for the provision of some of these services under contracted supervision by the physician listed above.

b. Individual, group and marriage/family counselors –Staff who offer counseling must have at least the following preparation: staff who provide individual therapy must have at least a Master's Degree with one of the following credentials: licensed in PA as a Professional Counselor, Clinical Social Worker, Marriage & Family Therapist or Psychologist; Certified Alcohol and Drug Counselor or Co-occurring Disorders Professional. Staff providing group therapy must have at least a bachelor's degree and CADC certification. All staff must have expertise in co-occurring substance use and mental health challenges. There must be sufficient counseling/therapeutic staff to have a counselor to participant ratio of no more than 1:10 for this service. Each participant is to receive at least two individual and two group counseling services per week. In addition, the staff must include a marriage and family therapist to provide counseling on

relationship issues with the participant and his/her family. Staff who provide marriage and family counseling must be at the master's level and at least have a Certified Alcohol and Drug Counselor (CADC) certification. Staff providing counseling may also be psychologists with appropriate addictions certification.

c. Recovery specialists who are peers are expected to be an integrated part of Partial Hospitalization Services, including supporting the delivery of groups, providing individual supports, and serving in a peer advisory capacity for program development and quality improvement.

d. Case managers - Case managers must have experience with a wide range of community resources and the skills to offer outreach to families and advocacy for participants with a range of programs. There must be sufficient case management staff to have a case manager-to-participant ratio of 1:20 for this service. Case managers must be bachelor's prepared and have prior experience working with adults with substance use and/or mental health challenges.

e. Nursing services – The program is expected to have some portion of a full-time equivalent (FTE) registered nurse on staff. This person will be responsible for physical health assessments, monitoring of vital signs, medical education to participants, coordination with the participant's primary care physician (PCP), dispensing medications on-site and taking responsibility for urine drug screens.

#### 14. Supervision

The partial hospitalization service is expected to have a planned structure for delivering clinical supervision to all staff members. Supervision must focus on ensuring a collaborative team approach to the delivery of consistent, high quality, evidence-based services as well as to encourage the professional development and well-being of staff. Supervision time should not primarily be used to address administrative tasks. At a minimum, weekly case reviews and treatment team meetings must be conducted. The physician is expected to supervise recovery planning and the physician extenders through chart review and face-to-face contact. The physician is expected to be available for consultations, as needed. Lead clinicians are to provide supervision to therapeutic staff. Applicants must provide a clear delineation of supervision for both clinical and administrative issues. CBH standards for supervision may be found at the following site: <http://www.dbhids.us/assets/Forms-Documents/CBH/Bulletin-13-02-Implementation-of-the-Network-Inclusion-Criteria.pdf>.

#### 15. Physical Site

The program must be located within the city of Philadelphia. If the proposed site is being used for another behavioral health service, describe the changes that will need to be made to it for it to house the adult partial hospitalization service. If the proposed site is not currently being used by the applicant to offer behavioral health services, it will be necessary to provide documentation of site control and demonstrate that the proposed site will become operational in a timely way. Site control can be demonstrated through ownership documents, leases or proposed leases and any other documentation demonstrating current or pending site control.

It is important to demonstrate community support for the sited program through documentation of support from immediate neighbors and from organized community and civic associations and elected officials representing the area in which the proposed program is to be located.

Participants in partial hospitalization services will be on-site for several hours each day; therefore, the program is expected to provide services in a setting that can accommodate an array of therapeutic and auxiliary services and is comfortable, safe and supportive of community-building among participants.

**16. Transportation**

Applicants are expected to develop transportation arrangements for all program participants either using agency vehicles or through arrangements with the Medicaid transportation provider. Program participants should also be oriented to and encouraged to use the public transportation system whenever possible. The program will be responsible for assuring that all participants are able to attend on a daily basis and that transportation does not represent a barrier to participation.

**17. Agreements with Housing Providers**

Applicants must demonstrate referral relationships with housing providers because many participants are likely to lack stable housing. It is essential that housing concerns do not become a barrier to program participation or to continued recovery after discharge. Applicants must demonstrate these relationships through Letters of Agreement (LOAs) or Memoranda of Understanding (MOUs) which are to be included as Attachment 5 to the proposal.

**Applicant Response for GTOC Step 6: Plan**

Provide a plan and description of each of the activities of the proposed partial hospitalization service. The format for providing this information is as follows:

**1. Partial Hospitalization Services Overview**

- a. An overview (executive summary) of the program should describe the guiding principles of the program, the general treatment model, core interventions offered by the program (including how selected EBPs will be integrated), and how they align with an integrated, recovery-oriented framework for people with co-occurring substance use and mental health challenges. This section should include a discussion of the priority population to be served, the capacity of the program/number of proposed slots and projected number of people to be served annually.
- b. Identify each of the main activities offered in the program. Use the chart below to provide an overview of each activity including a description, staffing, participants, outputs (including frequency and duration) and connection to objectives. Include the completed chart as Attachment 6 to your proposal. To supplement the chart please provide a narrative description of the program activities and how they are integrated into the service as a whole in this section of your proposal response.

PARTIAL HOSPITALIZATION PROGRAM ACTIVITIES PLAN					
Activity	Description	Staff	Participants	Outputs	Connection to Objectives
EXAMPLE: EBP Group therapy	Group delivered according to EBP model	1 therapist + 1 Peer	Anyone in program, 8:1 staffing ratio	5 days/ week, 2 hours/ day	Reduction in substance use (Goal 2, Objective B)

- c. Applicants must provide at least one sample weekly schedule as Attachment 7 to their proposals for an individual participating in the partial hospitalization service to demonstrate how these activities would be coordinated for that participant.

Proposals should include, but are not limited to, a description of each of the following components of the program, including the specific information requested below.

2. Integrated Screening and Assessment Process
  - a. Screening tools to identify both substance use and mental health challenges, including history of trauma and posttraumatic stress disorder symptoms;
  - b. Professionals responsible for completing this activity; and
  - c. Process for determining when an individual is not appropriate for the partial hospitalization service.
3. Integrated Recovery Plan
  - a. Approach to recovery planning, staff that will participate, information that will be included and how the individual and family members will be included;
  - b. How recovery plans guide the team approach to interventions and information is gathered and used for updates to that plan; and
  - c. Include a sample, de-identified, recovery plan as Attachment 8 to your proposal.
4. Individual and Group Therapy
  - a. Overview of individual and group therapies;
  - b. The qualifications and training of the professionals delivering these services;
  - c. How these are person-centered and individualized to a person's stage in recovery; and
  - d. Provide information on any other treatment modalities to be used in addition to the EBPs described in GTOC Step 3. Describe how these treatment modalities will be integrated with the chosen EBPs.
5. Family Therapy and Collaboration
  - a. Overview of family therapy, including couples therapy, and collaboration; and
  - b. How families and/or other social supports will be engaged in treatment and/or other aspects of the partial hospitalization service, including psycho-education groups.
6. Medication Management and Medication Assisted Treatment and Coordination of Care with Medical Provider
  - a. Overview of medication treatment approaches for both mental health and substance use challenges;
  - b. Plan for use of physician and/or physician extenders in the program; and
  - c. Steps taken to screen for medical needs and coordinate care with medical providers.
7. Relapse Prevention and Crisis Services
  - a. Overview of the approach to relapse prevention and how this is integrated into the treatment team activities and the recovery plan, to assure that skills are taught and reinforced to support the development of coping skills and strategies;
  - b. Overview of program's crisis services, including 24/7 availability and on-call protocol to respond to crises; and
  - c. Sample relapse and crisis plan for an individual as Attachment 9 to your proposal.
8. Case Management
  - a. Overview of case management services, including strategies to encourage and support participant attendance in the program, case managers' role in supporting access to housing, education, vocational and pre-vocational services, child care, transportation, physical health care, cultural, and recreational and spiritual resources, outreach to the



- individual's family and chosen advocates, addressing issues that may limit regular participation of families and advocates in the program and continuing care planning.
9. Psychosocial Rehabilitation and Recovery Activities
    - a. Overview of activities to support building recovery capital and facilitate community recovery networks; and
    - b. Discussion of strategies related to community supports, including coordination with housing resources, educational, pre-vocational and vocational services, creative arts, spiritual resources, volunteer opportunities and child care, either through on-site activities or through demonstrated linkages which are essential to recovery.
  10. Trauma-Informed Care
    - a. Overview of trauma-informed approach, including screening tools to identify trauma and trauma-specific services;
    - b. Overview of approaches that create a safe and healing environment for participants who have experienced trauma, including staff training; and
    - c. Overview of trauma-specific services to be provided in the program.
  11. Continuing Care Planning
    - a. Overview of continuing care planning, including referral relationships to other levels of care;
    - b. Linkages to supportive services, housing, employment/education plans, follow-up appointments, and include a crisis and continuing support plan; and
    - c. Strategies to ensure linkages with next treatment provider and community resources.
  12. Staff Training
    - a. Training plan to ensure all staff are skilled in the EBP(s) selected for the proposed program and in providing integrated co-occurring substance use and mental health services challenges, including how these issues will be addressed in recruitment and when there is staff turnover;
    - b. Overview of staff training on the principles of transformation which underlie the programs and services of DBHIDS/CBH; and
    - c. Any additional training provided to staff.
  13. Staffing
    - a. Overview of how each staff member will work in an interdisciplinary manner as a unified treatment team (staff roster was required in Step 5);
    - b. Chart of staff with supervisory relationships, to be included as Attachment 10 to your proposal ; and
    - c. The role of the Recovery Specialist in the program.
  14. Supervision
    - a. Overview of the supervisory structure of the program, including supervisory responsibility, frequency and approach to supervision for each staff member.
  15. Physical Site
    - a. In this section, the proposal must describe the location of the property where the program will be located, including demonstration of site control. For demonstration of site control, supporting materials may include, but are not limited to: ownership documents, leases or proposed leases, to be included as Attachment 11 to your proposal.
    - b. Indicate community support for the proposed location. Documentation of community support includes letters of support from immediate neighbors, organized community and civic associations and elected officials representing the area in which the proposed program is located, to be included as Attachment 12 to your proposal..

- c. Describe the features of the physical setting (e.g., group room, community common spaces, computer training room, etc.).
16. Transportation
- a. Describe the transportation arrangements to assure that participants are able to attend the program, including use of agency vehicles, arrangements with the Medicaid transportation provider, and the plan for orienting to and encouraging the use of the public transportation system whenever possible.
17. Agreements with Housing Providers
- a. Explain how participants' housing needs during and following program participation will be addressed. Include in the discussion any Letters of Agreement (LOAs) or Memoranda of Understanding (MOUs) that you attached to your proposal describing the referral arrangements for housing agencies that you may have included as part of Step 5 - Capacities, Structural Linkages.

**GTOC Step 7: Implementation and Process Evaluation**

It is essential to develop an Implementation Plan that includes all steps needed to establish a partial hospitalization service for adults with co-occurring substance use and mental health challenges. To achieve quality implementation which will lead to the desired outcomes, there must also be a plan to monitor the implementation of all components of the service to assure that all needed steps are completed. The process evaluation monitors the activities used to implement the program, changes to the implementation plan and the rationale for each change, outputs of the service (e.g., number of participants, amount of service delivered), participant and staff satisfaction with the program, and the fidelity and quality of the program components.

**Applicant Response for GTOC Step 7: Implementation and Process Evaluation**

In this section, proposals must include an overview of the plan for implementation and process evaluation, including:

1. Development of an Implementation Plan that describes how each component of the partial hospitalization service will be fully implemented with a timeline for implementation from contract award to full operation, which will optimally be a period of no more than 6 months. The Plan must outline in chart form all of the key activities needed for full implementation [e.g., preparation of facilities, licensure, staff recruitment and training, implementation of the EBP(s), creating community connections, receiving referrals, intakes, delivering program components, etc.], who is responsible for each activity and the timeline for completion of each activity. The Implementation Plan chart is to be submitted as Attachment 13 to your proposal.
2. The Plan also includes a narrative description of the composition of the team responsible for initial implementation of the partial hospitalization service and any other details of the activities that will be completed in order to implement the proposed program fully. The narrative description is to be included in this section of the proposal response.
3. Identification of the evaluation team that will be responsible for the development, oversight and use of the process evaluation data. It should be a multidisciplinary team which includes a combination of leadership, management and front-line staff.
4. Completion of the Process Evaluation Plan grid below and submission as Attachment 14 to your proposal. Include additional process evaluation indicators on the grid that the program plans to measure.
5. Narrative to be used in conjunction with the grid below to explain additional information that will help to elaborate further on the Process Evaluation Plan is to be included in this section of the proposal response.

PROCESS EVALUATION PLAN				
	Measurement Tool / Data Source	Frequency of measurement	Frequency of reporting	Person responsible
Updates on completion of implementation activities				
Reports on any mid-course corrections and why they were needed				
Number of participants				
Participant characteristics				
How much of each program component was provided to participants (dosage)				
Extent to which components delivered as intended (fidelity) and with quality				
Participant and family member satisfaction				
Staff perception of the program				

**GTOC Step 8: Outcome Evaluation**

An outcome evaluation measures the extent to which the program achieved its goals and objectives (GTOC - Step 2). It answers questions about what the program accomplished, with which participants and under what conditions. The Goals and Objectives identified in GTOC Step 2 and your response for GTOC Step 2 are the basis for the outcome evaluation.

Outcomes should focus on changes in participants’ knowledge, skills, attitudes and/or behavior and should be quantifiable, precise and unambiguous, routine and administratively simple, timely, reliable and consistent, documented and verifiable, and cost-effective. CBH will collaborate with the partial hospitalization service to provide data that is available to CBH (e.g., claims indicating utilization of other services in the CBH continuum) for the outcome evaluation. CBH will also use the data to evaluate the cost-effectiveness of the service.

**Applicant Response for GTOC Step 8: Outcome Evaluation**

In this section, proposals must include an overview of the plan for outcome evaluation, including:

1. Identification of the evaluation team that will be responsible for the development, oversight and use of the outcome evaluation data. Please indicate overlap in team membership with the process evaluation team.
2. Completion of the Outcome Evaluation Plan grid below and submission as Attachment 15 to your proposal. Include any additional outcome evaluation indicators that the

program plans to measure. Please be sure to provide information for each objective listed in GTOC Step 2 - Goals and Objectives.

6. Narrative to be used in conjunction with the grid below that will summarize the following information for the design of the Outcome Evaluation Plan is to be included in this section of the proposal response:

- Information that will be used for the outcome evaluation;
- Measurement instrument/tool(s) for collecting data;
- How the data will be collected (by phone, interview, questionnaire);
- By whom/from whom;
- How often/at what time intervals;
- How data will be entered;
- How data will be summarized/analyzed and reported;
- Person (s) responsible; and
- Timeline for reporting.

OUTCOME EVALUATION PLAN						
GOAL 1	Measure- ment tool	Data Source	Data collection strategy	Frequency /interval of data collection	Data entry strategy	Data analysis / reporting plan
OBJECTIVE A						
OBJECTIVE B						
etc.						

**GTOC Step 9: Continuous Quality Improvement (CQI)**

GTOC Steps 7 and 8 provide the process and outcome evaluation data that are needed to engage in the Continuous Quality Improvement (CQI) process in Step 9. They provide data that indicate the challenges to success and the strengths of the program. CQI refers to a planned, systematic, formal and ongoing process with the goal of improving the program and its outcomes. Because quality improvement efforts are done in repeated cycles to build on past performance, these ongoing efforts are referred to as “continuous” quality improvements. Organizations should conduct CQI whether or not there is a problem; there is always something that can be done better, even when things are going well.

CQI involves, in an orderly way, looking at the information and data you have about the planning, implementation, outputs, and outcomes of the service. To engage in CQI, it is essential to review Steps 1-8, thinking about what the process and participant outcome data tell about how the service can be improved. To achieve a successful CQI process, the provider should develop a multidisciplinary CQI team to assure that process and outcome evaluation data are being reviewed internally.

**Applicant Response for GTOC Step 9: Continuous Quality Improvement (CQI)**

In this section, proposals must include an overview of the plan for CQI, including:

1. An overview of the Plan for CQI process. The CQI Plan must be built upon the responses to the process and outcome evaluations which comprise STEPS 7 and 8;
2. Identification of the CQI team and indication of overlap in team membership, if any, with the process and outcomes evaluation teams;
3. The data that will be reviewed;
4. Description of when/how often the data will be reviewed internally;
5. Description of how staff/participants/program alumni will be included in the CQI process; and
6. How the conclusions from the review will be used to guide future program delivery.

### **GTOC Step 10: Sustainability**

Sustainability is a critical issue for providers to consider as soon as they are contracted for a new service. Sustainability is not only about continued funding, it also includes consideration of the capacity to develop and maintain a high quality service which meets its specified goals and objectives. It is essential that sustainability planning includes strategies for maintaining program integrity and quality through the inevitable staff and administrative changes. The process also looks for and develops champions from the community who will be spokespersons for the program.

Funding and quality can best be sustained when:

- Desired outcomes have been achieved;
- The community likes and values the service;
- The service has a champion;
- Multiple staff members are trained to provide services in the program;
- The service was implemented and maintained without gaps due to staff turnover; and
- The service has organizational support.

### **Applicant Response for GTOC Step 10: Sustainability**

In this section of the Proposal, applicants must:

1. Identify potential threats to the sustainability of the program, in particular to achieving and maintaining program quality.
2. Identify strategies the applicant has identified to address those threats.
3. How will specific training and skills be transferred to new employees when there is staff turnover?
4. How will information about the program success be shared within the organization and the community?

## **III. Proposal Operational and Submission Requirements; Selection Process**

### **A. 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 CQI 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 CQI Departments to ensure the quality and completeness of data. Reporting requirements may be modified prior to or during the contract award period.

## **B. Performance Standards**

Selected Applicant(s) will be required to meet CBH credentialing standards. Selected Applicant(s) must also submit all of the required information as articulated in GTOC Steps 7 through 9 above in the time frames that are proposed by the selected Applicant(s) and agreed to by CBH as one of the mechanisms to assess performance. Continuation of the contractual relationship for the provision of the services will be contingent on successful achievement of the outcome and quality measures that are incorporated into the contract.

## **C. Available Information**

In 2005, DBHIDS and CBH initiated a system transformation to change service delivery for people who live with behavioral health challenges. Transformation in Philadelphia moves beyond the field's historical focus on pathology and disease processes to a model directed by the person in recovery's needs, wants and desires and that emphasize the individuals' culture, resilience and unique recovery processes. A recovery/resilience-oriented system attends to the issues of symptom reduction but ultimately provides access to services, supports, environments and opportunities that help individuals restore a positive sense of self and rebuild a meaningful and fulfilling life in their community. Through the implementation of recovery/resilience-oriented innovative, evidence-based, evidence-informed and promising practices, the system transformation holds the potential to improve quality of care and the lives of service recipients and their families. As the primary mechanism for implementing the system transformation, DBHIDS issued The Practice Guidelines for Recovery and Resilience-Oriented Treatment in 2011, and these guidelines can be found at <http://www.dbhids.org/practice-guidelines/>.

## **D. 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 proposals, 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.

Proposals submitted by successful Applicants will provide the starting point for contract negotiations. Changes to the proposed reimbursement rate and the program elements that may be required by CBH as part of negotiations will result in the Applicant's submission of revisions to the original proposal. Such resubmission, or resubmissions, will be required until such time as the full proposal represents the agreed upon reimbursement rate and scope of work for the proposed program. This reimbursement rate and scope of work will be incorporated into the contract.

The selected provider agencies 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.

## **E. Health Insurance Portability and Accountability Act (HIPAA)**

The work to be provided under any contract issued pursuant to this RFP may be 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 protected health information. The selected Applicant(s) will be required to comply with all applicable federal,

state and city laws and regulations and to CBH confidentiality standards identified in any contractual agreement between the selected Applicant and CBH.

#### **F. 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 Attachment 16 to the original proposal 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.
  - Minority individuals, women or people with disabilities who are owners must possess the power to make day-to-day and long-term decisions on matters of management, policy, and operations.
  - There must not be any formal or informal restrictions (such as bylaws, partnership agreements, etc.) that limit the authority of owners who are minority individuals and/or women and/or people with disabilities to make decisions and determine the future of the business.
  - Owners who are minority individuals and/or women and/or people with disabilities must demonstrate that they possess the experience, expertise, and knowledge to operate their particular types of business.

- 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](http://www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority_and_women_business_opportunities/1358)

**G. City of Philadelphia Tax and Regulatory Status and Clearance Statement**

As CBH is considered 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, as Attachment 17 to 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.

**H. Compliance with Philadelphia 21<sup>st</sup> 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 21<sup>st</sup> 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,<sup>1</sup> 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.

### **I. 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 (*see* footnote 1 for online access to the Philadelphia Code), 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

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<sup>1</sup> A link to the Philadelphia Code is available on the City’s official web site, [www.phila.gov](http://www.phila.gov). Click on “City Code and Charter,” located to the bottom right of the Welcome page under the box “Transparency.”

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.

#### **J. 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 as Attachment 18 to the proposal.

#### **K. 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 as Attachment 19 to the proposal the CBH Disclosure of Litigation Form (see Appendix D).

#### **L. Selection Process**

A proposal review committee will review all submissions and will make recommendations concerning the responses that are best able to meet the goals of the RFP.

##### **1. 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.B., 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. CBH will determine if a provider is in good standing by reviewing information collected through clinical, quality, compliance and credentialing oversight functions. Examples of findings from these oversight functions that could disqualify a provider from being in good standing may include but are not limited to: 1. Level II Quality Improvement Plan (QIP) (CBH); 2. Consecutive Network Improvement and Accountability Collaborative (NIAC) credentialing statuses of 1 year or less (DBHIDS); 3. Provisional licensure (State). 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 RFP.

Threshold requirements also include consideration of the applicant’s financial status. Financial status includes those considerations and requirements that are outlined in Appendix E of this RFP and submitted by Applicants as Attachment 2 to the proposal.

Applicants that do not meet all of the threshold requirements may have their proposals disqualified. Applicants that do meet all of the threshold requirements will have their proposals reviewed by the proposal review committee.

**IV. Proposal Administration**

**A. Procurement Schedule**

The anticipated procurement schedule is as follows:

RFP Event	Deadline Date
RFP Issued	<b>January 8, 2015</b>
Mandatory Applicant’s Meeting	<b>January 15, 2015,</b>
Submission of Mandatory Non-Binding Letter of Intent	<b>January 22, 2015, 5:00 PM</b>
Mandatory GTOC Training for Applicants	<b>January 29,2015, 9AM-4PM</b>
Deadline to Submit Questions	<b>February 18, 2015</b>
Answers to Questions Posted on Website	<b>February 25, 2015</b>
Proposal Submission Deadline	<b>March 25,2015, 5:00 PM</b>
Oral Presentations if Necessary	<b>Week of April 27, 20015</b>
Applicants Identified for Contract Negotiations	<b>Week of May 11, 2015</b>

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

This RFP is issued on January 8, 2015. In order to be considered for selection, all proposals must be delivered to the address below no later than 5:00 PM on Wednesday, March 25, 2015.

Community Behavioral Health  
 801 Market Street  
 7<sup>th</sup> Floor  
 Philadelphia, PA 19107

ATTN: Hans Leach

- Proposal packages should be marked “Substance Use Adult Partial Services.” Proposals submitted by any means other than mailing, courier, or hand delivery will not be accepted.
- Applicants must submit an electronic version of the proposal prepared as a PDF document placed onto a compact disc or flash drive with one clearly marked signed original proposal and eight (8) copies of the proposal.
- Proposals 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 proposal, must sign the cover sheet of the proposal.

**B. Questions Relating to the RFP**

All questions concerning this RFP must be submitted in writing via email to Hans Leach at

hans.leach@phila.gov by February 18, 2015 at 5:00 PM. CBH will respond to questions it considers appropriate to the RFP and of interest to all Applicants, but reserves the right, in its discretion, not to respond to any question. Responses will be posted on the DBHIDS website. Responses posted on this website become part of the RFP upon posting. CBH reserves the right, in its discretion, to revise responses to questions after posting by posting the modified response. No oral response to any Applicant question by any CBH employee or agent shall be binding on CBH or in any way considered to be a commitment by CBH. Contact with other CBH staff, or other related staff, regarding this RFP is not permitted and failure to comply with this restriction could result in disqualification.

### **C. Interviews/Presentations**

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

### **D. Term of Contract**

The initial contract resulting from this RFP will start within 90 days of receipt of the award letter and will cover the remaining period of the existing calendar or fiscal year, as appropriate. 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/Proposals; 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 a proposal in response to this RFP. No proposal will be considered in which a City or CBH employee or official has a direct or indirect interest. Any proposal 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 Proposals (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 proposals 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 proposals 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 proposals prior to the RFP proposal 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 proposal selection:

- (a) to reject any proposal if CBH, in its sole discretion, determines the proposal is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in its best interest to reject the proposal;
- (b) to reject any proposal 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;
- (c) to waive any defect or deficiency in any proposal, 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 proposal;

- (d) to require, permit or reject, in CBH's sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their proposals by some or all of the Applicants at any time following proposal submission and before the execution of a final provider agreement or consultant contract;
- (e) 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 proposal, in whole or in part, as CBH, in its sole discretion, determine to be in CBH's best interest;
- (f) to enter into negotiations with any one or more Applicants regarding price, scope of services, or any other term of their proposals, 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; and
- (g) 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 proposals, without informing other Applicants of the changes or affording them the opportunity to revise their proposals in light thereof, unless CBH, in its sole discretion, determine that doing so is in and CBH's best interest;
- (h) 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;
- (i) to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contract to an Applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different Applicant and enter into negotiations with that Applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
- (j) 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;
- (k) 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 proposal and its ability to achieve the objectives of this RFP;
- (l) to conduct on-site investigations of the facilities of any one or more Applicants (or the facilities where the Applicant performs its services);
- (m) to inspect and otherwise investigate projects performed by the Applicant, whether or not referenced in the proposal, with or without consent of or notice to the Applicant;
- (n) 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;
- (o) 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

- (p) 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(s) 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(s) shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful Applicant(s) agree(s) 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 proposals, 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 contractors will be required to assume responsibility for all services described in their proposals 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 proposals 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. Proposals 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 a proposal does not affect this right.

**I. Selection/Rejection Procedures**

The Applicant(s) 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 proposal 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 proposal. Applicants whose submissions are not selected will also be notified in writing by CBH.

**J. 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.

**K. Non-Discrimination**

The successful Applicant(s), as a condition of accepting and executing a contract with CBH through this RFP, agree(s) 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.



**APPENDIX A**

**RFP PROPOSAL COVER SHEET**

**COMMUNITY BEHAVIORAL HEALTH**

**SUBSTANCE USE ADULT PARTIAL HOSPITALIZATION SERVICES**

CORPORATE NAME OF  
APPLICANT ORGANIZATION \_\_\_\_\_

CORPORATE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROGRAM SITE LOCATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

## APPENDIX E

### Financial Capability and Fiscal Solvency 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:

- 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.