

REQUEST FOR QUALIFICATIONS

for

**BEHAVIORAL HEALTH CARE CONSULTANCY
MODEL IN PHYSICAL HEALTH CARE SETTINGS**

issued by

COMMUNITY BEHAVIORAL HEALTH

**Date of Issue
June 12, 2015**

**Proposals must be received no later than 5:00 P.M.,
Philadelphia, PA, local time, on July 6, 2015**

Questions related to this RFQ should be submitted via E-

mail to: Angela.Davis-Stokes@phila.gov

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

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I. Project Overview

A. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is issuing a Request for Qualifications (RFQ) to expand behavioral health services in physical health care settings. This RFQ is the first step in CBH's process of obtaining proposals from qualified Federally Qualified Health Center (FQHC) Look-Alike entities and previously ACCO funded HIV primary care clinics. Through this RFQ, CBH will identify the most qualified respondents to this RFQ, who will be invited to participate in a subsequent Request for Proposals process. CBH will only consider proposals from prospective Federally Qualified Health Center (FQHC) Look-Alike entities and previously ACCO funded HIV primary care clinics that are selected pursuant to this RFQ. This RFQ provides the opportunity for physical health care providers to develop behavioral health care services that become part of the CBH network or to have ongoing behavioral health services become part of the CBH network. Physical health services providers who are now providing behavioral health services as part of the CBH network do not need to reply to this RFQ.

B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services for the provision of behavioral health services to Philadelphia's Medical Assistance (MA) 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 DBHIDS, contracts with CBH to administer the HealthChoices program.

CBH was established as a non-profit organization by the City in 1997 to administer behavioral health services for the City's approximately 470,000 Medical Assistance 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 \$900 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 build 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 of self-determination and is individualized, comprehensive, flexible, person-first (culturally responsive), and designed to support health and wellness across the lifespan. In administering behavioral health services for Philadelphia's Medical Assistance recipients, CBH has been actively involved in the support and implementation of this system transformation.

C. Project Background

CBH has encouraged the practice of integrating behavioral health services into physical care settings. Since 2007, 23 Federally Qualified Health Centers in Philadelphia County have adopted the Behavioral Health Consultant (BHC) model in which a behavioral health professional provides short term behavioral health care in coordination with the individual's physical care provider.

The rationale for integrated care is supported by research literature. Data from community epidemiological surveys suggest that psychiatric disorders are prevalent with approximately 46.6% of the U.S. population meeting criteria for one or more such disorder in their lifetime, and 26.2% of the population meeting criteria in a given year (Kessler and Wang, 2008). Despite the high prevalence of psychiatric disorders among the general population, many do not seek or receive treatment (Kessler et al, 2005; Mechanic & Bilder, 2004), particularly the elderly, those with less severe psychiatric disorders, children and adolescents, racial and ethnic minorities, and individuals with behavioral health challenges who present with primarily physical symptoms (U.S. Department of Health and Human Services [DHHS], 2006). For those who do eventually receive treatment, there is a delay in care, ranging from 6 to 9 years for mood disorders to 9 to 23 years for anxiety disorders (Wang et al., 2005). Unrecognized or untreated psychiatric disorders impose a substantial burden on individuals, families, communities, and health systems (World Health Organization [WHO], 2008), highlighting a growing public health concern.

Primary care settings are the first place many individuals look for treatment of behavioral health issues (Byrd, O'Donohue & Cummings, 2005). Individuals seeking behavioral health care are as likely to be seen in a primary care setting as in the specialty mental health care settings (23% vs. 22%) (Agency for Healthcare Research and Quality [AHRQ], 2008). Additionally, many individuals with behavioral health problems have comorbid physical disorders such as cardiovascular disease, diabetes, or arthritis. Mental health problems exacerbate the degree of disability associated with physical disorders, and patients with comorbidities consume high levels of medical care services and health care costs. As a result, treating mental health problems simultaneously with physical health problems has the potential to reduce overall health care costs. There is a strong body of evidence that effective care for common mental health problems, such as depression and anxiety, can be provided in a physical health care setting. Additionally, studies have demonstrated that integrated interventions are more effective than usual care for depression, anxiety disorders, and co-morbid medical conditions as heart disease diabetes, and cancer.

D. Request for Proposals

CBH is issuing this RFQ to integrate behavioral health services into Federally Qualified Health Center (FQHC) Look-Alike entities and previously ACCO funded HIV primary care clinics. The integrated behavioral and physical health care services should be provided to adults who have mild to moderate behavioral health challenges.

This RFQ is directed to physical health care clinics which are currently providing or wish to provide integrated behavioral and physical health care services and are seeking to receive funding through CBH for the behavioral health services. The rationale for this Request For Qualifications (RFQ) is consistent with the Department of Behavioral Health's philosophy of recovery. The availability of behavioral health services in primary care sites increases options for persons who may want to access these services. As a result, CBH is offering providers of physical health care services the opportunity to become part of the CBH network. The provision of behavioral health services in physical health care sites increases the likelihood that individuals will access both behavioral and physical health care services and be able to benefit from them.

This RFQ is designed to assure the provision of high quality behavioral health services within a physical health care setting. Physical health care programs which respond to this RFQ must have behavioral health professionals integrated into the primary care team and offer ongoing professional development about behavioral health issues for the physical health care staff.

A major function of primary care is to offer continuous, comprehensive and coordinated care making it important to include behavioral health care among the services offered. There is strong evidence that the majority of low income persons seen in physical health care clinics have behavioral health challenges (AHRQ Publication No. 10-0084-EF, June 2010). This RFQ offers the opportunity to provide behavioral health services as an integrated component of physical health care.

E. General Disclaimer

This RFQ does not commit CBH to award a contract. This RFQ and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any Applicant, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFQ shall become the property of CBH and may be subject to public disclosure by CBH.

II. Scope of Work

A. Project Details

1. Continuous Quality Improvement Activities

CBH will use data collected by providers of integrated behavioral and physical health services in the development of expected outcomes for members who use integrated physical and behavioral health services. Data provided by the programs will also be used as part of the CBH monitoring process. It is expected that the development of the evaluation process will occur over time and will be based, in part, on the experiences of the physical health care providers in offering these services.

Providers of the integrated physical and behavioral health care service are required to engage in a Continuous Quality Improvement (CQI) process. The output and outcome measures outlined below should form the basis of the CQI process for this service. The CQI process should be structured so that the collected data will 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.

The response to this RFQ should include the following information concerning the CQI plan:

- Who on staff will review data for CQI
- The data that will be reviewed
- How often data will be reviewed
- How the conclusions from the data review will be used to guide future program delivery

2. Outputs and Outcome Data

In order to develop the process and outcome evaluation components of the overall FQHC project in an orderly fashion, CBH is requesting applicants to provide percentages of individuals who are expected to receive the following services upon award of the contract.

These percentages will be used as benchmarks against which the services can be measured. Screenings and Intervention measures will be required to be collected by centers treating adults

Screenings and Interventions

- Percentage of individuals screened for depression using a standardized depression screening tool
- Percentage of individuals screened for depression, if screened positive, have a follow-up plan documented
- Percentage of individuals screened for tobacco use
- Percentage of individuals screened for tobacco use who receive a documented intervention to assist with smoking cessation
- Percentage of individuals screened for substance use
- Percentage of individuals screened for substance use who receive an intervention to assist or refer to treatment

Clinical Outcomes

Centers should measure at least one clinical measure relevant to the work of the BHC model in the target population

- Percentage of individuals with a chronic medical condition who receive a behavioral health care intervention and demonstrate clinical improvement as defined by the health clinic. This May Include
 - Percentage of individuals who show reduction in hemoglobin A1C
 - Percentage of individuals who have controlled blood pressure
 - Percentage of individuals who have improvement in self management goals, which may include:
 - Reductions in BMI
 - Decreases in tobacco use
 - Increases in medication adherence
 - Increases in adherence to medical appointments
 - Percent reductions in viral loads for persons with HIV

Member Satisfaction

- Based on a defined tool, provide the percentage of CBH members who report satisfaction with the health care clinic visit

Pediatric Services

- Providers who will serve children will provide information on screening and assessment tools to be used for this population (See Section B. 1. Screening Instruments for Children and Adolescents)

CBH will also collect the following measures as part of the overall process to determine the effectiveness of the Behavioral Health Consultant (BHC) model in improving outcomes for individuals who receive physical and behavioral health services. CBH will use this information to assess both overall program efficacy and the progress of individual service providers in obtaining positive outcomes for individuals using the service.

To assess engagement, the following measures will be used:

- Percentage of individuals receiving BHC services who return for second intervention
- Percentage of individuals receiving BHC services who return for third intervention
- Percentage of individuals with 2 or more BHC interventions with subsequent outpatient psychiatric services
- Percentage of individuals with 2 or more BHC interventions with subsequent Drug and alcohol treatment services
- Percentage of individuals receiving 2 or more BHC services who do not require higher levels of psychiatric care (such as inpatient psychiatry), 6 months and 1 year post intervention
- Percentage of individuals receiving 2 or more BHC services who show reductions in inpatient medical and emergency department utilization post intervention
- Behavioral health treatment costs for individuals who receive BHC services

B. Scope of Services

Physical health care settings responding to this RFQ are required to use an integrated model of behavioral health services as opposed to a co-location model. Integrated care is the process of medical and behavioral health professionals working collaboratively to optimize an individual's health through biopsychosocial approaches of prevention and intervention (Byrd, O'Donohue & Cummings, 2005). Medical and behavioral health professionals are in the same space within the same facility.

Physical health care providers are required to provide the following services:

1. Identification and Diagnosis of Behavioral Health Challenges

Screen and assess for mental health and substance use disorders using validated instruments appropriate for a primary care setting. Below is a list of validated instruments which are appropriate for use in physical care setting. If the provider chooses to use other screening tools, the selection should be justified in the response to this RFQ.

- Anxiety: Generalized Anxiety Disorder Scale (GAD-2); Generalized Anxiety Disorder Scale (GAD-7)
- Depression: Patient Health Questionnaire-2 (PHQ-2); Patient Health Questionnaire-9 (PHQ-9); Edinburgh Postnatal Depression Scale (EPDS)
- Substance Use: Drug Abuse Screening Test (DAST); Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST); Alcohol Use Identification Test (AUDIT)

Screening instruments for Children and Adolescents

- Pediatric Symptom Checklist (PSC-17)
- Pediatric Symptoms Checklist – Youth Report (Y-PSC)
- Parental Screening Questionnaire: A Safe Environment for Every Kid
- CRAFFT Screening for substance use

The following sites offer a variety of validated screening and treatment monitoring measures:

<http://www.integration.samhsa.gov/clinical-practice/screening-tool>

<http://integrationacademy.ahrq.gov/evaluationtools>

<http://www.phqscreeners.com/overview.aspx>

2. Behavioral Health Treatment

Using the integrated model of behavioral and physical health care, individuals who need and want behavioral health care must be able to obtain these services as part of their physical health care visit. The person seeking services must not be required to leave the area in which physical care is delivered nor to again register or go through a separate intake procedure to obtain behavioral health services. In the integrated model, the behavioral health care providers are part of the physical health care team. Providers responding to this RFQ must describe how behavioral and physical health care services will be integrated within the center.

Services are to be provided by a Behavioral Health Consultant (BHC), who is either a Licensed Clinical Social Worker (LCSW) or Licensed Psychologist and is knowledgeable about both mental health and substance use issues.

The BHC model provides a framework for developing and delivering behavioral health services in a manner that is consistent with the mission, goals, and strategies of physical health care. It is a consultation-based approach which emphasizes the provision of basic behavioral health services to individuals seen by members of the physical care team.

A behavioral health consultant (BHC) is a member of the Primary Care Clinic's healthcare team who assists the primary care team in managing the overall health of their enrolled population. The BHC's goals are to help improve recognition, treatment, and management of psychosocial/behavioral problems and medical conditions. The BHC provides consultation services to all patients referred by the Primary Care team.

The BHC's role is limited to that of a consultant. Scope of care and responsibilities include:

- Targeted behavioral health and substance use disorder assessment and evaluation, including diagnostic impressions and functional status focused on the presenting problem
- Assist in the detection of "at risk" patients and development of plans to prevent further psychological or physical deterioration.
- Formulation of behavioral health interventions appropriate to the primary care setting, and assisting with implementation of primary care team treatment plans to assist clients in successfully achieving goals
- Conducting brief interventions for behavioral health problems and substance use disorders
- Motivational Interviewing to develop behavioral strategies aimed at symptom reduction

- Brief problem solving cognitive intervention aimed at modifying negative thinking and promoting self efficacy;
- Self-Care Plan development and skills training to facilitate disease self-management, improved coping, distress tolerance, stress reduction, and relaxation
- Substance use/ abuse evaluation, identification of maladaptive coping strategies, and development of harm reduction strategies.
- Triage and refer patients to specialty mental health care when appropriate.
- Provide brief follow-up, including relapse-prevention education
- Provide psychoeducation for patients and their support systems;
- Medication adherence counseling and disease self management counseling
- Evaluate crisis situations and apply appropriate interventions.
- Provide smoking cessation counseling to individuals
- Individual, couples, and/ or family consultation with patients
- Provide timely and succinct feedback to regarding consultation findings and recommendations verbally and through documentation in the patient's medical record
- Developing, teaching, and/or providing oversight for classes that promote education and skill-building to enhance psychological and physical health
- Providing on-going consultation services for a sub-set of patients who require on-going monitoring and follow-up
- Sharing knowledge with other team members and patients, both formally through clinical documentation, participating in treatment team meetings, conducting in-services, and informal collaborations and consultations
- Working as a primary care team member to develop specific clinical pathways or best practice programs for behavioral health and substance use disorder screening and treatment
- Assist the primary care team in developing care management processes such as the use of guidelines, disease management techniques, case management, and patient education to improve self-management of chronic disease.
- Monitor the site's behavioral health program, identifying problems related to patient services and make recommendations for improvement.

Billable encounters for BHC services must be face to face with members and their families.
BHC services should not include:

- Ongoing psychotherapy for behavioral health diagnoses
- Medication management for behavioral health conditions

The above services are not reimbursable through the BHC model.

3. BHC Model/Evidence Based Practice

Applicants must develop a training plan to assure that the BHC interventions within the primary care clinic are implemented with fidelity to the BHC model. The BHC training must include information on the evidence-based and/or evidence informed practices which will be used to provide the behavioral health services as described. The BHCs are expected to provide brief interventions using evidence-based techniques and psychosocial treatment appropriate for primary care settings such as Motivational Interviewing, Behavioral Activation, Problem-Solving Treatment, Interpersonal Cognitive-Behavioral Therapy. The BHC is also expected to receive training on providing referrals to more intensive levels of behavioral health services.

4. Training for physical health care staff

Education on behavioral health issues for the physical health care staff is a required component of integrated practice. The physical health care clinic must develop training plans to assure that all staff learn basic information about behavioral health and receive training about the DBHIDS system goals and values (See section 2.G). The goal of the behavioral health training is to increase the familiarity, comfort, and competence of the physical health care staff concerning behavioral health issues. The response to this RFQ must include a training plan for physical health care staff. The training plan must specify the physical health care professionals who will participate in training. Training segments must include, at a minimum, identification and diagnosis of behavioral health issues, psychopharmacology, strategies for providing services to people with behavioral health issues, and explication of protocols for referrals to higher levels of care. The training must use a recovery/ resilience model and include units on self- management, crisis and trauma.

5. Referral to Specialty Care

Facilitate and track referrals to specialty care (mental health and substance use), social services, and community-based organizations. Each applicant must submit an up-to-date Memorandum of Understanding (MOU) for every behavioral health program to which an individual may be referred. Applicants must have MOUs for services which provide more intensive and specialized behavioral health services. The MOU must specify arrangements to see persons referred by the physical health care clinic in a timely manner and must outline procedures for providing consultations with physicians and behavioral health staff at the physical health care site.

The response to the RFQ must also describe how staff of the physical health care clinic will continue to provide continuity of care to persons who are referred to other levels of care. As physical and behavioral health are inextricably intertwined, providing comprehensive continuity of care demands the capacity to integrate the information, recommendations, and interventions implemented from other levels of care (i.e., mental health and substance abuse) into the ongoing physical health care services. As an example, a person referred to a more specialized behavioral health clinic may require ongoing lab monitoring of a medication. The physical health care clinic is expected to coordinate getting the lab work and sharing the

results so that both the specialized behavioral health clinic and the physical health provider have the information available to enhance the overall care of the person.

6. Reporting Requirements

By accepting an award under this RFQ, 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.

C. Monitoring

CBH will monitor compliance and budget issues of selected Applicant(s). CBH will also monitor the success of the Applicant in meeting the goals and objectives stated in this RFQ and the extent to which the prescribed measurement tools were used and analyzed

D. Performance Standards

The selected Applicant(s) will be required to meet the performance standards established by CBH during the term of the contract.

E. Compensation/Reimbursement

The successful applicants will be reimbursed by CBH. The rate for this service will be established by CBH upon selection of the Applicant(s) for this RFQ.

F. Technology Capabilities

Applicants must have the technology capabilities required to perform the activities in this RFQ, including the capability for electronic claims submission.

G. Terms of Contract

CBH reserves the right to re-set the rates for this service. Continuation of funding is contingent upon the availability of funds, quality of service being provided, credentialing status, and contract compliance. The award period for this RFQ is for a 12 month period. Subsequent RFQs may be issued as the need arises. 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 RFQ 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.

H. System Transformation

DBHIDS and CBH are committed to assuring that all programs and services are delivered in a fashion which is consistent with its System Transformation. More information on the Transformation Initiative can be found on the DBHIDS website (www.dbhids.org). A central goal of the transformation initiative is to assure that all activities, programs and services encourage recovery and resilience. DBHIDS's definition of recovery and resilience is provided below.

Recovery and Resilience Definitions
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Recovery Definition:

Recovery is the process of pursuing a fulfilling and contributing life regardless of the difficulties one has faced. It involves not only the restoration but continued enhancement of a positive identity and personally meaningful connections and roles in one's community. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members.

Resilience Definition:

Resilience is a protective process which enables us to reach positive outcomes when we are faced with significant adversities. It is a dynamic process that can change across time, developmental stage, and life domain. All children, youth, adults, families and communities have the capacity to demonstrate resilience. There are many factors that enhance a child's resilience pathway including:

- *positive relationships with caregivers, peers, or a caring adult;*
- *internal strengths such as problem-solving skills, determination and hope; and*
- *environmental factors like effective schools and communities.*

In other words, resilience is the ability to bounce back despite the presence of challenging or threatening circumstances. The concept of resilience has important implications not only for working with children, youth, and their families, but also for promoting wellness in adults and communities.

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

A. Required Application 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 RFQ. Each proposal must provide all the information detailed in this RFQ using the format described below. The narrative portion of the proposal must be presented in print size of 12, using a Times New Roman font, single spaced on 8.5" by 11" sheets of paper with minimum margins of 1". For each section where it is required, the applicant must fully answer all of the listed questions in the outline form

in which they are presented in the RFQ. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFQ. Failure to number and letter the questions or to respond to all questions may result in the proposal's being considered non-responsive. Each attachment, appendix or addendum must reference the corresponding section or subsection number.

Applicants are required to limit their narrative responses to 10 single-spaced pages. This page limit includes sections 2.b. – 2.k. below. There are no limitations for operational documentation and requirements sections, section 2.j. If you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds 10 single-spaced pages may have their proposals considered non-responsive and be disqualified.

2. Proposal Content

2.a. Introduction.

Prepare a brief introduction including a general demonstration of understanding of the scope and complexity of the work.

2.b. Personnel

List key personnel for the program. Include personnel (clinical and administrative) responsible for supervision and service provision of the program. Provide resumes for the key personnel or job descriptions for positions to be filled. For the BHC, specify whether this staff person will work with children and families and/or adults. For each category, provide information about the BHC's training and experience in these areas. Identify the individuals who will serve as a contact person for the management of the contract.

2.c. Experience

In this section detail the services that are provided by the physical health care program and how long it has been providing services. Describe recent work related to the proposed initiative and include any examples of similar contracts.

2.d. Program Description

Submit a program description outlining staffing and supervision structure, working relationships and structures for collaboration, the organization of the integrated service delivery model, expected program outcomes, planning and linkage relationship. Describe your program philosophy in relation to the DBHIDS transformation principles.

2. e. Output and Outcome Data

Describe the screening and assessment tools to be used. If plan to use screening tools not listed in Section 2.B.1, justify the selections. Also describe the plan to conduct screens on individuals who come to the health center, the process by which information from the screens will be integrated into the individual's treatment and who will be responsible for these functions.

2.f. CQI activities

Describe the CQI activities which will take place and the staff who will be responsible for these activities and the plan to report CQI information. Describe how the results of CQI will be used for program improvement.

2.g. Evidence Based Practices

Describe the proposed evidence-based, evidence-informed interventions and/or promising practices that will be utilized in the provision of behavioral health services. A core value of DBHIDS is that a recovery-oriented system of care is one that provides the highest quality and most effective behavioral health services to individuals and persons in recovery. It is essential to describe the evidence based practices that will be used in the integrated model of physical and behavioral health service provision. Describe how staff will learn about the evidence-based practices to be used in the proposed program.

2.h. Identification of Behavioral Health Challenges

Describe the screening and assessment tools to be used in the integrated physical and behavioral health care service.

2.i Staff Training

Describe the planned training on the identification and management of behavioral health issues for physical health care staff. It must specify which physical health care professionals will participate in the training and provide details about how these staff will also learn about DBHIDS system goals and values (see Section 2.G). Further, describe the training on evidence based models of brief practice that will be provided to BHC staff.

2.j. Referral to Specialty Care

List the MOUs that are available for the program and include them in your response as an attachment. Describe the reasons for referral to each specialty service for which an MOU is attached.

2.k Implementation Plan

Provide an implementation plan outlining the schedule for program start-up.

2.l. Operational Documentation and Requirements

Applicants must demonstrate the financial capability and fiscal solvency to do the work described in this RFQ, and as described in their proposal. At a minimum, Applicants must meet the financial threshold requirements described below for their proposal to be considered for further review. The following documentation is required at the time of proposal submission and should be submitted as an Attachment to the proposal:

- Tax Identification Number
- An overview of your agency's financial status, which will include submission of a certified corporate audit report (with management letter where applicable). If this is not available, please explain, and submit a review report by a CPA firm. If neither a certified corporate audit report nor review report is available, please explain and submit a compilation report by a CPA firm. Any of these submissions must be for the most recently ended corporate fiscal year. If the report is not yet available, submit the report for the prior corporate fiscal year. Please note, the most recent report must be submitted prior to any potential contract negotiations.
- Federal Income Tax returns for for-profit agencies, or IRS Form 990, Return of Organization Exempt from Income Tax for non-profit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is

not yet available, submit the return for the prior corporate fiscal year. Please note, the most recent tax return must be submitted prior to any potential contract negotiations.

- Proof of payment of all required federal, state and local taxes (including payroll taxes) for the past twelve (12) months.
- Proof of an adequate Line of Credit demonstrating funds available to meet operating needs. If not available, please explain.
- Disclosure of any Bankruptcy Filings or Liens placed on your agency over the past five years. Please include an explanation of either. If there were no Bankruptcy Filings or Liens placed on your agency over the past five years, please include an attestation indicating that this is the case, signed by either your Chief Executive Officer or Chief Financial Officer.
- Certificates of insurance. Certificates of insurance with the named insured entity being the same name and address as the provider contracting with CBH. The insurance company providing coverage must be certified to do business in Pennsylvania or be otherwise acceptable to CBH. The insurance 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 RFQ, each Applicant will be required to provide a statement from an independent CPA attesting to the financial solvency of the Applicant agency.

3. Terms of Contract

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

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

B. Health Insurance Portability and Accountability Act (HIPAA)

The work to be provided under any contract issued pursuant to this RFQ is subject to the federal Health Insurance Portability and Accountability Act (HIPAA), as amended, and/or other state or federal laws or regulations governing the confidentiality and security of health information. The

selected Applicant(s) will be required to comply with CBH confidentiality standards identified in any contractual agreement between the selected applicant and CBH.

C. 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 RFQ where applicable and meet the intent of M/W/DSBE legislation.

The purpose of M/W/DSBE state legislation is to provide equal opportunity for all businesses and to assure that CBH funds are not used, directly or indirectly, to promote, reinforce or perpetuate discriminatory practices. CBH is committed to fostering an environment in which all businesses are free to participate in business opportunities without the impediments of discrimination and participate in all CBH contracts on an equitable basis.

- For-profit Applicants should indicate if their organization is a Minority (MBE), Woman (WBE), and/or Disabled (DSBE) Owned Business Enterprise and certified as such by an approved certifying agency and/or identified in the City of Philadelphia Office of Economic Opportunity (OEO) Certification Registry. If the Applicant is M/W/DSBE certified by an approved certifying agency, a copy of certifications should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and copies that are submitted to CBH.
- Not-for-profit Applicants cannot be formally M/W/DSBE certified. CBH does utilize adapted state definitions to determine the M/W/DSBE status. Criteria are applied to not-for-profit entities to determine M/W/DSBE status in the CBH provider network, as follows (all criteria must be satisfied):
 - At least 51% of the board of directors must be qualified minority individuals and/or women and/or people with disabilities.
 - A woman or minority individual or person with a disability must hold the highest position in the company.
 - Minority groups eligible for certification include African Americans, Hispanic Americans, Native Americans, and Asian Americans.
 - Citizenship and legitimate minority group membership must be established through birth certificates, military records, passports, or tribal cards.
- Not-for-profit organizations may have sub-contracting relationships with certified M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE certified sub-contractors, along with their certification information.
- For additional information regarding the Commonwealth of Pennsylvania’s M/W/DSBE certification process, go to the following website:
www.dgs.state.pa.us/portal/server.pt/community/bureau_of_minority_and_women_business_opportunities/1358

D. City of Philadelphia Tax and Regulatory Status and Clearance Statement

As CBH is a quasi-governmental, city-related agency, prospective Applicants must meet certain City of Philadelphia requirements. It is the policy of the City of Philadelphia to ensure that each contractor and subcontractor has all required licenses and permits and is current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation of other regulatory provisions contained in The Philadelphia Code. To assist the City, through its Department of Revenue and Department of Licenses and Inspections, in determining this status, each Applicant is required to complete and return with its proposal, a City of Philadelphia Tax and Regulatory Status and Clearance Statement Form (see Appendix B).

If the Applicant is not in compliance with the City's tax and regulatory codes, an opportunity will be provided to enter into satisfactory arrangements with the City. If satisfactory arrangements cannot be made within a week of being notified of their non-compliance, Applicants will not be eligible for award of the contract contemplated by this RFQ.

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 RFQ 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 RFQ, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFQ. 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.

E. Compliance with Philadelphia 21st Century Minimum Wage and Benefits Ordinance

Applicants are advised that any contract awarded pursuant to this RFQ is a "Service Contract," and the successful Applicant under such contract is a "Service Contractor," as those terms are defined in Chapter 17-1300 of the Philadelphia Code ("Philadelphia 21st Century Minimum Wage and Benefits Standard Ordinance"). Any Subcontractor and any sub-subcontractor at any tier proposed to perform services sought by this RFQ, 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 RFQ. Applicants and any

subcontractors at any tier proposed by Applicants are strongly encouraged to consult Chapter 17-1300 of the Philadelphia Code,¹ the General Provisions, and the About/Minimum Wage and Equal Benefits Ordinances Impacting Some City Contractors links on the eContract Philly home page for further details concerning the applicability of this Chapter to, and obligations it imposes on certain City contractors and subcontractors at any tier. In addition to the enforcement provisions contained in Chapter 17-1300, the successful Applicant's failure or the failure of any subcontractor at any tier to comply (absent an approved waiver) with the provisions of Chapter 17-1300, or any discrimination or retaliation by the successful Applicant or Applicant's subcontractors at any tier against any of their employees on account of having claimed a violation of Chapter 17-1300, shall be a material breach of any Service Contract resulting from this RFQ. By submitting a proposal in response to this RFQ, 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 RFQ. Applicants further acknowledge that they will notify any subcontractors at any tier proposed to perform services related to this RFQ of the requirements of Chapter 17-1300.

F. Certification of Compliance with Equal Benefits Ordinance

If this RFQ 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 RFQ, all Applicants so acknowledge and certify that, if awarded a Service Contract pursuant to this RFQ, they will comply with the provisions of Chapter 17-1900 of the Philadelphia Code and will notify their employees of the employment benefits available to life partners pursuant to Chapter 17-1900. Following the award of a Service Contract subject to Chapter 17-1900 and prior to execution of the Service Contract by the City, the successful Applicant shall certify that its employees have received the required notification of the employment benefits available to life partners and that such employment benefits will actually be available, or that the successful Applicant does not provide employment benefits to the spouses of married employees. The successful Applicant's failure to comply with the provisions of Chapter 17-1900 or any discrimination or retaliation by the successful Applicant against any employee on account of having claimed a violation of Chapter 17-1900 shall be a material breach of the any Service Contract resulting from this RFQ. 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.

G. City of Philadelphia Disclosure Forms

¹ A link to the Philadelphia Code is available on the City's official web site, www.phila.gov. Click on "City Code and Charter," located to the bottom right of the Welcome page under the box "Transparency."

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 RFQ and contributions those consultants have made; prospective subcontractors; and whether Applicant or any representative of Applicant has received any requests for money or other items of value or advice on particular firms to satisfy minority-, woman- or disabled-owned business participation goals. These forms must be completed and returned with the proposal. The forms are attached as a separate PDF on the website posting.

H. 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 RFQ. Failure to disclose any of the proceedings described above may be grounds for disqualification of the Applicant's submission. Complete and submit with your proposal the CBH Disclosure of Litigation Form (see Appendix D).

I. Selection Process

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

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

J. 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 RFQ. 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 RFQ.

Threshold requirements also include consideration of the Applicant's financial status. Financial status includes those considerations and requirements that were outlined in III.A.2.i of this RFQ and submitted by Applicants as an Attachment 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. Application Administration

A. Procurement Schedule

The anticipated procurement schedule is as follows:

RFQ Event	Deadline Date
RFQ Issued	June 12, 2105
Deadline to Submit Questions	June 19, 2015
Answers to Questions on Website	June 25, 2015
Application Submission Deadline	July 6, 2015
Applicants Identified for Contract Negotiations	July 27, 2015
Project Start Date	August 24, 2015

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

This RFQ is issued on June 12, 2015. In order to be considered for selection, all applications must be delivered to the address below no later than 5:00 PM on July 6, 2015.

Community Behavioral Health
801 Market Street
7th Floor
Philadelphia, PA 19107

ATTN: Angela Davis-Stokes

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

B. Questions Relating to the RFQ

All questions concerning this RFQ must be submitted in writing via email to angela.davis-stokes@phila.gov by June 19, 2015. CBH will respond to questions it considers appropriate to the RFQ 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 RFQ 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 RFQ 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 application to CBH. Such presentations provide an opportunity for applicants to clarify their application to insure a thorough and mutual understanding. CBH will schedule such presentations on an as needed basis.

D. Term of Contract

The initial contract resulting from this RFQ will start within 90 days of receipt of the award letter. CBH reserves the right to set the rates for this service, 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 RFQ 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 RFQs/Applications; Reservation of Rights; Confidentiality and Public Disclosure

A. Revisions to RFQ

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

B. City/CBH Employee Conflict Provision

City of Philadelphia or CBH employees and officials are prohibited from submitting an application in response to this RFQ. No application will be considered in which a City or CBH employee or official has a direct or indirect interest. Any application may be rejected that, in CBH's sole judgment, violates these conditions.

C. Proposal Binding

By signing and submitting its proposal, each Applicant agrees that the contents of its proposal are available for establishment of final contractual obligations for a minimum of 180 calendar days from the proposal deadline for this RFQ. An Applicant's refusal to enter into a contract which reflects the terms and conditions of this RFQ 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 RFQ and include all information posted on the DBHIDS website in relation to this RFQ.

1. Notice of Request For Qualifications (RFQ)

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

- (a) to reject any and all applications and to reissue this RFQ at any time;
- (b) to issue a new RFQ with terms and conditions substantially different from those set forth in this or a previous RFQ;
- (c) to issue a new RFQ with terms and conditions that are the same or similar as those set forth in this or a previous RFQ in order to obtain additional applications or for any other reason CBH determines to be in their best interest;
- (d) to extend this RFQ in order to allow for time to obtain additional applications prior to the RFQ application deadline or for any other reason CBH determines to be in its best interest;
- (e) to supplement, amend, substitute or otherwise modify this RFQ 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 RFQ 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 RFQ for the same or similar services;
- (g) to do any of the foregoing without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

2. Proposal Selection and Contract Negotiation

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

- (a) to reject any application if CBH, in its sole discretion, determine the application is incomplete, deviates from or is not responsive to the requirements of this RFQ, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFQ, or if CBH determines it is otherwise in their best interest to reject the application;
- (b) to reject any application if, in CBH’s sole judgment, the Applicant has been delinquent or unfaithful in the performance of any contract with CBH or with others; is delinquent, and has not made arrangements satisfactory to CBH, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to Applicant; is financially or technically incapable; or is otherwise not a responsible Applicant;
- (c) to waive any defect or deficiency in any application, including, without limitation, those identified in subsections 1) and 2) preceding, if, in CBH's sole judgment, the defect or deficiency is not material to the application;
- (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 applications by some or all of the Applicants at any time following application submission and before the execution of a final provider agreement or consultant contract;
- (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 application, 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 applications, and such other agreement or contractual terms as CBH may require, at any time prior to execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to any Applicant and without reissuing this RFQ;
 - (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 applications, without informing other Applicants of the changes or affording them the opportunity to revise their applications in light thereof, unless CBH, in its sole discretion, determine that doing so is in and CBH's best interest;
 - (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 contracted to an Applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different Applicant and enter into negotiations with that Applicant, if CBH, in its sole discretion, determine it is in the best interest of CBH to do so;
 - (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 RFQ, 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 application and its ability to achieve the objectives of this RFQ;
 - (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 application, 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 RFQ, 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 RFQ, the terms of this Reservation of Rights shall govern.

(b) Headings. The headings used in this Reservation of Rights do not in any way define, limit, describe or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

E. Confidentiality and Public Disclosure

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

By preparation of a response to this RFQ, Applicants acknowledge and agree that CBH, as a quasi-public corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including applications, to the extent required hereunder. Without limiting the foregoing sentence, CBH's legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

F. Incurring Costs

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

G. Prime Contractor Responsibility

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

H. Disclosure of Proposal Contents

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFQ process becomes the property of CBH and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by any person other than competing Applicants. CBH retains

the right to use any/all ideas presented in any reply to this RFQ. Selection or rejection of an application does not affect this right.

I. Selection/Rejection Procedures

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

J. Non-Discrimination

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

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

K. Life of Proposals

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

APPENDIX A

RFQ RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

BEHAVIORAL HEALTH SERVICES IN PHYSICAL HEALTH CARE SETTINGS

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 RFQ.**

