

Psychiatric Rehabilitation Services: Adolescents Under Supervision of the Department of Human Services and Community Umbrella Agencies

Date of Issue:	June 16th, 2026
Applications must be received no later than:	2:00 p.m. July 28th, 2026
Submit all RFP-related questions to:	<u>cbhclinicalprocurements@phila.gov</u>

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

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1. PROJECT OVERVIEW

1.1. Introduction; Statement of Purpose

Community Behavioral Health (CBH) is seeking up to two providers to deliver Psychiatric Rehabilitation Services (PRS) to adolescent and young adult members ages 14 to 20 years old in Philadelphia who are under the supervision of the Department of Human Services (DHS) or Community Umbrella Agencies (CUAs). Awarded providers must be able to serve up to 50 members each. This service is part of an ongoing effort to expand high-quality, evidence-based treatment to our members.

To be eligible to respond to this request for proposals (RFP), applicants must be a provider of a continuum of services for children with ASD and their families and have a PRS site location in Philadelphia County that is accessible to all individuals served, as required by [55 Pa. Code § 5230](#). Additionally, it is preferred that the provider:

- ➔ Is currently an in-network provider with CBH
- ➔ Is currently licensed by the PA-DHS [Office of Mental Health and Substance Abuse Services](#) (OHMSAS) to provide PRS
- ➔ Has a memorandum of understanding (MOU) with a neighborhood recreation center or other community partner to provide community-based PRS

PRS is an individualized, person-directed, evidence-based wellness and resiliency-oriented service that supports and restores well-being and functioning in individuals significantly impacted by mental illness by fostering recovery, supporting full community integration, and improving quality of life. PRS improves individuals' physical and mental health by identifying strategies, supporting skill development and accessing resources needed to be successful in the living, working, learning, socializing, and wellness domains. This may also include assisting individuals in developing, improving, and/or maintaining psychiatric stability, social capabilities, personal and emotional well-being, and/or independent living skills.

1.2. Organizational Overview

The City of Philadelphia contracts with the [PA Department of Human Services](#) (PA-DHS) to provide behavioral health services to Philadelphia's Medicaid recipients under PA's [HealthChoices](#) behavioral health mandatory managed care program. Through this contractual agreement, services are funded on a capitated basis. Philadelphia, through the [Department of Behavioral Health and Intellectual Disability Services](#) (DBHIDS), contracts with CBH to administer the HealthChoices program.

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DBHIDS has a long history of supporting innovative services in Philadelphia for individuals in recovery, their family members, providers, and communities. The Philadelphia behavioral health system is recognized nationally and internationally for its innovation in delivering behavioral health care services in the public sector. DBHIDS envisions a Philadelphia where everyone can achieve health, well-being, and self-determination.

The mission of DBHIDS is to educate, strengthen, and serve individuals and the community, enabling all Philadelphians to thrive. This mission is accomplished using a population health approach with an emphasis on recovery, resilience-focused behavioral health services, and self-determination for individuals with intellectual disabilities. Working with an extensive network of providers, DBHIDS provides services to individuals and their families dealing with intellectual disabilities, mental health issues, or substance use disorder (SUD) to ensure they receive high-quality services that are accessible, effective, and appropriate.

DBHIDS is comprised of six divisions: Behavioral Health, Intellectual Disability Services (IDS), CBH, Planning Innovation, Behavioral Health and Justice Division (BHJD), and Division of Administration, Finance, and Quality.

CBH manages a full continuum of medically necessary and clinically appropriate behavioral health care services for the City's approximately 789,000 Medicaid recipients under PA's HealthChoices program. The mission of CBH is to meet the diverse behavioral health needs of the Philadelphia community by assuring access, quality, and fiscal accountability through being a high-performing, efficient, and nimble organization driven by quality, performance, and outcomes. CBH consistently promotes its mission as a diverse, innovative, and vibrant organization empowered to support wellness, resiliency, and recovery for all Philadelphians.

CBH's mission is to meet the behavioral health needs of the Philadelphia community by ensuring access, quality, and fiscal accountability through being a high-performing, efficient, and nimble organization driven by quality, performance, and outcomes. We envision CBH as a diverse, innovative, and vibrant organization where we are empowered to support wellness, resilience, and recovery for all Philadelphians. PRS should align with the DBHIDS *CARE Framework*: Connection, Access, Resilience, and Equity.

- ➔ Increasing *connection* by strengthening relationships, communication, and shared decision-making across DBHIDS, providers, system partners, and communities
- ➔ Ensuring reliable *access* to services and provider viability while reducing barriers to timely, high-quality care for Philadelphians
- ➔ Building *resistance* by strengthening system adaptability, building a stable workforce, and increasing providers' capacity to serve through change
- ➔ Achieving *equity* by embedding fairness, inclusion, and culturally responsive care

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PRS must also be developed in a manner that reflects the Philadelphia system emphasis on recovery transformation, total population health, and addressing trauma and health-related social needs (HRSN). The [DBHIDS Practice Guidelines for Recovery and Resilience-Oriented Treatment](#) provides a framework for system transformation along with the multilayered traumas individuals experience, achieving equity at the individual and community level, and engaging communities through inclusion while tapping into the wisdom of our communities. This holistic approach to treatment supports five wellness dimensions and symptom-management, addresses the HRSN and mental health, and empowers individuals to achieve successful community tenure. The Philadelphia system’s population health approach incorporates services that are provided in a manner consistent with the system’s transformation of behavioral health services.

1.3. Project Background and Objectives

The practice of psychiatric rehabilitation is backed by over three decades of research that has shown reductions in healthcare costs and improved outcomes for individuals with mental illness ([PA-DHS](#)). The success of PRS relies on individuals in treatment being “involved as much as possible in setting rehabilitation goals—a process that necessitates the development of a trusting, mutually respectful, and empathic relationship with service providers.” ([Anthony & Liberman](#)). Through strengths-based assessment and goal setting, skill development, and relationship building, PRS providers can successfully empower individuals maintain autonomy and lead fulfilling lives. By supporting community integration and assisting with maintaining psychiatric stability, PRS may decrease the need for or shorten lengths of stay in inpatient, partial hospitalization, or outpatient treatment.

Research shows that 90% of youth in foster care have experienced trauma, while up to 80% are dealing with significant mental health issues due to the unique challenges of being in a state of constant transition and environmental instability ([WHYY](#)). PRS can assist young people under DHS custody with developing personal goals and integral life skills to support independence as they age out of child welfare services, establish stability within the community, and transition into adulthood.

1.4. Applicant Eligibility; Threshold Requirements

To be eligible to respond to this RFP, applicants must be a provider of a continuum of services for children and their families. Preference will be for providers that have served individuals with DHS or CUA involvement in the past. PRS providers must be able to obtain a license from OMHSAS and be enrolled in and comply with all requirements that govern participation in the MA Program.

Providers must be located in Philadelphia County. Providers of PRS are required to have a physical site that is accessible to all individuals served, in addition to the ability to provide mobile services in the community as needed based on the goals in their individualized rehabilitation plan (IRP).

Applicants must also meet all threshold requirements (see [Section 3.12](#) for complete threshold requirements).

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1.5. General Disclaimer

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

1.6. Site Location

The PRS facility must be located in Philadelphia County and meet accessibility standards under the [Americans with Disabilities Act](#) (ADA). Providers with an existing site that is licensed to provide PRS will be given preference.

Applicants may own or lease the property directly or include in their proposal preliminary terms and conditions outlining a contractual agreement with their intent to lease a facility that meets zoning requirements to operate the PRS. The selected providers must be site-controlled by October 1st, 2026.

To align with state regulations, the PRS facility must be able to serve individuals 14 to 17 years of age in a separate space from individuals 18 years and older. This may occur through scheduling of services and/or the provision of services in different locations in the PRS facility’s physical space, or different locations in the community.

Preference will be given to providers that are operating in ZIP codes with a high concentration of active CBH members (see bolded zip codes in the chart below) and are within a half-mile radius of far-reaching, high-ridership public transportation options: Broad Street Line (B), Market-Frankford Line (L), and bus lines 47, 63, 23, 18, 33, 21, 52, and 60. Additional preference will be given to providers who have established an MOU with a community partner, such as a recreation center, to provide community-based PRS. To ensure geographic diversity, only one provider will be selected per region, with up to two providers selected total.

Region	ZIP Codes
Near and Far Northeast, North Philadelphia, North Philadelphia West, and North Philadelphia East	19111, 19114, 19115, 19116, 19135, 19136, 19149 , 19152, 19154, 19118, 19119, 19120 , 19121 , 19122, 19124 , 19125, 19126, 19127, 19128, 19129, 19132 , 19133 , 19134 , 19137, 19138, 19140 , 19141, 19144, 19150
Center City, West Philadelphia, South Philadelphia, Southwest Philadelphia	19102 , 19103, 19104, 19106, 19107, 19109, 19112, 19123, 19130, 19131, 19139 , 19142, 19143 , 19145, 19146, 19147, 19148, 19151, 19153

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2. SCOPE OF WORK

2.1. Overview of Services

PRS is an evidence-based wellness and resiliency-oriented service that promotes quality of life, community integration, and successful transition to independent living skills. PRS empowers individuals with significant mental, behavioral, emotional, or neurodevelopmental disorders to develop the skills and access the resources needed to increase their capability to thrive in the living, working, learning, and social environments of their choice. PRS improves individuals' physical and mental health.

Services include identifying strategies to minimize negative effects of a mental, behavioral, emotional and neurodevelopmental disorder; developing and teaching skills to support functional gains; and assisting the individual with living in the community.

PRS is delivered using a process that includes assessing, planning, and intervening phases. Programming and service delivery should support individuals in identifying, achieving, and maintaining valued roles and should actively promote engagement in PRS through strategies such as building rapport, tailoring activities to interests, and outreach when participation declines, all within a resiliency-oriented environment.

Through resource mapping, providers are expected to have knowledge of and connection to community, educational, and employment resources to help individuals achieve their goals. When appropriate and with consent, programs should involve natural supports, community resources, and coordination with other services to support participation in the community and continuity of care.

2.1.1. Core PRS Domains

All PRS services must connect to at least one domain and support the acquisition or strengthening of skills and competencies that can be applied in daily life. The five domains include:

- ➔ Living: Focus on daily activities that support independence and stability
- ➔ Learning: Focus on educational advancement and habits that support learning and follow-through
- ➔ Working: Focus on exploring and preparing for employment or volunteer opportunities
- ➔ Socializing: Focus on communication, relationships, and community participation
- ➔ Wellness: Focus on self-management of physical and mental health

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2.1.2. Functional Interventions

PRS providers are expected to use active, structured functional methods that teach, strengthen and support functional skills and resources related to the individual's goals. Interventions should be tailored to the individual's strengths, interests, and preferred roles.

Functional interventions may include, but are not limited to, the following:

- ➔ Skill Development
 - » Modeling, coaching, prompting, role playing, task breakdown and opportunities for practice in real-life settings.
 - » Supporting individuals to use skills across home, school, work, and community environments
- ➔ Psychoeducation
 - » Educating individuals about mental illness, wellness, and living in recovery
 - » Increasing awareness of challenges and strategies to increase self-advocacy skills
- ➔ Resource Utilization
 - » Helping individuals identify and use resources and supports needed to pursue goals
 - » Supporting access to community, wellness, and natural supports
- ➔ Structured Skill Programs and Approaches
 - » Evidence-based or best practice PRS approaches, such as Illness Management and Recovery, Social Skills Training, Boston University Model, and Recovery-Oriented Cognitive Therapy
 - » Peer support approaches that emphasize shared lived experience, peer mentoring, and development of a Wellness Recovery Action Plan (WRAP)

2.2. Individuals Served

Individuals admitted to PRS must have a written recommendation from a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of professional practice. The term LPHA is limited to physician, physician's assistant, certified registered nurse practitioner, licensed clinical social worker, licensed marriage

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and family therapist, licensed professional counselor, or psychologist. The recommendation must document that the individual has moderate to severe functional impairment that interferes with or limits the individual's performance in at least one of the five domains (living, learning, working, socializing, or wellness) due to their diagnosis.

The recommendation for PRS for individuals under DHS custody should include documentation of one of the following diagnoses:

- ➔ Schizophrenia
- ➔ Schizoaffective disorder
- ➔ Other specified schizophrenia spectrum and other psychotic disorder
- ➔ Major depressive disorder
- ➔ Bipolar disorder
- ➔ Anxiety disorders
- ➔ Posttraumatic stress disorder
- ➔ Borderline personality disorder

If the individual is under the supervision of DHS or CUA and does not have one of the above listed diagnoses, the recommendation should include documentation of a diagnosis of a mental, behavioral, or neurodevelopmental, or emotional disorder that is listed in the current DSM or ICD, which results in a moderate to severe functional impairment in at least one of the five domains, and documentation that it is anticipated that PRS will help the individual reach their desired goals.

2.3. Service Delivery

2.3.1. Program Operations

PRS is inclusive of community and facility-based services. The goal of all PRS services, regardless of setting, is to minimize negative effects of mental, behavioral, emotional, and neurodevelopmental disorders, teach skills to support functional gains across PRS domains, and assist the individuals with living in the community.

PRS may be delivered on an individual or group basis for no less than one hour and no more than three hours a day. PRS providers must accommodate the schedules of individuals served through offering afterschool, evening, and weekend hours and an increase in flexible hours during weeks and months when school is not in session.

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Community-based PRS are delivered in natural environments to support skills generalization and community integration. Activities must be linked to the Individual Rehabilitation Plan (IRP) and goals may include identifying and using community resources, developing natural supports, and supporting housing stability.

All PRS, including PRS delivered in a facility, are recommended to be complemented with community-based PRS, as one of the overall goals of PRS is to assist individuals with community integration and living in the community. Facility-based PRS support structured learning and rehearsal of skills before applying them in community environments.

Services for individuals under 18 and individuals over 18 must occur separately. Age groups should be separated through the scheduling of services and/or the provision of services in different locations in the PRS facility's physical space, or different locations in the community.

Services include:

- **Assessment:** Individualized assessment which includes the completion of an evaluation of formal and natural supports and an evaluation of strengths and the specific skills, supports, and resources the individual needs to minimize negative effects of a mental, behavioral, emotional, or neurodevelopmental disorder. Assessment should include explicit evaluation of the impact of the individual's diagnosis on expected levels of interpersonal, academic, occupational, or self care functioning.
- **Goal Setting:** Strengths-based planning, using the assessment findings, to develop goal that are included in the individual rehabilitation plan and address functional impairments associated with a mental, behavioral, or emotional disorder.
- **Skill Development:** Teaching individualized skills that support functional gains and assist the individual to live in the community.
- **Supports Development:** Assisting the individual in building a system of natural and formal supports that will assist in resource development to support functional gains and assist the individual to live in the community.
- **Crisis Management:** Identifying potential crises and developing a crisis management plan.
- **Care Coordination:** Contact with all child welfare system partners including, but not limited to, DHS, CUA, child advocates, and any congregate care settings in which the individual may be residing. PRS providers are expected to be present at court when needed to speak to strengths and progress that the individual has made in treatment. Care coordination must also include contact with other mental health, physical health or human service formal and natural supports to coordinate service planning between service agencies.

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2.3.2. Service Planning and Delivery

2.3.2.1. Assessment

PRS providers are required to complete an assessment of an individual prior to developing the Individualized Rehabilitation Plan (IRP). The assessment should be completed in collaboration with the individual and may include formal and natural supports, including child welfare system partners and family members if indicated by the individual. The assessment must identify the following:

- The functioning of the individual in the living, learning, working, socializing and wellness domains
- The strengths and needs of the individual
- The existing and needed natural and formal supports, including other health care facilities and human services programs
- Specific skills, supports and resources an individual needs and prefers to accomplish stated goals
- The cultural needs and preferences of the individual

The assessment must be signed by the individual and PRS staff and be updated annually or when one of the following occurs:

- The individual requests an update
- The individual's identified needs change
- The individual completes a goal
- The individual is not progressing on stated goals

2.3.2.2. Individualized Rehabilitation Plan

PRS providers must provide individual services in a PRS facility or in the community with one staff to one individual (1:1) ratio. A PRS staff member and an individual should jointly develop an IRP that is consistent with the assessment and includes the following:

- A goal designed to achieve an outcome.
- The method of service provision, including skill development and resource acquisition.

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- The responsibilities of the individual and the staff.
- Action steps and time frame.
- The expected frequency and duration of participation in the PRS.
- The intended service location (PRS site, job site, home, school, etc.)

The IRP must include dated signatures of the individual, the staff working with the individual and the PRS director. The PRS provider must complete the IRP by day twenty of attendance, but no more than sixty days after initial contact. The provider and the individual must update the IRP every 90 calendar days and when a goal is completed, no significant progress is made, or an individual requests a change.

The IRP update must include a comprehensive summary of the individual's progress that includes the following:

- A description of the service in the context of the goal identified in the IRP.
- Documentation of individual participation and response to service.
- A summary of progress or lack of progress toward the goal in the IRP.
- A summary of changes made to the IRP.

In addition, the PRS provider is responsible for ensuring the individual agrees with the IRP. The IRP must include the dated signature of the individual (or documentation of the reason if the individual does not sign) as well as the dated signatures of the PRS director and the PRS staff working with the individual.

2.3.2.3. Group Services

Group PRS may be provided at the PRS facility or in the community. When a group service is provided in a PRS facility, group size may vary as long as the PRS staffing ratio is met (see section 2.4.3 Staffing Ratios). Facility-based PRS should be reserved for skills rehearsal before applying them to community-based environments.

PRS groups may be delivered in the community, with up to five individuals at a time within one group. All individuals within the group will have IRP goals that specify the need for services in the community. By being given the opportunity to practice learned skills in natural environments and real-world situations, members will receive the maximum benefits of PRS through community-based services versus facility-only PRS.

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The PRS provider will consider personal preferences of the individual when planning group services. Preference for one-to-one individual services in the community should be honored if that is the individual's choice. PRS providers must design group services to protect confidentiality and provider staff should be trained in agency policies and procedures for maintaining confidentiality. Only PRS agency staff, individuals who are interning at the PRS provider agency, and individuals receiving PRS can be included in group services delivered in the community.

2.3.2.4. Discharge Planning

A PRS provider will determine that discharge can occur when at least one of the following occur. The individual:

- Has achieved goals and sustained progress as designated in the IRP
- Has gained maximum functional benefit
- Will not lose skill gain or an attained goal as a result of withdrawal of service
- Has voluntarily terminated

2.3.2.5. Duplicative Services

PRS must be distinct from other services and must not duplicate interventions being provided by another program or provider. PRS providers must collaborate and coordinate with other service agencies, with the consent of the individual, to avoid duplication.

Individuals receiving Assertive Community Treatment (ACT) are not eligible for PRS.

2.3.3. Utilization Management

PRS referrals will be submitted directly to CBH either via the Provider Portal or through a secure referral link found on the CBH website. Referral forms must include the LPHA's signed recommendation that was completed within the last 60 days. When the referral is approved, CBH will generate the PRS authorization for an initial 60 days of treatment.

Individuals must be assessed for continued stay in PRS on an ongoing basis. Concurrent reviews will occur up to every 90 days depending on the need to follow-up on progress or quality of support for the individual. The current IRP should be available for review at any given time. Concurrent reviews will be facilitated telephonically. During the concurrent review process, CBH may request follow-up and clarification of services during the extension time to be provided at next review. To meet the requirements for continued stay, an individual must agree with continued participation; and there must be a continued need for services based on at least one of the following:

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- ➔ As a result of a mental illness, there is a functional impairment or skill deficit that is addressed in the IRP.
- ➔ The withdrawal of service could result in loss of skill gain or goal attained.

The maximum length of stay for PRS is up to three years. A service extension may be requested if clinically indicated and reviewed by CBH Clinical for approval.

2.3.4. Evidence-Based Practices

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

Per the state regulations (Section 5230.4), PRS agencies shall follow EBP or best practices of the specific PRS approach identified in the agency service description and service descriptions may be denied if the identified approaches do not meet EBP or best practices standards.

2.4. Service Philosophy

The awarded provider's treatment must comply with [DBHIDS Practice Guidelines for Recovery and Resilience-Oriented Treatment](#) and forthcoming CBH PRS Clinical Performance Standards.

2.4.1. Required Personnel

PRS programs must maintain a staffing structure that includes the roles defined in 55 Pa. Code Ch 5230.51:

- ➔ A director of a PRS agency that serves individuals 14 to 20 years of age must have one of the following:
 - » A bachelor's degree and a [Child and Family Resiliency Practitioner \(CFRP\) certification](#) and [Certified Psychiatric Rehabilitation Practitioner \(CPRP\) certification](#) OR
 - » A bachelor's degree and at least 3 years work experience in mental health direct service, 2 years of which must be work experience in PRS. CFRP and CPRP certification must be obtained within 2 years of hire as a PRS director or within 2 years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later.

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- ➔ A psychiatric rehabilitation specialist who works with both individuals 18 years of age or older and individuals 14 years of age or older but under 18 years of age must have one of the following:
 - » A bachelor's degree and 2 years work experience in mental health direct service, 1 year of which must be work experience in PRS. CFRP and CRPR certifications must be obtained either within 2 years from the date of hire as a psychiatric rehabilitation specialist or within 2 years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later. OR
 - » CFRP and CPRP certification.
 - » A psychiatric rehabilitation specialist who exclusively serves individuals age 18 years of age and older is not required to obtain a CFRP credential.
- ➔ A psychiatric rehabilitation worker must have one of the following:
 - » A bachelor's degree, OR
 - » An associate's degree and 1 year work experience in mental health direct service, OR
 - » A CPS certificate and 1 additional year paid or volunteer work experience in mental health direct service, OR
 - » A high school diploma or GED and 2 years work experiences in human services which must include 1 year of mental health direct service.
- ➔ A psychiatric rehabilitation assistant must have a high school diploma or GED and 6 months experience in human services.

2.4.2. Staffing Ratios

When a group service is delivered in a PRS facility, a PRS facility shall have an overall complement of one staff for every ten individuals, a (1:10) ratio. PRS groups may be delivered in the community, with up to five individuals at a time within one group.

When a PRS agency operates more than one PRS facility, the PRS director must be present at each licensed PRS facility an average of 7.5 hours per week in a calendar month.

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Because the awarded PRS agency will serve both individuals 18 years of age and older and individuals 14 years of age or older but under 18 years of age, the PRS agency shall meet the certification staffing ratios as indicated in the state regulations:

- ➔ A minimum of 25% of the staff based on the number of FTE positions shall have CPRP certification within 2 years of initial licensing.
- ➔ A minimum of 25% of the staff based on the number of FTE positions shall have CFRP certification within either 2 years of initial licensing or within 2 years of the date the PRS agency received approval of its service description

2.4.3. Required Training

All providers must ensure that all staff providing Psychiatric Rehabilitation Services must complete all agency-specific, CBH-mandatory training, and the initial and annual PRS training mandated by Pa Code 55 Chapter 5230. Mandatory trainings must be completed within three months of hire and every two years thereafter. CBH mandatory trainings must cover the following areas (as outlined in Appendix B of the [Manual for Review of Provider Personnel Files](#), under the “Credentialing” tab):

- ➔ Fire Safety and Prevention, Disaster Management of Escalation, Infection Control, and Suicide Prevention
- ➔ Person First/Cultural Competency
- ➔ Restrictive Procedures (child residential and day treatment facilities, inpatient facilities, any other facility or provider using restrictive procedures as an intervention)

All staff who provide PRS must meet the following initial and annual training requirements:

- ➔ A department-approved 12-hour psychiatric rehabilitation orientation course no later than 1 year after hire. This course will be credited to the annual training requirements for the calendar year in which it is completed.
- ➔ 18 hours of training per calendar year as follows:
 - » A minimum of 12 hours of the required annual training focused on psychiatric rehabilitation, recovery practices or resiliency, or a combination of the three.
 - » 6 hours of the required annual training must be focused on youth services.

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- » Training in the child abuse mandated reporter requirements of 23 Pa.C.S. §§ 6301—6388 (relating to Child Protective Services Law) and Chapter 3490 (relating to protective services) must be completed.
- ➔ The PRS agency is expected to ensure competency of new staff by providing an additional PRS service-specific orientation that includes the following:
 - » 6 hours of training in the specific PRS model or approach outlined in the agency service description prior to new staff working independently. This training is required within the first year of employment.
 - » 6 hours of mentoring for new staff prior to delivering services independently. Mentoring shall be provided by a PRS director or psychiatric rehabilitation specialist designated as a supervisor and must be completed in person within the first year of employment.
- ➔ The PRS agency must ensure that training has learning objectives.
 - » The PRS agency must maintain documentation of training hours in the PRS agency records under [Chapter 5230.13 Agency Records](#).

2.5. Language and Culture

Applicants should develop plans to ensure that the proposed sites welcome people from diverse cultures and have the resources to work with individuals and families who speak languages other than English. The applicant's description of plans for working with individuals from diverse cultural backgrounds should include information on service strategies and resources to address the cultural needs and preferences of residents in Philadelphia. Trained staff shall be available, or other accommodations made, to address the language needs of an individual, including American Sign Language and Braille. The applicant's language access plan should outline how providers will conduct child assessments, diagnostic evaluations, and all parent training sessions for parents who are not English-speaking.

In addition to linguistic competence, applicants must consider how the Psychiatric Rehabilitation Services will foster cultural awareness and sensitivity to the populations it expects to serve. Applicants must present accurate and current information to demonstrate that the program's language and culture plan accurately reflects the population it serves. It is expected that members served will comprise individuals from varying racial and socioeconomic backgrounds, and staff must be culturally and linguistically competent, including experience working with members from diverse backgrounds, identities, and related needs.

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2.6. Timetable

Services requested through this RFP are expected to be fully operational by September 1st, 2027. If the awarded provider is already licensed by OMHSAS to provide PRS, services are expected to be fully operational by March 1st, 2027. CBH reserves the right to terminate contracts with awarded applicants who are unable to implement services by this date.

2.7. Monitoring

Awarded providers will be subject to evaluation, program compliance, and budgetary monitoring by DBHIDS and CBH. As CBH deems necessary, on-site reviews, including participation in treatment teams, may be required.

2.8. Performance Metrics, Standards, and Reporting Requirements

The selected applicant(s) must comply with CBH's evaluations, credentialing, compliance, and future performance standards and reporting requirements during the term of the contract. The applicant will be expected to have a compliance plan along with all other required documents for CBH initial credentialing.

Awarded providers will be subject to evaluation, program, compliance, and budgetary monitoring by DBHIDS and CBH. On-site reviews, including participation in treatment teams, may occur as CBH deems necessary. Additional reporting requirements may be developed in the future following service implementation.

2.9. Documentation Requirements

Applicants are expected to be familiar with Medicaid reimbursable activities. All services must be documented in the member's medical chart. Applicants are expected to be familiar with Pennsylvania state requirements and comply with them.

The PRS agency is expected to complete a progress note on a weekly basis for each service provided to an individual that summarizes the service provided in the context of the goal, the individual's response to the service, and the individual's level of service engagement during the week. Staff providing the service shall sign and date the weekly progress note.

PRS agencies are responsible for keeping daily attendance records of individuals served, including each individual's actual attendance time, which includes a start time, end time and activity or session attended.

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2.10. Compensation/Reimbursement

PRS agencies will be paid a standard daily per diem rate. Providers may only bill when individuals receive a minimum of one hour and maximum of three hours of PRS per day. Rates are established by CBH and are not subject to negotiation.

PRS billing is strictly limited to activities and interventions that directly support an individual's goal-linked functional or therapeutic needs. PRS cannot bill non-member facing activities such as travel without the individual. Generally, non-therapeutic interactions such as meals, breaks, passive social activities (e.g. hanging out, watching movies), drop-in attendance, check-ins and administrative contacts are not billable as PRS.

Events and activities, such as holidays, parties, or socialization, can only be billed as PRS if they are intentionally structured, actively facilitated, and documented specifically to teach or strengthen skills and competencies related to an individual's rehabilitation goals.

Examples of billable activities include:

- A structured "Social Skills Building" group where participants practice specific communication and conflict resolution skills
- Facilitated and documented peer interaction focused on initiating conversation, problem-solving, and using coping strategies
- A community event where a staff member works one-to-one with an individual to manage stress triggers and practice community integration skills
- A small group meeting in the community (e.g., coffee shop, park) where staff actively coach members in real-time to practice social interactions and community navigation skills

2.11. Technological Capabilities

Applicants must possess the necessary technology capabilities to perform the activities proposed in this RFP, including the ability to submit electronic claims, report service data, utilize telehealth capabilities, coordinate care, and securely share information.

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3. PROPOSAL FORMAT, CONTENT, AND SUBMISSION REQUIREMENTS; SELECTION PROCESS

3.1. Required Proposal Format

Please review the required documents outlined below in Section 3.1.1 and 3.1.2. All documents must be included and signed (when applicable) as part of your organization's submission. Documents should be titled to clearly reflect the content.

3.1.1. Attachments

- ➔ Attachment: [CBH RFP Response Cover Sheet](#)
- ➔ Attachment: [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)
- ➔ Attachment: [City of Philadelphia Disclosure Forms](#)
- ➔ Attachment: [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ Attachment: [CBH Vendor Procurement Terms and Conditions/Acknowledgement Form](#)
- ➔ Attachment: [CBH Provider Rate Request Certification Statement](#)
- ➔ Attachment: [CBH Provider Rate Request Supporting Documentation](#) (xlsx)
Please Note: This Excel file contains three sheets: Expenditure Summary, Personnel Invoice Schedule, and Miscellaneous Item Detail.

3.1.2. Financial Operational Documentation and Requirements

Applicants must demonstrate the financial capability and fiscal solvency to do the work described in this RFP and as described in their proposal. Applicants must also demonstrate financial viability and be able to meet ongoing financial obligations, including the operating costs of current programs, while developing and implementing Psychiatric Rehabilitation Services. CBH will conduct a financial review to confirm that there are no significant concerns (including, but not limited to, previously receiving cash advances or loans from CBH, limited accessible funds, or current tax liens) that may impact the program's sustainability.

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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, including 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 a 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 that the most recent report must be submitted before any potential contract negotiations. For a startup with no financial activity, please provide a business plan that includes a three-year financial projection, including cash flow, income statement, and balance sheet.
- ➔ 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 that the most recent tax return must be submitted before any potential contract negotiations. In the case of a startup, provide proof of corporate charter, corporate tax status, and individual tax return(s) of principal(s)/owner(s).
- ➔ Form 941, including proof of payment for all required federal, state, and local taxes (including payroll taxes) for the past 12 months
 - » If pre-operational, provide proof of deposits to cover initial operations.
- ➔ Proof of payment for all required federal, state, and local taxes (including payroll taxes) for the past 12 months
 - » If pre-operational, provide proof of deposits to cover initial operations.
- ➔ Attestation of the ability to sustain operations for two weeks in the event of a delay in claims processing
- ➔ Disclosure of any bankruptcy filings or liens placed on your agency over the past five years

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- » Please include explanations. If your agency has not been subject to bankruptcy filings or liens over the past five years, please include an attestation signed by either your chief executive officer or chief financial officer indicating this.
- ➔ 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, and \$500,000 disease policy limit
 - » CBH, the City of Philadelphia, and the Commonwealth of Pennsylvania Department of Public Welfare must be named as additional insured with respect to your general liability policy. The certificate holder must be CBH.
 - » Applicants who have passed all threshold review items and are recommended by the review committee to be considered for contract negotiations for this RFP will be required to provide a statement from an independent CPA attesting to the applicant agency's financial solvency.

3.2. Proposal Content

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 a print size of 12, using Times New Roman font, single-spaced, with a minimum margin of one inch. For each section where it is required, the applicant must fully answer all the listed questions in the outline form as presented in the RFP. Answers to each question must be numbered/lettered and correspond to the

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numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal being considered non-responsive. Each attachment, appendix, or addendum must reference the corresponding section or subsection number. Applicants are required to limit their general narrative description to eight single-spaced pages, excluding required attachments. As a general instruction, if you have responded to a requirement in another part of your proposal, refer to that section and do not repeat your response. Applicants whose narrative exceeds the page limit may have their proposals considered non-responsive and disqualified.

3.2.1. Introduction; Executive Summary

Prepare a very brief introduction, including the following:

- ➔ Provide a brief overview of your organization, including information on the continuum of services for children and their families offered by the applicant agency.
 - » Describe your agency's experience providing services to adolescents and young adults under supervision of DHS or CUA (14 to 20 years old).
 - » Describe your agency's experience coordinating care with child welfare system partners (DHS, CUA, etc.).

3.2.2. Licensure and Location

Applicants should indicate the following:

- ➔ PRS site location
- ➔ PRS licensure status
- ➔ The name and location of a community partner in which your agency can provide community-based PRS
- ➔ The public transportation subway and bus lines that are accessible to your PRS site location and community partner
- ➔ The program hours of operation, including plans for accommodating the schedules of individuals served through offering after school, evening, and weekend hours and an increase in flexible hours during weeks and months when school is not in session
- ➔ Your organization's plan for utilizing the facility's space to ensure individuals ages 14-17 years old and individuals 18 years and older are served separately

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3.2.3. Service Requirements

The following information should be included in the applicants' proposals:

- ➔ Describe how the program will collaborate with the individual to conduct an assessment that reflects the individual's needs and preferences.
- ➔ Describe how the program will collaborate with the individual to develop IRP goals that connect to one or more of the five PRS domains (living, learning, working, socializing, and wellness).
- ➔ Describe how the program will incorporate the individual's cultural values, communication style, and other personal factors into PRS.
- ➔ Describe the Evidence-Based Practices (EBPs) the program will implement through delivery of PRS to this population, how the EBPs will be incorporated into the IRP, and how the EBPs will be supervised for fidelity.
- ➔ Describe the resource mapping that your agency has conducted to identify educational, employment, and community resources that the program will use to help individuals achieve their goals.
- ➔ Describe how the program will involve the individual's family and natural supports, and coordinate with child welfare system partners, including but not limited to, DHS, CUA, child advocates, and any congregate care settings the individual may be residing in to support participation in the community and continuity of care.
- ➔ Describe how the program will collaborate with the individual to develop skills needed and desired to live, work, learn, and socialize in the environments of their choice.
- ➔ Describe the layout and components (kitchen, common space, group rooms, etc.) of the PRS site and how the configuration of the space will support individuals with achieving their goals.
- ➔ Describe how the program will use site-based PRS to support structured learning and rehearsal of skills.
- ➔ Describe how the program will support individuals to practice skills in natural environments and real-world situations.
- ➔ Describe how the community partnership will be utilized to support skills generalization and community integration.

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3.2.4. Staffing

- ➔ Describe your agency's plan for hiring and maintaining staff to ensure timely service implementation and ongoing sustainability.
- ➔ Describe how the program will maintain staffing levels that meet the requirements for ratios and staff qualifications.

3.2.5. Policies and Procedures

- ➔ Applicants should describe their policies and procedures for documentation of delivered PRS and updates to the individualized rehabilitation plan (IRP).
- ➔ Applicants should describe their policies and procedures for ensuring confidentiality is maintained while delivering PRS in community settings.
- ➔ Applicants should describe their policies and procedures for ensuring services for individuals under age 18 and individuals age 18 and older are kept separate through the use of scheduling, physical space, and any other protocols.
- ➔ Applicants should describe their policies and procedures for discharge planning, including steps taken prior to administrative discharge.

3.2.6. Corporate Status

Please indicate whether you are a for-profit or not-for-profit organization and attach legal documentation of that status to your proposal. Preference will be given to minority, women, or disabled-owned business enterprises (M/W/DSBE).

3.2.7. Government Structure

Describe the governing body of your organization. Each applicant must provide a list of the names, gender, race, and business addresses of all members of its board of directors. Please indicate which, if any, board members are self-disclosed service recipients or are family members of people who have received services.

3.3. Terms of Contract

The contract CBH enters into as a result of this RFP will be designated as a Provider Agreement. CBH will only negotiate with applicants whose applications, including all relevant documentation (e.g., audits, letters of credit, past performance evaluations), demonstrate that they are qualified, responsible, and capable of performing the work required in the RFP.

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The selected applicant(s) must maintain full responsibility for the maintenance of such insurance as may be required by the law of employers, including (but not limited to) workers' compensation, general liability, unemployment compensation, employer's liability insurance, professional liability, and automobile insurance.

3.4. Health Insurance Portability and Accountability Act (HIPAA)

The work to be provided under any contract issued pursuant to this RFP is subject to the federal Health Insurance Portability and Accountability Act (HIPAA), as amended, and/or other state or federal laws or regulations governing the confidentiality and security of health information. The selected applicant(s) will be required to comply with CBH confidentiality standards identified in any contractual agreement between the selected applicant(s) and CBH.

3.5. Minority/Women/Disabled-Owned Business Enterprises (M/W/DSBE)

CBH is a city-related agency, and as such, its contracted providers must cooperate with the local municipality's intent regarding M/W/DSBEs. CBH expects the selected applicant(s) to employ a "Best and Good Faith Efforts" approach to include certified M/W/DSBEs 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 whether their organization is certified by an approved certifying agency as a Minority/Women/Disadvantaged Small Business Enterprise (M/W/DSBE) or is identified in the [City of Philadelphia Office of Economic Opportunity \(OEO\)](#) certification registry. If the applicant is M/W/DSBE-certified, a copy of the certification should be included with the proposal. Any certifications should be submitted as hard copy attachments to the original application and to copies submitted to CBH.
- ➔ Not-for-profit applicants cannot be formally certified as M/W/DSBE. 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):

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- » At least 51% of the board of directors must comprise qualified minorities, women, or individuals with disabilities.
 - » A woman, minority, 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 documentation such as birth certificates, military records, passports, or tribal identification cards.
- ➔ Not-for-profit organizations may have subcontracting relationships with M/W/DSBE for-profit organizations. Not-for-profits should include a listing of their M/W/DSBE-certified subcontractors and their certification information.

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

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

Selected applicant(s) 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(s) may find it necessary to replace the non-compliant subcontractor with a compliant subcontractor. Applicants are advised to consider these city policies when entering into contractual relationships with proposed subcontractors.

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Applicants need not have a City of Philadelphia business privilege tax account number and business privilege license number to respond to this RFP. Still, they will, in most circumstances, be required to obtain one or both if selected for the award of the contract contemplated by this RFP. Proposals for a business privilege tax account number or a business privilege license may be made through the [City of Philadelphia Business Services webpage](#). Call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia business privilege tax account numbers or the Department of Licenses and Inspections at 215-686-2490 for questions related to a business privilege license.

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

Applicants are advised that any contract awarded pursuant to this RFP is a “Service Contract,” and the selected applicant(s) under such contract is a “Service Contractor,” as those terms are defined in § 17-1300 of the Philadelphia Code, or [Philadelphia 21st Century Minimum Wage and Benefits Standard Ordinance](#). Any Subcontractor and any sub-subcontractor at any tier proposed to perform services sought by this RFP is also a “Service Contractor” for § 17-1300 purposes. If any such Service Contractor (i.e., applicant and subcontractors at any tier) is also an “Employer,” as that term is defined in § 17-1302 (more than five employees) and is among the Employers listed in § 17-1303, then during the term of any resulting contract it is subject to the minimum wage and benefits provisions set forth in § 17-1300 unless it is granted a waiver or partial waiver under § 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 the 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 § 17-1300 of the Philadelphia Code, the [General Provisions](#), and any wage or equal benefits ordinances on [eContract Philly](#) for further details concerning the applicability of this chapter and obligations it imposes on certain city contractors and subcontractors at any tier. In addition to the enforcement provisions contained in § 17-1300, the selected applicant(s)’s failure or the failure of any subcontractor at any tier to comply (absent an approved waiver) with the provisions of § 17-1300 or any discrimination or retaliation by the selected applicant(s) or their subcontractors at any tier against any of their employees on account of having claimed a violation of § 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 § 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 outlined in § 17-1300.

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3.8. 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 § 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 [Philadelphia Code § 17-1900](#), the selected applicant(s) 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 § 19-1502\(1\)\(b\)](#), be required to extend the same employment benefits the selected applicant(s) extends to spouses of its employees to life partners of such employees, absent a waiver by the City under § 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 Philadelphia Code § 17-1900 and will notify their employees of the employment benefits available to life partners. Following the award of a Service Contract and before execution of the Service Contract by the City, the selected applicant(s) 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 selected applicant(s) does not provide employment benefits to the spouses of married employees. The selected applicant’s failure to comply with these provisions or any discrimination or retaliation by the selected applicant(s) against any employee on account of having claimed a violation of § 17-1900 shall be in material breach of the Service Contract resulting from this RFP. Further information regarding the applicability of the Equal Benefits Ordinance and the obligations it imposes on certain city contractors can be found in the wage and equal benefits ordinances on [eContract Philly](#).

3.9. City of Philadelphia Disclosure Forms

Applicants and subcontractors are required to complete the [City of Philadelphia Disclosure Forms](#) 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 applicants or any representatives of applicants have received any requests for money or other items of value or advice on particular firms to satisfy M/W/DSBE participation goals. These forms must be completed and returned with the proposal. The forms are attached as separate PDFs on the website posting.

3.10. 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 the disqualification of the applicant’s

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submission. Complete and submit with your proposal the [City of Philadelphia Disclosure of Litigation Form](#).

3.11. Selection Process and Responses

An application review committee will review all responses to this RFP. Based on the criteria detailed below, the committee will make recommendations concerning the submissions that best meet the RFP's goals.

Submissions will be reviewed based on the merits of the written responses to the RFP.

3.12. Threshold Requirements

Threshold requirements establish a baseline for all proposals, providing 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 herein. In addition, all required attachments must be submitted. Threshold requirements include having the requisite experience and licenses to implement the program and being a service provider in good standing with the City and CBH (as applicable).

CBH will determine if a provider is in good standing by reviewing information gathered through various departments across DBHIDS. A determination is based on, but not limited to, the following criteria: recertification status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed, taken into consideration, and discussed with the PA-DHS.

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

- ➔ [List of Excluded Individuals and Entities \(LEIE\)](#)
- ➔ [System for Award Management \(SAM\) \(formerly EPLS\)](#)
- ➔ [Department of Human Services' Medichex List](#)

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

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4. APPLICATION ADMINISTRATION

4.1. Procurement Schedule

RFP Event	Deadline Date
RFP Issued	June 16 th , 2026
Deadline to Submit Questions	July 7 th , 2026
Answers to Questions on Website	July 14 th , 2026
Application Submission Deadline	2:00 p.m. ET on July 28 th , 2026
Applicants Identified for Contract Negotiations	September 10 th , 2026

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

This RFP is being issued on June 16th, 2026. To be considered for selection, all applications must be emailed to CBHClinicalProcurements@phila.gov by 2:00 p.m. on July 28th, 2026.

- ➔ Email subject line should be marked “[Provider Name] DHS PRS RFP.” Applications submitted by any means other than email will not be accepted.
- ➔ Applicants must submit the electronic application with the appropriate electronic signatures.
- ➔ Applications submitted after the deadline date and time will not be accepted. The cover sheet of the application must be signed by an official of the submitting agency authorized to bind the agency to all provisions noted in the application.

All questions concerning this RFP must be submitted in writing to the Provider Network Development Team at CBHClinicalProcurements@phila.gov. Questions should have the subject line “DHS PRS RFP Questions.” Only requests submitted by July 7th, 2026 will be addressed in the FAQ. Questions submitted after the deadline date may result in no response. CBH will respond to questions it considers appropriate to the RFP and of interest to all applicants, but reserves the right, at its discretion, not to respond to any question. Responses will be posted on the CBH Clinical Procurements page. Posted responses become part of the RFP upon posting. CBH reserves the right, at its discretion, to revise responses to questions after posting by posting a modified response. No oral response to any applicant question by any DBHIDS or CBH employee or agent shall be binding to CBH or in any way considered to be a commitment by CBH.

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4.1.1. Bidder's Conference

The [Psychiatric Rehabilitation Services RFP Bidder's Conference](#) will be hosted via Microsoft Teams on June 23rd, 2026 at 11 a.m. Interested parties must register in advance via the link. After registering, you will receive a confirmation email with details on how to join the webinar. Attendance is optional.

4.2. 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 ensure a thorough and mutual understanding. CBH will schedule such presentations on an as-needed basis.

4.3. Terms of Contract

CBH reserves the right to set the rates for this service, notwithstanding any budgetary constraints. 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 CBH's chief executive officer. CBH reserves the right to reissue 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.

5. GENERAL RULES GOVERNING RFPS/APPLICATIONS; CONFIDENTIALITY AND PUBLIC DISCLOSURE

5.1. 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 [CBH Clinical Procurements](#) page with the original RFP. The applicant should check the website regularly to determine if additional information has been released or requested.

5.2. City/CBH Employee Conflict Provision

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

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5.3. Proposal Binding

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

5.4. Reservation of Rights

By submitting responses to this notice of request for proposals as posted on the CBH website, applicants accept and agree 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 CBH website in relation to this RFP.

5.4.1. Notice of Request for Proposals (RFP)

CBH reserves the right and may, at its sole discretion, exercise any one or more of the following rights and options with respect to this notice of request for proposals:

1. to reject any and all applications and to reissue this RFP at any time;
2. to issue a new RFP with terms and conditions substantially different from those set forth in this or a previous RFP;
3. to issue a new RFP with terms and conditions that are the same or similar to those set forth in this or a previous RFP to obtain additional applications or for any other reason CBH determines to be in its best interests;
4. to extend this RFP to allow for time to obtain additional applications before the RFP application deadline or for any other reason CBH determines to be in its best interests;
5. to supplement, amend, substitute, or otherwise modify this RFP at any time before issuing a notice of intent to develop a provider agreement or consultant contract to one or more applicants;
6. to cancel this RFP at any time before 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, at CBH's sole discretion, a new RFP for the same or similar services; and
7. to do any of the foregoing without notice to applicants or others, except such notice as CBH, at its sole discretion, elects to post on the CBH website.

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5.4.2. Proposal Selection and Contract Negotiation

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

1. to reject any application if CBH, at its sole discretion, determines the application is incomplete, deviates from or is not responsive to the requirements of this RFP, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFP, or if CBH determines it is otherwise in its best interests to reject the application;
2. to reject any application if CBH, at its sole discretion, determines 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 the applicant; is financially or technically incapable; or is otherwise not a responsible applicant;
3. to waive any defect or deficiency in any application, including, without limitation, those identified in the preceding subsections, if, at CBH's sole discretion, the defect or deficiency is not material to the application;
4. to require, permit, or reject, at 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;
5. 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, at its sole discretion, determines to be in CBH's best interests;
6. 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 before 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;
7. 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

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- the opportunity to revise their applications in light thereof, unless CBH, at its sole discretion, determines that doing so is in CBH's best interests;
8. to discontinue negotiations with any applicant at any time before 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, at its sole discretion, determines it is in the best interests of CBH to do so;
 9. to rescind, at any time before 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, at its sole discretion, determines it is in the best interests of CBH to do so;
 10. 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 of this RFP, if CBH, at its sole discretion, determines that it is in CBH's best interests to do so;
 11. to require any one or more applicants to make one or more presentations to CBH at CBH's offices or other locations as determined by CBH, at the applicant's sole cost and expense, addressing the applicant's application and its ability to achieve the objectives of this RFP;
 12. to conduct on-site investigations of the facilities of any one or more applicants (or the facilities where the applicant performs its services);
 13. 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;
 14. to conduct such investigations with respect to the financial, technical, and other qualifications of each applicant as CBH, at its sole discretion, deems necessary or appropriate;
 15. 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
 16. to do any of the foregoing without notice to applicants or others, except such notice as CBH, at its sole discretion, elects to post on its website.

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5.4.3. Miscellaneous

1. *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.
2. *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.

5.5. Confidentiality and Public Disclosure

The selected 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 selected applicant(s) shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The selected applicant(s) 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 selected applicant(s) or any person acquiring such information, directly or indirectly, from the selected applicant(s).

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

5.6. Incurring Costs

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

5.7. Primary 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 the sole point of contact regarding contractual matters.

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5.8. Disclosure of Proposal Contents

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFP process becomes the property of CBH and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by any person, excluding competing applicants. CBH retains the right to use any/all ideas presented in any reply to this RFP. Selection or rejection of an application does not affect this right.

5.9. Selection/Rejection Procedures

The selected applicant(s) will be notified in writing of their selection, and this notification will also be posted on the CBH website. This notification will provide information on any issues within the application that will require further discussion or negotiation with CBH. This notification should not be considered a letter of award. A formal letter of award will be forthcoming when the parties have reached a mutual agreement on all issues pertaining to the proposal. Applicants whose submissions are not selected will also receive written notification from CBH.

5.10. Non-Discrimination

The selected applicant(s), as a condition of accepting and executing a contract with CBH through this RFP, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that: "The contractor does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap, or disability in providing services, programs, or employment or in its relationship with other contractors.

5.11. Life of Proposals

CBH expects to select applicant(s) as a result of this RFP within approximately 90 days of the submission deadline. However, proposals submitted may be considered for selection up to 180 days after the submission deadline. By submitting a proposal, respondents agree to hold the terms of their proposal open to CBH for up to 180 days following the submission deadline.