

**BUTLER COUNTY HUMAN SERVICES  
IN PARTNERSHIP WITH SOUTHWEST BEHAVIORAL HEALTH MANAGEMENT  
AND CARELON HEALTH OF PENNSYLVANIA**

**ISSUES THIS STANDING REQUEST FOR PROPOSALS (RFP)**

**FOR AGENCIES INTERESTED IN JOINING THE CARELON NETWORK AS A  
PROVIDER OF INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)  
INDIVIDUAL AND/OR ABA SERVICES (#82024)**

Please carefully review the **ATTACHMENT A** as you consider how to proceed with your application to this RFP:

1. If your agency is seeking to provide **IBHS INDIVIDUAL AND/OR ABA SERVICES** (CORE IBH Services: listed on Tab 1 of ATTACHMENT A), continue to review and respond to this RFP. Please ensure you fully understand all the expectations and minimum requirements outlined in this RFP before responding.
2. If your agency is seeking to provide **PCIT, MST, STAP, FFT AND/OR GROUP IBH SERVICES** (NON - CORE IBH Services: listed on Tab 2 of ATTACHMENT A,) **DO NOT CONTINUE** your response to this RFP. Instead, **reach out to the BDHP Administrator to discuss any noted unmet need for these services within the county.**

Butler County Human Services, Southwest Behavioral Health Management, and Carelon (the Partners) are committed to ensuring that all children, youth and young adults have the opportunity to receive high quality, strength-based IBH services that best meet their individual treatment needs. The purpose of this RFP is to identify agencies interested in providing the IBH services within the Carelon network.

This ‘Standing RFP’ does not have a deadline for responses. Agencies interested and eligible to respond can submit their proposals at any time. Responses will be reviewed upon receipt and each applicant will receive a response following the review.

**INSTRUCTIONS FOR COMPLETION**

There are two (2) sections to this RFP. Please read through the entire RFP before beginning your response. Each respondent is required to complete both sections, although each section will be reviewed and scored separately.

**PART A:** This section outlines the services under IBHS, the general need for these services within the Carelon network and provides an opportunity for the respondent to outline their agency’s goals and objectives in seeking to provide these services, as well as outline the programmatic and clinical design of their IBH services, target population(s), programmatic

structure, clinical staffing and expected outcomes of their services. **Respondents will only be expected to complete ONE (1) response to PART A for their submission.**

**PART B:** This section is county specific and outlines the need for these services by each County within the Carelon SW region. **Respondents will be expected to complete one (1) PART B section for EACH COUNTY AND EACH FACILITY LOCATION from which they are seeking to provide IBH services.**

**THE AGENCY MUST BE ABLE TO SECURE STATE LABOR AND INDUSTRY CERTIFICATION FOR EACH PROPOSED LICENSED FACILITY LOCATION, PRIOR TO BEING PERMITTED TO COMPLETE THE CARELON CONTRACTING PROCESS.**

In order to be considered a valid submission, respondents must submit a response to **BOTH PART A and at least one PART B** at the same time. Proposals which do not include both sections will be rejected.

### **INSTRUCTIONS FOR SUBMISSION**

*All completed RFPs must be submitted through the following means.*

Electronic Delivery
Email a PDF copy of the signed RFP to: <a href="mailto:RFPResponse@swsix.com">RFPResponse@swsix.com</a>
Please type the title of the RFP and your organization's name in the subject line.

*All pages of the proposal must be numbered. Please submit the following information with your submission:*

Agency Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Submitted by: *(Please Print Name & Title)*

\_\_\_\_\_  
*(Signature)* \_\_\_\_\_ Date: \_\_\_\_\_

## **QUESTIONS REGARDING THE RFP**

Questions pertaining strictly to information contained in the RFPs may be submitted in writing via email to: [RFPQuestions@swsix.com](mailto:RFPQuestions@swsix.com)

Responses to all questions received in writing will be posted on the SBHM website within five (5) business days of receipt of the question(s). Because there is no deadline for responses to this RFP, please be sure to continue to check the website daily for responses to questions received.

<https://sw6rfp.sbhm.org/>

## **BACKGROUND**

Intensive Behavioral Health Services (IBHS) are an array of therapeutic behavioral health interventions and supports provided to children, youth or young adults (up to the age of 21 years) in the home, school or other community setting. IBHS were developed in response to an identified statewide need for services that better meet the treatment needs of children, youth and young adults struggling with mental health disorders.

The final IBHS regulations benefit this population with mental, emotional and behavioral health needs by establishing a minimum licensing standard for IBHS agencies, increasing staffing qualifications, supervision and training requirements, and minimum requirements for IBHS agencies to enroll in the Medical Assistance program. These regulations were promulgated on October 19, 2019 and became effective January 19, 2020. IBHS include Individual services, Group services and Applied Behavioral Analysis (ABA) services, and any of the Evidence Based Practice models listed by the state that can be provided within those services.

IBHS- Individual services are intensive therapeutic interventions that are used to reduce and manage identified therapeutic needs, increase coping strategies and support skill development to promote positive behaviors with the goal of stabilizing, maintain or maximizing functioning of the child/youth/young adult in the home, school or community setting.

IBHS- Group services are therapeutic interventions provided primarily in a group format with psychotherapy, structured activities and community integration activities that address the child/youth/young adult's identified treatment needs.

IBHS- Applied Behavior Analysis (ABA) services are the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in behavior or to prevent loss of attained skill or function. This includes the use of direct observation, measurement and functional analysis of the relations between environment and behavior.

Evidence Based Practices: The state has also outlined a list of Best Practice Models that can be utilized by IBHS providers within the above services. At this time there are a limited number of these Best Practice models, and only these approved by the state can be utilized within the IBH services.

## **TARGET POPULATION**

The target population is MA eligible children and adolescents (up to 21 years of age) in Butler County who are in need of one or more IBH services to assist them in meeting their mental health treatment needs.

**All services provided for these levels of care must adhere to all applicable and relevant federal, state and local standards, bulletins and regulations**

### **MINIMUM QUALIFICATIONS**

All applicants **must** meet the following minimum qualifications to be considered for this procurement process:

1. Must currently be an agency eligible to provide Medical Assistance covered services to Pennsylvania residents.

### **PREFERRED QUALIFICATIONS:**

1. Have a minimum of five (5) years of experience in providing child and adolescent mental health services to the target population identified in the response.
2. Possess a solid knowledge of the mental health services, as well as other treatment and community services and supports available for youth and their families in the counties being requested to be served;
3. Have experience building collaborative relationships to ensure open and willing communication with schools and other human service agencies.

### **INTENT**

It is the intent of these Partners to solicit proposals with the intention of executing a contract. This notwithstanding, any proposal shall be submitted with the following expressed understanding:

- This Request for Proposals is not subject to the competitive bidding process and any contract entered into as a result of any proposal will not be based on the concept of the “lowest cost applicant”;
- The Partners have the right to reject any and all proposals at any time during the process;
- The Partners reserve the right to disqualify proposals which do not sufficiently document that they meet the minimum qualifications to respond to this RFP;

- The Partners may modify the selection process or the scope of the project or the required responses at any time;
- All costs of developing proposals and any subsequent expenses relating to contract negotiations or the issuance of a contract are entirely the responsibility of the applicant and may not be charged to any of the Partners.

### **INCURRING COSTS**

The Partners are not liable for any costs incurred by applicants for work performed in preparation of a response to this RFP.

### **PROPOSAL REVIEW**

The Partners reserve the right to reject any and all proposals received as a result of this RFP and to negotiate separately with competing applicants. If proposals are unacceptable, the Partners reserve the right to reject the proposal. The Partners also reserve the right to reject a proposal at any time during the process. The proposal and all the materials submitted with the proposal will become the property of Southwest Behavioral Health Management upon submission.

All proposals will be reviewed and scored by a selection committee. Individual committee member scores for each proposal will be combined to create a total overall score for the provider's response. Total scores earned by each proposal are required to meet the minimum threshold for points achieved in order to be considered for program awards. For this RFP, all proposals must score a minimum of 65% of the total available points available in order to be considered for the program award. Proposals who do not score at or above the required 65% will not be considered.

*Ex: 190 points \* 5 scoring committee members = 950 total available points. 950 \* .65 = 617 points minimum score to be considered.*

### **SELECTION/REJECTION PROCEDURE**

Applicants whose proposals are selected will be notified in writing regarding their selection. Applicants whose proposals are not selected will also be notified in writing by Carelon. Applicants responding to this RFP will not receive any information on the quality of their responses or the selection process.

### **AWARD CONDITIONS**

**THE AGENCY MUST BE ABLE TO SECURE A STATE LABOR AND INDUSTRY CERTIFICATION FOR EACH PROPOSED LICENSED FACILITY LOCATION, PRIOR TO BEING PERMITTED TO COMPLETE THE CARELON CONTRACTING PROCESS.**

Following award of the RFP, in order to secure a contract with Carelon for payment of any part of this service, the provider must be able to complete the following steps. If the chosen provider cannot complete any of these steps, they will be determined ineligible to continue the process:

- Secure a Labor and Industry Certification for each IBHS facility to be included in the Carelon network;
- Secure a certificate of compliance/license for IBHS from the Office of Mental Health and Substance Abuse Services (OMHSAS);
- Complete the MA enrollment process and secure the appropriate PROMISe numbers for their IBH services;
- Receive the support for the agency's Clinical Program Description of their proposed IBH services from Butler County and Carelon;
- Secure an IBHS contract from Carelon Health of PA for the appropriate services.

***The award resulting from this RFP does not ensure that the need is sufficient to support the development and/or sustainability of this service.***

#### **UPON AWARD**

- *The awarded provider(s) will receive the standard Carelon reimbursement rates for this service.*

***There is no commitment by the Partners to anything beyond what is directly stated in this RFP.***

## **REQUEST FOR PROPOSALS** **PART A**

#### **DIRECTIONS**

1. Be sure your agency meets all the minimum qualifications prior to completing your response;
2. Respond to the questions in the sequence that they appear in the RFP and as completely as possible;
3. There is no page limit to responses except where otherwise noted;
4. All responses must be typed using 12-point font;
5. Additional supporting or requested documentation should be attached as Appendices.

## **QUESTIONS**

Please respond to the following questions:

1. Please briefly describe each of the IBH services that you are requesting to provide. Briefly outline the following for **each type of service**. Limit this response below to a maximum of two (2) pages. (40 pts total)
  - a. Brief description of each type of service to be offered;
  - b. By service, outline the target population, age range, expected presenting issues – this may include specific diagnoses;
  - c. Description of inclusion and exclusionary criteria for each service;
  - d. Describe the clinical treatment modalities to be utilized within each proposed IBH service.
2. Describe the agency's staffing structure for each of these services (e.g. number of administrative staff, direct treatment staff, psychiatric/medical staff, clerical support staff and all other staff related to the delivery of this service), and the expected qualifications of each staff member. (20 pts)
3. Describe how the agency expects to conduct the assessment and treatment planning processes (e.g., what instruments will be engaged to perform assessments? What admission and discharge evaluations will be performed? What will be the agency's treatment review process and discharge planning process? Clearly outline how the family will be engaged to ensure generalization of skills and how this will be measured to reflect success). Please explain what screening tools you will use and their purpose. (30 pts)
4. Describe any of the agency's specialty services (for example trauma, autism, LGBTQI, etc.), that would directly benefit these children and their families. If the agency considers itself to be a specialist in treating certain diagnostic categories or disorders, please describe (explain why) and provide any relevant supporting documentation. Also, provide documentation/verification of expertise in serving any other special populations. (20 pts)
5. Describe your/your agency's experience serving complex children/adolescents (i.e. those with co-occurring disorders such as mental health, developmental disabilities, substance use disorders, etc.). Please outline your process for involving all members in the discussion regarding complex needs. Also, provide documentation/verification of expertise or certifications staff may have in serving any of the above listed special populations. (20pts)
6. Describe the role cultural competency plays in the delivery of the proposed services and throughout your agency. Outline specific activities that may be included in the proposed program which will address and improve cultural relevance of the program for participants. Explain how cultural differences could be integrated into the program and in what capacity can cultural competency serve as the mechanism for addressing behavioral health disparities in the program and in the agency. (15 pts)

**End of PART A - total points: 145**

**PART B:**

**Butler County**

**PART B:** This section is county specific and outlines the need for these services by each County within the Carelon SW 6 region. **Respondents will be expected to complete one (1) PART B section for EACH COUNTY AND EACH FACILITY LOCATION from which they are seeking to provide IBH services.**

To be eligible to respond to this RFP with your agency’s interest in providing IBH services to Butler County children and families, you must have a current facility geographically located within one (1) of the following Counties:

Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Lawrence, Mercer, or Venango

In the table below, please list the address of your agency’s facility that is located within one of the above counties.

Agency Name	Facility Address	County	State

This PART B response will only be considered valid for ONE (1) facility address. Any agency interested in providing IBH services from more than one facility address, will need to submit a **separate PART B for each facility address.**

**Directions:**

**Step 1:** Please review the below and ATTACHMENT A before deciding to respond to this RFP:

1. If your agency is seeking to provide **INDIVIDUAL AND/OR ABA SERVICES** (these **CORE IBH Services** are listed on Tab 1 of ATTACHMENT A), please continue to review and respond to this RFP. Please ensure you fully understand all the expectations and minimum requirements outlined in this RFP before responding.
2. If your agency is seeking to provide **MST, PCIT, FFT, STAP AND/OR GROUP SERVICES** (these **NON - CORE IBH Services** are listed on Tab 2 of ATTACHMENT A), **DO NOT CONTINUE** your response to this RFP. Instead, reach out to the BH/DS Administrator to discuss any noted unmet need for these services within the county.

**Step 2:**

Respond to the questions below

1. Please describe in detail your agency’s background and experience in serving children, youth and young adults and their families struggling with mental health issues. Explain how this experience will enable your agency to successfully provide



- the identified IBH services. Please include experience specific to the target population of your IBHS service(s) (20 pts)
2. Describe in detail the target population to be served through these services. Outline the agency's goals and objectives in meeting the needs of individuals and families identified as benefiting from these services. Describe any of the agency's unique characteristics that would directly benefit this target population. (20 pts)
  3. Describe your experience in collaborating and coordinating with other community service agencies, schools, collateral organizations and Base Service Units (BSUs). Describe any discussions on the mental health needs of residents that your agency has had with the County BH/DS Office. Describe how you will collaborate with these types of agencies/services with each of the IBH services intended to be provided. (10 pts)
  4. Describe your agency's commitment to the concepts of recovery and resiliency. Explain how you intend to ensure an ongoing focus on the concepts of recovery and resiliency vs. program/treatment dependence. (10 pts)
  5. Please outline your agency's recruitment and retention plan. Please describe how your agency plans to hire and retain the necessary and qualified staff for each of the proposed services. As existing IBHS providers in the region are reporting a shortage in eligible candidates for IBHS positions, please include how you plan to attract new candidates to the region, new candidates to the BH workforce and/or support potential new candidates in meeting the IBHS staffing requirements. (20 pts)
  6. Describe the agency's potential plan for continuous quality monitoring and improvement. Outline what outcome measures could be in place that would demonstrate the effectiveness of the program. (20 pts)

**End of PART B - total points: 100**

**### END OF RFP ###**