

**Allegheny County  
Department of Human Services  
Request for Proposals Q&A**

RFP for Services that Improve Individuals' Access to and Engagement with Mental Health  
Services (Administrative Management Services)

<b>January 8, 2026</b>
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- 1. On page 4, under Award Details, the RFP states that "most awards will be between \$100,000 - \$300,000." Could you clarify whether this award amount is annual or for the entire three (3)-year contract term?**

This is an annual allocation amount.

- 2. Is the County open to negotiating subsequent years of the contract to account for COLA and inflation, or is the expectation to remain within \$100,000–\$300,000 each year for the next three (3) years?**

Notably, the state funding source that supports this service (County Mental Health base funds within the Human Services Block Grant) typically does not increase year-over-year. DHS will consider requests to amend initial allocations for increased costs in subsequent years within the limits of our funding constraints.

- 3. The RFP also states, "DHS seeks to enter into an Agreement with one or more Successful Proposers." Are you able to share how many providers will be selected?**

DHS intends to enter into a three-year Agreement with one or more Successful Proposers to provide Administrative Management Services. However, the issuance of this RFP does not obligate the County to enter into an Agreement with any Successful Proposer(s).

The total number of Successful Proposers will be determined based on the Proposals received and at the County's discretion.

- 4. What is the total funding amount allotted for this service/RFP?**

DHS has not established a total funding amount allotted for this service (Administrative Management Services). We anticipate most awards will be between \$100,000 - \$300,000 but will consider requests of any amount.

Proposers must justify and explain all costs listed in their Proposal and should indicate whether their proposed project can be implemented if their award is less than the requested amount, even on a smaller scale. DHS will consider all proposed costs for reasonableness and will negotiate the final budget and contract terms with the Successful Proposer(s).

The total number of Successful Proposer will be determined based on the Proposals received and at the County's discretion. This RFP does not obligate the County to enter into an Agreement with any Successful Proposer(s).

**5. What is the reimbursement model? Is this program funded?**

DHS may reimburse the Successful Proposer(s) in one of two ways:

- 1) Based on costs incurred for service delivery (i.e., Program-funded). Supportive documentation will be required from the Successful Proposer(s).
- 2) Based on a negotiated rate per unit of service delivered (i.e., Fee-for-Service).

Proposers may indicate and justify their preferred reimbursement model for their proposed project. DHS will consider Proposers preferred reimbursement model and will negotiate the final reimbursement model with the Successful Proposer(s).

**6. What is the current service volume?**

In State Fiscal Year 2024-2025, Administrative Management Service providers reported serving more than 6,500 individuals. However, the service volume may vary between each program and provider.

**7. What are the caseload expectations?**

Caseloads may vary based on Proposers' proposed service(s) and target population(s). Proposers should identify the number of individuals they expect to serve and caseload expectations.

**8. Are there any data reporting and performance monitoring requirements you can share?**

While expected outcomes may vary based on Proposers' proposed service(s) and target population(s), we are interested in services that aim to do one or more of the following:

- Improve access to mental health services for highly vulnerable, hard to engage or disengaged populations
- Reduce client waiting times, especially for high acuity services (e.g., services for high-risk individuals with severe symptoms, complex conditions, and a need for intensive care)
- Divert clients from more restrictive and/or involuntary settings
- Increase and maintain enrollment in HealthChoices

Successful Proposer(s) will be responsible for collecting and sharing data with DHS through our Client Information and Payment System (CIPS). DHS will work with the Successful Proposer(s) to determine what data will be included. At a minimum, Successful Proposer(s) will have to report individuals' first and last name, date of birth and legal sex for each service episode and with each monthly invoicing.

<b>Information Session</b>
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**January 15, 2026**

**9. Regarding the documentation, if we haven't been required to have audits, will the two years of financial statements done by our CPA be feasible?**

Any Successful Proposer who does not have a current Allegheny County DHS contract will be required to submit audited financial reports for the last two years. If a Successful Proposer does not have audited financial reports for the last two years, then they may submit other financial documentation that attests to the financial health of their organization for DHS's review and consideration.

**10. Will the PowerPoint be sent to all participants?**

The information session PowerPoint slideshow will be available for review on our [solicitation website](#) and the [RFP Opportunity Page](#).

**11. We are a non-profit that provides trauma-informed after-school care and many other services. We work closely with a local psychologist in ensuring that our kids are able to receive the necessary mental health access, we also run on the Mindfulness Young Minds program created by those psychologists. Would we be a fit for this? We aim to provide referrals and help to families in Homestead by providing access to various things, including Mental Health.**

We encourage Proposers to review the RFP and determine whether this opportunity is applicable to the service(s), area(s), and/or target population(s) that their organization is proposing to provide.

**12. Can you explain the difference between the disallowed Case Management/Service Coordination and the allowed support and coordination for mental health services?**

Case Management/Service Coordination refers to blended/targeted case management, which is a primarily HealthChoices reimbursable service. If individuals qualify for this service, then we would expect it to be reimbursed via HealthChoices and not through any contract awarded via this RFP.

**13. Can we submit a Proposal to expand a current service we offer or does it have to be a new service?**

Yes, expansion proposals will be considered. Current providers must submit a Proposal in response to this RFP to request a renewed contract whether or not they are proposing an expansion.

**14. How many individuals do you anticipate using this service throughout the year?**

In State Fiscal Year 2024-2025, Administrative Management Service providers reported serving more than 6,500 individuals. However, the service volume may vary between each program and provider.

**15. How will the service be funded, cost reimbursement, per diem, per episode, etc.?**

DHS may reimburse the Successful Proposer(s) in one of two ways:

- 1) Based on costs incurred for service delivery (i.e., Program-funded).  
Supportive documentation will be required from the Successful Proposer(s).
- 2) Based on a negotiated rate per unit of service delivered (i.e., Fee-for-Service).

Proposers may indicate and justify their preferred reimbursement model for their proposed project. DHS will consider Proposers preferred reimbursement model and will negotiate the final reimbursement model with the Successful Proposer(s).

**16. I know that there is current exploration about how we might be able to maintain the CHW program and positions beyond the current grant funding. Would it be possible to include this position within our RFP response and budget as a part of our Administrative Management services?**

We encourage Proposers to review the RFP and determine whether this opportunity is applicable to the service(s), area(s), and/or target population(s) that they are proposing to provide.

**17. Are the Administrative Management Services and Health Choices the same thing?**

No. Administrative Management Services is separate from HealthChoices. Administrative Management Services are not reimbursable through the HealthChoices program. Please see page 2 (Acronyms and Definitions) for more information.

**18. Also, is there a list of current providers providing Administrative Management Services?**

Current providers of Administrative Management Services include:

1. Allegheny Children's Initiative
2. Chartiers MH/MR Center, Inc.
3. Familylinks
4. Human Services Administrative Organization
5. Mercy Life Center Corporation
6. Milestone Centers, Inc.
7. Mon Yough Community Services, Inc.
8. Pressley Ridge
9. Turtle Creek Valley MH/MR, Inc.
10. UPMC Western Psychiatric Hospital dba UPMC Presbyterian Shadyside
11. Staunton Clinic dba Valley Medical Facilities, Inc.
12. Wesley Family Services

**19. Is the goal to link to needed services to those clients we would serve for supports beyond the scope of the Proposer organization?**

The goal of Administrative Management Services is to serve individuals who need assistance to appropriately engage with mental health treatment through referrals, linkages, and/or the coordination of activities that best address their

needs. This may or may include linkage to services outside of the Proposer's organization.

**20. Can you expand on or give examples of how Admin. services are expected to reduce client waiting times?**

We invite Proposers to propose services aimed at this outcome. Examples may include supporting individuals to connect with providers with relevant service capacity, assisting with HealthChoices enrollment, and supporting transitions between levels of care or from institution settings, including but not limited to inpatient hospitalizations and jail.

**21. Are there minimum or maximum caseload expectations per staff?**

No. Proposers should provide a staffing plan, including a breakdown of all proposed employees (full-time and part-time), sample job descriptions for each position, caseload expectations, staff qualifications, education, skills, and experience for their proposed service(s).

**22. Where do referrals originate, (Childline, courts, providers, self-referral)?**

Proposers should identify their anticipated referral sources. While we don't want to restrict services to a particular age range or diagnosis, Proposers may focus their Proposal on a specific subpopulation(s), such as those facing the highest barriers to care. Be sure to clearly identify the target population(s) and include their rationale for this focus.

**23. Understanding that we would need to provide services across Allegheny County, does the agency need to be physically located in Allegheny County to be eligible for award?**

No.

**24. Is the provider eligible if they are located in a different county but can service Allegheny County?**

Yes.

**25. What was meant when it said to take advantage of page counts when submitting the RFP Response Form?**

We set the RFP Response Form page limit to 10 pages. Within the 10-page limit, we encourage Proposers to be as detailed as possible in their responses and ensure that they are providing clear, concise responses for all requested information.

**26. Will the questions count as part of those 10 pages?**

No, only your responses to the questions will count towards the page limit.

**27. Is this service primarily pretreatment, engagement, ongoing coordination or both?**

The RFP invites Proposals to improve access to mental health treatment and support for individuals who need assistance to appropriately engage with these services. The Successful Proposer(s) will conduct referral, linkage and coordination activities (e.g., pretreatment engagement, benefits counseling and administrative tasks) that best address individuals' needs. The RFP does not specify whether Proposals should be primarily pretreatment, engagement, or ongoing coordination.

**28. What about a step down from blended service coordination?**

Proposers may propose any service(s) described in the RFP or in accordance with the "Administrative Management" cost center in OMHSAS's bulletin number 12-02, Section 3.20.

This RFP is NOT meant for services that are compensable via HealthChoices (e.g., case management, service coordination). Proposers proposed service(s) should be clearly differentiated from services that are covered by HealthChoices or private insurance.

**29. When creating an account on Bonfire we are directed to choose an organization - is that Allegheny County DHS or our own agency?**

Please submit your organization's information.

**30. Just to clarify, does the provider already need to be contracted with Allegheny County?**

No, Proposers do not already need to be contracted with Allegheny County.

January 27, 2026
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**31. "Successful Proposer(s) will be responsible for collecting and sharing data with DHS through our Client Information and Payment System (CIPS). DHS will work with the Successful Proposer(s) to determine what data will be included. At a minimum, Successful Proposer(s) will have to report individuals' first and last name, date of birth and legal sex for each service episode and with each monthly invoicing."**

**Are there limitations around proposals for program-funded services versus a fee-for-service model? In other words, if the proposal my organization plans to submit does not follow a fee-for-service model, is this an issue?**

Please see our response to question 5.

**32. Was the virtual information session recorded? Is there a way for that recording to be accessed?**

While we recorded the information session for this RFP, we will not post the recording for public review. Instead, we have made information from our information session (e.g., PowerPoint slideshow and Q&A document) available on our [solicitation website](#) and the [RFP Opportunity Page](#) for review.

February 12, 2026
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**33. As a new provider, does my organization need commitment letters or a list of names of those organizations that have agreed to partner with my organization?**

Proposers must identify and list each partner to implement their proposed service(s) within their Proposal. Additionally, while partner commitment letters are not required, Proposers may include commitment letters from each identified partner in their Proposal, if applicable.

**34. As a new provider, will my organization need a written letter from the organizations that we worked with in the past?**

No. However, Proposers may include letters from previous partners in their Proposal, if applicable.



**35. I am a veteran; however, I am not a VOSB documented member and new to DHS. Is the VOSB documentation “optional” for new providers as well?**

No. All Proposers without a contract with DHS must include MWDBE and VOSB documentation within their Proposal. For more information on MWDBE and VOSB requirements, please refer to Sections 6.1 and 6.2 of the RFP.

**36. We are seeking some clarification regarding #7 on the RFP “describe your organization’s plan for collecting, monitoring and reporting data through DHS’s Client Information and Payment System (CIPS).”**

**Given that our program is centered on navigation, supportive advocacy, and linking individuals to existing services—and is not a direct clinical treatment delivery program—we would appreciate further insight into the specific types of data points or programmatic outcomes you would anticipate being collected and reported through CIPS for a service linkage initiative like ours.**

Minimum data elements collected through CIPS will include individuals’ first and last name, date of birth and legal sex for each service episode.

**37. Is an indirect rate allowable, if so, what is an appropriate ask? 20%? NICRA rate?**

Indirect costs are the costs incurred by a service provider that are not easily attributable to any one service or project (i.e., a cost that is shared across the organization). These are costs not associated with the delivery of program services but are essential to the running and management of the organization that is providing the program or services. Stated differently, indirect costs cover organizational functions that benefit multiple projects and/or the entire organization.

Proposers may budget for indirect costs using either an indirect cost rate or by allocating a proportional share of the indirect cost used by the program/service. In either case, Proposers must clearly detail their calculations, assumptions, and justification.

All proposed costs will be considered for reasonableness, and the final budget and contract terms will be negotiated with the Successful Proposers.