Allegheny County Department *of* Human Services

Request for Proposals

Residential Services, aligned with American Society of Addiction Medicine Standards, for Individuals with Substance Use Disorder

RFP Posting:
Tuesday, March 31, 2026

Questions Deadline:
3 p.m. Eastern Time on Friday, May 15, 2026

Submission Deadline:
3 p.m. Eastern Time on Friday, May 29, 2026

Estimated Award Decision/Notification:
July 2026

Allegheny County Department of Human Services
One Smithfield Street Pittsburgh, PA 15222

Contents

Acronyms and Definitions:

Unless the context indicates otherwise, the following capitalized words are defined as follows for purpose of this RFP:

1. Agreement: A contract negotiated between the Successful Proposer, Allegheny County and Community Care Behavioral Health
2. Allegheny County (the County): A home rule county and political subdivision of the Commonwealth of Pennsylvania
3. ASAM: American Society of Addiction Medicine, 3rd edition. A set of criteria used to determine the appropriate level of care for individuals with substance use disorders
4. ASAM 3.7 (Medically Monitored Intensive Inpatient Treatment): Residential treatment with 24/7 on-site nursing, physician/physician-extender care and medical oversight. Staff manage significant biomedical and/or psychiatric comorbidity in addition to addressing substance use disorders. Clinical services are available every day, including weekends and holidays.
5. ASAM 3.7WM (Medically Monitored Inpatient Withdrawal Management): Residential treatment with 24/7 intervention delivered by medical, nursing, mental health and substance use clinicians, which provides medically monitored evaluation and withdrawal management in a non-hospital residential environment. 3.7WM services are inclusive of all services under 3.7 and offer additional medical monitoring delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. Clinical services (e.g., individual, group and/or family therapy) must be included in programming. For people with opioid use disorder, induction onto MOUD is available in place of tapering off opioids. Clinical services are available every day, including weekends and holidays.
6. ASAM 3.5 (Clinically Managed High-Intensity Residential): Residential treatment within a structured therapeutic milieu emphasizing relapse prevention, behavioral change and community reintegration; provides access to nursing/medical consultation sufficient to address routine health needs, medication management for psychotropic medications and MAT, and coordination of psychiatric care. For people with opioid use disorder, induction onto MOUD is available in place of tapering off opioids. Clinical services are available every day, including weekends and holidays.
7. ASAM 3.1 (Clinically Managed Low-Intensity Residential Services): Transitional, 24-hour structured supportive living/treatment/recovery facility for individuals who are

entering/stepping into treatment or reintegrating into the community, often after primary treatment at a more intense level. This service provides clients with safe housing and a structured and supportive environment in which to develop and practice interpersonal and group living skills, strengthen recovery skills, reintegrate into their community, find/return to employment and/or enroll in school. Residents must receive a minimum of five hours of clinical services per week. Clinical services must be flexible to ensure that people who work, volunteer or attend school are able to receive the minimum requirement.

8. AUD: Alcohol Use Disorder
9. BDAS: [Allegheny County] Bureau of Drug and Alcohol Services
10. CCBH: Community Care Behavioral Health, Allegheny County's nonprofit behavioral health managed care organization
11. Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP, as more particularly described in the Scope of Services in the Agreement
12. CQI: Continuous Quality Improvement
13. DDAP: [Pennsylvania] Department of Drug and Alcohol Programs
14. DHS: [Allegheny County] Department of Human Services
15. EHR: Electronic Health Record
16. HPSO: High Potency Synthetic Opioid
17. LOCA: Level of Care Assessment, a screening tool used to gather information about a client and to assess and recommend the appropriate treatment and service options according to the Client's personalized needs
18. LOS: Length of stay
19. MAT (Medication Assisted Treatment): An evidence-based, whole person approach to substance use treatment that utilizes medication in combination with counseling, behavioral therapies and peer support
20. MAUD (Medication for Alcohol Use Disorder): A subset of MAT specifically for alcohol use disorder, utilizing FDA-approved medications such as acamprosate, disulfiram and naltrexone
21. MOUD (Medication for Opioid Use Disorder): A subset of MAT specifically for opioid use disorder, utilizing FDA-approved medications such as buprenorphine, methadone and naltrexone
22. OUD: Opioid Use Disorder

23. Patient Initiated Discharge: When a resident leaves treatment against clinical recommendation, often prematurely
24. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP
25. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP
26. Response Form: The Word document in which Proposers respond to requested information about this RFP
27. RFP: Request for Proposals
28. SAMHSA: Substance Abuse and Mental Health Services Administration
29. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services
30. SUD (Substance Use Disorder): Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school or home.

RFP at a Glance

Purpose

Allegheny County, through its Department of Human Services (DHS) and in partnership with Community Care Behavioral Health (CCBH), is seeking proposals from qualified, licensed Proposers to deliver high-quality substance use disorder (SUD) treatment aligned with the American Society of Addiction Medicine (ASAM) criteria for Treatment Levels 3.1, 3.5, 3.7, and 3.7WM. Through this RFP, DHS hopes to improve treatment outcomes for individuals with SUD by contracting with Successful Proposers who can deliver evidence-based, person-centered residential treatment services. These services are part of a broader continuum of care that includes outpatient treatment, medication-assisted treatment (MAT), recovery housing and community supports.

This RFP is part of the County's vision for redesigning the SUD treatment system; the vision includes reallocation of funding toward lower levels of residential care, new investments to strengthen outpatient services and potential revisions to the residential treatment reimbursement model. Additionally, this RFP is designed to address key system challenges including early exits from care, inefficient lengths of stay and low post-discharge engagement.

Successful Proposers must demonstrate how their program will improve treatment engagement, optimize duration of stay, and strengthen continuity of care across the residential continuum.

Providers who have an existing contract with DHS and/or CCBH for any of these services must submit a proposal in response to this RFP. Currently contracted providers who are not selected through this RFP will have their contract(s) terminated without cause, as per the termination clause(s) in their current contract(s), and/or receive no further allocations for these services.

Award Details

DHS and CCBH seek to enter into an Agreement with multiple Successful Proposers for a term of up to three (3) years, with a County option to renew based on the Successful Proposer's performance. DHS and CCBH will consider funding 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 (even on a smaller scale) if their award is less than the requested amount. DHS and CCBH will consider all proposed costs for reasonableness and will negotiate final budget and contract terms with the Successful Proposer(s).

Successful Proposer(s) will contract with Allegheny County DHS and/or CCBH, and funding will be provided as follows:

1. Medicaid HealthChoices reimbursement at approved rates via a contract with CCBH.
2. County uncompensated-care contracts with a subset of selected providers to cover care for uninsured/under-insured clients.

Who Can Submit a Proposal

Anyone, including but not limited to nonprofit organizations, for-profit organizations, small businesses and individuals with 1) the appropriate Pennsylvania Department of Drug and Alcohol Programs (DDAP) license for the proposed level(s) of care and 2) the organizational, financial and staffing capabilities to provide the Contracted Service is eligible to submit a Proposal in response to this RFP (see Section 6: Contract Requirements for Successful Proposers).

ASAM providers who have an existing contract with DHS and/or CCBH must submit a Proposal in response to this RFP to continue delivering services. Currently contracted providers who are not selected through this RFP will have their contract(s) terminated without cause, as per the termination clause(s) in their current contract(s), and/or receive no further allocations for these services.

Proposals must be submitted electronically by logging into or creating an account on Bonfire (See Section 4: How to Submit a Proposal).

What's Important to Us

Successful Proposers will:

- Deliver trauma-informed, culturally responsive and recovery-oriented care.
- Align with ASAM criteria and demonstrate fidelity to evidence-based practices.

- Prioritize client choice, timely access to MAT, and strong discharge planning that increases retention in a continuum of care; this must include individuals who may continue to struggle with ongoing substance use.
- Serve high-priority populations, including individuals involved with the legal system, people who inject drugs into their body, pregnant women and individuals with co-occurring serious mental illness.

Timeline

RFP Posting	Tuesday, March 31, 2026
Info Session/Office Hours (see section 4 for details)	Info Session: April 15, 2026 Office Hour 1: April 29, 2026 Office Hour 2: May 6, 2026
Questions Deadline	Friday, May 15, 2026, at 3 p.m. Eastern
Last Website and Q&A Update	Friday, May 22, 2026, 6 p.m. Eastern
Submission Deadline	Friday May 29, 2026, at 3 p.m. Eastern
Estimated Award Decision/Notification	July 2026

Who We Are

DHS is the largest department of Allegheny County government and provides publicly funded services to more than 200,000 people annually, in areas including behavioral health, aging, developmental supports, homelessness and community services. More information about DHS is available at: http://www.alleghenycounty.us/human-services/index.aspx

Section 1: Why We Are Issuing This RFP

Improving outcomes for individuals with SUD through high quality, innovative treatment is an urgent policy priority for Allegheny County. Nationally, substance use is a major driver of social challenges such as increased mortality, crime, child maltreatment and chronic homelessness.[1] Estimates of the associated annual costs of substance use regularly exceed $500 billion.[2] These national trends are mirrored in Allegheny County, which has experienced more than 400 fatal drug overdoses each year since 2015.

DHS operates a full substance use treatment continuum of care that encompasses both ambulatory and residential services. Ambulatory services include partial hospitalization as well as intensive outpatient and outpatient services. Residential services include both hospital and non-hospital-based programming. Additional ancillary services are available, which include recovery housing, case management, peer-based services and medication management. The continuum of care includes both Medicaid- and non-Medicaid-funded services.

Residential rehabilitation and withdrawal management services encompass ASAM 3.1, 3.5, 3.7 and 3.7WM and levels of care as defined below:

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[1] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Survey of Prison Inmates 2016: Alcohol and Drug Use and Treatment Reported by Prisoners, July 2021: NCJ 252641, https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/adutrpspi16st.pdf.
Polcin DL. Co-occurring Substance Abuse and Mental Health Problems among Homeless Persons: Suggestions for Research and Practice. J Soc Distress Homeless. 2016;25(1):1-10. doi: 10.1179/1573658X15Y.0000000004. Epub 2015 Aug 26. PMID: 27092027; PMCID: PMC4833089.
Oliveros A, Kaufman J. Addressing substance abuse treatment needs of parents involved with the child welfare system. Child Welfare. 2011;90(1):25-41. PMID: 21950173; PMCID: PMC4158612.
U.S. Department of Transportation, National Highway Traffic Safety Administration. Office of Behavioral Safety Research, Update to Special Reports on Traffic Safety during the COVID-19 Public Health Emergency: Fourth Quarter Data [Traffic Safety Facts], 2021-06-01, DOT HS 813 135, https://doi.org/10.21949/1526015
Sontate KV, Rahim Kamaluddin M, Naina Mohamed I, Mohamed RMP, Shaikh MF, Kamal H, Kumar J. Alcohol, Aggression, and Violence: From Public Health to Neuroscience. Front Psychol. 2021 Dec 20;12:699726. doi: 10.3389/fpsyg.2021.699726. PMID: 35002823; PMCID: PMC8729263.
[2] Luo F, Li M, Florence C. State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017. MMWR Morb Mortal Wkly Rep 2021;70:541–546. DOI: http://dx.doi.org/10.15585/mmwr.mm7015a1
Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. PMID: 28252892.

- ASAM 3.1 (Clinically Managed Low-Intensity Residential Services): Transitional, 24-hour structured supportive living/treatment/recovery facility for individuals who are entering/stepping into treatment or reintegrating into the community, often after primary treatment at a more intense level. This service provides clients with safe housing and a structured and supportive environment in which to develop and practice interpersonal and group living skills, strengthen recovery skills and reintegrate into their community, find/return to employment and/or enroll in school. Clients must receive a minimum of five hours of clinical services per week. Clinical services must be flexible to ensure that people who work, volunteer or attend school are able to receive the minimum number or hours.

- ASAM 3.5 (Clinically Managed High-Intensity Residential Services): Residential treatment within a structured therapeutic milieu emphasizing relapse prevention, behavioral change and community reintegration. Residents have access to nursing/medical consultation sufficient to address routine health needs, medication management for psychotropics and MAT, and coordinated psychiatric care. For people with opioid use disorder (OUD), induction onto Medication for Opioid Use Disorder (MOUD) is available in place of tapering off opioids. Clinical services are available every day, including weekends and holidays.

- ASAM 3.7 (Medically Monitored Intensive Inpatient Services): Residential treatment with 24/7 on-site nursing, physician/physician-extender care and medical oversight that manages significant biomedical and/or psychiatric comorbidity in addition to addressing substance use disorders. Clinical services are available every day, including weekends and holidays.

- ASAM 3.7WM (Medically Monitored Inpatient Withdrawal Management): Residential treatment with 24/7 intervention delivered by medical, nursing, mental health and substance use clinicians, providing medically monitored evaluation and withdrawal management in a non-hospital residential environment. 3.7WM services include all services under 3.7 and offer additional medical monitoring delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. Clinical services such as individual, group and/or family therapy must be included in programming. For people with OUD, induction onto MOUD is available in place of tapering off opioids. Clinical services are available every day, including weekends and holidays.

Residential treatment is a key aspect of Allegheny County's substance use continuum of care. Spending on Level 3.5 treatment alone represents almost half of all local public expenditures for SUD treatment, underscoring its importance and the frequency with which it is used. Further, these services care for some of the most vulnerable clients. In the year prior to admission, 45% had visited an emergency room, 35% were incarcerated in the Allegheny County Jail, 20% had been the subject of a petition for an involuntary psychiatric commitment and six percent had stayed at a homeless shelter or were unsheltered.

Increased demand for SUD treatment has caused health care costs to rise rapidly. Since 2010, total costs adjusted for inflation have increased 82% for Level 3.5 residential rehabilitation services compared with 41% for outpatient services. With anticipated financial pressures from forthcoming federal and state policy and budget changes, future funding of SUD services is likely to be reduced. In this environment, managing costs while improving client outcomes is imperative. Our aim is to strengthen the SUD treatment system by using public health care funding more effectively and aligning payment with evidence-based care and appropriate levels of services. We intend to do this by reevaluating providers and re-procuring 3.1, 3.5, 3.7 and 3.7WM services.
Residential treatment services must offer effective, high quality and evidence-based treatment to engage and retain individuals with SUD who are using more potent substances (e.g., fentanyl analogs and adulterants such as xylazine and medetomidine) and/or have physical health comorbidities or co-occurring serious mental illness (SMI). Individuals with severe substance use patterns and co-occurring conditions need to be served in a consistent and flexible continuum of services to help them achieve sustainable self-management of their SUD. Acute, disconnected episodes of care are insufficient to improve outcomes for these individuals and can even increase the risk of overdose.

Allegheny County and CCBH are seeking innovative and evidence-based approaches that demonstrate how Successful Proposers will improve outcomes through timely access to pharmacotherapy (when desired); improved treatment engagement; optimized treatment duration; and strengthened continuity of care across the residential continuum.

Approaches should prioritize client choice when connecting them to outpatient treatment, peer supports, and natural social and family networks, while ensuring prompt and individualized planning for housing and other recovery resources. The following defines the key system challenges this procurement is designed to address and form the basis of our system goals and contracting criteria.

(1) Early Exits from Residential Treatment. A premature or early exit from residential treatment, especially a patient-initiated or administrative discharge, can reflect a mismatch between a resident's treatment preferences and the treatment offered. In 2024, 21% of stays in Level 3.5 resulted in discharge from care within seven days of admission, representing a significant opportunity for improvement. These shorter stays may not achieve their intended therapeutic benefit, impede stable connections to care for vulnerable individuals, heighten the risk of overdose, and increase costs for payers and providers—due to upfront costs of assessment and treatment—without achieving a therapeutic benefit to the individual or the community.[3] In Allegheny County, residents discharged within seven days of admission were approximately 25% less likely to attend outpatient treatment or receive a prescription for MOUD in the following week relative to individuals who stay in residential treatment for seven to 30 days, even after controlling for differences in client characteristics.

(2) Long Lengths of Stay in Residential Treatment. Identifying the optimal length of residential treatment is challenging. Since treatment duration is associated with other client characteristics that may impact health outcomes, establishing clear dose-response recommendations cannot be derived from research alone. The best available evidence suggests that longer residential treatment durations on their own are not associated with better outcomes.[4] These findings match our own analyses; while short stays were associated with lower utilization of outpatient services and MOUD, stays greater than 30 days were not associated with higher utilization. ASAM mandates that treatment is individualized to the goals and needs of the individual rather than based on pre-determined program lengths or sentences.

In 2024, 62% of total Level 3.5 costs for Allegheny County clients were attributable to stays longer than 30 days, despite therapeutic benefits diminishing with longer lengths of stay. Lack of continuity to outpatient services was also observed with longer stays in residential treatment; this was also the case for residential stays under seven days. In both scenarios, clients were less likely to stay in a continuum of care after leaving the residential program. This indicates inefficient resource allocation or a lack of appropriate pathways for step-down to lower levels of care. Providers regularly point to non-treatment-related reasons for delayed exits, such as lack of available housing

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[3] Santos, Charles J., et al. "Discharges 'against medical advice' in patients with opioid-related hospitalizations." *Journal of addiction medicine* 15.1 (2021): 49-54.
Tan SY, Feng JY, Joyce C, Fisher J, Mostaghimi A. Association of Hospital Discharge Against Medical Advice With Readmission and In-Hospital Mortality. *JAMA Netw Open.* 2020;3(6):e206009. doi:10.1001/jamanetworkopen.2020.6009

[4] Dams, G. M., Gross, G. M., Ketchen, B. R., Smith, N. B., & Burden, J. L. (2025). Finding the optimal length of stay for veterans in substance use disorder residential treatment using generalized propensity score modeling. *International Journal of Drug Policy*, *137*, 104715.

options. This creates an opportunity for a renewed partnership between DHS and residential rehabilitation facilities to separately address treatment and habitation needs. Research also highlights the importance of continued engagement in SUD treatment vs. the superiority of inpatient over outpatient treatment.[5] A patient-centered approach that encourages timely step-downs to lower levels of care can lower costs, expand access and strengthen long-term engagement while achieving outcomes equal to or better than extended inpatient treatment.

(3) **Retention in Treatment after Discharge.** Residential rehabilitation and withdrawal management services are an important part of the continuum of care for individuals with SUD. However, the long-term benefits and recovery outcomes of these services are attenuated when not paired with continued downstream connections to SUD treatment. Prior research has demonstrated that withdrawal management or residential rehabilitation without continuing care post-discharge is associated with higher rates of returning to use after services, often shortly following discharge.[6] Additionally, for clients with OUD, withdrawing from opioids without starting MOUD significantly increases overdose risk and death due to reduced tolerance.[7]

Reflecting this research, DHS's primary measure of success for these SUD treatment levels is retention in care. Currently, post-discharge utilization of MOUD/Medication for Alcohol Use Disorder (MAUD) and outpatient services is low for both residential rehabilitation and withdrawal management services—only 35% of individuals in Level 3.5 attended an outpatient appointment within three months and only 50% of those with ASAM Level 3.7

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[5] Reif S, George P, Braude L, Dougherty RH, Daniels AS, Ghose SS, Delphin-Rittmon ME. Residential treatment for individuals with substance use disorders: assessing the evidence. Psychiatric Serv. 2014 Mar 1;65(3):301-12. doi: 10.1176/appi.ps.201300242. PMID: 24445598.
Morgan JR, Barocas JA, Murphy SM, et al. Comparison of Rates of Overdose and Hospitalization After Initiation of Medication for Opioid Use Disorder in the Inpatient vs Outpatient Setting. *JAMA Netw Open.* 2020;3(12):e2029676. doi:10.1001/jamanetworkopen.2020.29676

[6] Walley, A. Y., Lodi, S., Li, Y., Bernson, D., Babakhanlou-Chase, H., Land, T., & Larochelle, M. R. (2020). Association between mortality rates and medication and residential treatment after in-patient medically managed opioid withdrawal: a cohort analysis. *Addiction (Abingdon, England)*, *115*(8), 1496–1508. https://doi.org/10.1111/add.14964
Bailey, G. L., Herman, D. S., & Stein, M. D. (2013). Perceived relapse risk and desire for medication assisted treatment among persons seeking inpatient opiate detoxification. *Journal of substance abuse treatment*, *45*(3), 302–305. https://doi.org/10.1016/j.jsat.2013.04
de Andrade, D., Elphinston, R. A., Quinn, C., Allan, J., & Hides, L. The effectiveness of residential treatment services for individuals with substance use disorders: A systematic review. *Drug and Alcohol Dependence*, Volume 201, 2019, Pages 227-235, ISSN 0376-8716, https://doi.org/10.1016/j.drugalcdep.2019.03.031.

[7] Wakeman SE, Larochelle MR, Ameli O, Chaisson CE, McPheeters JT, Crown WH, Azocar F, Sanghavi DM. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. JAMA Netw Open. 2020 Feb 5;3(2):e1920622. doi: 10.1001/jamanetworkopen.2019.20622. Erratum in: JAMA Netw Open. 2024 May 1;7(5):e2419798. doi: 10.1001/jamanetworkopen.2024.19798. PMID: 32022884; PMCID: PMC11143463.
Kosten, T. R., & Baxter, L. E. (2019). Effective management of opioid withdrawal symptoms: A gateway to opioid dependence treatment. *The American journal on addictions*, *28*(2), 55-62.

WM stays utilized MOUD/MAUD within a week. Without these connections to community-based medication and care, many clients exit treatment and cycle through services over the following year, including emergency departments (46% of clients), jail (27%) and residential treatment (where over 70% of annual Level 3.5 costs are attributable to repeat stays). To interrupt these cycles, all residential providers must pair excellent onsite care with strong, individualized discharge planning and connection to services in the community, regardless of length of stay or recovery capital. All treatment episodes are part of and connected to a continuum of care and we are seeking residential providers willing to be a part of a continuum of organizations with the shared goal of retaining individuals in care, regardless of their substance use behaviors or co-occurring conditions. Additionally, we are seeking residential providers who also recognize that the continuum of care is different for every person entering treatment and who make it possible for clients to enter and leave all residential services without being required to spend time in another predetermined residential level of care first.

As part of DHS's strategy to improve retention in care, this RFP is also seeking Successful Proposers to provide ASAM Level 3.1 services within Allegheny County. The 3.1 level of care is a key component of the continuum of care for clients stepping down from higher intensity services or stepping into treatment. Bolstering Level 3.1 services fills a need for residential treatment that is more structured than outpatient but less intensive than 3.5 or 3.7 levels of care. Proposers offering 3.1 services must be willing to accept referrals from residential services, outpatient services, ancillary services, or no current services.

Presently, only one provider offers the 3.1 level of care in Allegheny County, meaning that individuals seeking or transitioning to that level of care must travel to surrounding counties. This hinders their ability to access outpatient services in their community and seek employment opportunities or other resources (e.g., housing, transportation, family-based services) where they live. Through this RFP and the addition of 3.1 Providers, we will invest in a system that provides clients with additional access points and treatment options within their community, leading to greater client choice and better care outcomes.

When submitting a Proposal, Proposers should indicate whether they will provide the 3.1 level of care and/or are open to transitioning existing 3.5 services to 3.1.

(4) Meeting ASAM Alignment – Meeting ASAM (3rd edition) alignment criteria is a requirement to join and remain in the Allegheny County network. We expect Successful Providers to fulfill ASAM alignment criteria utilizing evidence-based best practices that standardize inpatient SUD treatment. Despite significant investments in quality

improvement and technical assistance, some providers currently in our network do not meet these standards. The ASAM criteria establish our expectations for all residential rehabilitation providers. These expectations include:

- Treatment delivered in accordance with the six ASAM dimensions.[8]
- Clinical assessments completed and updated regularly with documentation.
- Individualized treatment plans that include evidence-based interventions tailored to individual clinical needs
- Staff credentials and training levels appropriate for the designated level of care.
- Documented and clinically justified transitions between levels of care.

Demonstration of substantial alignment with ASAM criteria for the specific level(s) of care proposed is required for all proposed sites. This applies to both Infrastructure and Record Reviews. Levels 3.1, 3.5, 3.7 and 3.7WM. ASAM Alignment Confirmation reviews must find either a score of "1" (alignment) or a score of "2" (not aligned in minor areas) in every category.

- Providers who score a "1" on the review will have their application considered complete and will move forward through the review and contracting process.
- Providers who score a "2" on the review will have their application moved forward through the review and contracting process with the stipulation that ongoing network inclusion for this service will be contingent on achieving a score of "1" within two years of signing the contract.
- Providers who score a "3" or "4" must either achieve a score of "1" or "2" or develop an explicit, agreed-upon performance improvement plan before the application will be considered for contracting.

Reviews and scores conducted by another behavioral health managed care organization (BH-MCO) will be accepted.

Section 2: What We Are Looking For

[8] 1: Intoxication, Withdrawal, and Addiction Medications
2: Biomedical Conditions
3: Psychiatric and Cognitive Conditions
4: Substance Use-Related Risks
5: Recovery Environment Interactions
6: Person-Centered Considerations

Allegheny County, through its Department of Human Services and in partnership with CCBH, is seeking proposals from qualified, licensed Proposers to deliver high-quality, ASAM-aligned SUD treatment for ASAM Levels 3.1, 3.5, 3.7 and 3.7 WM. Allegheny County aims to ensure that clinically appropriate, trauma-informed and recovery-oriented residential care is accessible to Medicaid Behavioral HealthChoices members.

Allegheny County also supports uninsured/under-insured[9] residents through County uncompensated-care funds and anticipates contracting with a subset of selected providers to provide uncompensated-care services. Proposers should indicate whether they wish to be considered and how they will ensure equitable access regardless of payer.

2.1 Scope of Services

Successful Proposers will deliver person-centered, individualized and evidence-based treatment within a 24-hour residential setting that meets all DDAP licensing requirements and ASAM clinical and staffing standards, with comprehensive assessment, individualized planning, therapeutic counseling, peer/recovery supports, and coordinated discharge planning that connects individuals to outpatient treatment, MAT and community supports.

2.2 Core Program Components

To ensure consistency and quality across the network, Proposals must address how the program will meet or exceed the following components to retain individuals in a continuum of care:

a) Comprehensive Assessment & Placement

Programs must use the ASAM multidimensional framework across all six dimensions, using that criteria to determine admission, continued stay, transfer and discharge medical necessity. The level of care assessment (LOCA) should be completed prior to the referral; referrals should consider client choice and at least three provider options must be offered at the time of the level of care recommendation. Upon admission, the level of care recommendation should be confirmed by the admitting provider. The LOCA should be updated at clinically appropriate intervals and when changes in clinical status occur.

[9] Uninsured: a patient that has not insurance coverage.
Under-insured: a patient that has insurance coverage (commercial, Medicaid, or other state/federal plan) but it does not provide full coverage for needed services, or premiums, deductibles and/or copays act as financial barriers to receiving care.

b) Individualized Treatment Planning

A written individualized treatment and recovery plan must be completed within 72 hours of admission, defining specific measurable goals, identified evidence-based practices (EBPs) and interventions, frequency and duration of services, and discharge criteria. Plans must be reviewed and updated at least every 30 days (or sooner based on clinical need) and reflect client voice and choice. Treatment goals and objectives must demonstrate that progress can only be achieved through clinical interventions at the current level of care.

c) Evidence-Based Therapeutic Services

Programs must employ at least two EBPs appropriate to the population (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Relapse Prevention, Seeking Safety, Community Reinforcement Approach) and provide services that include individual, family and group counseling, psychoeducation, relapse-prevention skills and recovery planning. EBPs should include cultural adaptations to address the individual needs of clients (e.g., race, ethnicity, sexual orientation) if there is an established protocol for the adaptation. EBPs can also include interventions for clients with co-occurring mental illnesses or co-occurring chronic illnesses (e.g., education on managing Hepatitis C Virus or HIV). Notably, providers are also required to remove any individual or group-based activities that are not empirically established for individuals with an SUD. For future contracts, Successful Proposers will need to provide a listing of all group and individual services provided, including EBPs offered on weekends. Ideas for EBPs may be reviewed with the County in advance of the contract. Confrontational strategies and approaches are not recognized as EBPs nor acceptable under ASAM alignment.

While peer-led services do not qualify as an EBP therapeutic service, they should be integrated into routine programming.

d) MAT Integration (No-Barrier Policies)

Proposers must initiate or maintain FDA-approved medications for opioid, alcohol and tobacco use disorders (e.g., buprenorphine, methadone, naltrexone, acamprosate, varenicline, nicotine replacement therapy products) and may not deny admission or services to individuals on MAT. Programs will coordinate induction, dose adjustments and continuation through discharge and ensure warm handoffs to community MAT prescribers. Maintaining MOUD also requires continuity of daily dosing of agonist (and other)

medications while clients are in the residential setting for those who have an established MOUD medication protocol from an outpatient provider. Disrupting the medication regimen can increase disengagement and the risk of overdose. Continuity of pharmacotherapy while in residential treatment is essential for maintaining the benefits of MOUD and other pharmacological treatments. Any changes to the medication regimen—including any dose reductions—must be coordinated with the outpatient prescriber and guided by established MOUD standards of care. Residential providers are encouraged to coordinate changes in medication regimen with the individual's outpatient prescriber to maintain continuity of care while also increasing retention rates in the residential settings.

Selected Proposers are expected to have, or to develop, polices and protocols that are aligned with or similar to the standard dosing, induction and withdrawal protocols in Appendices A, B and C. Policies and protocols should be reviewed over time and amended to reflect current best practice. While not required, Allegheny County recognizes the efficacy of the rapid dosing guidelines outlined in Appendix D and will give preference to providers who are willing to adopt them.

e) Medical & Psychiatric Oversight

Successful Proposers must align their oversight practices with ASAM requirements and identify any areas in which they exceed (including a description of how they exceed the requirement).

- Level 3.1 programs ensure 24/7 availability of counselor aides or group living workers, medical personnel, and telephone or in person consultation with a physician and emergency services; maintain direct affiliations with more or less intensive levels of care or close coordination through referrals; and arrange for psychiatric or substance use treatment medications and required procedures, including laboratory tests.

- Level 3.5 programs ensure access to nursing and medical consultation adequate to manage routine conditions; maintain timely psychiatric consultation pathways; and implement medication management policies covering psychotropic medications and medications for SUD treatment.

- Level 3.7 and 3.7WM programs provide 24/7 onsite nursing; daily physician/physician-extender oversight and timely access to psychiatric evaluation/medication management; and maintain protocols for withdrawal

monitoring, urgent or emergent transfer and coordination with hospitals and primary care providers.

f) Peer Recovery Support

Certified recovery specialists/recovery coaches are integrated into the care team to model recovery, co-facilitate groups, support engagement and assist with aftercare linkage (including recovery housing and community supports).

g) Family & Natural Supports Engagement

When clinically appropriate and with client consent, programs should offer family education, counseling and involvement in planning. Programs should maintain referral pathways to parenting, perinatal and family stabilization supports where indicated.

h) Discharge & After-Care Planning

Discharge planning begins at admission and includes documentation of planning for housing, outpatient/MAT linkage, recovery supports, medical care (e.g., pregnancy, infectious disease care, ongoing chronic health care) and social-determinant needs (benefits, transportation, identification).

For transitions to other medical services or levels of care, Successful Proposers will utilize a referral process that involves direct introduction from one service provider to another, instead of simply informing the individual of who to contact or making a passive referral to the available services.[10] Sustaining continuity for MOUD and other medications must also be included in the plan, including coordinating a return to the provider of record (the provider who initiated the MOUD or other medications) or documented coordination with another provider of the individual's choosing within their community. Successful Proposers will be required to initiate a warm hand-off with the outpatient provider of record in the event of a patient-initiated discharge or administrative discharge, during the business day of the discharge or within 24 hours.

Proposers should describe their policy and process regarding transferring an individual from one service provider to another in a culturally responsive manner, honoring the

[10] When in-person coordination to an outpatient provider is not feasible, providers are recommended to use alternate methods such as virtual meetings. It is recommended that outpatient programs are identified within 7 days of patient admission to a residential program to better facilitate smooth coordination.

individual's service provider choice. Further, residential providers will need to establish a plan within the first week of admission for individuals who are unhoused at admission and require housing upon discharge; this plan should include coordination with CCBH or Allegheny County within the first week of admission to identify temporary or permanent housing options.

When an individual transfers from one level of care to another, Successful Proposers are responsible for ensuring that the referral was received and acted upon, for alerting the treatment facility of the referral, and for conducting a follow-up to ascertain whether the individual was admitted as planned.[11]

Sustaining continuity of care is the primary goal of discharge planning and a core benchmark for all SUD providers in Allegheny County, regardless of how individuals exit the residential or outpatient facility. Residential providers are responsible for maintaining the care continuity of all Allegheny County clients who enroll in residential treatment. Therefore, Successful Proposers will be required to help clients access outpatient care, whether the leave is patient-initiated or an administrative discharge.

i) Trauma-Informed and Culturally Responsive Care

All programs must adopt trauma-informed practices, practice cultural humility, ensure nondiscrimination, and maintain language access policies that include interpreter services and translated materials for commonly spoken languages.

j) Data Systems & Reporting

Successful Proposers must maintain an Electronic Health Record (EHR) and have the ability to securely transmit required data to DHS. Required data include near-real-time (≤24 hour lag) capacity and utilization (census, occupancy, expected discharges) via County systems; admission/discharge/transfer files on County templates; and periodic outcomes summaries (engagement, planned discharge, seven-day linkage to outpatient/MAT, readmissions). Claims-based data submissions are not required under this procurement.

[11] For those individuals who were not admitted as planned, we recommend the provider attempt to contact and re-engage the individual in services at 7, 30 and 90 days post-discharge, with each contact and outcome documented in the individual's record.

Additionally, Successful Proposers must share their planned capacity, historical utilization, and plans for managing and spreading personnel and bed capacity across services to accommodate fluctuations in demand.

2.3 Specialty and High-Priority Populations

Allegheny County seeks a balanced network capable of meeting diverse needs. Not every provider must serve every population described below; Proposers should specify which groups they are equipped and willing to serve and demonstrate that they have the staffing, facility and/or partnership arrangements that support that capability. Examples of requirements for specialized populations are provided here:

- Criminal Justice–Involved Individuals: Experience accepting referrals from the Allegheny County Jail, courts, probation and re-entry programs; protocols for information sharing consistent with confidentiality laws; discharge planning aligned with supervision and re-entry services
- Megan's Law-Eligible Individuals: Risk management policies, staff training and supervision protocols that maintain therapeutic integrity and safety while meeting legal and ethical requirements
- Limited English Proficiency (LEP): 24/7 access to interpretation/translation services and, where feasible, bilingual/bicultural staffing; written language access plan; culturally responsive programming
- Medically Complex and/or Co-Occurring Serious Mental Illness: Capacity to manage chronic medical conditions and serious mental illness; for 3.7, onsite nursing and medical coverage with adequate capacity to provide ongoing monitoring; clear escalation and hospital transfer pathways
- Pregnant and Postpartum Women: Protocols for obstetric consultation/prenatal coordination; MAT during pregnancy when indicated; perinatal safety planning; linkage to family/recovery supports and pediatric care
- Parents/Guardians with Children Under 18 (child welfare and non-child welfare involved): Capacity to manage complex family systems concurrent with evidence-based SUD and family therapy interventions

In addition to the above groups, Proposers should also explain their capabilities to serve DDAP's five priority populations—pregnant women, people who inject drugs, women with children, overdose survivors and veterans.

Proposers that serve specialized populations not listed above are encouraged to submit a Proposal describing the group(s), their specific needs and how the organization is equipped to serve them. Include relevant staffing, facilities and/or partnership arrangements that support this capacity.

2.4 Operational Expectations

Proposers must hold the appropriate DDAP license for the proposed level(s) of care and comply with all applicable federal and state requirements, including 42 CFR Part 2, HIPAA and Office of Mental Health and Substance Abuse Services (OMHSAS) standards. Programs operate seven days a week with capacity for evening/weekend admissions and must maintain transparent bed-availability reporting.

Each Successful Proposer must employ a clinical and administrative liaison responsible for utilization management, LOCA participation, data quality, and coordination with DHS and CCBH. Facilities must provide a safe and accessible recovery-oriented environment, compliant with ADA, inclusive of gender-affirming practices, and appropriate for family visitation/engagement where clinically indicated.

2.6 Outcomes, Monitoring and Quality Improvement

DHS will monitor performance on indicators that include timely admissions, engagement and retention, planned discharges, seven-day linkage to outpatient/MAT, readmissions and client experience. Successful Proposers will maintain internal continuous quality improvement (CQI) processes that use data to identify disparities, implement corrective actions and evaluate impact. Based on performance, Allegheny County may require corrective action plans, technical assistance or adjustments to funding. Successful Proposers contracting with Allegheny County are subject to annual monitoring and will receive ongoing technical assistance, as necessary, from DHS's Bureau of Drug and Alcohol Services (BDAS).

2.7 Funding and Reimbursement

Successful Proposer(s) will contract with Allegheny County DHS and/or CCBH, and funding will be provided as follows:

3. Medicaid HealthChoices reimbursement at approved rates via a contract with CCBH.

4. County uncompensated-care contracts with a subset of selected providers to cover care for uninsured/under-insured clients.

Proposers should indicate their interest in an uncompensated care contract. Uncompensated care agreements may include performance-linked elements tied to access, engagement, patient Medicaid enrollment and continuity outcomes.

Uncompensated care contracts will require providers to accept all available forms of state and federal funding and complete necessary documentation tied to those funding streams, including the SAMHSA Unified Performance Reporting Tool (SUPRT) for State Opioid Response (SOR) funding.

Section 3: Proposal Requirements and Evaluation Criteria

DHS will evaluate proposals based upon the evaluation criteria listed below. Proposers must address their qualifications in their Proposal by responding to the requested items or questions in the Response Form. Proposers should download and type their responses directly into the Response Form available on the Active Solicitations webpage at https://solicitations.alleghenycounty.us/.

The maximum score that a Proposal can receive is 100 points, as outlined in the following sections. Each section has two elements:

1. The written description that will be scored
2. An unscored data section that must be completed on the accompanying Data Template. The Data Template will be used by the review committee to inform and develop the written description score.

For the written section, please provide a clear, succinct response that incorporates or explains the data provided in the Data Template. Below are three data sources you will need to answer each section. We recommend you have these available before developing your responses.

For organizations that do not currently hold a contract with Allegheny County for 3.1, 3.5, 3.7 and 3.7WM levels of care, other data sources must be explicitly cited when used to answer these questions.

Data Sources:

1. All unique episodes billed to CCBH from January 1, 2025 through December 31, 2025, by level of care (may include ASAM levels 3.1, 3.5, 3.7, or 3.7WM). All billing data are for the Allegheny County contract, not across all contracts. Thus, please provide data specific to clients funded by CCBH Medicaid for Allegheny County or ALDA funding.

2. Include individuals who initiated the episode of care on or after January 1, 2025. For ASAM 3.0 level of care only, exclude episodes initiated before January 1, 2025 or after December 31, 2025.

    a. For example, if an individual initiated care in a 3.7WM on December 31, 2024 and transferred to a 3.5 program on January 3, 2025, include the 3.5 episode of care in your data set and exclude the 3.7WM. The median length of stay (LOS) is used in reporting retention data in residential levels of care. Do not use the mean or average LOS.
    b. The median LOS is the middle value of all episodes within a specific ASAM program by category (e.g., priority population, gender, race, diagnosis). To calculate the median, organize your data set from lowest retention to highest retention across episodes (or highest to lowest) within a specific ASAM LOC and category (e.g., individuals involved in the criminal justice system for 3.7WM services). The middle value will be the median LOS. If your list has an odd number of episodes, the exact middle number will be the median. For a list with an even number of episodes, the average of the two middle numbers will be the median.

3. The most recent performance data from CCBH regarding 7- and 30-day follow-up rates for Allegheny County clients from your ASAM 3.1, 3.5, 3.7, and 3.7WM levels of care.

4. The number of episodes that involved medications for individuals with a primary diagnosis of OUD or Alcohol Use Disorder (AUD) included in the claim submitted to CCBH during Calendar Year 2025 (CY2025 or January 1, 2025, through December 31, 2025).

    a. Guest dosing for methadone can be used to count the number of episodes that included methadone (or, if you have an Opioid Treatment Program license, a count of individuals receiving methadone maintenance during the episode). Do not include methadone maintenance used for withdrawal management.
    b. Pharmacy claims submitted for MOUD/MAUD (e.g., buprenorphine for maintenance but not for withdrawal management, naltrexone, acamprosate, disulfiram/Antabuse, topiramate, gabapentin, baclofen)

It is important that you use the data sources identified above for the 12-month period as your reports will be compared to data in the DHS warehouse. Please avoid estimating the number; if you cannot provide a specific piece of data, enter "Unknown" in the cell of the Data Template and provide a short explanation in the relevant written description section.

If your organization is only applying for one level of care, you do not need to provide information for other referenced levels of care in the written descriptions or the Data Template. If your organization wants to be considered for multiple levels of care, please submit a separate proposal for each. Within each proposal, only answer and provide data for that specific level of care.

If your organization has multiple facilities within a level of care, a Data Template sheet must be provided for each facility.

Organizational Alignment and Populations Served (10 points)

- Description of how your organization and facilities are ASAM-aligned. Include most recent copy of ASAM Alignment Confirmation review. For organizations that have an ASAM Alignment Confirmation review score that is higher than 1 (range is 1 to 4), include an explanation of areas where ASAM alignment has not been met and the steps that have been taken to meet full alignment. (5 points)
- Description of approach and examples of organizational commitment to providing high quality care and services to all individuals regardless of their race, religion, ethnicity, sexual orientation, gender identity and expression (SOGIE), intellectual or physical ability, English language proficiency or life experiences. Please include specific approaches used, specialty services provided (e.g., program for specific populations) and examples of how they are reflected in your work. (5 points)

Service Description, Length of Stay, and Medications (35 points)

- Description of your organization's clinical model and interventions, including a listing of EBPs and how many staff are trained on each, implementation of trauma-informed care and recovery-oriented models. Include any EBPs that are tailored to a priority population or sub-population. (10 points)
- Description of how your program monitors and addresses the cultural, racial, gender-related and specific social determinant of health needs of your clients, including any notable LOS differences by sub-population, differences in median LOS, and stays that are shorter than seven days or longer than 21 days noted in the excel spreadsheet (5 points)

- Description of your approach to offering medications for AUD, OUD and Tobacco Use Disorder (TUD, also referred to as Nicotine Use Disorder), including how quickly clients are assessed for MAT after enrolling in the residential program, when they receive education on these medications, whether they must opt in or out of medications at enrollment, and whether they are required to provide their medications upon enrollment or can have them prescribed by your on-site medical team. Include data in the excel spreadsheet, including access to MOUD, MAUD and medications for tobacco use disorder (10 points)
- Description of your policy for enrolling individuals who are already receiving methadone in an Opioid Treatment Program (OTP) and seeking residential treatment for another SUD. Please include data noted in the excel spreadsheet. (5 points)
- Description of any MAT dosing reduction requirements a client must meet to enter your residential program, including daily dosing requirements/caps and any additional criteria for staying in the program (5 points)

Program Staffing, Facility and Administration (15 points)

- Description of your organization's staffing plan and facility readiness, including staff-to-client ratios, staff credentials, availability and credentials of supervisors, bilingual offerings, compliance with the American Disabilities Act, and any staff or facility capabilities designed for specific priority or sub-populations (5 points)
- Description of your waiting list protocol and policy for helping individuals find other treatment options when care is not available; include any exclusion policies for specific populations or clinical elements (5 points)
- Description of each facility location, the types of transportation available to and from each, and any transportation services offered by your program for individuals who need to attend medical appointments, court proceedings, child welfare or other outside meetings while they are in your residential program (5 points)

Discharge Planning and Communicating with Outpatient Providers (30 points)

- Description of policies and procedures to coordinate and connect clients to continuing care after they leave your facility, including continuation of care planning (when it is initiated and updated), communication with outpatient providers and families, procedures to coordinate ongoing medication protocols and follow-up procedures (10 points)
- Description of how you assist individuals who are homeless or unstably housed, both at admission and at discharge (5 points)

- Description of follow-up rate results, based on CCBH benchmarking data, what may be causing those rates, and procedures you have implemented to improve them. Include your protocol for following up with clients who have an unplanned discharge (e.g., leaves against medical advice, administrative discharge, medical discharge). (10 points)
- Description of how you address individuals who have had multiple episodes of care within your specific level of care (5 points)

Data Sharing and Performance Monitoring (5 points)

- Description of Continuous Quality Improvement (CQI) protocols and how they are used to sustain or improve services, including types of reports used by your clinical/medical teams to address potential gaps in care or when individuals have an unplanned discharge. Provide an example of how CQI was used in CY2025 to identify and address a gap in care, decrease unplanned discharges, or improve outcomes for a specific subpopulation. Please refer to the data included in the excel spreadsheet when answering this question. (5 points)

Financial Stability (5 points)

- Description of your organization's financial stability and operating model performance under different utilization scenarios (i.e., low, typical, high census), including operational constraints or risks associated with each scenario, your organization's administrative capacity, the payor mixes for CY2025, and readiness to support uncompensated care, if applicable (5 points)

Section 4: How to Submit a Proposal

4.1 Prepare

a. Information Session
    a. DHS will conduct an information session about this RFP from 10:30-11:30 AM Eastern Time on April 15, 2026, via Microsoft Teams. It will include a presentation about the RFP and DHS staff will answer questions from attendees.
    b. Attendance at the information session is not required in order to submit a Proposal. Everything (video recording, slide deck, transcribed Q&A) shared

during the information session will be posted afterwards on the RFP Opportunity Page and the DHS Solicitations webpage.

c. Preliminary answers will be provided orally for questions asked during the conference. Final definitive answers will be posted in writing on Bonfire on the RFP Opportunity Page and on the DHS Solicitations webpage.

d. Prospective Proposers can join the information session by:
   - Calling (267) 368-7515 and using Conference ID 808 930 589#
   - Or following this link: Click here to join the meeting

b. Office Hours

a. DHS will hold "RFP open office hours" from 2:00 – 3:00 PM Eastern Time on April 29, 2026, and May 6, 2026, via Microsoft Teams. Anyone interested in the RFP and in submitting a Proposal may drop in during these times to ask questions.

e. Attendance during office hours is not required in order to submit a Proposal. Preliminary answers will be provided orally for questions asked during office hours. Final, definitive answers will be posted in writing on the RFP Opportunity Page and the DHS Solicitations webpage.

f. Prospective Proposers can join the office hours by:

April 29, 2026

- Calling (267) 368-7515 and using Conference ID 435 302 346#
- Or following this link: Click here to join the meeting
- Or copying and pasting this link: https://teams.microsoft.com/meet/2767861336132?p=gX8L1eX5az2ROmf1Bq

May 6, 2026

- Calling (267) 368-7515 and using Conference ID 285 857 121#
- Or following this link: Click here to join the meeting
- Or copying and pasting this link: https://teams.microsoft.com/meet/23454966012548?p=hxzbMpQd1pTukmGa04

4.2 Submit a Proposal

a. Proposers should take time to review and understand the RFP in its entirety including:
   - The background (see Section 1: Why DHS Is Issuing This RFP)

- The narrative (see Section 2: What DHS Is Looking For)
- The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
- The evaluation process (see Section 5: How DHS Will Evaluate Your Proposal)

b. Proposers must use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available on the RFP Opportunity Page on our DHS Bonfire Portal and on our Active Solicitations webpage with the RFP announcement at https://solicitations.alleghenycounty.us/.

c. Collaborative Proposals
    a. Collaborative Proposals, in which two or more entities partner to apply together, are permitted. Collaborative Proposals can include:

        Lead Agency: The County can enter into a contract with only one partner of a Collaborative Proposal. Therefore, a Collaborative Proposal must identify one entity as the Lead Agency that will be the contracting party with the County. The Lead Agency should be the Proposer.

        Partners: Partners must be committed to a role in carrying out the Contract Services and will be compensated for that role. Collaborative Proposals must attach a signed letter of commitment from each Partner that details and agrees to their role in the Contract Services.

    b. Entities may participate in more than one Collaborative Proposal.

d. Proposers must submit a complete Proposal that includes the following attachments:
    - Response Form (available on the RFP Opportunity Page and the Active Solicitation Webpage)
    - Partner commitment letters, if applicable
    - W-9
    - Minority, Women or Disadvantaged Business Enterprise (MWDBE) and Veteran Owned Small Business (VOSB) documents (see sections 6.1 and 6.2)

e. Proposers should not send any attachments other than those listed either above or in the Response Form.

f. Proposers must make sure to complete each section of the Response Form and to stay within any word counts or page limits specified in the Response Form.

g. Proposals must be submitted electronically by logging into or creating an account on Bonfire at https://alleghenycountydhs.bonfirehub.com and uploading the required submission documents to the appropriate RFP Opportunity Page no later than 3:00 p.m. Eastern Time on Friday, May 29, 2026,

to be considered for review. If you are having trouble making an account or uploading your documents, please contact Bonfire Support. You can also reach out to the DHS Procurement Team at DHSProposals@alleghenycounty.us or (412) 350-6352.

h. All Proposals must be submitted before the deadline! Once the deadline has passed, the RFP Opportunity Page will no longer accept Proposals. If a Proposal is late, it will be rejected and will not be presented to the Evaluation Committee (as described in Section 5 below) for review and scoring.

i. Proposers will receive an email acknowledging receipt of their Proposal. If a Proposer does not receive this notification within 48 hours of submitting their Proposal, please contact: DHSProposals@alleghenycounty.us.

4.3 How to Contact DHS about this RFP and RFP Communications

- If you have any questions about this RFP, please use the Vendor Discussion feature through the DHS Bonfire Portal at https://alleghenycountydhs.bonfirehub.com on the RFP Opportunity Page, or email us at DHSProposals@alleghenycounty.us.
    - All content-related questions must be submitted by the Questions Deadline at 3 p.m. Eastern Time on Wednesday, May 15, 2026.
    - You may submit technical or logistical questions at any time, even after the Questions Deadline.
- All information about the RFP, including answers to all content-related questions and any changes or amendments, will be posted on the Bonfire RFP Opportunity Page and on our Active Solicitations website at https://solicitations.alleghenycounty.us/. Once you have created an account and indicated you are interested in this RFP, you will receive automatic email updates through Bonfire when any questions, changes or amendments are available. DHS reserves the right to amend or cancel this RFP at any time.
    - Please check our DHS Bonfire Portal and the website regularly for answers to questions, additional information and changes to the RFP or the RFP process.
    - The webpage will be updated only on Thursdays, with any new information visible after 6 p.m.
    - The last Q&A and website update for this RFP will be on Friday May 22, at 6 p.m. We will make every effort not to post any new information after this time; however, we reserve the right to post new information in emergency circumstances.

- **New Provider Requirements**

    - 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 the organization. Tax returns are the preferred alternative. Please note that providing adequate financial documentation is a requirement of contracting through Allegheny County.

4.4 Other Information

a. **The issuance of this RFP does not obligate the County to accept any Proposal or enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals and to not enter into an Agreement for the Contracted Services.**
b. Any Agreement originating from this RFP is subject to all the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
e. Successful Proposal(s) will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).

4.5 Pennsylvania's Right-to-Know Law

Proposers should be aware that all documents and materials submitted in response to this RFP may be subject to requests for access to public records made pursuant to Pennsylvania's Right-To-Know Law (RTKL). Under the RTKL, records in the possession of a public agency like the County are presumed to be public records and the County may have to make documents and materials submitted by the Proposer available to a requestor after an award of an Agreement is made.

If the Proposer includes any information within its Proposal that the Proposer asserts is either a "trade secret" or "confidential proprietary information," as those terms are defined

under the RTKL, the Proposer must include with its Proposal a written statement signed by an authorized representative of the Proposer identifying those portions or parts of its Proposal that the Proposer believes constitute a "trade secret" or "confidential proprietary information" and provide contact information to enable DHS to contact the Proposer in the event that the County receives a Right-To-Know request for the Proposal. The Proposer shall have five (5) business days from date of receipt of any notification from the County to provide a written statement signed by an authorized representative of the Proposer explaining why the Proposal or any portion thereof is exempt from disclosure as a trade secret, confidential proprietary information or other legal reason. The County shall consider this statement in either granting or denying a request for public access to the Proposal or any portion thereof. The County will notify the Proposer of its decision whether to grant or deny the request either in whole or in part.

Section 5: How We Will Evaluate Your Proposal

DHS will convene an Evaluation Committee to evaluate Proposals. The Evaluation Committee will assign scores to each Proposal by awarding points based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria, by using the point scale listed in Section 5.1 b.

5.1 Evaluation of Proposals

The evaluation process will consist of the following steps:

a. DHS will form an Evaluation Committee. The Evaluation Committee, which will be comprised of evaluators with expertise in the subject matter of this RFP, may include community members with lived experience, external subject matter experts, provider representative(s), representative(s) from key partners or funders, and DHS staff.

b. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer's Response Form, utilizing their personal expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:

    0 – Not addressed in Proposal

1 – Poor
2 – Below expectations
3 – Meets expectations
4 – Exceeds expectations
5 – Outstanding

c. Each 0-5 score will be multiplied by the appropriate weight for the number of possible points noted after each evaluation criterion in Section 3. For example, for a criterion worth 15 points, the 0-5 score would be multiplied by three. An "Outstanding" response would receive 15 points, while one that "Meets Expectations" would receive nine points.

d. DHS will tally the average scores of the members of the Evaluation Committee and report a list of average scores to the entire Committee. The Committee will meet, consider the average scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP. The Committee will have discretion to either: (1) recommend to the DHS Director that a reduced number of Proposals be shortlisted for more extensive review through a formal oral presentation to the Committee, interview or a site visit or (2) recommend to the DHS Director that DHS request authorization for the County to enter into an Agreement(s) with the Successful Proposer(s).

e. As described in d above, DHS, on behalf of the County, shall have the exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. Each Committee member will individually score the oral presentation of the shortlisted Proposers using the following criteria and the scale outlined in 5.1b. The maximum score that a shortlisted Proposer's oral presentation can receive is 15 points:
    - Presentation demonstrates Proposer's ability to implement the Contract Services effectively (5 points)
    - Proposer's answers to Evaluation Committee's questions demonstrate Proposer's ability to implement the Contract Services (5 points)
    - Proposer's presentation is thoughtful and well prepared (5 points)

f. DHS will tally the scores of the members of the Evaluation Committee and report a list of average scores to the entire Committee. The Committee will meet, consider the scores and arrive at a consensus as to which Proposer(s) can best provide the Contract Services in response to the RFP.

g. The Committee will submit its recommendation for award of an Agreement or Agreements to the DHS Director for approval. The Director will, in turn, submit a request to the County Manager for approval for the County to enter into an Agreement with the Successful Proposer(s).

h. At any time during the evaluation process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.

i. At any time during the evaluation process, DHS may contact a Proposer's references.

j. As part of determining a Proposer's eligibility to enter into a contract with Allegheny County, all Proposers' financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure a Proposer's financial stability.

k. The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.

l. All Proposers will be notified of the County's final decision of which Proposer(s) will be awarded an Agreement.

m. Proposers that are not awarded an Agreement but who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

For a Proposal to be eligible for evaluation, it must be:

a. Received by the due date/time.
b. Properly formatted and include responses to all requested information.
c. Complete with all required forms and attachments.

Proposals which do not meet the above requirements will be automatically rejected and will not be presented to the Evaluation Committee.

Section 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with the County, Successful Proposers must comply with all contract requirements listed below and all standard terms and conditions contained in a County contract for provision of services to DHS and its offices. In addition, Successful Proposers must be able to meet the insurance requirements necessary to provide the Contract Services. Additional details about contracting with Allegheny County and the insurance requirements are available in the DHS General Requirements/Contract Specifications Manual and the Insurance Requirements Overview.

6.1 Minority, Women or Disadvantaged Business Enterprise (MWDBE) Requirements

Allegheny County has MWDBE goals of 13% participation for Minority Business Enterprises and 2% participation for Women Business Enterprises and expects that Successful Proposers will make a "good faith effort" to help the County meet these goals.

a. All Proposals must include a completed Allegheny County DHS Combined MWDBE Form and supporting documents. The Allegheny County DHS Combined MWDBE Form should be completed as follows:
    - All Proposers must complete Section 1 – Contact Information and attach their MWDBE Diversity Plan (see Section 4 – Sample Diversity Policy).
    - If the Proposer can meet the MWBDE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement. Proposers also must attach the MWDBE certifications of the firms cited in the Participation Statement.
    - If the Proposer would like to request a waiver from participating in the MWDBE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement and Section 3 – MWDBE Participation Waiver Request Form.
b. MWDBE forms and resources can be found on the RFP Opportunity Page and through the links provided below:
    - Allegheny County DHS Combined MWDBE Form
    - MWDBE Resources
        - MWDBE Contract Specifications Manual
        - MWDBE Guide for DHS Proposers

c. For more information about MWDBEs, visit the Allegheny County Department of Equity and Inclusion website.
d. A listing of certified DBE vendors can be found at https://paucp.dbesystem.com.

6.2 Veteran-Owned Small Business (VOSB) Requirement

Allegheny County also has a goal of 5% participation for veteran-owned small businesses (VOSB) in all contracts. The County, therefore, expects that Successful Proposers will make a "good faith effort" to help the County meet this goal.

a. A veteran-owned small business is defined by the County as a business having 100 or fewer full-time employees and not less than 51% of which is owned by one or more veterans, or in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more veterans, and the management and daily business operations of which are controlled by one or more veterans. The VOSB vendor **MUST** provide proof of veteran ownership including percentage and name and address of business.
    - For contracts under $100,000, VOSB vendors are from all bonding requirements.
b. All Proposals must include either of the following:
    - If the Proposer can meet the VOSB contract goal, a completed VOSB Participation Statement is required. You must also attach a copy of the VOSB vendor(s) DD 214 discharge form(s) cited in the Participation Statement.
    - If the Proposer requests a waiver from participating in the VOSB contract goal, a completed VOSB Participation Statement and VOSB Waiver Request are required.
c. VOSB forms and resources can be found on the RFP Opportunity Page and through the links provided below:
    - VOSB Participation Statement
    - VOSB Waiver Request
d. A listing of Small Businesses, Small Diverse Businesses, and Veteran Business Enterprises (SB, SDB, and VBE) can be found at www.dgs.internet.state.pa.us/suppliersearch.

6.3 HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). Therefore, a Successful Proposer must comply with all HIPAA requirements.

6.4 Cyber Security

a. Successful Proposers must meet the minimum computer specifications that begin on page 14 of the DHS General Requirements/Contract Specifications Manual, available at www.alleghenycounty.us/dhs/solicitations.
b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.5 Equal Employment Opportunity and Non-Discrimination Requirements

By submitting a Proposal, a Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, client or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability.

6.6 Language Diversity Requirements

Successful Proposer(s) must assure resources are secured and/or made available for participants/consumers/clients with limited English proficiency or other communication barriers. Such actions shall include but not be limited to assessing the need for interpreters, evaluating the need for alternate language materials, identifying internal and external resources to meet identified needs, and accessing services contracted by DHS through their assigned contract monitor(s).