



Allegheny County Department of Human Services

Request for Proposals

Two Long-Term Structured Residences (LTSR)

RFP Posting:

Monday, February 3, 2025

Office Hours:

11 a.m. Eastern Time on Thursday, February 20, 2025

Questions Deadline:

3 p.m. Eastern Time on Friday, March 28, 2025

Submission Deadline:

3 p.m. Eastern Time on Thursday, April 10, 2025

Estimated Award Decision/Notification:

May 2025

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

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Acronyms and Definitions

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

1. Adult Outpatient Services (AOS): an approved “In Lieu of [PA State Plan] service” description detailing the type, frequency and duration of various treatments and services tailored to the target population. These services can be billed for reimbursement under the Behavioral Health HealthChoices agreement for Long-Term Structured Residences with Community Care.
2. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services
3. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania
4. Bonfire: The County’s online procurement software. Proposers must have a Bonfire account to submit a Response to this RFP.
5. Certificate of Compliance: A Certificate of Compliance, often referred to as a “license,” is a document issued by the PA Department of Human Services that permits a legal entity to operate a specific type of facility or agency at a given location, for a specified period, and according to appropriate program licensure or approval regulations
6. Competency Restoration: A court-ordered process in which an individual receives mental health assessment, treatment, intervention and legal education to prepare them to understand and effectively participate in court proceedings
7. Contract Services: The specific services that 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
8. Court: The Criminal Division of the Fifth Judicial District’s Court of Common Pleas and Magisterial District Courts
9. DHS: [Allegheny County] Department of Human Services
10. DHS Bonfire Portal: A Bonfire webpage specific to the Allegheny County Department of Human Services, where Proposers can view open, past and awarded solicitations released through Bonfire
11. Everyday Lives Philosophy: a philosophy that asserts that individuals with disabilities have the right to an everyday life that is no different from that of non-disabled individuals. Everyday life encompasses opportunities, relationships, rights

and responsibilities involved in being a member of the community, holding a valued role, contributing to society and having one's rights fully respected.

12. ID/A: Intellectual Disability/Autism
13. In Lieu of Service (ILOS): is a cost-effective, medically appropriate substitute service or setting offered to Members in accordance with 42 CFR Part 438 and all sub-regulatory federal guidance. An ILOS can be used as an immediate or longer-term substitute for a State Plan-covered service or setting, or when the ILOS can be expected to reduce or obviate the future need to utilize a covered service or setting. All ILOSs must be approvable through a state plan amendment or 1915(c) waiver and approved by the PA Department of Human Services in advance.
14. LTSR License: A Long-Term Structured Residence “Certificate of Compliance” issued by the PA Department of Human Services
15. Long-Term Structured Residence: Long-Term Structured Residences (LTSRs) are highly structured and therapeutic residential mental health treatment facilities designed to treat adults (18 and older) who are eligible for hospitalization but who are able to receive appropriate care in the community.
16. MH: Mental Health
17. Minimal Renovations: The acquisition and delivery of fixed assets (e.g., textiles and fixtures) or minor electric work, plumbing, painting and flooring that require installation by an insured professional. The timeframe between purchase and functional installation is approximately 1 - 5 months.
18. Moderate Renovations: Work described under minimal renovations plus structural changes to a space, including expansion which requires architectural support and design, contracting, purchasing and installation of structural assets (e.g., windows, fixtures, doors, floors). The timeframe between purchase and functional installation is approximately 6 - 8 months.
19. Maximum Renovations: Any design and construction plan that includes minimum and moderate renovation activities, an architect to draw blueprints, municipality and County approval of permits or local zoning approvals, procurement of a general contractor and associated subcontractor specialists, and a regular schedule of inspections. Maximum renovations also include the use of any funds used to purchase real estate that will function as the licensed LTSR. The timeframe between first purchase and occupancy is approximately 12 - 18 months.
20. OMHSAS: (Pennsylvania) Office of Mental Health and Substance Abuse Services
21. PA DHS: Pennsylvania Department of Human Services
22. PA ODP: Pennsylvania Office of Developmental Programs

23. Peer: In the context of behavioral health, a person in recovery who provides support to another person with whom they share the experience of living with a mental health and/or substance use disorder_
24. Procurement and Management Information System (PROMISe): The PA DHS's claims processing, provider enrollment and user management information system. Successful Proposers must first obtain an LTSR Certificate of Compliance to become enrolled as a Medicaid Provider through PROMISe.
25. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP
26. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP
27. Response Form: The Word document in which Proposers respond to requested information about this RFP
28. RFP: Request for Proposals
29. RFP Opportunity Page: The Bonfire webpage where the RFP and all supporting documents are listed and where the RFP submission documents must be uploaded for a Proposal to be considered for review
30. Risk Mitigation: The practice of reducing the impact of potential risks by developing a plan to identify, manage, eliminate or limit setbacks as much as possible. Risks include the potential for harm to self or others.
31. SMI: Serious Mental Illness
32. Support Service: Any service provider working with individuals who receive ID/A, MH or justice system support
33. Substance Abuse and Mental Health Services Administration (SAMHSA): A part of the federal Department of Health and Human Services
34. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services
35. Trauma-Informed: An organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma experience

Other terms shall have the meaning or definition as stated in the RFP.

The RFP at a Glance

Purpose

Allegheny County, through its Department of Human Services (DHS), is seeking Proposals from qualified Proposers to establish and operate two [licensed Long-Term Structured Residences \(LTSRs\)](#)

An LTSR is a highly structured and therapeutic residential mental health treatment facility designed to enhance an individual's functioning while stabilizing the psychiatric symptoms that originally led to the need for acute care. These facilities are intended for adults who qualify for hospitalization but who can receive adequate care in a community-based LTSR setting.

This solicitation seeks the establishment of two LTSRs, one each for two target populations, henceforth referred to as the LTSR for Target Population A and the LTSR for Target Population B. Both populations have serious mental illnesses (SMI), forensic risks or involvement, and unique functional impairments related to serious mental illnesses and/or neurodevelopmental disorders; Target Population B will also have a diagnosis of Intellectual Disability (ID) and/or Autism Spectrum Disorder (ASD).

1) LTSR for Target Population A

- A 24/7, 16-bed facility with a length of stay ranging from 12 through 24 months
- Adult women (age 18+) with SMI, with or without a co-occurring substance use disorder and at high-risk for or with current forensic involvement.

2) LTSR for Target Population B

- A 24/7, 16-bed facility with a length of stay ranging from 24 through 36 months
- Adult men (age 18+) with SMI and intellectual disability and/or autism spectrum disorder and at high-risk of or with current forensic involvement

The LTSRs to be established through this RFP will deliver evidence-based treatment and services, including a comprehensive array of Adult Outpatient Services (AOS) designed to significantly enhance quality of life and outcomes for residents and reduce recidivism.

DHS intends to select one Successful Proposer to establish and operate the LTSR for Target Population A and one Successful Proposer to establish and operate the LTSR for

Target Population B. Proposers may apply to operate the LTSR for either or both target population(s), however, we do not intend to select one Successful Proposer to operate both LTSRs. Proposers seeking to operate both LTSRs should indicate their preference on the Response Form (see Section 3: Proposal Requirements and Evaluation Criteria). Additionally, Proposers must identify and be prepared to secure (i.e., lease or buy) a facility for the LTSR.

Please join us for a [virtual office hours session](#) on Thursday, February 20 from 11:00 a.m. to 12:00 p.m. Eastern Time.

Award Details

DHS and Community Care Behavioral Health (Community Care) intend to enter into an Agreement with two Successful Proposers (one proposer for each LTSR) to provide the Contract Services for an initial term of three years with a County option to renew thereafter. Operational startup and ramp-up funds, including funds for any necessary renovations, may be requested and must be clearly identified and justified in your proposed budget and budget narrative. All proposed costs will be considered for reasonableness and the final budget and contract terms will be negotiated with the Successful Proposers. For more information on how to structure your budget, please review Section 2.F.

These LTSRs will be built on a sustainable funding model, which will include billing Community Care for the identified reimbursable services under a BH HealthChoices agreement, to be developed in collaboration with the Successful Proposers, DHS and Community Care. Thus, any Successful Proposer must be enrolled to accept Medicaid and become licensed as an LTSR within the first year of the contract.

Who can submit a Proposal

Anyone, including but not limited to non-profit organizations, for-profit organizations and small businesses, is eligible to submit a Proposal in response to this RFP. Proposers do not need to have an existing contract with Allegheny County to apply, but they must meet all of Allegheny County's contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capabilities to provide the Contracted Services.

Proposers do not need to have an LTSR Certificate of Compliance (license) or have received their PROMISe enrollment number at the time of submission; however, the Certificate of Compliance and PROMISe enrollment must be obtained prior to the implementation of services. Upon selection, DHS will assist any Successful Proposers in need of LTSR licensure in their application for such licensure.

The general process for becoming a Medicaid Enrolled Provider in Pennsylvania/to obtain an LTSR Certificate of Compliance (license) is described below.

1. Obtain a letter of support from DHS on behalf of the LTSR (to be provided upon selection as a Successful Proposer).
2. [View this link to learn how to Complete the Application for a Certification of Compliance \(HS 633\)](#) and upload the required supporting documents (e.g., occupancy permits, letter of support, CRCF HS 2126/supporting documents).
 - a. When the Certificate of Compliance/license is ready to be issued, a fee request letter will be sent from PA DHS to the legal entity address on the application.
 - b. Prepare for and complete the LTSR licensing visit and resolve any plan of correction requirements with immediacy.
 - c. Receive the LTSR license.

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

Timeline

RFP Posting	Monday, February 3, 2025
Office Hours (see section 4.1 for details)	Thursday, February 20 at 11 a.m. Eastern
Questions Deadline	Friday, March 21 at 3 p.m. Eastern
Last Website and Q&A Update	Thursday, March 27 at 6 p.m. Eastern
Submission Deadline	Thursday, April 10 at 3 p.m. Eastern
Estimated Award Decision/Notification	May 2025

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 child welfare, 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

Programs for individuals with serious mental illnesses (SMI) and co-occurring substance use disorders that require complex treatment and services—including individuals with an intellectual disability (ID) and/or autism spectrum disorder (ASD)—are a significant part of the human services system. These individuals often experience poor outcomes due to multiple factors; e.g., limited access to appropriate services, difficulty communicating their needs, higher vulnerability to social stressors, diagnostic overshadowing (where mental health symptoms are attributed to their disability) and a lack of specialized services tailored to their unique needs. These factors can lead to inadequate treatment, poorer quality of life and increased risk of negative health consequences.^{1,2}

Behaviors stemming from these conditions may be misconstrued as psychiatric disorders or criminal activity; thus, a misunderstood crisis can lead to admission and extended stays in psychiatric or state hospitals or involvement in the criminal justice system. Some of these individuals will struggle to understand legal proceedings, making it difficult to defend themselves in court or effectively communicate their needs, further lengthening their stay and/or time involved in the system. This population is also disproportionately affected by homelessness and poverty, which also can contribute to criminal activity due to desperation for basic needs.³

Individuals with SMI are also prone to physical health problems. Conditions such as nutritional and metabolic diseases, cardiovascular diseases, viral diseases, respiratory tract diseases, musculoskeletal diseases, sexual dysfunction, pregnancy complications,

¹ Pinals DA, Hovermale L, Mauch D, Anacker L. Persons with Intellectual and Developmental Disabilities in the Mental Health System: Part 1. Clinical Considerations. *Psychiatr Serv.* 2022 Mar 1;73(3):313-320. doi: 10.1176/appi.ps.201900504. Epub 2021 Aug 4. PMID: 34346730.

² Bertelli MO, McCarthy J, Krysta K. Diagnosis of Co-Occurrent Mental Health Problems in Persons with Intellectual Disability, Major Communication and Insight Difficulties, and Stressor-Related Disorders. In: Fiorillo A, Falkai P, Gorwood P, eds. *Mental Health Research and Practice: From Evidence to Experience.* Cambridge University Press; 2024:122-134.

³ Mercier, C. and Picard, S. (2011), Intellectual disability and homelessness. *Journal of Intellectual Disability Research*, 55: 441-449. <https://doi.org/10.1111/j.1365-2788.2010.01366.x>

³ Mercier, C. and Picard, S. (2011), Intellectual disability and homelessness. *Journal of Intellectual Disability Research*, 55: 441-449. <https://doi.org/10.1111/j.1365-2788.2010.01366.x>

stomatognathic diseases and possible obesity-related cancers are more prevalent among people with SMI compared to the general population. While these conditions are also prevalent in the general population, their impact on individuals with SMI is significantly greater.^{4,5} There is sufficient evidence to show that people with SMI are less likely to receive standard levels of care for most of these diseases.⁶ Although many factors contribute to the poor physical health of people with SMI, the increased morbidity and mortality seen in this population are largely due to a higher prevalence of modifiable risk factors, many of which are related to individual lifestyle choices.⁷

Individuals with SMI and complex needs can benefit from living in a Long-Term Structured Residence (LTSR) that offers treatment services tailored to their specific needs. An LTSR is a highly structured, therapeutic residential mental health treatment facility designed to enhance an individual's functioning while stabilizing the psychiatric symptoms that originally led to the need for acute care. These facilities are intended for adults who are eligible for hospitalization but able to receive adequate care in an LTSR setting. Ideally, the LTSRs will provide a structured yet home-like living environment with an evidence-based treatment model delivered by a cross-disciplinary team. This team should be equipped to address the complex needs and traumatic experiences of each resident.

The following chart differentiates the two target populations to be served by the LTSRs.

Descriptor	Target Population A	Target Population B
Gender	Female	Male
Age	18+	18+
Serious Mental Illness	Primary	Primary
Substance use disorder	Co-occurring, not primary	Co-occurring, not primary
Risk of forensic involvement	Yes	Yes
Actual forensic involvement	Yes	Yes

⁴ Parks J, Svendsen D, Singer P, editors. Morbidity and mortality in people with serious mental illness. Alexandria: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council; 2006.

⁵ Maj M. Physical health care in persons with severe mental illness: a public health and ethical priority. *World Psychiatry*. 2009; 8:1–2. doi: 10.1002/j.2051-5545.2009.tb00196.x.

⁶ DE Hert M, Correll CU, Bobes J, Cetkovich-Bakmas M, Cohen D, Asai I, Detraux J, Gautam S, Möller HJ, Ndeti DM, Newcomer JW, Uwakwe R, Leucht S. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*. 2011 Feb;10(1):52-77. doi: 10.1002/j.2051-5545.2011.tb00014.x. PMID: 21379357; PMCID: PMC3048500.

⁷ Lawrence D, Stephen K. Inequalities in health care provision for people with severe mental illness. *J Psychopharmacol*. doi: 10.1177/1359786810382058. in press.

Intellectual Disability	No	Yes
Autism Spectrum Disorder	No	Yes

Additional context about each Target Population is available in [Appendix A: Characteristics of Target Populations](#).

DHS, Community Care, justice system partners and the families of these individuals agree that there is a need for LTSRs to improve the health and wellness of the target populations. Individuals with SMI, regardless of any complicating co-occurring disorders or functional impairment, have the right to practice independence, be socially connected and experience hope as the quality of their life improves. The LTSRs created through this solicitation address this need.

Section 2: What We Are Looking For

DHS is seeking Proposals from two qualified Proposers to establish and operate [licensed Long-Term Structured Residences \(LTSRs\)](#) for two target populations:

1) **LTSR for Target Population A**

- 24/7, 16-bed facility with a length of stay ranging from 12 through 24 months
- Women (age 18+) with SMI, with or without a co-occurring substance use disorder and at high-risk for forensic or current forensic involvement.
- The goal is to serve 16 women annually.

2) **LTSR for Target Population B**

- 24/7, 16-bed facility with a length of stay ranging from 24 through 36 months
- Men (age 18+) with SMI, intellectual disability, autism spectrum disorder and/or at high-risk for forensic or current forensic involvement.
- The goal is to serve 16 men annually

All program operations must adhere to the minimum standards required of a [licensed LTSR](#) and should be designed to address health-related social needs as outlined in a State Health Official Letter regarding [Social Determinants of Health \(SDOH\)](#). In addition, the LTSR must incorporate principles aligned with the Pennsylvania Mental Health Consumers Association’s [Community Support Program and Recovery Principles](#).

All treatment and services should be trauma-informed and developed to reintegrate residents into the community and support their ability to foster a sense of connection and belonging. The Successful Proposers must also integrate the "Everyday Lives Philosophy" into their program design. This philosophy asserts that individuals with disabilities have the right to an everyday life that is no different from that of non-disabled individuals. Everyday life encompasses opportunities, relationships, rights and responsibilities involved in being a member of the community; holding a valued role, contributing to society and having one's rights fully respected.

The Successful Proposers must be able to provide high-quality services to all individuals so that everyone feels welcome, well-served and supported regardless of their race, ethnicity, sexual orientation, gender identity and expression (SOGIE), intellectual or physical ability, English language proficiency or life experiences.

A. Location and Space

Both LTSRs must be located within the boundaries of Allegheny County, easily accessible by public transportation and close to other community resources. The program space must be welcoming, homelike and safe, and offer a private bedroom for each resident that is equipped with safety doors and windows, including anti-ligature fixtures for added safety. In addition, the LTR must provide at least one ADA-compliant bedroom and bathroom, along with appropriate accommodations throughout the facility, ensuring that residents with disabilities can navigate the space and participate in all indoor and outdoor activities.

Physical components of a licensed LTR facility include, at a minimum, the following:

- The interior and exterior of the facility is maintained and kept in good repair.
- The facility has the ability to secure each entrance and exit to prevent the elopement of involuntarily committed individuals. Locks and other mechanisms meant to provide security should be as unobtrusive as possible to maintain a home-like environment.
- The facility provides beds and bathroom furnishings for each resident. No more than two residents may share a bedroom and no more than six residents may share a tub/shower. (Two residents per bedroom is a minimum standard, however, due to the needs of the target population, DHS intends to provide each resident with a private bedroom.)
- Linens are supplied and changed at least once per week. A washer and dryer will be provided for resident use.

- The Program provides residents with at least three well-balanced meals each day. Snacks are also available.

Please refer to the [PA LTSR regulations \(Chapter 5320\)](#), particularly Subchapters I and J, for full information about the physical requirements of LTSR facilities.

For any location identified, before an Agreement can be executed the Successful Proposer must inform the local community's first responders and elected officials about the intended use of the space, your plan for respecting the community and ensuring that residents are valued, contributing members of the community. In addition, the local municipality must approve the zoning required for the intended use. This should include the appropriate occupancy permit or a letter from the local municipality indicating that the location is properly zoned for the intended use. This permit or letter will be necessary to obtain LTSR licensure.

B. Referral

DHS will make all client referrals to the LTSRs.

The LTSRs will be built on a sustainable funding model, which includes BH HealthChoices billing. Therefore, DHS will refer individuals who are **eligible and enrolled** in BH HealthChoices at the time of admission. However, situations may occur where this is not possible. In these rare instances, the Successful Proposer will provide the following support:

- For referrals without BH HealthChoices enrollment (or if their enrollment is pending verification), the LTSR will help the adult complete their enrollment application through the COMPASS website. The LTSR will seek support or follow up with the County Assistance Office (CAO) for updates on the person's enrollment start date.
- For residents not yet enrolled in BH HealthChoices, the Successful Proposer will not bill DHS's mental health allotments for any costs related to Adult Outpatient Services (AOS). Instead, the Successful Proposer will work with the CAO to itemize AOS-related treatment costs incurred 90 days before the completion of the Medical Assistance application.

C. Program Implementation and the Adult Outpatient Supplemental In Lieu of Service (ILOS) Description

Both of the LTSRs will offer treatment and services under an Adult Outpatient Supplemental In Lieu of Service (ILOS) Description. This description details the type, frequency and duration of various treatments and services tailored to the target population. The Successful Proposer will collaborate with Community Care and DHS to develop the ILOS Service Description before it is submitted to the Office of Mental Health and Substance Abuse Services (OMHSAS). Once the ILOS Description is approved, OMHSAS will issue a Supplemental ILOS approval letter to DHS. The approved ILOS Description and the LTR regulations will function as the programmatic guidelines for compliance and quality reviews at both the state and local levels; they will also determine the AOSs that may be billed for reimbursement under the BH HealthChoices agreement with Community Care.

The Successful Proposer must be able to provide, at a minimum, the following AOSs:

- Individual, family and group mental health treatment
- Behavioral interventions
- Crisis response and prevention
- Psychiatric rehabilitation interventions
- Peer support services
- Substance abuse prevention and recovery support services
- Case management
- Health and wellness education covering topics such as tobacco use cessation, substance use disorder and its impact on well-being, symptom management, medication use, exercise, nutrition and weight management

Forensic Support Partners

The Successful Proposer must invest in establishing professional relationships with the human services and court-related entities relevant to residents' needs. Establishing these cross-system relationships is essential to ensure seamless transitions between these partners:

- Legal Court Support Intervention (Le CSI) Team
- Mobile Competency Restoration and Support Team (MCRST)
- Justice-Related Services (JRS)
- Assertive Community Treatment (ACT) Teams
- Behavior Assessment Unit (BAU)
- Allegheny County Pretrial Services
- Allegheny County Jail Collaborative (ACJC)

- Torrance State Hospital (Torrance)
- Torrance Regional Forensic Psychiatric Center (RFPC)

For further information about these partners and the services they provide, see [Appendix B: Forensic Support Partnering Stakeholders](#).

D. Program Staffing and Training

The Successful Proposer must be able to recruit, hire and retain the staff necessary to provide appropriate levels of care. Staffing requirements are laid out by the [PALTSR regulations](#) in subchapter E and include:

- A minimum of two direct care staff for every 10 - 16 residents
- At least ½ hour of psychiatric care per resident per week
- A full-time program director with a master's degree in a clinical discipline and at least two years of clinical mental health experience
- A mental health professional on site for at least 8 of every 24 hours. This requirement may be filled by the presence of the program director.
- An interdisciplinary treatment team consisting of at least three mental health professionals, at least one of whom is a physician or psychologist with a clinical background. One of the three team members may be the program director.

The staffing model should include the following elements:

- Direct care staff with a degree in a related field and/or 1-2 years of experience working with ID/A individuals. Not all direct staff will require a master's degree, but given the level of care participants will require, we are interested in a Proposer who can provide a staffing plan that includes graduate-school-level direct care staff.
- Additional staffing patterns capable of responding during times of heightened activity. We are interested in hearing Proposers' thoughts based on their experience in delivering high-quality supports and services.
- Staffing patterns and ratios implemented to meet the needs of the health and safety of individuals as well as any licensing requirements.
- An emphasis on risk mitigation for the safety and well-being of both staff and residents

The Successful Proposer will be required to provide staff with the appropriate training necessary to implement the Program. DHS will provide technical assistance and resource recommendations for the Successful Proposer as they build out their training plan.

The training plan should include:

- A robust initial training/onboarding plan for new staff
- An ongoing professional development plan for current staff
- A strong plan for staff retention
- An emphasis on MH/BH/Autism/ID needs, Everyday Lives Philosophy, Trauma-Informed Care, positive behavioral intervention/modification theory and implementation, de-escalation techniques, crisis intervention and non-violent approaches

E. Data Collection and Monitoring and Reporting Deliverables

As part of implementation, DHS will work with the Successful Proposers to identify the specific data points to be collected; these may vary based on the Successful Proposer's specific program model.

The Successful Proposer will develop a quality management (QM) plan and monitoring protocol in collaboration with DHS and Community Care. QM responsibilities include:

- Collecting and analyzing outcome measures
- Monitoring progress against goals established by DHS and Community Care for each program
- Implementing continuous quality improvements to the program and its components

QM deliverables will consist of:

- Ad hoc and regularly-scheduled reports focused on interventions to enhance structure, processes and outcome measures
- Annual reports detailing interventions to improve performance on measures related to pre-established goals

F. Budget and Program Operation Funding

DHS will reimburse the Successful Proposers for actual expenses related to onboarding staff, training, and a portion of facility and administrative costs. Facility and administrative expenses will be a set percentage of the LTSR's direct operational expenses (not as a

percentage of a parent organization's total budget or requested contribution). As this rate is yet to be determined, Proposers should designate 10-13% of their proposed budget to administration costs. The final percentage allowable will be determined in collaboration with DHS. All invoices submitted for reimbursement must be accurate, comply with general accounting guidelines and be auditable. DHS funding for the startup and ramp-up of the LTSR with AOS programming will be available for a maximum of 12 months. By the end of the 12th month, the Successful Proposer must have signed an agreement with Community Care for the ILOS and begin billing for reimbursement under their BH HealthChoices agreement.

Reimbursement for Room & Board

The Successful Proposers will be reimbursed for room and board (R&B) expenses in two ways during Startup and Ramp-up and throughout future operations.

1. Social Security Income will continue to cover R&B expenses for residents with access to this resource.
2. DHS will cover R&B expenses for residents *who do not have access* to Social Security Income.

Adult Outpatient Services (AOS) reimbursement

PA-DHS and OMHSAS oversee the licensing of behavioral health providers in Pennsylvania. The Western PA Regional OMHSAS office supervises the services administered in Allegheny County by Community Care. Allegheny County DHS is the primary contractor responsible for reporting to PA DHS on the BH HealthChoices Program and has designated Community Care to manage the BH HealthChoices Program in the area. Community Care will cover the costs associated with delivering Adult Outpatient Services in the LTSRs.

Before the Successful Proposer finalizes an agreement with Community Care under the BH HealthChoices Program, the Successful Proposer will collaborate with DHS and Community Care to design the AOS service array. They also will train staff on AOS-related deliverables and establish the AOS per diem rates. The goal is to complete these tasks within 30 days of obtaining the LTSR license. The AOS reimbursement rate will be negotiated with Community Care but approved by DHS.

BH HealthChoices billing must cover all AOS expenses within 12 months of obtaining a license. BH HealthChoices revenue for AOS will then sustain the treatment and service-related expenses.

Section 3: Proposal Requirements and Evaluation Criteria

DHS will evaluate Proposals based upon the evaluation criteria listed below. Proposers must address their qualifications 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 175 points, as outlined in the following sections.

Organizational Experience (25 points)

- Organizational experience delivering high-quality services and supports to the target population you intend to serve, including a description of a current program that serves the intended population and measures of success. If you are proposing to serve both populations, identify which one you have prioritized. (10 points)
- Strong organizational and management structure (5 points)
- Clear description of the organization's experience with and plan to adhere to the following approaches: (5 points)
 - Risk Mitigation, Non-Violent Crisis Intervention and De-escalation
 - Everyday Lives Philosophy
 - Trauma-Informed Care
- Experience and ability to provide high quality, compassionate and culturally responsive care to diverse individuals with complex needs so that everyone feels welcome, well-served and supported regardless of their race, ethnicity, sexual orientation, gender identity and expression (SOGIE), intellectual or physical ability, English language proficiency or life experiences. (5 points)

Facility Management (10 points)

- Description of the identified location, including address, whether the facility is owned or leased, and if the service location address has any already-enrolled PA Medicaid-enrolled Provider Types and Specialties. Include a description of any necessary renovations (Minimal, Moderate or Maximum) and the relevant experience of any involved project partners. If the facility is not yet in your possession, provide a timeline for acquisition (5 points)

- Comprehensive plan for meeting LTSR physical space licensing requirements, including how you propose to meet individuals' space/environmental/living needs (5 points)

Program Implementation (55 points)

- Comprehensive plan for implementing the LTSR, including how you propose to operationalize the following: (20 points)
 - Admissions with 24/7 access
 - Planned discharges
 - Family Involvement
 - Daily Programming
 - On-call or after-hours availability of psychiatrist, nurse and mental health professional
 - Coordination of services with other human service and justice-related providers
 - Physical Health and wellness monitoring, planning and interventions
 - Community integration for each resident, individually and collectively
- Preliminary list and explanation of proposed rules and expectations for residents, including a plan for addressing situations in which residents might be unable or unwilling to comply with the rules and expectations (5 points)
- Outline and description of all the AOSs you plan to utilize, including which services are evidence-based (15 points)
- Plan for:
 - implementing non-violent crisis intervention and de-escalation practices as tools for security and safety
 - avoiding the involuntary hospitalization of residents who are experiencing acute emotional distress
 - determining when and how to call police or emergency services (5 points)
- Plan to support residents' physical health treatment and healthy lifestyle choices to combat the increased risk for physical health diseases (5 points)
- Description of how your organization monitors fidelity to evidence-based practices, including how you collect and use data to measure fidelity and improve program outcomes (5 points)

Community Engagement and Implementation Challenges (10 points)

- Plan for community engagement, including respecting the community and its neighbors and ensuring that LTSR residents are valuable, contributing members of the community (5 points)

- Identification of challenges you expect to encounter during the development and implementation of this Program and a plan for overcoming these challenges. Include the identification of any LTSR licensing and regulatory criteria that may conflict with program implementation, including an explanation of why they are in conflict. (5 points)

Program Staffing and Administration (25 points)

- Strong staffing plan that includes all Program staff positions and qualifications (15 points)
- Strong plan for initial training/onboarding (5 points)
- Strong plan for staff recruitment, retention and performance management (5 points)

Implementation Timeline (10 points)

- Detailed timeline for program implementation, including all the key steps and deadlines for the following:
 - Becoming PROMISe enrolled, if applicable
 - Completing any necessary renovations (include target date)
 - Establishing a relationship with the community
 - Preparing the space for a licensing visit
 - Meeting with behavioral health and justice-related partners
 - Accepting the first admission (include target date)

Quality and Data Reporting Requirements (10 points)

- Example of a past monitoring and improvement plan and a description of the process and outcomes, including monitoring frequencies, reporting and titles of responsible staff (5 points)
- Description of two successful quality improvement activities your organization has undergone in the past year (5 points)

Scenarios (20 points)

- A thoughtful strategy to engage and serve the individual described in the scenario(s) for the target population you plan to serve in [Appendix C: Clinical Case Scenarios](#), including a sample treatment plan. If proposing to serve both populations, choose only the individual in your preferred target population. (20 points)

Budget and Budget Narrative (10 points)

- A detailed line-item budget that reflects a realistic estimate of the costs associated with implementing and sustaining the Program each year. If any startup costs are included, identify them as such. (5 points)
- A detailed budget narrative that clearly explains all assumptions and justifies all line items in the proposed budget (5 points)

Section 4: How to Submit a Proposal

4.1 Prepare

a. Office Hours

- DHS will hold “RFP open office hours” from 11:00 a.m. to 12:00 p.m. Eastern Time on Thursday, February 20, 2025, via Microsoft Teams. Anyone interested in the RFP and in submitting a Proposal may drop in during this time to ask questions.
- Attendance during office hours is not required in order to submit a Proposal. Preliminary answers will be provided orally for questions asked during the office hours. Final, definitive answers will be posted in writing on the [RFP Opportunity Page](#) and the DHS Solicitations webpage.
- Prospective Proposers can join the office hours by:
 - Calling (267) 368-7515 and using Conference ID: 514 244 42#
 - Or following this link: [Click here to join the meeting](#)
 - Or copying and pasting this link:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDE1ZDZhZjgtNDk0Mi00Yjc5LTlmNWUtZjYzM2MyM2l2MmMy%40thread.v2/0?context=%7b%22Tid%22%3a%22e0273d12-e4cb-4eb1-9f70-8bba16fb968d%22%2c%22Oid%22%3a%22d14c6dca-47dd-45a0-a62e-11bf0cce95e0%22%7d

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
- Collaborative Proposals, in which two or more entities partner to apply together, are permitted. Collaborative Proposals can include:
 - i. Lead Agency: The County can enter 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.
 - ii. 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.
 - 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 7.1 and 7.2)
- 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 Thursday, April 10, 2025, 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

- a. 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.
 - i. All content-related questions must be submitted by the Questions Deadline at 3 p.m. Eastern Time on Friday, March 28, 2025.
 - ii. You may submit technical or logistical questions at any time, even after the Questions Deadline.
- b. 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.
 - i. 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.
 - ii. The webpage will be updated only on Thursdays, with any new information visible after 6 p.m.

- iii. The last Q&A and website update for this RFP will be on Thursday, April 3, 2025, 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.

4.4 New Provider Requirements

- a. 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 three 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.

4.5 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).

4.6 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 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 the 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 MWDBE 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.
- e. VOSB forms and resources can be found on the [RFP Opportunity Page](#) and through the links provided below:
 - [VOSB Participation Statement](#)
 - [VOSB Waiver Request](#)
- c. 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).