

Advanced Behavioral Health, Inc.



REQUEST FOR QUALIFIED CONTRACTORS (RFQC) SUPPORTED RECOVERY HOUSING SERVICES (SRHS)

SECTION A: INTRODUCTION AND PROGRAM CONTACTS

Advanced Behavioral Health, Inc. (ABH[®]), as the administrative services organization (ASO) for the State of Connecticut, Department of Mental Health and Addiction Services (DMHAS) Behavioral Health Recovery Program, is seeking proposals from qualified community, faith and peer organizations to provide short-term supported recovery housing services (SRHS) to male and/or female adults with substance use disorders or with co-occurring substance use and mental health disorders.

ABH is seeking proposals from organizations that can provide Supported Recovery Housing Services. We are looking for providers who can provide new beds in the following targeted geographical areas:

- Region 1 including Stamford and Bridgeport (male & female beds);
- Region 2 including New Haven, Ansonia/Naugatuck, and the Old Saybrook area (male & female beds) and Middletown (male beds only);
- Region 3 including Groton and Putnam (male & female) as well as Norwich (female beds only);
- Region 4 including Enfield (male & female) and New Britain (male beds only); and
- Region 5 including Danbury, Waterbury and Torrington (male & female beds).

The goal of the SRHS program is to provide safe, sober housing and case management to support residents in securing substance use treatment or other community-based recovery services necessary for sustained recovery. SRHS contractors will collaborate with treatment providers and other community-based organizations to assist residents in identifying and securing supports which are conducive to recovery.

Agency information about ABH is available at: http://www.abhct.com/About_ABH/.

Agency information about DMHAS is available at: <http://www.ct.gov/dmhas/>.

The Request for Qualified Contractors is available in electronic format on the ABH website at <http://www.abhct.com> or from ABH's Official Contact.

Official Contact: ABH has designated the individual indicated below as the Official Contact for purposes of this RFQC. The Official Contact is the only authorized contact for this procurement, and as such, handles all related communications on behalf of ABH. Interested parties are advised that any communication with any other ABH employee(s) or personnel under contract to ABH is strictly prohibited. Interested parties who violate this instruction may risk disqualification from further consideration. All questions regarding this RFQC must be directed, in writing via email, to the Official Contact before the deadline specified in the RFQC Schedule.

Name: Carrie Anne Scott
Email: cscott@abhct.com

Response due date and time: The Official Contact is the only authorized recipient of submitted responses to this RFQC. Responses must be received by the Official Contact on or before the due date and time.

Due Date: December 19, 2018
Time: 4:00 PM EST



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Contract Awards: The award of any contract pursuant to the RFQC is dependent upon the availability of funding to ABH. ABH may offer multiple contracts based on this RFQC. Contract awards will be based on the content of the response as well as the geographical, gender-specific, and other needs of Advanced Behavioral Health, Inc. (ABH®) and the Department of Mental Health and Addiction Services (DMHAS).

Reimbursement for each award will be \$600 per thirty (30) days of service days per person, paid retrospectively on a fee-for-service basis. A detailed rate schedule is located in Attachment 2. This level of reimbursement is intended to cover services delivered to individuals who are eligible for the Behavioral Health Recovery Program. In accepting this SRHS funding, individuals shall not be charged any additional fees for housing or case management services by the contractor. Services will be authorized by ABH and contractors shall submit an invoice to ABH following the delivery of services. Payment will be pro-rated based on the actual number of days that services were provided if less than 30 days.

Term: The contract term shall be from March 1, 2018, through to June 30, 2019. Funding is contingent upon the ongoing availability of funds, satisfactory program performance, compliance with state and local governing ordinances, and demonstrated need for these services.

Eligibility: Legal private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships) are eligible to submit responses to this RFQC.

Minimum Qualifications: To qualify for a contract award, respondents must demonstrate experience with and capacity to develop and implement services defined through this RFQC within timeframes set forth by ABH. Applicants must successfully complete the Supported Recovery Housing Services certification process for this service, which will include a site visit.

RFQC Schedule:

RFQC Released:	October 5, 2018
Deadline for Questions:	October 12, 2018
Answers Released:	October 19, 2018
Responses Due:	December 19, 2018
Review Committee Recommendations*:	January 18, 2019
Notification of Outcome*:	January 25, 2019
Contract Negotiations / Meetings*:	January 25 – February 28, 2019
Start of Contract*:	March 1, 2019

**Target dates only*

Inquiry Procedures: All questions regarding this RFQC must be directed, in writing via email, to the Official Contact before the deadline specified in the RFQC Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. ABH will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFQC will not be answered. ABH may combine similar questions and give only one answer. All questions and answers will be posted at www.abhct.com. ABH will release the answers to questions on the date(s) established in the RFQC.



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SECTION B: SUPPORTED RECOVERY HOUSING SERVICE OVERVIEW AND REQUIREMENTS

A. Required Goals and Objectives for SRHS:

- Enhance recovery success by providing transitional recovery housing for individuals whose personal goals are to secure permanent housing, employment, and contribute in a measurable positive manner to the community and decrease the risk for relapse
- Reduce substance use treatment recidivism by providing a supportive, drug- and alcohol-free living environment with supportive, recovery-oriented coaching to every resident and program participant utilizing a person-centered, strengths-based approach, promoting the active participation of the individual in stating preferences and making decisions that support recovery skills, foster independent living, promoting community integration and increasing the length of overall good health and recovery.
- Provide culturally competent, gender responsive and respectful transitional recovery housing environment.

B. Performance Measures:

- The contractor will ensure a utilization rate of at least 90% for the contracted services.
- At least 70% of participants served will be living in stable or permanent housing at the time of discharge as measured by the living arrangements reported to DMHAS at discharge.
- No more than 30% of individuals who have been discharged from Supported Recovery Housing Services will have left due to reasons of non-compliance, against staff advice and/or administrative reasons.

C. Required Components: The following are mandatory components of Supported Recovery Housing Services:

- A clean, safe, drug- and alcohol-free living environment in which on-site case management services are available a minimum of 8 hours per day and 5 days per week with on call staff availability 24 hours a day 7 days per week. Priority admission will be granted to individuals who are eligible for the DMHAS Behavioral Health Recovery Program.
- Access will be provided for individuals who are utilizing, or are eligible for, Medication Assisted Treatment (MAT).
- In addition to safe, sober housing, Supported Recovery Housing Service providers will provide case management to support residents in securing substance use treatment and/or community-based recovery services including employment, long-term housing, etc. necessary for sustained recovery.
- Qualified staff with an understanding of substance use disorders and substance use and co-occurring mental health disorders, along with the principles of recovery. Staff should understand addiction as a disease and should reflect the ethnic, racial, gender, and linguistic composition of the individuals requiring services. See Attachment 1: Supported Recovery Housing Services Staff Competencies.
- Supervision will be provided to each recovery specialist at a minimum of twice monthly in the form and manner defined by ABH.
- A detailed orientation for the residents to services available through the program, program rules and expectations, and their rights and responsibilities as program residents that is sensitive to individuals' culture, gender and language.
- Availability of and/or referral to on-site or off-site recovery support groups such as those based on a 12-step model.
- The contractor will be expected to maintain a paper or electronic chart on each person served. Required forms are provided on ABH's Web site and will be audited annually at a minimum. The chart should contain, at a minimum:
 - Client Service Agreement;
 - Release of Information and any other necessary disclosure consent forms for service referrals;
 - DMHAS Sober Living Homes Disclosure Form;
 - Intake Assessment and Recovery Plan based on the client's stated strengths and needs;
 - progress notes and discharge summary (to be recorded in ABH's electronic BHRP system);
 - evidence of a detailed orientation to the services available;
 - evidence of receipt of service recipients' rights and responsibilities as program participants; and
 - Evidence of discharge planning.



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- Case management services should include referrals to:
 - DSS entitlements, vocational/educational opportunities, Section 8 and other housing subsidies, medical or other treatment appointments, energy assistance, food stamps, and other potential sources of income and community recovery supports;
 - assistance in securing basic needs (e.g. clothing, food); and
 - on-site or off-site recovery support groups such as those based on a 12-step model.
- Collaboration with other community service providers as demonstrated in letters of support and memoranda of agreement with other community-based organizations. Evidence of these collaborations must be submitted with the applicant's proposal.
- Transportation (or linkage to transportation services) for service recipient appointments or meetings at medical, clinical, or other community services.
- The capacity to collect and process urine samples or access drug screening results via an agreement with another provider when indicated.
- Descriptions of procedures for collaborating in the development and implementation of recovery plans with the service recipients, treatment provider(s), and other agencies and family members as appropriate.
- Evidence that the Supported Recovery Housing Services are designed and will be operated as an integral part of a regional and/or statewide system of care, including identification and listing of local recovery and community resources.
- A detailed procedure specifying discharge planning and service recipient transition to a permanent living arrangement.
- Compliance with all state and federal regulatory requirements as well as local zoning, fire, and safety laws.
- Development of agency "Code of Conduct" to be utilized and signed by all affiliated staff.
- Consultation with recovery community advocacy organizations, cultural organizations, and other community stakeholder groups with expertise in such services. The applicant must demonstrate mechanisms, frequency, quantity and outcomes of its efforts to gather input from individuals in recovery and family members in the preparation of this application and in the planning, implementation, evaluation, and ongoing quality improvement of the service. Mechanisms for involvement of individuals in recovery and family members include, but are not limited to:
 - voting members on agency planning committees, boards, advisory groups, etc.;
 - focus groups;
 - surveys;
 - facilitated discussions; and
 - solicitation of written suggestions.
- Description of data systems sufficient to collect and manage admission, discharge, and other program/client data including access to a computer that is connected to the Internet and can send/receive email communication. Data system must allow provider to maintain updated information in the ABH Web-based system.
- Description of mechanisms to utilize data to monitor and inform program management for necessary quality management and improvement.
- Commercial general liability insurance with the minimum coverage of \$1 million per occurrence and \$3 million aggregate or a \$1 million general liability per occurrence and \$2 million general aggregate with a \$1 million umbrella. Insurance coverage is demonstrated through a Certificate of Liability that shows the minimum coverage and lists each service location in the 'description of operations' section and lists Advanced Behavioral Health Inc. as a certificate holder and Additional Insured. In addition, insurance must include proof of workers' compensation with minimum limit of \$100,000 each accident and \$500,000 disease – policy limit.

D. Other Expectations

Services implemented through this RFQC are aimed at improving quality of care and must build upon, complement and enhance the DMHAS recovery-oriented system of care that is responsive to the needs of persons served. All applicants must specify how they will address the following expectations within their response. As a convenience, we have included a link to the appropriate websites for guidance regarding implementation of these systems expectations.



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- Recovery-Oriented Service System (See Commissioner’s Policy Statement #83 Promoting a Recovery-Oriented Service System) <http://www.ct.gov/dmhas/lib/dmhas/policies/chapter6.14.pdf>
- Serving Individuals and Families with Co-Occurring Mental Health and Substance Use Disorders <http://www.ct.gov/dmhas/lib/dmhas/policies/chapter6.4.pdf>
- Gender Responsive Treatment Guidelines <http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335296>
- Trauma Informed Care <http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335292>
- Concurrent Medication-Assisted Treatment (MAT) <http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335224>
- DMHAS’ Recovery Practice Guidelines (See Practice Guidelines for Recovery-Oriented Behavioral Health Care) <http://www.ct.gov/dmhas/lib/dmhas/publications/practiceguidelines.pdf>



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SECTION C: PROPOSAL INSTRUCTIONS

Required Outline: All responses must follow the outline below. Responses that fail to follow the required outline will be deemed non-responsive and not evaluated.

Style Requirements: Submitted proposals must conform to the following specifications:

- Paper Size:** 8.5 x 11 inches
- Page Limit:** 10 pages (not including forms/attachments)
- Font Size:** 10 or larger
- Pagination:** The applicant's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
- File Size:** No combined total of attachments to a single email can exceed 10 megabytes. Documents exceeding 10 MB must be zipped or sent via multiple emails.

All submissions must be documented in a Portable Document Format (PDF), which includes a scanned image of original signatures that is complete and properly formatted. The required forms and appendices may be scanned and submitted in PDF format. The submitted file(s) must be 10 MB or smaller. If your submission is larger than 10 MB, please divide your submission into multiple emails that are each 10 MB or smaller.

Attachments: Attachments other than the required Appendices or Forms are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFQC. Failure to abide by these instructions will result in disqualification.

Submission Requirements: All proposals and supporting documentation must be submitted electronically, via email, to the Contact Person. The submission email content must show legal name and address of the applicant. The subject line of the email must be the RFQC name (i.e. Supported Recovery Housing Services). The email shall be addressed to the Official Contact at ABH and there should be a copy (cc) to the lead contact at the organization submitting the RFQC. The time of receipt at ABH is the definition of the time of submission. All proposals received after the deadline submission time will be returned via email to the lead contact and marked as "Rejected – received after the required deadline." All proposals received via postal mail or fax will be returned to the lead contact and will not be evaluated.



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SECTION D: PROPOSAL COMPONENTS AND OUTLINE

A. Cover Sheet (1 point): The Cover Sheet is Page 1 of the response. Include the following information.

RFQC Name:	<i>Supported Recovery Housing Services (SRHS) Program</i>
Organization's Legal Name:	<i>Name of provider organization submitting the response as reported for tax purposes</i>
FEIN:	<i>Tax identification or federal employer identification number</i>
Connecticut Business Identification Number:	<i>Applicant's business ID number from the Connecticut Secretary of State (http://www.concord-sots.ct.gov/CONCORD/index.jsp)</i>
Street Address:	<i>Administrative address for contractor</i>
Town/City/State/Zip:	<i>Administrative address for contractor</i>
Contact Person:	<i>The name of the individual who can provide additional information about the response or who has immediate responsibility for it</i>
Title:	<i>Title of Contact Person for RFQC</i>
Phone Number:	<i>Phone number of contact person</i>
FAX Number:	<i>Fax number for contact person</i>
Email Address:	<i>Email address for contact person</i>
Authorized Official:	<i>The name of the individual empowered to submit a binding offer on behalf of the applicant to provide services in accordance with the terms and provisions described in this RFQC and any amendments or attachments hereto</i>
Title:	<i>Title of Authorized Official</i>
Signature:	<i>Print document and obtain handwritten signature of Authorized Official</i>
Date:	<i>Date the cover sheet was signed by Authorized Official</i>

B. Conflict of Interest (1 point)

Conflict of Interest Disclosure Statement: Applicants must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest. A conflict of interest exists when a relationship exists between the applicant and an employee of ABH. A conflict of interest may become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. ABH will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the contract. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest."*

C. Main Response and Required Components (25 points)

- I. Organizational Profile** -The organization must have and be able to demonstrate experience, programmatic infrastructure and technology to provide, and monitor quality services for individuals in recovery from substance use and co-occurring disorders.
 - i. **Organization Experience and Philosophy:** Describe the organization's history, mission, scope of services, and experience providing supported recovery housing services.
 - ii. **Organizational Structure:** Provide an organizational chart that depicts the total organizational structure and where Supported Recovery Housing Services would reside within that structure.
 - iii. **Cultural Competency:** Provide evidence of the agency's cultural capacity and its experience and expertise in addressing the needs of individuals of different races, nationalities, religions, cultures, ages, genders, sexual identities, criminal justice involvement, languages and other relevant identity markers not listed here. Include evidence that agency is capable of working with individuals who are on, are eligible for, Medication Assisted Treatment (MAT).
 - iv. **Recovery Community Involvement:** Describe how individuals in recovery and family members were involved in the preparation of the application, and how they will be involved in the planning, implementation, and evaluation of the project.



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- v. **Safety and Physical Plant:** It is required the organizations maintain appropriate facility (ies) which are safe and conform to local building requirements for the provision of services and storage of client data. Describe the organization's facilities as it pertains to safety, accessibility, confidentiality and security and compliance with all state and federal regulatory requirements as well as local zoning, fire, and safety laws.

II. Scope of Services (45 points)

- i. **Recovery Management Model:** Provide a clear, detailed summary of the agency's experience and expertise relevant to successful supported recovery housing services offered to a similar target population. Describe the recovery management model or principles to be used.
- ii. **Target Population:** Describe the demographics of groups served, targeted geographic area, any specialty population (e.g. women with children). Please also include any exclusionary criteria that will be applied to the target population. Include an explanation of typical referral sources.
- iii. **Accessibility of Services:** Describe the accessibility of services (e.g. proximity to public transportation), proximity to community services and other community resources, and space compliance with the Americans with Disabilities Act (ADA).
- iv. **Operation:** Describe location of services, hours of operation (a minimum of 8 hours per day and 5 days per week.), average caseload size, maximum program capacity, and average length of stay.
- v. **Referrals:** Detail relationships with other community providers and the ability make referrals to organizations that will assist recipients in securing basic needs (e.g. clothing, food), permanent housing and employment, entitlements, transportation, and treatment services. Also describe how applicant intends to maximize use of existing community resources and services, including utilizing Medicare, Medicaid, and/or other subsidized programs. Include letters of support and/or memoranda of agreement where applicable. Include capacity to make referrals to appropriate services such as: treatment, employment, education, peer, transportation and basic needs, and stable housing services.
- vi. **Admission:** Describe the admission procedure (e.g. referrals, paperwork to be completed, orientation guidelines, etc.). Include admission paperwork such as intake assessment, client's rights and responsibilities and release of information. Include procedure for clients who are ineligible for services.
- vii. **Recovery Planning:** Include information on how individualized recovery plans will be developed and maintained. Explain how family and other individuals as identified by the service user are incorporated into recovery planning.
- viii. **Planned Discharge:** Detail planned discharge procedures (e.g. discharge planning timeframes, reasons for early discharge, paperwork to be completed, referral process, etc.). Include copies of policies that are shared with participants regarding planned and unplanned discharges. Also, detail **unplanned discharge** procedures (e.g. reasons for unplanned discharges and resultant paperwork or notices to be completed, etc.) Include sample forms for unplanned discharges and copies of policies that relate to unplanned discharges or if submitted in the above requirement indicate such.
- ix. **Sample Chart Documentation:** Provide the following: sample intake assessment form, admission documentation (including service recipient rights and responsibilities, policy manual, grievance procedures, etc.), sample recovery plan template, risk assessment policy, procedures for linking individuals with 12 step groups, sample discharge plan or form, progress note template or form, sample participant handbook or housing program rule book, and sample release of information.

III. Staffing and Training Plan (20 points)

- i. **Roles and Responsibilities:** Describe the roles, responsibilities and reporting relationships of key staff, service providers and any partners. Detail whether staff are consultants, volunteers or employees and indicate if they are part-time or full-time. Identify qualified administrative/leadership personnel to provide oversight and supervision of the recovery management staff at least twice monthly. Include in this description:
 - a. The organization's capacity to maintain appropriate staffing redundancies to ensure consistent services; specifically, how the organization assigns and manages cases in order to prevent or limit disruption in services.
 - b. Demonstration that recovery management staff has an understanding of substance use and substance use disorders and co-occurring disorders and the use of Medication Assisted Treatment (MAT) protocols.
 - c. An indication of planned subcontracting relationships for the provision of Supported Recovery Housing Services.



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- d. Describe the process, if relevant, whereby a recipient of your services might assume responsibilities as staff or volunteer. Include criteria used to determine a recipient's eligibility to assume such responsibilities and criteria used to determine ineligibility to continue assuming the assigned responsibility.
- e. Describe the role of volunteers in the organization and provide a policy for the use of volunteers. Include criteria used to determine eligibility to assume such responsibilities and criteria used to determine ineligibility to continue assuming the assigned responsibility. If there can be a transition from volunteer to staff, explain the process and criteria used in detail.
- f. Provide a written annual staff training/education/development plan and/or schedule that includes core recovery management definitions and functions, as well as education on substance use and mental health disorders.

IV. Data and Technology (20 points)

- i. **Data Collection and Management Plan:** Provide a specific, clear description of how the program will collect, manage, and utilize data for quality management and improvement (e.g. admission date, goal achievement, discharge date, outcomes, etc.). Describe specific instruments that will be used including the availability of appropriate hardware and software. Provide examples of successful prior history in collecting, managing and reporting program/participant data and include past SRHS performance data if applicable.
- ii. **Utilization of Data:** Describe how program staff will utilize data to monitor and inform program management (including monitoring productivity) and quality management and improvement.
- iii. **Email/Internet Capabilities:** Describe how staff or management will access email and the internet.
- iv. **Data Entry Capabilities and Equipment:** Describe how it is determined what staff or management personnel will be able to comply with data entry requirements into ABH or other required Internet-based applications. Include a redundancy plan for addressing staff vacancies. Include descriptions of your procedures for notifying ABH of changes in personnel. Also, describe the availability of appropriate software and hardware (computers, fax machines, telephones) for the purposes of providing and recording services, and staff's capacity for the proficient use of the software and hardware.

V. Performance Measures (25 points)

- i. **Work Plan:** Describe the organization's capacity for and strategy to meet the performance measures required in Section B – Program Overview. Include a plan for implementation of the program to ensure that services are fully functional by the projected start date. Include plans for acquisition of office space, equipment, hiring and training of staff, etc.

VI. Budget and Narrative (20 points)

- i. **Maximize Resources:** Describe how the program intends to maximize the use of existing community resources and services, including utilizing Medicare, Medicaid, and/or other subsidized programs.
- ii. **In-Kind:** Describe the extent of "in-kind" services the applicant will provide to this program.
- iii. **Budget:** Submit an annual budget which details all income and expenses (e.g. staff salary, rent, utilities, etc.).
- iv. **Implementation:** Provide a clear explanation of how funds will be spent and how they support the implementation of a program consistent with the vision, goals and objectives detailed in this RFQC. Describe clearly the agency's capacity for fiscal and program management of the proposed service.



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Appendices (35 points)

Only the following appendices may be included in the application. These appendices must not be used to extend or replace sections of the Main Proposal. All appendices must be completed.

1. Appendix 1: Biographical Sketches/Resumes and Job Descriptions for proposed staff. Job descriptions only for new positions.
2. Appendix 2: Letters of Support/Coordination
3. Appendix 3: Organizational Structure (Table of Organization)
4. Appendix 4: Current Insurance Certificate for Commercial Liability (including workers' compensation) and if relevant, Certificate of Professional Liability
5. Appendix 5: Budget
6. Appendix 6: Sample Supported Recovery Housing Services Documentation
7. Appendix 7: ABH Organization Credentialing Application Form (blank form at http://www.abhct.com/Programs_Services/BHRP/Forms_and_Resources/)
8. Appendix 8: Credentialing Supplement: Supported Recovery Housing Services (blank form at http://www.abhct.com/Programs_Services/BHRP/Forms_and_Resources/)
9. Appendix 9: Completed W-9 (blank form at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
10. Appendix 10: Organization's Code of Conduct (required)
11. Appendix 11: Organization's Mission or Vision Statement (if applicable)



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SECTION E: EVALUATION OF APPLICATIONS

Evaluation of Responses:

1. **Evaluation Process** - It is the intent of ABH to conduct a comprehensive, fair, and impartial evaluation of responses received in response to this RFQC.
2. **Screening Committee** - ABH will designate a Screening Committee to evaluate responses submitted. The contents of all submitted responses will be shared with the Screening Committee. Only submissions found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Responses that fail to comply with all instructions will be rejected without further consideration. Attempts by any applicant to contact or influence any member of the Screening Committee may result in disqualification.
3. **Minimum Submission Requirements** - All responses must comply with the requirements specified in this RFQC. To be eligible for evaluation, responses must (1) be received on or before the due date and time; (2) meet the format requirements; (3) follow the required outline; and (4) be complete. Responses that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. ABH will reject any submission that deviates significantly from the requirements of this RFQC.
4. **Evaluation Criteria (and Weights)** - Responses meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the responses. The criteria listed below will be used to evaluate proposals for a total of 192 points:
 - Cover Sheet (1 point)
 - Conflict of Interest Statement (1 point)
 - Organizational Profile (25 points)
 - Scope of Services (45 points)
 - Staffing Plan (20 points)
 - Data and Technology (20 points)
 - Performance Measures (25 points)
 - Budget and Budget Narrative (20 points)
 - Appendices (35 points)
5. **Applicant Selection** - Scores will be tabulated, and the final selection of a successful applicant is at the discretion of ABH who may consult with DMHAS and will reflect the scoring of the response, the program needs at the time of the award including any budgetary changes, any other program alteration resultant from requests from DMHAS, any other state department relevant to the programs covered by SHRS services, or grant funders. Any applicant selected will be so notified and awarded an opportunity to initiate the contract process with ABH. All unsuccessful applicants will be notified by email.
6. **Contract Execution** - Any contract developed and executed as a result of this RFQC is subject to ABH's contracting procedures, which may include approval by DMHAS. The termination of a previous contract by either agency may have an impact on future credentialing and contracting.



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SECTION F: ATTACHMENTS

These attachments are included to supply information that will be relevant to providers in understanding the requirements and procedures of SRHS and will aid the provider in a) determining whether they have the capacity to provide SRHS services, and b) crafting a thorough response.

RFQC Attachments

1. Supported Recovery Housing Services: Staff Competencies
2. Supported Recovery Housing Services Rate (Fee) Schedule
3. Scoring Grid



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Attachment 1
STAFF COMPETENCIES*

SUPPORTED RECOVERY HOUSING SERVICES

Supported Recovery Housing Services (SRHS) provides housing and referral, linkage, and coordination of wrap around services according to an individualized recovery plan, incorporating the input of individuals served and their natural supports. SRHS are intended to assist the individual to work on integrating relapse preventions skills and achieve autonomy, including obtaining gainful employment and independent living in their community.

STAFF QUALIFICATIONS

- Knowledge of addiction and the process of recovery
- Peer Recovery Coaches trained and certified by CCAR preferred. Also, Associates or Bachelor's degree in a related field from an accredited college or university preferred.
- Minimum 3 years related work experience
- Knowledge of recovery management techniques/models
- Proficient computer skills required for online service planning and record keeping
- Knowledge of local resources including health and behavioral health care providers, employment and job development resources, housing, recovery supports, and other resources as needed by the client
- Experience working with a caseload of 20-25 clients at any one time
- Ability to write and communicate clearly
- History of advocating on behalf of clients
- Understanding and abiding by rules concerning ethics and confidentiality and the agency's code of conduct.

Knowledge and Expertise

A successful SRHS recovery specialist should have proficient knowledge of the following:

- Principles of recovery.
- The diseases of addiction including the biological and environmental aspects and consequences of the disease.
- Circumstances and conditions typically co-occurring with addiction (such as trauma, chronic physical ailments, high risk sexual behavior, abuse, and crime).
- Available medication and treatments for addictive disorders including the use of Medication Assisted Treatment (MAT).
- Typical service needs of someone who is affected by an addiction disorder.
- The stages of recovery, including common defense mechanisms and potential engagement challenges.
- Available benefits, benefit criteria, current laws, regulations, and policies surrounding medical and behavioral health care.
- The fundamental concepts of culture and diversity and the importance of culturally competent services.
- Appropriate performance standards and outcome measures required, such as abstinence, length of stay, and client satisfaction.
- Assessment practices and available assessment resources, especially evidence-based and best practices.
- Interviewing techniques designed to foster productive service planning and client commitment.
- The values underlying a person-centered approach to services.
- Models of wellness-management, recovery, and self management.
- Interventions appropriate for assessed needs.
- The importance of family, social networks, consumer-advocacy, peer and community systems in the treatment and recovery process.
- Community resources such as medical and behavioral health programs, educational, employment, and housing.
- The value of an interdisciplinary approach to recovery.
- Outcome monitoring, quality management, quality assurance practice and standards.
- Documentation requirements and appropriate billing procedures.
- Importance of professional ethical standards, including laws around confidentiality and the consequences of violating ethical standards.



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- Understanding of how personal value systems and beliefs may influence actions and decisions in practice.

Skills and Abilities

A SRHS recovery specialist should be able to do the following:

- Apply recovery management interviewing skills such as active listening, motivational interviewing, supportive responses, open- and closed-ended questions, summarizing, and giving options. Vary technique as necessary to unique client needs.
- Utilize, score, and interpret assessment tools for appropriate service planning.
- Engage the client and natural supports to elicit, gather, evaluate, analyze and integrate pertinent information, and form assessment conclusions.
- Recognize indicators of risk (health, safety, mental health/substance abuse).
- Identify, evaluate, and assess motivation of the client and client's support systems.
- Recognize the need for additional assessments and arrange for them to be conducted.
- Gather and review information through a holistic approach, giving balanced attention to individual, family, community, educational, work, leisure, cultural, and contextual factors, and the client preferences.
- Fully and accurately record necessary information in a clear, objective and professional manner. Communicate clearly, verbally and in writing; especially when discussing findings and recommendations with the client.
- Allow the client to take the lead in determining what works best for him or her.
- Help the client see any discrepancies between present behavior and planned goals.
- Develop a thoughtful, time limited, measurable individualized care/recovery plan in collaboration with the client and based on assessment findings.
- Review, update and modify recovery plan as needed with the client, other professionals and natural supports.
- Utilize coaching and modeling skills to establish common goals and encourage shared problem solving.
- Address immediate (primary needs) such as food, clothing and safety so the client can focus on other goals.
- Create and facilitate partnerships through collaboration around and between professionals from different disciplines as necessary to provide wrap around services for the client.
- Research, maintain, and share information on community and other resources relevant to the needs of clients.
- Make and follow-up on appropriate referrals.
- Be appropriately assertive when trying to gain access for a client to a community resource.
- Differentiate between situations where it is appropriate for the client to self-refer and those where the case manager's assistance is required. Encourage and assist a client to be a self-advocate for quality care.
- Discuss quality-of-care and treatment concerns with the client, professionals, formal and natural supports.
- Formulate new strategies in order to replace ineffective ones.
- Provide detailed case notes specifying each service provided and the outcome of the service in the SRHS-III system in order to be reimbursed for the service.
- Take time to review the client's recovery plan and previous progress notes before each scheduled meeting.
- Make ongoing plans for service discharge and help the client plan for other services if necessary.
- Discern with whom protected health information can be shared.
- Access available trainings and engage in educational activities that will ensure current knowledge of the field.
- Offer the client access to the chart, recovery plan and progress notes related to his or her plan of care.
- Maintain appropriate relationship boundaries with a client as detailed in the agency's code of conduct.
- Analyze and prepare for potential obstacles to effectiveness, such as managing a caseload, limited resources, clients who stop engaging, maintaining cultural competence, and keeping current on documentation.

*For a more comprehensive description of recovery management competencies please visit:
<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A49987#A49988>



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**Attachment 2
Exhibit I**

**Advanced Behavioral Health, Inc.
BEHAVIORAL HEALTH RECOVERY PROGRAM (BHRP)**

**SUPPORTED RECOVERY HOUSING SERVICES (SRHS)
Reimbursement Rate Schedule**

Date: January 27, 2019

Provider: Sample Provider, Inc.

FEIN: 22-1234567

Effective Date: May 05, 2019

This is a sample rate schedule. A final rate schedule will be provided to those who complete the credentialing and contracting

Please find the rate(s) applicable to your housing site(s) as identified for the provision of Supported Recovery Housing Services (SRHS) to Behavioral Health Recovery Program (BHRP) clients.

These rates are in accordance with the terms, conditions and required components as established in the Advanced Behavioral Health, Inc. Provider Agreement for SRHS along with the SRHS Request for Qualified Contractors (RFQC) and the BHRP Provider Manual.

Please note:

- This rate schedule replaces all previous rate schedules from the BHRP program.
- The rates contained in this document are effective for the period starting May 1, 2018, and ending June 30, 2019.
- Documentation of at least 60 minutes of case management services per week per authorized client is required.
- Authorized housing capacity may not exceed the total contracted capacity indicated on this rate schedule. In addition, authorized capacity at a single house may not exceed the zoning capacity for the house.
- No additional fees can be charged to the client during the period covered by the SRHS authorization.
- There is a timely filing limit of 60 days from the date of service. Any invoices submitted more than 60 days after the date of service will be denied for exceeding the timely filing period.
- Advanced Behavioral Health has 30 days to adjudicate a clean claim.
- Provider is responsible for ensuring that the SRHS payments do not conflict with any other payment sources including but not limited to United States Housing and Urban Development (HUD), CT Department of Social Services (DSS), CT Department of Housing (DOH) or any other federal, state or municipal funding sources.
- Provider must discharge all clients in accordance with the BHRP Provider Manual.

The following location(s) is/are certified to provide Supported Recovery Housing Services	Site Address	Zoning Capacity	Gender	Daily Rate per Person
Program Name	Program Address	#	Female	\$20.00
Total Contracted Capacity		# total beds	Gender # Female	

Signature of President/CEO/Exec. Director

Date

Printed Name



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Attachment 3

SCORING GRID

Area of Review	Not Addressed	Poor	Fair	Average	Good	Excellent	Total Points Available	Awarded Points
A. Cover Sheet	0	.2	.4	.6	.8	1	1	
B. Conflict of Interest	0	.2	.4	.6	.8	1	1	
C. Main Proposal								
I. Organizational Profile							25	
i. Organization Experience and Philosophy: Describe the organization's history, mission, scope of services, and experience providing supported recovery housing services.	0	1	2	3	4	5	5	
ii. Organizational Structure: Provide an organizational chart that depicts the total organizational structure and where Supported Recovery Housing Services would reside within that structure.	0	1	2	3	4	5	5	
iii. Cultural Competency: Provide evidence of the agency's cultural capacity and its experience and expertise in addressing the needs of individuals of different races, nationalities, religions, cultures, ages, genders, sexual identities, criminal justice involvement, languages and other relevant identity markers not listed here.	0	1	2	3	4	5	5	
iv. Recovery Community Involvement: Describe how individuals in recovery and family members were involved in the preparation of the application, and how they will be involved in the planning, implementation, and evaluation of the project.	0	1	2	3	4	5	5	
v. Safety and Physical Plant: It is required the organizations maintain appropriate facility(ies) which are safe and conform to local building requirements for the provision of services and storage of client data. Describe the organization's facilities as it pertains to safety, accessibility and security.	0	1	2	3	4	5	5	
II. Scope of Services							45	
i. Recovery Management Model: Provide a clear, detailed summary of the agency's experience and expertise relevant to successful Supported recovery housing services offered to a similar target population. Describe the recovery management model or principles used.	0	1	2	3	4	5	5	
ii. Target Population: Describe the demographics of groups served, targeted geographic area, any specialty population (e.g. women with children). Please also include any exclusionary criteria that will be applied to the target population (e.g. will not accept people on chemical maintenance). Include an explanation of typical referral sources.	0	1	2	3	4	5	5	
iii. Accessibility of Services: Describe the accessibility of services (e.g. proximity to public transportation), proximity to community services and other community resources, and space compliance with the Americans with Disabilities Act (ADA).	0	1	2	3	4	5	5	
iv. Operation: Describe location of services, hours of operation, average caseload size, maximum program capacity, and average length of stay.	0	1	2	3	4	5	5	
v. Referrals: Detail relationships with other community providers and the ability to make referrals to organizations that will assist recipients in securing basic needs (e.g. clothing, food), permanent housing and employment, entitlements, transportation, and treatment services. Also describe how applicant intends to maximize use of existing community resources and services, including utilizing Medicare, Medicaid, and/or other subsidized programs. Include letters of support and/or memoranda of agreement where applicable. Included capacity to make referrals to appropriate services such as: treatment, employment, education, peer, transportation and basic needs, and stable housing services.	0	1	2	3	4	5	5	



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<p>vi. Admission: Describe the admission procedure (e.g. referrals, paperwork to be completed, orientation guidelines, etc.). Include procedure for clients who are ineligible for services.</p>	0	1	2	3	4	5	5	
<p>vii. Recovery Planning: Include information on how individualized recovery plans will be developed and maintained. Explain how family and other individuals as identified by the service user are incorporated into recovery planning. Include a sample recovery plan form.</p>	0	1	2	3	4	5	5	
<p>viii. Discharge: Detail procedures for planned and unplanned discharges (e.g. discharge planning timeframes, reasons for early discharge, paperwork to be completed, referral process, etc.). Also, detail unplanned discharge procedures (e.g. reasons for unplanned discharges and resultant paperwork or notices to be completed, etc.) Include sample forms for unplanned discharges and copies of policies that relate to unplanned discharges or if submitted in the above requirement indicate such.</p>	0	1	2	3	4	5	5	
<p>ix. Sample Chart Documentation: Provide the following: 1. Sample intake assessment form 2. Admission documentation (service recipient rights and responsibilities, policy manual, grievance procedures, etc.) 3. Sample recovery plan template or form 4. Risk assessment policy/procedure 5. Procedures for linking individuals with 12 step groups 6. Sample discharge plan or form 7. Progress note template or form 8. Sample participant handbook or housing program rule book 9. Sample release of information.</p>	0	1	2	3	4	5	5	
III. Staffing and Training Plan							20	
<p>i. Roles and Responsibilities: Describe the roles, responsibilities and reporting relationships of key staff, service providers and any partners. Detail whether staff are consultants, volunteers or employees and indicate if they are part-time or full-time. Identify qualified administrative/leadership personnel to provide oversight and supervision of the recovery management staff. Include in this description: a. The organization’s capacity to maintain appropriate staffing redundancies to ensure consistent services; specifically, how the organization assigns and manages cases in order to prevent or limit disruption in services. b. Demonstration that recovery management staff has an understanding of substance use and substance use disorders and co-occurring disorders and the use of Medication Assisted Treatment (MAT) protocols. c. An indication of planned subcontracting relationships for the provision of Supported Recovery Housing Services. d. Describe the process, if relevant, whereby a recipient of your services might assume responsibilities as a staff or volunteer.</p>	0	2	4	6	8	10	10	
<p>e. Describe the role of volunteers in the organization and provide a policy for the use of volunteers. Include criteria used to determine eligibility to assume such responsibilities and criteria used to determine ineligibility to continue assuming the assigned responsibility. If there can be a transition from volunteer to staff, explain the process and criteria used in detail.</p>	0	1	2	3	4	5	5	
<p>f. Provide a written annual staff training / education / development plan and/or schedule that include core recovery management definitions and functions, as well as education on substance use and mental health disorders.</p>	0	1	2	3	4	5	5	
IV. Data and Technology							20	
<p>i. Data Collection and Management Plan: Provide a specific, clear description of how the program will collect, manage, and utilize data for quality management and improvement (e.g. admission date, goal achievement, discharge date, outcomes, etc.). Describe specific instruments that will be used including the availability of appropriate hardware and software. Provide examples of successful prior history in collecting, managing and reporting program/participant data and include past SRHS performance data if applicable.</p>	0	1	2	3	4	5	5	



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ii. Utilization of Data: Describe how program staff will utilize data to monitor and inform program management (including monitoring productivity) and quality management and improvement.	0	1	2	3	4	5	5	
iii. Email/Internet Capabilities: Describe how staff or management will access email and the internet.	0	1	2	3	4	5	5	
iv. Data Entry Capabilities and Equipment: Describe how it is determined what staff or management personnel will be able to comply with data entry requirements into ABH or other required Internet-based applications. Include a redundancy plan for addressing staff vacancies. Include descriptions of your procedures for notifying ABH of changes in personnel. Also describe the availability of appropriate software and hardware (computers, fax machines, telephones) for the purposes of providing and recording services, and staff's capacity for the proficient use of the software and hardware.	0	1	2	3	4	5	5	
V. Performance Measures							25	
i. Work Plan: Describe the organization's capacity for and strategy to meet the performance measures required in Section B – Program Overview. Include a plan for implementation of the program to ensure that services are fully functional by the projected start date. Include plans for acquisition of office space, equipment, hiring and training of staff, etc.	0	5	10	15	20	25	25	
VI. Budget and Narrative							20	
i. Maximize Resources: Describe how applicant intends to maximize use of existing community resources and services, including utilizing Medicare, Medicaid, and/or other subsidized programs.	0	1	2	3	4	5	5	
ii. In-Kind: Describe the extent of "in-kind" services the applicant will provide to this program.	0	1	2	3	4	5	5	
iii. Budget: Submit an annual budget which details all income and expenses (e.g. staff salary, rent, utilities, etc.).	0	1	2	3	4	5	5	
iv. Implementation: Provide a clear explanation of how funds will be spent and how they support the implementation of a program consistent with the vision, goals and objectives detailed in this RFQC. Describe clearly the agency's capacity for fiscal and program management of the proposed service.	0	1	2	3	4	5	5	
D. Appendices							35	
1. Biographical Sketches/Job Descriptions	0	1	2	3	4	5	5	
2. Letters of Support	0	1	2	3	4	5	5	
3. Table of Organization	0	1	2	3	4	5	5	
4. Insurance Certificates	0	1	2	3	4	5	5	
7. ABH Organization Credentialing Application Form	0	1	2	3	4	5	5	
8. Credentialing Supplement: Supported Recovery Housing Services	0	1	2	3	4	5	5	
9. IRS W-9	0	0	0	0	0	0	0	
10. Agency Code of Conduct	0	1	2	3	4	5	5	

Total Points

192