

# DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

## Medically Enhanced Recovery House

### Request for Proposal

**RFP# DMHAS-CSD-MERH-2026**

### ADDENDUM 1

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 1 to the **Medically Enhanced Recovery House Request for Proposals**.

#### **Addendum 1 contains:**

**A. Changes to the Procurement Notice** – Please note that a change has been made to Page 19, Section IV.D Required Proposal Submission Outline and Requirements, and Section III.B.4 Evaluation Criteria and Weights.

1. Section IV.D Required Proposal Submission Outline and Requirements is hereby deleted and replace with:

#### **D: Main Proposal: Submission/Questions**

**\*\*\*Please note the maximum total page length for this section is 15 (all appendices and other attachments should be referred to in section D and then placed in section E. Appendix.)**

2. Section III.B.4 Evaluation Criteria and Weights table, is hereby deleted and replaced with the following:

<b>Criteria</b>	<b>Points</b>	<b>What would a top score look like</b>
Organizational Expectations	20	Would include but is not limited to a general overview of the organization including history and prior experience, and how the proposer is qualified.
Service Expectations	30	Would provide in depth knowledge of community, coalitions, partnerships, existing resources, and gaps in service. Includes examples of the ability to interact and effectively communicate with diverse populations.
Cultural Competence	5	Would include but not limited to examples of the ability to interact and effectively communicate with people of different cultures and socioeconomic backgrounds.
Staffing Expectations	15	Would include but is not limited to staff resumes, titles, and % of time dedicated. Description of Local Evaluator and/or resumes.

Data and Technology Expectations	10	Would include but is not limited to: access to data and technology, appropriate office space, and ability to process data as required.
Work Plan	10	Would provide but is not limited to a clear, detailed outline of the work may be completed.
Budget and Budget Narrative	5	Would include a detailed budget and narrative with allowable expenses and key positions.
Attachments	5	Appendices and any applicable letters of reference.
Total	100	

**B. Questions and Answers** – The following are DMHAS responses to the questions received during and after the Bidder's Conference.

**1. Question:** How would the referral process work for the MERH?

**Answer:** This is a statewide initiative and there is no restriction on referral resources. Referrals should be reviewed and accepted from throughout the state. Individuals referred to Medically Enhanced Recovery House (MERH) should have medical needs that require Care Navigator-Licensed Practical Nurse (LPN), supports.

**2. Question:** Are individuals utilizing the Enhanced recovery home self-referrals? Do referrals from community agencies?

**Answer:** This is a statewide initiative and there is no restriction on referral resources. There is an expectation that referrals from outside your agency are reviewed and accepted.

**3. Question:** What kinds of complex medical needs do you envision as the profile of clients? How will their needs be determined?

**Answer:** The Care Navigator-LPN will perform selected tasks and sharing of responsibility, under the direction of the RN, within the framework of supportive and restorative care. Some examples of individual medical needs include and are not limited to the taking of vitals, the changing of bandages and dressing wounds and coordination of care (individuals may have many follow up appointments based on their medical profile).

**4. Question:** Will nursing assessments be required from our staff?

**Answer:** No. A nursing assessment will be included with the referral and the Registered Nurse (RN) will collaborate w/ the referral source, in conjunction with the Care Navigator-LPN, to determine the plan of care.

**5. Question:** Is there an expected staffing ratio? Is there an expected staffing ratio for the third shift?

**Answer:** There should be two (2) MERH direct care staff per shift, including third shift.

**6. Question:** What are the specific deliverables?

**Answer:** Deliverables will be outlined in the scope of service for this level of care.

**7. Question:** Can funding be used to enhance an existing DMHAS Recovery House?

**Answer:** No, the purpose of this RFP is to increase beds to the Recovery House continuum of care.

**8. Question:** Does funding include start-up costs?

**Answer:** Yes. Please describe in the proposal how the funds would be allocated to start-up costs. This should be a separate budget of one-time start-up costs.

**9. Question:** Can funding be used for renovations?

**Answer:** Yes, for small to moderate renovations. Please describe in the proposal how the funds would be used to renovate the space to accommodate the individuals served and if this is part of year 1 budget or one-time start-up budget.

**10. Question:** In the proposal, do the Data and Performance Management requirements go in its own section? Or in the Data and Technology section? It is referenced in both places. (Page 12 and pages 13-14)

**Answer:** Please put this information in the section labeled Data and Technology, as referred to on page 12, Section II.C.4

**11. Question:** The RFP describes the work plan as:

- i. the process for hiring, orienting, and training any paid staff
- ii. the timeline of purchasing technology equipment for staff.
- iii. the date by which community outreach, engagement, and admission of individuals will begin.

But the outline shows:

- i. Start Date
- ii. Timetable / Schedule
- iii. Tasks, Deliverables
- iv. Methodologies
- v. Measurable Objectives – Which should we follow?

**Answer:** Please refer to the Work Plan as described in Section II.B.6 Work Plan.

Please note, Section IV. Required Proposal Submission Outline and Requirements states:

**This section is for information only. This can be used for additional instruction on completing your Main Proposal in your RFP as applicable.**

Section IV.6 Work Plan states:

**Possible areas of inquiry may include, but are not limited, to the following:**

- 12. Question:** Cultural competence is under Service Expectations in the narrative section but is its own section in the outline at the end. Where should we include it?

There are discrepancies between the questions, the ways the questions are asked, and the outlines, on pages 9-13, and pages 19-21. Which outline should we follow?

**Answer:** Please include Cultural Competence as its own section as described in Section IV.D.3. Cultural Competence. The Sections should be:

1. Organizational Expectations
2. Service Expectations
3. Cultural Competence
4. Staffing Plan Expectations
5. Data and Technology
6. Work Plan
7. Financial Expectations
8. Budget and Budget Narrative

- 13. Question:** Is the chart on page 17 intended for this RFP? It does not align with the questions on pages 9-13. For example, it references the inclusion of letters of support, yet page 11 of the RFP explicitly states not to include letters of support.

**Answer:** Please see the above referenced change to the legal notice labeled A.2 of this addendum.

- 14. Question:** We don't see any requests for job descriptions. Are they required for unidentified staff?

**Answer:** Job descriptions for all positions should be included in your proposal.

- 15. Question:** The checklist includes Clinical Licensure, but I assume this is not required because we wouldn't apply for licensure until we know that we got the award?

**Answer:** This does not apply, as Recovery Houses do not require Clinical Licensure from the Department of Public Health (DPH).

- 16. Question:** On page 3, the RFP states that individuals receiving MERH services "will have medical needs that require on-site nursing support." Can you please give examples of the types of medical issues/needs you expect individuals receiving MERH services to have?

**Answer:** The Care Navigator-LPN will perform selected tasks and sharing of responsibility, under the direction of the RN, within the framework of supportive and restorative care. Some examples of individual medical needs include and are not limited to

the taking of vitals, the changing of bandages and dressing wounds and coordination of care (individuals may have many follow up appointments based on their medical profile).

**17. Question:** What level of care do you expect the MERH nursing staff to provide?

**Answer:** Please see page 11 of 40 of the RFP for information regarding MERH nursing staff roles and responsibilities.

**18. Question:** Are MERH program staff expected to administer medication to program clients? Or will program clients self-administer their medication?

**Answer:** Individuals will self-administer their medications. The RN may be expected to give injections if prescribed to resident.

**19. Question:** What is the target functionality of program clients in terms of self-care, such as independent skills such as bathing, going to the restroom, eating, etc.?

**Answer:** Individuals requiring MERH do not meet medical necessity for 24/7 nursing services and will be able to complete their activities of daily living (ADLs) without assistance.

**20. Question:** Will clients be expected to shower, bathe, and go to the restroom on their own? Or will program staff be expected to assist?

**Answer:** Individuals requiring MERH do not meet medical necessity for 24/7 nursing services and will be able to complete their ADLs without assistance.

**21. Question:** Do you expect most program clients to be Medicare recipients?

**Answer:** No, the expectation is that individuals will most likely have Medicaid coverage or be uninsured

**22. Question:** If program clients are Medicaid recipients, can they access medical transportation?

**Answer:** Yes, while the expectation is that Enhanced Recovery House Residential Aide will assist the individual(s) in accessing community-based recovery supports, medical appointments and outpatient treatment providers.

**23. Question:** The funding is for 12 beds. If the 12 beds are located in part of a larger shelter environment, must the 12 beds be segregated from the rest of the shelter population? Or can they be integrated into the larger shelter?

**Answer:** No, as there is an expectation that individuals will have access to a bedroom with maximum of two (2) individuals per room.

**24. Question:** Are there any existing MERHs in Connecticut currently? If so, where can we find the regulations, scope of services, and other information for this type of Recovery House?

**Answer:** No, there are no existing MERHs in Connecticut. This will be the first of its kind.

**25. Question:** According to the RFP, the MERH will require on-site staff 24/7, 365 days a year. On page 11, the RFP states various staffing expectations. For example, it states that a full-time LPN is required. Since nursing support is a requirement of this grant, must a full-time LPN be on each shift 24/7, 365 days a year? If so, are the other fulltime positions (including the RN) listed on page 11 required to be on each shift 24/7, 365 days a year? And, if that is the case, which ones?

**Answer:** The Recovery House Program Manager is a full-time, forty (40) hour per week position. The Care Navigator-LPN, is a full-time, forty (40) hour per week position. The RN is a part-time twenty (20)/twenty-five (25) hour per week position. The dedicated Enhanced Recovery House Residential Aide is a full-time, forty (40) hour per week position. Enhanced Recovery House full-time, part-time and per diem direct care staff available for all shifts to ensure 24/7, 365 days staffing and support.

**26. Question:** What types of credentials are support staff providing 24/7 "nursing support" expected to have? Is this a CAN, MA, LPN, etc.?

**Answer:** MERH operates 24/7, 365 days per year, including holidays. MERH cannot provide care to individuals who meet medical necessity for 24/7 nursing services. The nurses will educate other staff on medical-related needs and be available for questions.

**27. Question:** Will there be any leveraged funding to help transition program clients to supportive housing, assuming most will be unhoused?

**Answer:** No.

**28. Question:** On page 11, the RFP states that the proposal must include "the procurement of an equipped vehicle or leased vehicle to transport individuals to community-based recovery supports and outpatient treatment providers. Funds can also be allocated for ride-hailing apps (e.g., Uber, Lyft)." Can ample funds for ride-hailing apps take the place of a vehicle? Or must a vehicle be included regardless of whether the applicant allocates funds for ride hailing apps?

**Answer:** The expectation of purchasing a vehicle is to support individuals with mobility issues. Additionally, the expectation is that staff can accompany individuals to appointments as needed.

**29. Question:** If a vehicle must be provided, does it have to be a specially equipped medical vehicle?

**Answer:** No.

**30. Question:** What will the DDAP reporting requirements be?

**Answer:** Admission and Discharge DDaP Assessments will be required.

**31. Question:** On page 19, the RFP states that all appendices and attachments should be "placed in section VI. Appendix." Is that reference in error? Should all appendices and attachments be placed in section E. Attachments instead, as per page 21 of the RFP?

**Answer:** Please reference Section A.1 of this Addendum.

**32. Question:** On page 34, the RFP states that the budget document is available as an Excel document. Can you please provide potential applicants with a copy of the Excel version?

**Answer:** Yes.

**33. Question:** When we submit our budget, would you like a budget that reflects \$800,000, or can we submit our budget as is, with the plan for any additional funds to be removed from Administration or made up through in-kind donations?

**Answer:** Please present budget for \$800,000.

**34. Question:** Letters of support are mentioned in the scoring grid, but not in the RFP body. Are they permitted?

**35. Answer:** Yes, letters of support are permitted.

**36. Question:** Can you clarify the discrepancy in the staffing plans on page 11 and page 20?

**Answer:** Please follow the guidelines on page 11, Section II.C.3 Staffing Expectations.

Please note, Section IV. Required Proposal Submission Outline and Requirements states:

**This section is for information only. This can be used for additional instruction on completing your Main Proposal in your RFP as applicable.**

**37. Question:** Is there a minimum or recommended number of psycho-educational groups?

**Answer:** No

**38. Question:** Can we use full time and part time RN's instead of full time LPN and a part time RN?

**Answer:** The Department expects a detailed description of the MERH staffing plan expectations, as well as a detailed Budget and Budget narrative to be included your proposal. If you decide to apply, please be sure to detail the utilization of full and part time RNs in the staffing plan and Budget and Budget narrative. At a minimum, the staffing must include a part-time RN and an additional full-time Care Navigator Nursing position (LPN/RN).