

# DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

## Community Services Division

### Request for Proposal

#### RFP# DMHAS-CSD-RHE-RFP

#### ADDENDUM 1

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 1 to the **Community Services Division, Recovery House Expansion Request for Proposals**.

**Addendum 1 contains:**

**A. Changes to the Procurement Notice** – Please note that a change has been made to Section I.B.4. (Procurement Schedule):

**1. Section I.B.4 Procurement Schedule** is hereby deleted and replaced with the following:

See below. Dates after the due date for proposals (“Proposals Due”) are non-binding target dates only (\*). The Agency may amend the schedule as needed. Any change to non-target dates will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Agency’s RFP Web Page.

RFP Released	10/3/2024
Letter of Intent Due	10/16/2024 by 3:00 pm
RFP/Bidder’s Conference	10/24/2024 at 10:00 am
Deadline for Questions	10/31/2024 by 3:00 pm
Answers Released	11/8/2024 by 3:00 pm
Proposals Due	12/4/2024 by 3:00 pm
(*) Proposer Selection	TBD
(*) Start of Contract Negotiations	TBD
(*) Start of Contract	4/1/2025

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

**Question 1:** On p.9 of the RFP, it says we "must obtain prior zoning approval". Is that prior to submission or prior to award or something else?

**Answer:** Your application should include a summary of your communications with the town where the property resides relative to any process or approval you need from them. If zoning or other approval process is needed, that process needs to be completed within 3 months after contract starts.

**Question 2:** When DMHAS states, on page 3 of the RFP, that individuals at the Recovery House will be “reintegrating into the community” from a treatment facility or while awaiting admission to a treatment facility, does that mean DMHAS expects these individuals to be able to come to or leave the Recovery House when they want? Or can restrictions be placed on their ability to come to or leave the Recovery House? If restrictions can be placed on individuals to come to or leave the Recovery House, what type of restrictions can be placed?

**Answer:** DMHAS is a proponent of individualized, person-centered care. There may be situations or circumstances in which individuals require access to the community outside of standard business hours and/or program expectations. In the provision of individualized care, restriction of community access is not the goal. The Department expects a detailed description of Recovery House operations to be included your proposal.

**Question 3:** The Procurement Schedule on page 4 of the RFP states that the start of the contract will be on 4/1/2024. Is that a typo? Should the start date for the contract be 4/1/2025?

**Answer:** Yes, that is a typo and the start date for the contract is 4/1/25.

**Question 4:** Will contracted providers be permitted to bill ABH for the BHRP Supported Recovery Housing Services in addition to the grant?

**Answer:** No.

**Question 5:** On page 7 of the RFP, DMHAS states that services at the Recovery House must include, among other things, “linking residents to substance use treatment, primary health care, [and] mental health treatment.” However, instead of “linking” residents to those services, can the organization that receives this Recovery House contract directly provide substance use treatment, primary health care, and mental health treatment to residents? If so, can the organization bill the Recovery House residents for the substance use treatment, primary health care, and mental health treatment services it provides directly to them? In other words, can the organization that receives this Recovery House contract bill residents for clinical services in addition to billing DMHAS for Recovery House beds?

**Answer:** Yes, if it’s not required and meets medical necessity for the level of care provided. Individuals should have the ability to choose services, including services provided outside of the agency. All services provided, be it behavioral health and/or physical health care, must be provided by a DPH licensed facility. The recovery house contract will be a flat rate per bed. Any additional services provided through the agency should be billed through the individual’s insurance carrier.

**Question 6:** How are “Recovery Houses” different from “Sober Houses”? Are there differences in the requirements to become a Recovery House?

**Answer:** DMHAS-contracted recovery houses have on-site staff 24/7 and offer case management services. DMHAS-funded sober houses are not required to have as much staffing or services.

**Question 7:** Are properties currently operated as Sober Houses, under the DMHAS Supported Recovery Houses Program eligible to apply?

**Answer:** Yes. The program cannot be both a Recovery House and a Sober House, but a sober house is eligible to transition fully to this Recovery House, if awarded.

**Question 8:** The RFP states that it will cover 12 beds. If a program has more than 12 beds, would they still qualify for the RFP, and have to cover the remaining beds on their own? Also, what is the deadline for the program to be operational?

**Answer:** A. This award will not exceed \$480,000 annually. This will not limit a provider from providing more beds, but there will be no additional funding. The contract starts on 04/01/2025 with Recovery House services beginning on 07/01/2025.

**Question 9:** On page 8 of the RFP, DMHAS mentions that there must be an advisory/oversight committee for this program. The committee is not mentioned elsewhere in the RFP. Do you have any

details regarding this committee? Can an organization's existing Board of Directors, or a subcommittee of the Board of Directors, serve as this advisory/oversight committee?

**Answer:** This was to be removed from the RFP. Please disregard.

**Question 10:** On page 9 of the RFP, DMHAS states that proposers must "obtain prior approval to operate a Recovery House through their local Town or City's Planning and Zoning Department." What, typically, are those requirements?

**Answer:** Please contact the Town or City's Planning and Zoning Department for guidance.

**Question 11:** On page 11 of the RFP, DMHAS indicates that proposers can request indirect costs associated with the Recovery House. Can an organization use its federally Negotiated Indirect Cost Rate Agreement (NICRA) for the Recovery House budget?

**Answer:** If the organization has a federally approved indirect rate, they must provide proof in the form of a letter from the federal agency. Once this is provided, the federal rate will supersede any rate dictated by DMHAS.

**Question 12:** Does each house have to be able to take men and women at same time?

**Answer:** The Department will accept proposals for gender specific or co-gendered programs.

**Question 13:** Is UEI required?

**Answer:** An UEI is not required, as the Recovery House program is state funded.

**Question 14:** How different the basic needs program? Will a stay at the funded Recovery House use all of a resident's basic needs housing benefits?

**Answer:** This is an award for the provision of Recovery House beds and services and billing for their stay through the basic needs program is not part of this model.

**Question 15:** What happens if a resident fails testing?

**Answer:** Toxicology testing is not a requirement. Laboratory testing is only one part of an individual's overall recovery journey. The Department expects a detailed description of Recovery House operations to be included your proposal.

**Question 16:** Scoring ... where is physical residence scored?

**Answer:** The pictures of the residence are not scored.

**Question 17:** Is this a bid ... meaning are you asking us to come in with a bid lower than contract price?

**Answer:** No. This is an award of \$480,000 annually. This RFP does not include competitive funding.

**Question 18:** For the 3 meals, does a chef need to be cooking these for the clients or can clients be supplied food, and they are responsible for cooking?

**Answer:** The funding for this program includes the cost of food. Some expectation of residents cooking can be included.

**Question 19:** Can client food stamps be utilized while in a Recovery House?

**Answer:** No. Please see eCFR: 7 CFR 273.1 for additional information regarding SNAP benefits.

**Question 20:** Is it up to the program how much independent community access they are given, if any?

**Answer:** DMHAS is a proponent of individualized, person-centered care. There may be situations or circumstances in which individuals require access to the community inside and outside of standard business hours and/or program expectations. In the provision of individualized care, restriction of community access is not the goal. The Department expects a detailed description of Recovery House operations to be included your proposal.

**Question 21:** Can a client on the sex offender registry be accepted if house is near a park or school?

**Answer:** Please consult with legal counsel and/or the State of CT Department of Public Safety for guidance.

**Question 22:** Psycho-educational groups that will be provided, there were example group topics, but is there a specific curriculum that will be required?

**Answer:** No. The Department expects a detailed description of Recovery House operations to be included your proposal.

**Question 23:** Expectations with how navigate client administrative discharges (non-compliance with rules)?

**Answer:** In a recovery-oriented system of care, the goal would be for the provider to be supportive in the person's recovery journey. The Department expects a detailed description of Recovery House operations to be included your proposal.

**Question 24:** Will the \$480,000 a year be separate from billing for the bed per day? Or is the \$480,000 expected to cover all staffing, start-up, and the daily bed rate?

**Answer:** The \$480,000 is the full annual funding for this program. The Department will be reviewing the description of one-time start up fees in your budget and budget narrative.

**Question 25:** Would this facility require DPH licensure?

**Answer:** No.

**Question 26:** Can an existing non-funded and unstaffed sober house be used for this proposal and be transitioned into a recovery house.

**Answer:** Yes

**Question 27:** Can we bid to open a Recovery House just to be used for those waiting for inpatient admission (instead of for those looking to reintegrate into the community)? Or must beds for reintegration also be included?

**Answer:** No, must include both individuals awaiting care and returning to the community from care.

**Question 28:** Is it for men or women?

**Answer:** The Department will accept proposals for gender specific or co-gendered programs.

**Question 29:** Is it understood that the minimum number of beds should be 12?

**Answer:** DMHAS will consider applications that propose fewer than 12 beds.

**Question 30:** The RFP states funding is anticipated to continue, what is the source of this state funding, and the source of anticipated continued state funding? Will the funding continue through another RFP process, or will a successful contract be renewed?

**Answer:** The state funding is in DMHAS' annual budget. If performance of the awarded Recovery House meets expectations, DMHAS anticipates renewing the contract after the initial 2 years and 3 months.

**Question 31:** What are the requirements for the rooms? Are there specific requirements for kitchens, common rooms, bathrooms, etc.? How many beds per room are allowable?

**Answer:** No. The Department will review the description, as well as photographs, of the interior and exterior of the Recovery House location in your proposal.

**Question 32:** Is there a minimum number of psychoeducation groups that should be available per day or week?

**Answer:** No, but please provide a description in your proposal.

**Question 33:** Is the expectation that the facility would house individuals reintegrating into the community getting jobs, going to appointments, etc. with individuals who need greater monitoring and shouldn't leave because they are waiting for a treatment bed, i.e., higher level of care elsewhere?

**Answer:** The expectation is that there will be a variety of individuals in the Recovery House at various stages in their recovery journey.

**Question 34:** What is the average length of stay?

**Answer:** Maximum length of stay is 90 days.

**Question 35:** Will the slide show be available to us after this meeting?

**Answer:** Yes, the slides will be emailed out to all attendees.

**Question 36:** Does the house have to be certified by CTARR?

**Answer:** No.

**Question 37:** Will the house need to be zoned as a rooming house?

**Answer:** Please contact the Town or City's Planning and Zoning Department for guidance.

**Question 38:** Can we bring 12 steps meeting into the house?

**Answer:** Yes. However, attendance cannot be a requirement.

**Question 39:** Can the residential guests go out to attend 12 steps meetings in the community?

**Answer:** DMHAS is a proponent of individualized, person-centered care. Individuals will require access to the community inside and outside of standard business hours and/or program expectations. In the provision of individualized care, restriction of community access is not the goal. The Department expects a detailed description of Recovery House operations to be included your proposal.

**Question 40:** Will the referral process to be program be managed in any way in terms of appropriateness for LOC? or is it expected to take self and other agency referrals?

**Answer:** This is a statewide initiative and there is no restriction on referral resources. Therefore, referrals should be reviewed and accepted from throughout the state.

**Question 41:** What if someone relapses and wants to come back? Is there a time frame they can reapply?

**Answer:** DMHAS is a proponent of individualized, person-centered care. Substance Use Disorder (SUD) is a chronic illness and a return to use can and often will occur. If the individual qualifies for Recovery House services, the application for services should be submitted and screened as a matter of routine and

best practice. The Department expects a detailed description of Recovery House operations to be included your proposal.

**Question 42:** Will all of your answers today be printed and distributed?

**Answer:** Yes, this addendum.

**Question 43:** The space that we have available and have discussed with DMHAS staff in the past, has been built for a Women's and Children's program. We only have 4 bedrooms available. Is this something that the Department would consider within this RFP, or should we continue to discuss with staff separately?

**Answer:** If you decide to apply, please include in your application how many individuals could be in the program at one time in the four bedrooms.

**Question 44:** If we have multiple programs co-located in a building, would shared staff be allowable or are you only wanting a dedicated Program Manager and Case Manager, but other staff may be shared?

**Answer:** Your budget and budget narrative should reflect staff dedicated to the Recovery House program.

**Question 45:** Can you define what secured property means? These three statements make it unclear to me if we actually need to "own" the site by the due date of the proposal (12/4/2024)? Especially the last one where it says we need to include pictures.

**Answer:** The property should be secured, by lease or ownership, by the RFP response deadline.

**Question 46:** I have two houses on the same lot with approximately 75ft between both houses; if awarded the contract, am I allowed to place individuals in both houses or am I limited to using one house?

**Answer:** We are looking for one building/house.

**Question 47:** If awarded the contract, will I have to revise my current house rules?

**Answer:** We cannot make this determination without knowing the current operations. The Department expects a detailed description of Recovery House operations to be included your proposal.

**Question 48:** If awarded the contract, are landlines needed for the/each house?

**Answer:** Yes

**Question 49:** If awarded the contract, am I needed to have fax line.

**Answer:** No

**Question 50:** If awarded the contract, am I needed to provide a computer for house members to use (placed in a communal area)?

**Answer:** Yes

**Question 51:** If awarded the contract, will I have authorization to end an individual's placement for non-compliance of the house rules?

**Answer:** The Department expects a detailed description of Recovery House operations to be included your proposal. DMHAS will conduct onsite monitoring visits of the awarded recovery house during the course of the contract and review policies and procedures, including those related to ending an

individual's placement for any reason. These policies and procedures will need to be approved by DMHAS.

**Question 52:** If awarded the contract, am I allowed to place individuals or assign individuals to rooms/dormitories based on sex at birth or based on the way the individual identifies?

**Answer:** DMHAS is a proponent of individualized, person-centered care. The Department will accept proposals for gender specific or co-gendered programs. If you decide to have a co-gendered program, we expect individuals to be treated in accordance with the gender they identify as. All staff should be trained in gender-informed best practices including how to support and affirm clients within the LGBTQI+ continuum.

**Question 53:** If awarded the contract, am I allowed to deny placement to sex offenders and or violent criminals?

**Answer:** DMHAS expects a detailed description of Recovery House operations to be included in the proposal. The Department does not support blanket exclusionary criteria and each referral should be thoroughly reviewed. DMHAS will review admission policies and procedures as part of its monitoring responsibility. Individuals with sex offenses should not be denied admission if a stay at the recovery house is allowed by law (given location) and approved by their probation or parole officer.

**Question 54:** If awarded the contract, am I allowed to room self-pay individuals with or within the same area as DMHAS placed individuals?

**Answer:** No, as this RFP is for DMHAS-funded Recovery House beds and services only at the awarded location.

**Question 55:** If awarded the contract, am I limited to placing individuals in private rooms or am I allowed to use dormitory settings?

**Answer:** The Department expects a detailed description of Recovery House operations to be included your proposal. Multiple people in a room are acceptable. Please describe in your application the number of rooms and how many people would be in each room at any given time.

Date: November 8, 2024