

**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

**Substance Use Disorder Residential Bed Expansion**

**Request for Proposal**

**RFP# DMHAS-CSD-SUD Residential Bed Expansion-2025**

**ADDENDUM #1**

The state of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 1 to the Substance Use Disorder Residential Bed Expansion Request for Proposal.

**Addendum 1 contains:**

**A. Questions and Answers** - The following are DMHAS responses to the questions received before, during and after the Bidder's Conference.

1. **Question:** There appears to be a discrepancy between dates: Does the program have to be operational by 5/1/26 or 8/1/26?

**Answer:** The selected proposers are expected to implement the new beds as soon as possible, but no later than 8/1/2026.

2. **Question:** Can program staff fill multiple roles?

a. Can the Certified Peer also serve as the House Manager or Technician?

b. Can a Technician also serve as the Designated Service Coordinator?

**Answer:** Yes, provided the minimum onsite staffing requirements are met, this practice is permissible.

3. **Question:** Psychiatric consultation 2.5 hours/16 residents

a. Is it 1.25 hours/8 residents?

b. Is it consultation with staff or clients?

**Answer:** This request for proposal does not require this information. Providers should review the Connecticut 1115 SUD Demonstration's Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid and Medicaid State Plan Amendment 22-0020 to ensure that their staffing plan aligns with the Demonstration's certification requirements.

4. **Question:** Can the residential beds be filled through scattered-site housing or must they be in one facility?

**Answer:** The beds need to be in one location/facility.

5. **Question:** I assume the Work Plan must be included as a part of the narrative, not as an attachment—is this correct?

**Answer:** The Work Plan should be included as part of the main proposal.

6. **Question:** If it is included in the narrative and not as an attachment, can the Work Plan be Times New Roman size 10 with 1.5” spacing?  
**Answer:** No. Please follow the style requirements outlined in the Legal Notice (Page 10).
7. **Question:** In the Work Plan section of the RFP (bottom of pg.15), it states that an opening date of 5/1/26 is required. Other places in the application require service delivery by 8/1/26. Can you please clarify?  
**Answer:** Please refer to Question #1 answer.
8. **Question:** There is currently a 3.5 program in the city where our new program is proposed, but it’s a men-only program. We are applying for a women-only program; there are no women’s 3.5 programs in this city. Would we still receive 5 points towards our Scope of Services score because there are no 3.5 services for women in the city where the new program will be? Or alternatively, will we not receive these points because a 3.5 program exists, regardless of gender restrictions?  
**Answer:** You would not receive the 5 points because there is already a 3.5 program in that city.
9. **Question:** Could DMHAS provide the analysis or data used to determine the need for additional Women’s 3.5 beds in Connecticut? Specifically, what indicators, utilization trends, or gap analyses informed the Department’s decision to prioritize this level of care?  
**Answer:** In 2025, due to a 3.5 program closure, the state lost 20 women’s specific treatment beds. This loss has not been recouped and has resulted in a gap in the current treatment continuum. There are (7) seven, men’s specific programs with a total 244 bed capacity and (1) one remaining women’s specific program with a 7-bed capacity in Connecticut. SAMHSA, CDC, and NIH use the widely cited breakdown that women account for nearly 40 percent of the prevalence of substance use disorders and require commensurate access to women’s specific treatment programs.
10. **Question:** Given the variable utilization of women’s level 3.5 and 3.1 beds, will the Department consider proposals that allow for flexible bed designation across levels of care (3.7R, 3.5, and 3.1) within the same women’s location?  
**Answer:** This RFP does not include the flex bed model.
11. **Question:** Page 5, Section 7 “Minimum qualifications of proposers” of the DMHAS-CSD-SUD RBE-2025 RFP states that beds must be implemented “as soon as possible, but no later than 8/1/2026,” while Page 15, Section 5 “Work Plan” of the RFP requires “an opening date of 5/1/2026.” Could the Department clarify which date should be used as the required target for opening the implemented beds?  
**Answer:** Please refer to Question #1 answer.

12. **Question:** Page 15 “Scope of Services” instructs applicants to “include the curricula to be used”, and Page 16, “Section E Attachments” also requires the curricula as an attachment. Could the Department clarify what is meant by “curricula used”?  
**Answer:** Curricula refers to the substance use-related educational and counseling content, workbooks, and/or handouts that will be used in the clinical and psychoeducation hours of the program. Given the page limit, discussion of curricula within the scope of services can refer to the list of curricula to be included in the Attachments.
13. **Question:** Are you looking for a women’s program? A men’s program? Or we propose which we prefer to provide?  
**Answer:** Please specify which kind of program you want to provide (i.e., women’s, men’s or co-gendered).
14. **Question:** Do we need to have identified an exact location?  
**Answer:** Yes.
15. **Question:** What is the page limit for the narrative?  
**Answer:** The Executive Summary should not exceed one (1) page and the Main Proposal is a maximum of five (5) pages.
16. **Question:** Can the work plan be included as an attachment?  
**Answer:** The Work Plan should be included as part of the main proposal.
17. **Question:** Can the program policies be an attachment versus the narrative?  
**Answer:** A description of the program’s physical environment and program policies related to gender and trauma-informed care must be included in the scope of service in narrative format.
18. **Question:** Can you please clarify the program readiness date? Both May and August are listed in the RFP.  
**Answer:** Please refer to Question #1 answer.
19. **Question:** Is it necessary to have 1115 certification by August 1st, 2026, or just have the beds in service by that date?  
**Answer:** Proposers do not need to be 1115 certified to submit proposals, while they do need to be 1115 certified by August 1, 2026, in order to begin services by 8/1/26
20. **Question:** Will DMHAS prioritize proposals from DMHAS funded programs that currently operate licensed residential beds at the designated level of care, but are not supported under existing grant contracts?  
**Answer:** No specific priority will be given to this kind of proposal.
21. **Question:** The RFP states an open date of 8/1/2026, but your slide says an open date of 5/1/2026. Which is correct?  
**Answer:** Please refer to Question #1 answer.

**22. Question:** Can DMHAS provide the analysis or data used to determine the need for additional women's 3.5 beds in Connecticut. Specifically, what indicators, utilization trend or gap analysis inform the Department's decision?

**Answer:** Please refer to Question # 9 answer.

**23. Question:** For women's program, must all rooms be single rooms or can multiple women dorm together in one room?

**Answer:** Up to 2 individuals may reside in a room.

**24. Question:** Given the variable utilization of women's level 3.5 and 3.1 beds, will the department consider proposals that allow for flex bed designation across levels of care? Within the same women's location?

**Answer:** Flex bed models are not part of this RFP.

**25. Question:** Some programs like RNP were in the process of converting a program to a 3.1 level of care with support from DMHAS. Please confirm we are required to submit a proposal for these programs with this RFP.

**Answer:** Yes. Agencies that want to convert a non-licensed SUD residential program to a licensed 3.1 or 3.5 SUD residential treatment program need to apply to this RFP.

Agencies that want to convert a SUD licensed residential treatment program to another type of SUD licensed residential treatment program at the same capacity do not need to go through this RFP process.

**26. Question:** May tables in the narrative be 10 point font? Some RFPs have allowed for similar fonts for tables and such and the RFP did not seem specifically to specify if this was allowed.

**Answer:** The RFP does not allow for different font type or size for tables. Please refer to the RFP instructions on page 10

**27. Question:** Page 15 Scope of Services instructs applicants to include the curricula to be used and Page 16, Section E attachment also requires that the curriculum as an attachment. Could the Department clarify what is meant by curricula used?

**Answer:** Please see response to question #12.

**28. Question:** Five (5) pages is significantly shorter than previous RFPs. Can you provide some tips, tips about what should be emphasized so the RFP still needs to adhere to the proposal?

**Answer:** No additional guidance. Please refer to the RFP instructions.

**29. Question:** Which ASAM Criteria should be followed, Third Edition or Fourth Edition?

**Answer:** Third Edition.

**30. Question:** Is it a prerequisite to have a work requirement for clients as part of care?

**Answer:** No.

**31. Question:** Should we submit 2 RFPs with 2 Budgets? We may want to request additional beds.

**Answer:** A separate proposal is required for each level of care expansion and location.