

Addendum 5
RFP #DOC-RES-2025-SM
Connecticut Department of Correction

Residential Community Services

The Connecticut Department of Correction (The Department) is issuing Addendum 5 to RFP #DOC-RES-2025-SM. All requirements of the original Request for Proposals (RFP) except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum provides additional clarification for **Substance Abuse** program proposals and extends the **proposal due date until Friday, November 8, 2024** for Substance Abuse proposals. Proposers are reminded to upload their proposal to CTSOURCE and **email a copy to DOC.RFP@ct.gov**

- Budget: *Appendix E – Summary of Program Costs* and *Appendix F Proposed Budget form* are not required for Substance Abuse proposals. In lieu of these forms the proposer shall provide a statement in section 7 (budget section) of their proposals that indicates they agree to operating this program in accordance with the Connecticut SUD 1115 Demonstration Waiver Standards and that the payments from the Department will be made on open, uninsured, and under-insured beds on a room and board rate and a clinical rate established by the CT Department of Social Services (DSS) Connecticut Medicaid American Society of Addiction Medicine (ASAM) 3.5 Residential Fees. The current rates are listed in the RFP and are as follows: Clinical Rate: \$226.28 per day; Room and Board Rate: \$43.31 per day.

- To maximize the utilization of DOC contracted substance abuse beds, the Department is willing to allow other state agencies access to vacant beds, and is willing to negotiate these terms with the successful provider and other state agencies.

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State of Connecticut
Department of Correction

Residential Community Services

Date Issued: October 31, 2024

This Addendum Acknowledgement must be signed and included with your proposal.

Printed/Typed Name

Authorized Signature