



STATE OF CONNECTICUT  
ACCESS TO RECOVERY III PROGRAM (ATR III)  
Department of Mental Health and Addiction Services



REQUEST FOR QUALIFIED CONTRACTORS (RFQC)  
RECOVERY MANAGEMENT SERVICES (RMS)

**SECTION A: INTRODUCTION AND PROGRAM CONTACTS**

Advanced Behavioral Health (ABH<sup>®</sup>), as the administrative services organization (ASO) for the State of Connecticut, Department of Mental Health and Addiction Services (DMHAS) federally funded Access to Recovery (ATR) Program, is seeking proposals from qualified community organizations (including faith and peer organizations) capable of providing short-term recovery management services to male and 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 recovery management services in one of the following catchment areas:**

- **Bridgeport**
- **Torrington**

The goals of ATR are to expand service capacity, support client choice, and increase the array of community-based providers for clinical treatment and recovery support services. All services are designed to assist recipients in sustaining their recovery while promoting independence, employment, self-sufficiency, and stability. The intent of the request is to provide short-term, community based RMS to support individuals in securing substance abuse treatment or other recovery services necessary for sustained recovery in collaboration with providers and other community organizations.

Agency information about ABH is available at: [http://abhct.com/about\\_whoare.asp](http://abhct.com/about_whoare.asp).

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, to the Official Contact before the deadline specified in the RFQC Schedule.

Name:	Maria Petit-Homme
Address:	Advanced Behavioral Health, 213 Court Street, Middletown, CT 06457
Phone:	866-638-5337
Fax:	866-580-4322
E-Mail:	mhomme@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.

<b>Due Date:</b>	<b>Wednesday, January 4, 2012</b>
<b>Time:</b>	<b>2:00 PM EST</b>

**Contract Awards:** The award of any contract pursuant to the RFQC is dependent upon the availability of funding to ABH and the advance approval of DMHAS. ABH anticipates making multiple awards based on this RFQC. Awards will be based on the content of the response as well as the geographical, gender-specific, and other needs of the Access to Recovery (ATR) program.



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Reimbursement for each award will be \$12.00 per unit of service up to 48 units of service per person, paid retrospectively on a fee-for-service basis. A detailed rate schedule is located in Attachment 3. In accepting this ATR funding, individuals shall not be charged any additional fees by the contractor. Services will be authorized by ABH and contractors shall submit an invoice to ABH following the delivery of services.

**Term:** The contract term shall be June 30, 2011 to September 29, 2014. Funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services.

**Eligibility:** 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 Access to Recovery certification process for this service, which will include a site visit.

**RFQC Schedule:**

RFQC Released:	December 5, 2011
Deadline for Questions:	December 12, 2011
Answers Released:	December 19, 2011
Responses Due:	January 4, 2012
Review Committee Recommendations*:	January 16, 2012
Notification of Outcome*:	January 23, 2012
Start of Contract*:	February 13, 2012

\*Target dates only

**Inquiry Procedures:** All questions regarding this RFQC must be directed, in writing, 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 on ABH's website at [www.abhct.com](http://www.abhct.com). ABH will release the answers to questions on the date(s) established in the RFQC.



## SECTION B: RECOVERY MANAGEMENT SERVICE OVERVIEW AND REQUIREMENTS

### A. Goals and Objectives:

- Assist individuals to secure needed supports such as behavioral health services, permanent housing, and community support services which. Are supportive to their recovery
- Utilize a person-centered, strengths-based approach and promote the active participation of the individual in stating preferences and making decisions that support recovery skills, foster independent living, promote community integration and increase the length of overall health and recovery while decreasing the risk for relapse.
- Provide culturally competent, gender responsive and respectful services.

### B. Performance Measures:

- **Caseload:** Providers will maintain at least 90% utilization rate of the assigned caseload.
- **Program Participation:** Client will utilize at least 83% of the maximum units authorized.
- **Abstinence:** At least 80% of participants served will be abstinent at the time of discharge, as measured by the GPRA.
- **Arrests:** At least 90% of participants served will remain arrest free at the time of discharge, as measured by the GPRA.
- **Housing:** At least 50% of participants served will be living in stable or permanent housing at the time of discharge.
- **Employment:** At least 50% of participants served will have secured employment or vocational/educational training at the time of discharge, as measured by the GPRA.
- **Healthcare:** At least 90% of participants served will have connected to appropriate medical and behavioral health services at the time of discharge, as measured by the GPRA
- **Natural Supports:** At least 90% of participants served will have connected with appropriate natural supports at the time of discharge, as measured by the GPRA.
- **Client Satisfaction:** At least 75% of respondents to the ATR consumer survey will rate services positively in the domains of access to services, quality of services, outcomes, participation in recovery planning, and overall satisfaction with services.
- **Discharge:** No more than 30% of individuals who have been discharged from recovery management services will have left due to reasons of non-compliance, against staff advice, and/or administrative reasons as measured by the service level discharge record.

### C. Required Components: The following are mandatory components of recovery management services:

- Recovery management services staff (Recovery Specialists) must be available in the community a minimum of 8 hours per day and 5 days per week.
- Qualified staff must have 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 2: Recovery Management Services Staff Competencies.
- Providers must have qualified administrative/leadership personnel to provide oversight and supervision of the direct care staff
- Supervision will be provided to each recovery specialist at a minimum of twice monthly in the form and manner defined by ABH.



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- Recovery Specialists will be expected to maintain a paper or electronic chart on each person served. The chart should contain
  - intake assessment
  - recovery plan placed on the client's stated needs and strengths
  - referral to treatment and recovery support services
  - progress notes
  - discharge planning
  - evidence of a detailed orientation to the services available
  - evidence of receipt of service recipients' rights and responsibilities description as program participants.
- Staff should know the resources available in the surrounding community:
- Services should include referrals to:
  - DSS entitlements, vocational/education 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)
  - 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.
- 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 recovery management 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 following completion of their recovery plan goals including an example of the mechanism used.
- Compliance with all state and federal regulatory requirements as well as local zoning, fire, and safety laws.
- 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
  - solicitation of written suggestions



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- 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 e-mail communication.
- Description of mechanisms to utilize data to monitor and inform program management for necessary quality management and improvement.

#### **D. Other Expectations**

Services implemented through this RFQC are aimed at improving quality of care and must be build upon and compliment DMHAS' focus on enhancing its 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. Please refer to the websites listed below for guidance regarding implementation of these systems expectations.

- Cultural Competence (See Commissioner's Policy Statement #76: Policy on Cultural Competence <http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334668> The successful applicant must have a cultural competency plan approved by the DMHAS Office of Multicultural Affairs
- 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 Care
- Trauma Informed Care
- Person-Centered Care (See CT Implementation of Person-Centered Care <http://www.ct.gov/dmhas/LIB/dmhas/Recovery/personcentered.pdf>
- Concurrent Medication-Assisted Treatment (MAT)
- 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 following outline. 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.

An acceptable submission must include the following:

- **one (1) original;**
- **five (5) copies of the original; and**
- **one (1) electronic copy of the original on a disk or thumb drive.**

The original response must carry original signatures and be clearly marked on the cover as "Original." The original response and each copy must be complete, properly formatted and ready for evaluation by the Screening Committee. The electronic copy of the response must be in Portable Document Format (PDF). For the electronic copy, required forms and appendices may be scanned and submitted in PDF or similar file format.

**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.

**Packaging and Labeling Requirements:** All responses must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The legal name and address of the applicant must appear in the upper left corner of the envelope or package. The RFQC Name must be clearly displayed on the envelope or package. Any received response that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by ABH as a clerical function, but it will not be evaluated. At the discretion of ABH, such a proposal may be destroyed or retained for pick up by the submitters.

Faxed or e-mailed responses will not be evaluated. When hand-delivering by courier or in person, allow extra time due to building security procedures. ABH will not accept a postmark date as the basis for meeting the submission due date and time. Responses received after the due date and time may be accepted by ABH as a clerical function, but late proposals will not be evaluated. At the discretion of ABH, late proposals may be destroyed or retained for pick up by the submitters.



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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: *Access to Recovery III Program: Recovery Management Services*  
Organization's Legal Name: *name of private provider organization submitting the response as reported for tax purposes*  
FEIN: *tax identification or federal employer identification number*  
Street Address: *administrative address for contractor*  
Town/City/State/Zip: *administrative address for contractor*  
Contact Person: *the name of the individual who can provide additional information about the response or who has immediate responsibility for it*  
Title: *title of contact person for RFQC*  
Phone Number: *phone number of contact person*  
FAX Number: *fax for contact person*  
E-Mail Address: *e-mail address for contact person*  
Authorized Official: *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*  
Title: *title of authorized official*  
Signature: *print document and obtain hand written signature of authorized official*  
Date: *date the cover sheet was signed by authorized official*

**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, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the applicant and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, 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. DMHAS 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 State. 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, as defined by C.G.S. § 1-85."*

**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 recovery management services.
  - ii. Organizational Structure:** Provide an organizational chart that depicts the total organizational structure and where ATR III Recovery management 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.
  - 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:** Although recovery management services can be provided in the community, 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 recovery management 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 (e.g. will not accept people on chemical maintenance). 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, 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.
- 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. Include admission paperwork such as intake assessment, client's rights and responsibilities and release of information.
- 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
- viii. **Discharge:** Detail discharge procedures (e.g. discharge planning timeframes, reasons for early discharge, paperwork to be completed, referral process, etc.). Include sample discharge plan.
- 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, 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.
  - c. An indication of planned subcontracting relationships for the provision of recovery management services.
- ii. **Volunteers:** Describe of the role of volunteers in the organization and provide a policy for the use of volunteers.



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**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 ATR performance data.
- 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. **E-Mail/Internet Capabilities:** Describe how staff or management will access e-mail and the internet.
- iv. **Equipment:** 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.

**vii. Past Performance Data-for previously ATR-funded applicants only (20 points)** Submit a copy of ATR report card, if applicable.

**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 Recovery Management Documentation
7. Appendix 7: ATR III Certification Application (Attachment 1)
8. Appendix 8: Completed form W-9 (Attachment 5)
9. Appendix 9: ATR II Provider Report Card
10. Appendix 10: Organization Mission or Vision Statement for Faith Based Organizations only



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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 212 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)
  - Past Performance (If Applicable: 20 points)
  - Appendices (35 points)
5. Applicant Selection.

Upon completing its evaluation of responses, the Screening Committee will submit the rankings of all responses to DMHAS. The final selection of a successful applicant is at the discretion of DMHAS. 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 e-mail or U.S. mail.
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.



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## SECTION F: ATTACHMENTS

The attachments listed below are divided into two categories. The first three attachments are made a part of this RFQC and should be reviewed and answered on the same level as the remainder of the RFQC.

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

### RFQC Attachments

1. ATR III Certification Application
2. Recovery Management Services: Staff Competencies
3. Recovery Management Services Rate (Fee) Schedule
4. Scoring Grid
5. IRS Form W-9



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## Certification Application

### Section 1: Identifying Information

Billing Address (Address where payments and contracts are mailed)		
Legal Name of Organization (As registered with the IRS):		
Contact Person:	Title:	
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Email Address:		
Website:		
Federal Tax Identification Number (TIN):		

\*Please attach a completed W-9\*

Service Address (Address or addresses where services will be provided – attach pages as necessary)		
Program Name:		
Contact Person:	Title:	
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Email Address:		

\*The Service Address information may be released in an ATRIII Provider Directory



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**Section 2: General Business Information**

**Business Classification**

1. Ownership:     Private     Public     State Operated Program     Other: \_\_\_\_\_
2. Status:       For-Profit     Not-for-Profit     Other (list) \_\_\_\_\_
3. If relevant, list 501(c)(3) ID Number: \_\_\_\_\_
4. If relevant, list Connecticut Business Registration Number: \_\_\_\_\_
5. Is the organization a Faith Based Organization?     Yes     No ? If Yes, attached Appendix 10.

**Section 3: Liability Insurance Information**

Name of Liability Carrier:		
Limits of Insurance	Commercial/Professional Liability	Worker's Compensation
Per Occurrence	\$ _____	\$ _____
Aggregate	\$ _____	\$ _____
Insurance Effective Date	_____	
Insurance Expiration Date	_____	

\*Please attached the insurance certificates as relevant.\* **Organizations with paid staff must provide Worker's Compensation.\***

**Section 4: History of Sanctions or Adverse Events**

Answer the following questions by checking a box for "yes," "no" or "not applicable."	YES	NO	N/A
Has any officer, owner, or executive staff of this organization done business with the Department of Mental Health and Addiction Services (DMHAS) or Advanced Behavioral Health (ABH) under a different name?			
Is there any current investigation or litigation pending against you/the organization?			
Has the individual/organization had monies recouped by the DMHAS or ABH?			
Has the individual/organization had professional liability insurance refused, revoked, declined or accepted on special terms?			
Has any government agency investigated, suspended, revoked or taken other action against the individual's/organization's license to conduct business? (include Medicaid/Medicare)			
Have any owners, officers, executive staff or shareholders of the organization been convicted of a crime, excluding misdemeanors?			
Has the individual/agency ever had a contract terminated by DMHAS or ABH?			
Has the individual/organization ever received an unfavorable finding or corrective action by the DMHAS or ABH?			

\*Please provide explanations of any affirmative answers on a separate sheet. Prior sanctions may affect credentialing.\*



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**Section 5: Cultural Competency**

If staff members are able to provide services in another language, please indicate which one(s) below:

- |                                  |                                   |                                     |                                     |                                     |                                   |
|----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Croatian | <input type="checkbox"/> Czech      | <input type="checkbox"/> English    | <input type="checkbox"/> Filipino   | <input type="checkbox"/> French   |
| <input type="checkbox"/> German  | <input type="checkbox"/> Haitian  | <input type="checkbox"/> Hebrew     | <input type="checkbox"/> Hmong      | <input type="checkbox"/> Italian    | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean  | <input type="checkbox"/> Polish   | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian    | <input type="checkbox"/> Serbian    | <input type="checkbox"/> Sign     |
| <input type="checkbox"/> Slovak  | <input type="checkbox"/> Spanish  | <input type="checkbox"/> Yugoslav   | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other_____ |                                   |

**Section 6: Program Contact**

Please provide staff contact information to ensure the correct person is being contacted at your agency for appropriate issues. Please indicate below (by putting an "X" in the box) the issues on which we should contact the staff members listed. Example:

<i>Contact Name</i>	Raquel Brown	Manuel Del Rios
<i>Title</i>	President	Program Manager
<i>E-mail Address</i>	<a href="mailto:rbrown@dot.com">rbrown@dot.com</a>	<a href="mailto:mdrios@dot.com">mdrios@dot.com</a>
<i>Contact For:</i>		
All Issues	X	
Billing/Invoices		Related to case management only

<i>Contact Name</i>			
<i>Title</i>			
<i>E-mail Address</i>			
<i>Contact For:</i>			
All Issues			
Billing/Invoices			
Client Applications			
Grievance/Fraud Investigation			
Contracts			
Credentialing			
Data/Program Outcomes			
Informational e-mails			
Information Technology			
Insurance			
Licensure			
Meetings with DMHAS/ABH			
Requests for Information			
Services			
Site Visits/Audits			
Staffing Issues			



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**Section 7: Provider Directory**

The Provider Directory will contain a list of all ATR III providers. In addition to providing contact and location information for each program, the provider directory will serve as the primary description of services which clients will use in order to measure program choice. While the provider directory will be circulated among providers, referral sources and in the community, the primary audiences are individuals who are interested in using services.

Please provide a description of services as you would like it to appear in the provider directory. Include:

- Description of special populations serves;
- Eligibility Requirements;
- Program description;
- Relevant program philosophy; and
- Participation requirements

Example Below:

**Provider Name**

---

**Program Name:** A Specific Location or Program Name  
**Program Type:** Clinical or Recovery Support Service

**Program Address:** Street Address  
Town, State Zip

**Main Phone:** (000) 000-0000  
**Main Fax:** (000) 000-0000  
**Program Website:** www.website.com

**Contact Person:** Person's Name  
**Contact Email:** Individual@website.com

**Hours of Service:** (Service) Monday - Thursday 10:00am - 2:00pm  
(Other Service) Monday - Friday 8:30am - 8:00pm

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**Special Populations Served**

- Co-Occurring Disorders
- DQC Clients
- Non-Violent Offenders
- 18+ Years Old, Primary Substance Use
- Young Adults
- Clinical or Medical Language
- Etc...

**Gender Served:** Male / Female / Both  
**Staff Language Fluency:** Languages Spoken

**Approach / Philosophy**

- Faith-Based
- Peer-Based
- 12-Step Oriented
- Community-Based

**Participation Requirements**

- Religious Activities
- Self-Help Meetings
- Case Management
- Abstinence
- Community Activities
- Volunteering
- Employment Search
- Adherence to Program Rules
- Appropriate Discharge Plan
- Vocational/Educational Services
- Behavioral Health Treatment Services
- Etc...

**Directions**  
Street directions and nearby public transportation.

**Program Description:**  
Information that you would like a client to know about your program



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## STAFF COMPETENCIES\*

### RECOVERY MANAGEMENT SERVICES

Recovery management provides referral, linkage, and coordination of wrap around services according to an individualized recovery plan, incorporating the input of individuals served and their natural supports. Recovery management supports 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
- Associates, Bachelor's or Master'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 of rules concerning ethics and confidentiality

### Knowledge and Expertise

**A successful 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.
- 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 healthcare.
- 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 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 ATR-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.
- 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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**ACCESS TO RECOVERY III PROGRAM  
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**Recovery Management Services Rate Schedule**

**EXAMPLE**

**Effective Date: February 13, 2012**

**Organization: XXXXXX**

**FEIN: XX-XXXXXXX**

**Definition of Services**

Recovery management provides referral, linkage, and coordination of wrap around services according to an individualized recovery plan incorporating the input of individuals served and their natural supports. Services are provided in the community, and a primary goal is to provide linkages to substance abuse and mental health treatment and recovery support services. Recovery management services 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.

**Target Population**

Men and women, 18 years and older, referred by ABH® Care Coordinators

**Exclusions:**

1. Concurrent supported recovery housing services funded clients in any location.
2. Clients receiving currently state funded case management community support services.

**Billing:**

The billing code for one unit of case management is T1016. Each unit is a minimum of eight minutes and a maximum of 15 minutes.

**Timely Filing Limit:** 30 days from the date of service. Services must be billed no more than 30 days after the service date to qualify for payment. All services billed 31 or more days after the service delivery date will not be paid. Advanced Behavioral Health has 30 days to adjudicate a clean claim.

**Rates:**

Month	Maximum # of Units	Reimbursement Rate
1	16 units = 4 hours	\$12.00 per unit = \$182.00
2	12 units = 3 hours	\$144
3	10 units = 2.5 hours	\$120
4	10 units = 2.5 hours	\$120
Totals	48 units=12 hours	\$576.00

Unused units may be reallocated at the end of four months based on program assessment of need.



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The services may be provided in the community. Recipient charts will be stored securely at the following location:

Location	Hours of Operation	Maximum capacity at any given time
Agency Address	Monday-Friday 8AM-5PM	25

Maximum number of open cases per recovery specialist is 25.

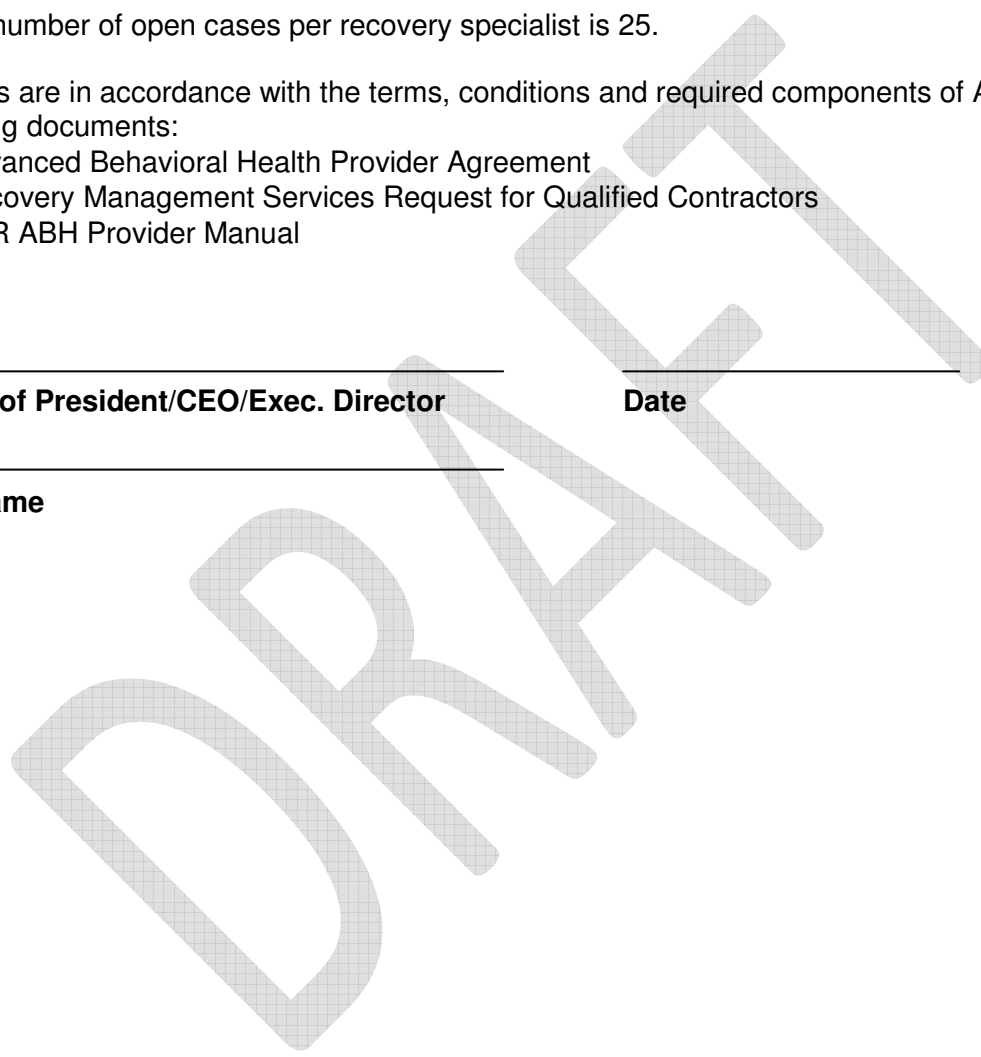
These rates are in accordance with the terms, conditions and required components of ATR, as outlined in the following documents:

- Advanced Behavioral Health Provider Agreement
- Recovery Management Services Request for Qualified Contractors
- ATR ABH Provider Manual

\_\_\_\_\_  
**Signature of President/CEO/Exec. Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**





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## SCORING GRID

Area of Review	Not Addressed	Poor	Fair	Average	Good	Excellent	Total Points Available	Awarded Points
<b>A. Cover Sheet</b>	0	.2	.4	.6	.8	1	1	
<b>B. Conflict of Interest</b>	0	.2	.4	.6	.8	1	1	
<b>C. Main Proposal</b>								
<b>ii. Organizational Profile</b>							25	
<b>i. Organization Experience and Philosophy:</b> Describe the organization's history, mission, scope of services, and experience providing recovery management services.	0	1	2	3	4	5	5	
<b>ii. Organizational Structure:</b> Provide an organizational chart that depicts the total organizational structure and where ATR III Recovery management services would reside within that structure.	0	1	2	3	4	5	5	
<b>iii. Cultural Competency:</b> 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	
<b>iv. Recovery Community Involvement:</b> 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	
<b>v. Safety and Physical Plant:</b> Although Recovery management services can be provided in the community, 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	
<b>x. Scope of Services</b>							45	
<b>i. Recovery Management Model:</b> Provide a clear, detailed summary of the agency's experience and expertise relevant to successful Recovery management services offered to a similar target population. Describe the recovery management model or principles used.	0	1	2	3	4	5	5	
<b>ii. Target Population:</b> 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	
<b>iii. Accessibility of Services:</b> 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	
<b>iv. Operation:</b> 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	



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<b>v. Referrals:</b> Detail relationships with other community providers including treatment programs, employment/education services, transportation services, etc. (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	
<b>vi. Admission:</b> Describe the admission procedure (e.g. referrals, paperwork to be completed, orientation guidelines, etc.). Include procedure for clients who are ineligible for services.	0	1	2	3	4	5	5	
<b>vii. Recovery Planning:</b> 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.	0	1	2	3	4	5	5	
<b>viii. Discharge:</b> Detail discharge procedures (e.g. discharge planning timeframes, reasons for early discharge, paperwork to be completed, referral process, etc.).	0	1	2	3	4	5	5	
<b>ix. Sample Chart Documentation:</b> Provide the following: 1. Sample intake assessment template or 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 (e.g. suicidal thoughts/behaviors). 5. Procedures used to assertively link individuals with 12 step groups in the community. 6. Sample discharge plan template or form. 7. Progress note template or form. 8. Sample release of information.	0	1	2	3	4	5	5	
<b>x. Staffing and Training Plan</b>							20	
<b>i. Roles and Responsibilities:</b> 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: 1. 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. 2. Demonstration that recovery management staffs meet the competencies described in Attachment 2: Recovery Management Staff Competencies. 3. An indication of planned subcontracting relationships for the provision of recovery management services.	0	2	4	6	8	10	10	
<b>ii. Staff Training/Education/Development:</b> Provide a written annual staff training / education / development plan and/or schedule that includes core recovery management definitions and functions and education on substance use and mental health disorders.	0	1	2	3	4	5	5	
<b>iii. Volunteers:</b> Describe of the role of volunteers in the organization and provide a policy for the use of volunteers.	0	1	2	3	4	5	5	



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<b>xi. Data and Technology</b>							<b>20</b>	
<b>i. Data Collection and Management Plan:</b> Provide a specific, clear description of how the program will collect and manage data (e.g. admission date, goal achievement, discharge date, outcomes, etc.). Describe specific instruments that will be used. Provide examples of successful prior history in collecting, managing and reporting program/participant data.	0	1	2	3	4	5	5	
<b>ii. Utilization of Data:</b> 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	
<b>iii. E-Mail/Internet Capabilities:</b> Describe how program staff or management will access e-mail and the internet.	0	1	2	3	4	5	5	
<b>iv. Equipment:</b> 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	
<b>xii. Performance Measures</b>							<b>25</b>	
<b>i. Work Plan:</b> 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	4	8	12	16	20	25	
<b>ii. Budget and Narrative</b>							<b>20</b>	
<b>i. Maximize Resources:</b> 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	
<b>ii. In-Kind:</b> Describe the extent of "in-kind" services the applicant will provide to this program.	0	1	2	3	4	5	5	
<b>iii. Budget:</b> Submit an annual budget which details all income and expenses (e.g. staff salary, rent, utilities, etc.).	0	1	2	3	4	5	5	
<b>iv. Implementation:</b> 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	
<b>iii. Past Performance Data (If Applicable)</b>	<b>0</b>	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>	<b>20</b>	
<b>D. Appendices</b>							<b>35</b>	
<b>1. Biographical Sketches/Job Descriptions</b>	0	1	2	3	4	5	5	
<b>2. Letters of Support</b>	0	1	2	3	4	5	5	
<b>3. Table of Organization</b>	0	1	2	3	4	5	5	
<b>4. Insurance Certificates</b>	0	1	2	3	4	5	5	
<b>7. ATR III Certification Application</b>	0	2	4	6	8	10	10	
<b>8. IRS Form W-9</b>	0	1	2	3	4	5	5	

**Total Points**

**212**

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

**Limited liability company (LLC).** Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.