Advanced Behavioral Health, Inc.

REQUEST FOR QUALIFIED CONTRACTORS (RFQC)
SUPPORTED RECOVERY HOUSING SERVICES (SRHS)

SECTION A: INTRODUCTION AND PROGRAM CONTACTS

Advanced Behavioral Health, Inc. (ABH®), as the administrative services organization (ASO) for the State of Connecticut, Department of Mental Health and Addiction Services (DMHAS) Behavioral Health Recovery Program, is seeking proposals from qualified community, faith and peer organizations to provide short-term supported recovery housing services (SRHS) to male and/or female adults with substance use disorders or with co-occurring substance use and mental health disorders.

ABH is seeking proposals from organizations throughout Connecticut that can provide Supported Recovery Housing Services for both men and/or women statewide. Priority and additional consideration will be given to providers working with special populations (including, but not limited to, programs serving women, persons with HIV/AIDS infection, people in the criminal justice system, those with problem gambling disorders, persons with traumatic brain injury or hearing impairment, those with co-occurring substance abuse and mental illness, and special populations transitioning out of the Department of Children and Families and/or the Department of Corrections) and sites located in underserved areas (i.e., DMHAS Region 1, DMHAS Region 5, and the city of Hartford).

DMHAS Region 1	Bridgeport, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, Norwalk, Stamford, Stratford, Trumbull, Weston, Westport, Wilton.
DMHAS Region 5	Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Oxford, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Winsted, Wolcott, Woodbury.

The goal of the SRHS program is to provide safe, sober housing and case management to support residents in securing substance use treatment or other community-based recovery services necessary for sustained recovery. SRHS contractors will collaborate with treatment providers and other community-based organizations to assist residents in identifying and securing supports that are conducive to recovery.

Agency information about ABH is available at: http://www.abhct.com/About_ABH/.
Agency information about DMHAS is available at: https://portal.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 via email, to the Official Contact before the deadline specified in the RFQC Schedule.

Name: Marisol Cortes
Address: Advanced Behavioral Health, Inc.
213 Court Street
Middletown, CT 06457
Email: mcortes@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.

Due Date:	**November 30, 2026**
Time:	**4:00 PM EST**

Contract Awards: The award of any contract pursuant to the RFQC is dependent upon the availability of funding to ABH. ABH may offer multiple contracts based on this RFQC. Contract awards will be based on the content of the response as well as the geographical, gender-specific, and other needs of Advanced Behavioral Health, Inc. (ABH®) and the Department of Mental Health and Addiction Services (DMHAS).

Reimbursement for each award will be $990 per thirty (30) days of service per person, paid retrospectively on a fee-for-service basis. A detailed rate schedule is located in Attachment 2. Reimbursement is intended to cover services delivered to individuals who are eligible for the Behavioral Health Recovery Program. In accepting this SRHS funding, individuals shall not be charged any additional fees for housing or case management services by the contractor. Services will be authorized in advance by ABH and contractors shall submit an invoice to ABH following the delivery of services. Payment will be pro-rated based on the actual number of days that services were provided if less than 30 days.

Term: The contract term shall be from January 1, 2027, through June 30, 2027. Funding is contingent upon the ongoing availability of funds, satisfactory program performance, compliance with state and local governing ordinances, and demonstrated need for these services.

Eligibility: Legal 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 Supported Recovery Housing Services certification process for this service, which will include an interview and site visit.

RFQC Schedule:

RFQC Released:	October 16, 2026
Deadline for Questions:	October 23, 2026
Answers Released:	October 30, 2026
Responses Due:	November 30, 2026
Review Committee Recommendations*:	December 7, 2026
Notification of Outcome *:	December 14, 2026
Contract Negotiations / Meetings*:	December 15-31, 2026
Start of Contract*:	January 1, 2027

**Target dates only*

Inquiry Procedures: All questions regarding this RFQC must be directed, in writing via email, 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 at www.abhct.com. ABH will release the answers to questions on the date(s) established in the RFQC.

SECTION B: SUPPORTED RECOVERY HOUSING SERVICE OVERVIEW AND REQUIREMENTS

A. Required Goals and Objectives for SRHS:

- Enhance recovery success by providing transitional recovery housing for individuals whose personal goals are to secure permanent housing, employment, and contribute in a measurable positive manner to the community and decrease the risk of relapse.
- Reduce substance use treatment recidivism by providing a supportive, drug- and alcohol-free living environment with supportive, recovery-oriented coaching to every resident and program participant utilizing a person-centered, strengths-based approach, promoting the active participation of the individual in stating preferences and making decisions that support recovery skills, foster independent living, promoting community integration and increasing the length of overall good health and recovery.
- Provide culturally competent, gender responsive and respectful transitional recovery housing environment.

B. Performance Measures:

- The contractor will ensure a utilization rate of at least 90% for the contracted services.
- At least 70% of participants served will be living in stable or permanent housing at the time of discharge as measured by the living arrangements reported to DMHAS at discharge.
- No more than 30% of individuals who have been discharged from SRHS will have left due to reasons of non-compliance, against staff advice, and/or administrative reasons.
- The contractor will ensure that program bed availability is reported a minimum of weekly to the DMHAS Addiction Services Availability Web site.

C. Required Components: The following are mandatory components of Supported Recovery Housing Services:

- A clean, safe, drug- and alcohol-free living environment in which on-site case management services are available a minimum of 8 hours per day and 5 days per week with on-call staff availability 24 hours a day 7 days per week. Priority admission will be granted to individuals who are eligible for the DMHAS Behavioral Health Recovery Program.
- There is a system of communication in place sufficient to maintain timely correspondence with DMHAS and /or ABH.
- Sober houses shall be inspected annually or as required to ensure contract compliance by DMHAS and/or ABH.
- SRHS providers must agree to participate in the program's complaint and grievance investigation procedures including allowing access to the facility to DMHAS and ABH within 24 hours of reported serious events. Failure to do so may be grounds for termination of the contract.
- SRHS Providers do not preclude admission of individuals based on Medication Assisted Treatment (MAT) profile, any prescriptions deemed necessary by a prescribing physician, and co-occurring conditions that are stable and do not require medical monitoring.
- SRHS providers will conduct random drug screenings on each individual at least once per week and as necessary when substance use is suspected.
- Motivational enhancement and engagement strategies are utilized. SRHS providers do not engage in confrontational behavior modification strategies.
- SRHS providers will deliver case management services totaling no less than 60 minutes per week to support residents in securing substance use treatment and/or community-based recovery services including employment, long-term housing, etc. necessary for sustained recovery.
- SRHS providers will administer a DMHAS approved Intake Assessment at admission. This assessment also helps to guide the individualized treatment planning process, which is focused on the individual's strengths, needs, abilities, preferences, and desired goals.
- A DMHAS approved, individualized treatment plan, which includes problem formulation, needs, strengths, skills and articulation of short-term, measurable treatment goals and activities designed to achieve those goals is

completed after the intake assessment and developed in collaboration with the individual. The plan reflects the individual's personal goals, while considering the individual's strengths, capabilities and existing recovery resources available to achieve the individual's personal goals.

- Case management services should include referrals to Department of Social Services entitlements, vocational/educational opportunities, Section 8 and/or other housing subsidies, medical or other treatment services, food stamps and other basic need items, and other potential sources of income and community recovery supports as well as on-site or off-site recovery support groups such as those based on a 12-step model.
- Qualified staff with 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 individuals requiring services. See Attachment 1: Supported Recovery Housing Services Staff Competencies. Supervision will be provided to each recovery specialist at a minimum of twice monthly in the form and manner defined by ABH.
- A detailed orientation for the residents to services available through the program, program rules and expectations, and their rights and responsibilities as program residents that is sensitive to individuals' culture, gender and language.
- Mutual/self-help meetings such as those based on a 12-step model are available onsite or are easily accessible in the community
- SRHS provider "House Meetings" and other provider activities shall be held at a time that does not interfere with maintaining employment or other goals identified in the individual's Recovery Plan.
- SRHS providers are expected to attend a minimum of 70% of monthly SRHS provider meetings.
- The contractor will be expected to maintain a paper or electronic chart on each person served. The chart should contain, at a minimum:
    - Required forms as outlined in documentation packet (available at http://www.abhct.com/Programs_Services/BHRP/Forms_and_Resources/) – Client Service Agreement, Release of Information, SRHS House Rules, Client Rights & Grievance Procedure, Intake Assessment, Recovery Plan, and Sober Living Home Disclosure Form;
    - evidence of a detailed orientation to the services available;
    - progress notes (to be recorded in ABH's electronic Behavioral Health Recovery Program system);
    - evidence of receipt of service recipients' rights and responsibilities as program participants; and
    - evidence of discharge planning.
- 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.
- Procedures for collaborating in the development and implementation of recovery plans with the service recipients, treatment provider(s), and other agencies or individuals as appropriate.
- Evidence that the services provided 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 to permanent housing.
- Compliance with all state and federal regulatory requirements as well as local zoning, fire, and safety laws.
- Development of agency "Code of Conduct" to be utilized and signed by all affiliated staff.
- 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, and solicitation of written suggestions.
- Data systems are sufficient to collect and manage admission, discharge, and other program/client data including access to a computer with Internet access and email accessibility. Data system must allow provider to maintain

updated information in the ABH Web-based system. These systems should also include the ability to utilize data to monitor and inform program management for necessary quality management and improvement.

- Commercial general liability insurance with the minimum coverage of $1 million per occurrence and $3 million aggregate or a $1 million general liability per occurrence and $2 million general aggregate with a $1 million umbrella. Insurance coverage is demonstrated through a Certificate of Liability that shows the minimum coverage and lists each service location in the 'description of operations' section and lists Advanced Behavioral Health Inc. as a certificate holder and Additional Insured. In addition, insurance must include proof of workers' compensation with minimum limit of $100,000 each accident and $500,000 disease – policy limit.
- A request to waive the above criteria must be submitted in writing to ABH for review and approval.

D. Other Expectations

Services implemented through this RFQC are aimed at improving quality of care and must build upon, complement and enhance the DMHAS 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. As a convenience, we have included a link to the appropriate websites for guidance regarding implementation of these systems expectations.

- Recovery-Oriented Service System (Replaces the Commissioner's Policy Statement #83 Promoting a Recovery-Oriented Service System) https://portal.ct.gov/-/media/DMHAS/Policies/Chapter614pdf.pdf
- Serving Individuals and Families with Co-Occurring Mental Health and Substance Use Disorders https://portal.ct.gov/-/media/DMHAS/Policies/Chapter64pdf.pdf
- Gender Responsive Treatment Guidelines http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335296
- DMHAS Policy on Trauma Informed Care
- Concurrent Medication-Assisted Treatment (MAT)
- DMHAS' Recovery Practice Guidelines (See Practice Guidelines for Recovery-Oriented Behavioral Health Care) https://portal.ct.gov/-/media/DMHAS/Publications/practiceguidelinespdf.pdf

SECTION C: PROPOSAL INSTRUCTIONS

Required Outline: All responses must follow the outline below. 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:	12 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.

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.

Submission Requirements: All proposals and supporting documentation must be submitted via postal mail to the Contact Person at the address specified. The submission envelope must list the legal name and address of the applicant as the return address and note the RFQC name (Supported Recovery Housing Services). ABH strongly recommends submitting providers using a trackable method of mailing (i.e., USPS Priority Mail or a similar service) and verify that their submission has been delivered in a timely fashion. The time of receipt at ABH is the definition of the time of submission. All proposals received after the deadline submission time will be returned via email to the lead contact and marked as "Rejected – received after the required deadline." All proposals received via any method but postal mail will be returned to the lead contact and will not be evaluated.

SECTION D: PROPOSAL COMPONENTS AND OUTLINE

A. Cover Sheet (1 point): The Cover Sheet is Page 1 of the response and must include the following information.

RFQC Name:	*Supported Recovery Housing Services (SRHS) Program*
Organization's Legal Name:	*Name of provider organization submitting the response as reported for tax purposes*
Connecticut Business Identification Number:	*Applicant's business ID number from the Connecticut Secretary of State (http://www.concord-sots.ct.gov/CONCORD/index.jsp)*
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 number for contact person*
Email Address:	*Email 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 handwritten 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. A conflict of interest exists when a relationship exists between the applicant and an employee of ABH. A conflict of interest may 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. ABH 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 contract. 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."*

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 housing.

ii. **Organizational Structure**: Provide an organizational chart that depicts the total organizational structure and where Supported Recovery Housing 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.

v. **Safety and Physical Plant:** 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, security, and compliance with all state and federal regulatory requirements as well as local zoning, fire, and safety laws.

II. Scope of Services (55 points)

i. **Recovery Management Model:** Provide a clear, detailed summary of the agency's experience and expertise relevant to successful recovery housing services offered to a similar target population. Describe the agency's vision statement, recovery management model and principles to be used.

ii. **Target Population:** Describe the demographics of groups served, targeted geographic area, and any specialty populations served. If a specialized population has been identified, please describe how your program is structured to provide unique interventions and services regarding SUD issues of your identified special population. 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. Priority and additional considerations will be given to providers working with special populations and sites located in underserved areas as described on page 1 of this RFQC. Proposals that do not identify a priority criterion cannot achieve the maximum points granted withing this section.

iii. **Accessibility of Services:** Describe the accessibility of services (e.g. proximity to public transportation), proximity to community services and resources, and space compliance with the Americans with Disabilities Act (ADA).

iv. **Operation:** Describe location of services, hours of operation, staffing patterns, average caseload size, maximum program capacity, and average length of stay.

v. **Referrals**: Detail relationships with other community providers and the ability to make referrals to organizations that will assist recipients in securing basic needs items, permanent housing and employment, entitlements/other benefits, transportation, and treatment services. Also describe how applicants intend 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 all admission paperwork as well as procedures for clients who are ineligible for services.

vii. **Rights and Requirements:** Describe the services your program provides including residents' rights, financial obligations and agreements, relapse policies and policies regarding removal of personal property left in the residence.

viii. **Policies and Procedures:** . Describe your policy and procedures for drug screening and/or toxicology protocols. Include your written policy and procedures. Describe how you address resident's prescription and non-prescription medication usage and storage. Include your policy and procedures.
Include evidence that the agency does not preclude admission of residents based on MAT profile and active medication prescriptions. Include your policy and procedures for medication monitoring and adherence if relevant.

ix. **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 form.

x. **Planned Discharge**: Detail planned discharge procedures (e.g. discharge planning timeframes, reasons for early discharge, paperwork to be completed, referral process, etc.). Include sample discharge plan, sample planned discharge forms and copies of all policies that are shared with participants regarding planned and unplanned discharges. Also, detail **unplanned discharge** procedures (e.g. reasons for unplanned discharges and resultant paperwork or notices to be completed, etc.) Include sample forms for unplanned discharges and copies of policies that relate to unplanned discharges or if submitted in the above requirement indicate such.

xi. **Sample Chart Documentation:** Provide sample copies of the program's existing documentation - intake assessment form, all other admission documentation (including service recipient rights and responsibilities, policy manual, grievance procedures, etc.), recovery plan template, risk assessment policy, procedures for linking individuals with 12-step groups, discharge plan or form, progress note template or form, participant handbook or housing program rule book, and release of information.

III. Staffing and Training Plan (20 points)

i. **Roles and Responsibilities:** Describe the roles, responsibilities and report on 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. Include your agency's policy and procedures of due diligence practices conducted for all staff who interact with the residents.

b. Demonstration that recovery management staff understands substance use, substance use disorders and co-occurring disorders. Include your policy and procedures for required staff training and schedule of training.

c. An indication of planned subcontracting relationships for the provision of Supported Recovery Housing Services.

d. Describe the process, if relevant, whereby a recipient of your services might assume responsibilities as staff or volunteer. Include criteria used to determine a recipient's eligibility to assume such responsibilities and criteria used to determine ineligibility to continue assuming the assigned responsibility.

e. Describe the role of volunteers in the organization and provide a policy for the use of volunteers. Include criteria used to determine eligibility to assume such responsibilities and criteria used to determine ineligibility to continue assuming the assigned responsibility. If there can be a transition from volunteer to staff, explain the process and criteria used in detail.

f. Describe the annual staff training /education /development plan.

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/participation data and include past SRHS performance data if applicable.

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. **Email/Internet Capabilities:** Describe how staff or management will access email and the internet.

iv. **Data Entry Capabilities:** Describe how it is determined what staff or management personnel will be able to comply with data entry requirements into ABH or other required Internet-based applications. Include descriptions of your procedures for notifying ABH of changes in personnel.

v. **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. Please note that SRHS covers only a portion of the beds in each location (i.e., 30% of the total beds in a single home may be funded); this section should detail the total number of beds available across all program sites as a minimum bed count may be needed.

ii.

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.

Appendices (25 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 (or Job Descriptions for new positions only) for proposed staff.
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: ABH Organization Credentialing Application Form (blank form at http://www.abhct.com/Programs_Services/BHRP/Forms_and_Resources/)
7. Appendix 7: Credentialing Supplement: Supported Recovery Housing Services (blank form at http://www.abhct.com/Programs_Services/BHRP/Forms_and_Resources/)
8. Appendix 8: Completed W-9 (blank form at http://www.irs.gov/pub/irs-pdf/fw9.pdf)
9. Appendix 9: Organization's Mission or Vision Statement (if applicable)
10. Appendix 10: Organization's Code of Conduct (required)

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. Incomplete responses, or any that fail to follow instructions or satisfy the minimum submission requirements, will not be reviewed. 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 192 points:
    - Cover Sheet (1 point)
    - Conflict of Interest Statement (1 point)
    - Organizational Profile (25 points)
    - Scope of Services (55 points)
    - Staffing Plan (20 points)
    - Data and Technology (20 points)
    - Performance Measures (25 points)
    - Budget and Budget Narrative (20 points)
    - Appendices (25 points)

5. Applicant Selection - Scores will be tabulated, and the final selection of a successful applicant is at the discretion of ABH, who will consult with DMHAS and will reflect the scoring of the response, the program needs at the time of the award including any budgetary changes, any other program alteration resultant from requests from DMHAS, any other state department relevant to the programs covered by Supported Recovery Housing Services or grant funders. Any applicant selected will be notified and awarded an opportunity to initiate the contract process with ABH. All unsuccessful applicants will be notified by email.

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. The termination of a previous contract by either agency may have an impact on future credentialing and contracting.

SECTION F: ATTACHMENTS

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

These attachments are provided for informational purposes only and should not be returned as part of the organization's response.

RFQC Attachments

1. Supported Recovery Housing Services: Staff Competencies
2. Supported Recovery Housing Services Rate (Fee) Schedule
3. Sample Supported Recovery Housing Services Documentation (available at https://www.abhct.com/Customer-Content/www/programs-services/Resources/bhrp/Supported_Recovery_Housing_Forms_10_2025.pdf)

Advanced Behavioral Health, Inc.
SUPPORTED RECOVERY HOUSING SERVICES (SRHS) PROGRAM

Attachment 1
STAFF COMPETENCIES*

SUPPORTED RECOVERY HOUSING SERVICES

Supported Recovery Housing Services (SRHS) provides housing and referral, linkage, and coordination of wrap around services according to an individualized recovery plan, incorporating the input of individuals served and their natural supports. SRHS 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, or relevant state-recognized peer certification (preferred, but not required)
- 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 and abiding by rules concerning ethics and confidentiality and the agency's code of conduct

Knowledge and Expertise

A successful SRHS 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.
- Understanding of how personal value systems and beliefs may influence actions and decisions in practice.

Skills and Abilities

A SRHS 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 support.
- 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 self-advocate for quality care.
- Discuss quality-of-care and treatment concerns with the client, professionals, formal and natural support.
- 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 SRHS 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 training 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 as detailed in the agency's code of conduct.
- 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

Advanced Behavioral Health, Inc.
SUPPORTED RECOVERY HOUSING SERVICES (SRHS) PROGRAM

Attachment 2
Exhibit I
Advanced Behavioral Health, Inc.
Behavioral Health Recovery Program (BHRP)

SUPPORTED RECOVERY HOUSING SERVICES (SRHS)

Reimbursement Rate Schedule

Date: **August 15, 2026**

Provider: **Sample Provider, Inc.**
FEIN: **22-1234567**

Effective Date: **August 15, 2026**

Please find the rate(s) applicable to your housing site(s) as identified for the provision of Supported Recovery Housing Services (SRHS) to Behavioral Health Recovery Program (BHRP) clients.

These rates are in accordance with the terms, conditions and required components as established in the Advanced Behavioral Health, Inc. Provider Agreement for SRHS along with the SRHS Request for Qualified Contractors (RFQC) and the BHRP Provider Manual.

Please note:

- This rate replaces all previous rate schedules from the BHRP program.
- The rates contained in this document are effective for the period starting August 15, 2026, and ending June 30, 2027.
- Documentation of at least 60 minutes of case management services per week per authorized client is required.
- Authorized housing capacity may not exceed the total contracted capacity indicated on this rate schedule. In addition, authorized capacity at a single house may not exceed the zoning capacity for the house.
- No additional fees can be charged to the client during the period covered by the SRHS authorization.
- There is a timely filing limit of 60 days from the date of service. Any invoices submitted more than 60 days after the date of service will be denied for exceeding the timely filing period.
- Advanced Behavioral Health has 30 days to adjudicate a clean claim.
- Provider is responsible for ensuring that the SRHS payments do not conflict with any other payment sources including but not limited to United States Housing and Urban Development (HUD), CT Department of Social Services (DSS), CT Department of Housing (DOH) or any other federal, state or municipal funding sources.
- Provider must discharge all clients in accordance with the BHRP Provider Manual.

The following location(s) is/are certified to provide Supported Recovery Housing Services	**Site Address**	**Zoning Capacity**	**Gender**	**Daily Rate per Person**
Program Name	Program Address	#	M/F	$33.00
Total Contracted Capacity		**# total beds**	**Gender** # Male # Female	

_____ _____
Signature of President/CEO/Exec. Director Date

_____
Printed Name

SRHS