



Advanced Behavioral Health, Inc
SUPPORTED RECOVERY HOUSING SERVICES (SRHS) PROGRAM
Section N.8608

Attachment 1
Credentialing Supplement Form
Supported Recovery Housing Services

A separate supplement form must be completed for each service location

Section 1: Identifying Information – Service Site

Service Address		
Program Name:		
Contact Person:	Title:	
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Email Address:		

1. Which gender(s) will this location serve? Males Females
2. Do you allow individuals on Methadone or Buprenorphine at this location Yes No
3. Do you allow individuals on psychotropic medications at this location? Yes No
4. Is smoking allowed inside this location? Yes No
5. Is this location handicap accessible? Yes No
6. What is the maximum number of unrelated individuals that may reside together in this dwelling site per the local zoning laws? _____
7. What is the actual number of unrelated individuals that will reside in this dwelling site? _____

*Please attach a copy of the most recent Tax Assessor's field card.

*Provide a copy of the local zoning laws that pertain to each dwelling site and any other documents related to zoning (e.g. room house licensure, reasonable accommodation request, etc).

*Please attach a copy of the agency's "Code of Conduct" to be followed by all staff .



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

Section 2: General Business Information

Business Classification

1. Is the organization a Faith Based Organization? Yes No?
If Yes, please include organization mission or vision statement

2. Is there any current investigation or litigation pending against you/the organization? Yes No
If Yes, please provide explanation on a separate sheet.

3. Is this location owned by the provider Yes No
If No, please provide a lease agreement and a letter signed by the dwelling owner stating that the dwelling owner has full knowledge of the intended use of the dwelling site.

(* **Termination of a previous contract by either ABH Inc, or DMHAS may have an impact on credentialing and contracting.**

Section 3: Liability Insurance and Zoning Compliance Information

1. Does the organization have paid employees? Yes No?

Provider of SRHS services shall maintain in effect and submit evidence (an ACORD certificate) of a professional or general liability insurance policy naming Advanced Behavioral Health, 213 Court Street, Middletown, CT 06457 as an additional insured, provided such coverage shall be no less than \$1 million per occurrence and \$3 million aggregate per year or a \$1 million general liability per occurrence and \$2 million general aggregate with a \$1 million umbrella. Provider shall maintain in effect and submit evidence of Workers' Compensation insurance.

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

Section 4: Physical Environment / Site Visit Standards and Code of Conduct

- A. The Supported Recovery House shall have a homelike, residential appearance and shall be clean and well maintained. ABH will conduct site visits using an inspection form similar to the US Department of Housing and Urban Development's Quality Standards Inspection form. Dwelling must pass this inspection as part of the certification process.

The Supported Recovery House shall have a "Code of Conduct" that details the agency expectations regarding boundaries and ethics. This document will include but not be limited to details related to drug testing of agency staff (both paid and volunteer); and specific expectations prohibiting romantic and/or sexual relationships between staff (both paid and volunteer) and program residents.



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

- B. During the site visit, ABH will also look for standards such as, but not limited to:
- Adequate living space for daily activities and support services
 - Appropriate and separate locked storage for support service records and files
 - Adequate storage space for resident belonging and furniture is clean and in good repair
 - All living space is finished – there is no one living in the attic or basement
 - Adequate and appropriate fire / smoke detection.

Section 5: Attestation to Supplement

My signature below indicates that:

1. All of the information provided on this supplement and any attachments are true and correct.
2. The listed dwelling on this application is, and shall remain, in full compliance with all zoning, ordinances, and fire and safety requirements.
3. I understand that if this dwelling is found to be non-compliant with zoning, ordinances, and/or fire & safety requirements this shall result in discontinuation or suspension of payment until such a time that a final determination is made that the dwelling is compliant with zoning, ordinances and/or fire & safety requirements.
4. Any misrepresentation on this application and attachments may result in the immediate termination of the application process.
5. If a contract has been signed based on the misrepresentation of information contained within this application and attachments, the contract may be terminated immediately unilaterally by ABH.
6. Any changes made to this dwelling and/or its policies and procedures that affect the information contained in this application, attachments, must be brought to the attention of ABH Inc, immediately, or the ABH may terminate the contract unilaterally.
7. Any significant violation of the agency Code of Conduct must be brought to the attention of ABH, Inc., immediately, or ABH may terminate the contract unilaterally.

(Printed Name and Title)

(Signature)