Supported Recovery Housing Services
Request for Qualified Contractors – 2026 (3)
Questions & Answers

Q: Section A identifies reimbursement at $990 per 30 days of service per authorized participant, equivalent to $33 daily. Could you please confirm whether this rate represents a fixed reimbursement ceiling for all contracted providers or whether ABH and DMHAS permit individually negotiated or enhanced reimbursement rates based on demonstrated operating expenses, staffing requirements, specialized populations, or expanded recovery support services? Specifically, would a proposed rate of $60 per authorized participant per day be eligible for consideration when supported by a detailed operating budget and enhanced service delivery model? If alternative rates are not permitted under this procurement, are there supplemental funding opportunities or separate contracting arrangements available to support additional program expenses?

A: *The rate of $33 per day, per client, is a fixed rate across the entire network. No alternative rates are permitted or will be negotiated for the SRHS program. Applicants should detail any supplemental funding expected to support program operations in their budget response.*

Q: Section D references SRHS funding covering only a portion of available beds, providing an example of 30% of the total beds within a single residence. For a proposed five-bedroom property with a potential capacity of 10 residents, subject to zoning, fire, safety, and certification approval, could you clarify how the number of SRHS-funded beds would be determined? Is there an established maximum percentage of beds eligible for reimbursement at an individual property, or is contracted capacity determined by regional demand, available funding, and the provider's demonstrated operational capacity?

A: *The number of SRHS-funded beds awarded to any agency is dependent on several variables including zoning maximums, and subject to a credentialing site visit and walkthrough. There is not a set maximum percentage of beds eligible for reimbursement at this time, though a general rule of 30% of total beds may be considered.*

Q: Given the required on-site case management availability, 24-hour on-call coverage, recovery planning, documentation, and ongoing compliance responsibilities, we would appreciate confirmation of whether these operating expenses must be funded exclusively through the established daily reimbursement rate. Are separate administrative, staffing, program-development, or start-up funding opportunities available to newly approved SRHS providers?

A: *There are no additional SRHS funding opportunities available at this time. Applicants should detail all funding streams in their budget responses to demonstrate sustainability of the program.*

Q: Could you clarify whether an organization entering the SRHS provider network may complete the required certification process during the procurement and contracting period, provided that qualified personnel, appropriate policies, insurance, and compliant housing facilities are established before services commence?

A: *It is expected that services will be operational on or around January 1, 2027. If the applicant identifies a different target date, this should be noted and explained in the response.*

Q: Are applicants permitted to demonstrate the required recovery housing experience and service capacity through qualified personnel and formal partnerships with established recovery service providers?

A: *Applicants should detail their experience in providing this service by describing all partnerships, both formal and informal.*

Q: Do the required 8 hours of on-site case management mean a staff member must be physically present for the full 8 hours, or can services be provided through scheduled appointments during those hours?

A: *Applicants should detail case management staff availability in their response. It should be noted that all case management sessions must be provided in person, face-to-face.*

Q: Is there a minimum number of beds required to qualify? Also, how many beds would ABH consider funding in a six-bed recovery residence?

A: *There is not a minimum number of beds required to qualify. The number of beds funded will be reviewed in contract negotiations.*

Q: Can the owner of a recovery residence provide case management and supervision if they meet the qualifications, or must these responsibilities be assigned to separate individuals?

A: *Applicants should detail staffing plans, including the qualifications of everyone providing case management and supervision, in their responses.*

Q: If a recovery residence is already CTARR-certified, what additional steps are required for SRHS certification?

A*: CTARR certification is not a required component of the SRHS provider contracting process. All agencies interested in providing services must submit a complete response to this RFQC.*

Q: The RFQC requests copies of policies and resident forms but also limits the proposal to 10 pages and restricts attachments. Could you clarify where these documents should be included?

A: *The 10-page narrative limit does not apply to the addition of sample chart documentation as requested in Section II.xi.*

Q: Is workers' compensation coverage required for an owner-operated residence without employees, or would that situation qualify for consideration of a waiver?

A: *Per Connecticut state law, nearly all employers must carry workers' compensation insurance. Applicants should consult the Connecticut Insurance Department regarding waivers, but agencies with zero (0) paid employees may be allowed to submit an exemption form if selected for a contract.*