



State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

February 27, 2015

ADDENDUM # 1

RFP#: 7549331

Title: Transfer to Recovery Reentry Program

Bid Closing Date & Time: March 11, 2015 at 10:00 AM (Eastern Time)

Notice to Vendors: Attention All Bidders

ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES.

NO FURTHER QUESTIONS WILL BE ANSWERED.

ALSO, PLEASE SEE THE ATTACHED NATIONAL ASSOCIATION OF RECOVERY RESIDENCES (NARR) STANDARD FOR RECOVERY RESIDENCES DOCUMENTATION

AN ELECTRONIC COPY OF THE BUDGET IS ALSO POSTED TO THE WEBSITE.

David J. Francis
Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFP # 7549331 Transfer to Recovery Reentry Program

Question 1: How do you define 24 hour supervision? Does it have to be revolving staff supervision or will the state accept a senior peer who is not an employee as supervision?

Answer to question 1: Supervision should be consistent with a NARR level 3 supports which requires certified staff or case managers. (see Certified Peer Recovery Specialists are acceptable. It is not clear what is meant by “revolving staff supervision”. Please propose your staffing plan. We define 24 hour supervision as an identified person being physically in the house, but may consider alternate supervision plans. A senior peer/revolving staff supervision may be considered

Question 2: The program in Florida that we are to model our programs on provides meals for the residents. Will that be a requirement for RI?

Answer to question 2: Yes. Please refer to NARR standards. (See 5.2) A working kitchen and meals or food are required.

Question 3: Can organizations sub-contract with other organizations for residential recovery housing or transitional services?

Answer to question 3: Yes, as long as they meet the capacity requirements and they are a nonprofit organization or legal business entity per NARR standards.. (see 1.1) The primary contracted agency will be responsible for monitoring and ensuring that all contract requirements are being implemented.

Question 4: Who will coordinate and who will deliver the follow-up Vivitrol injections for those who voluntarily received the first injection at the DOC? Will access to Vivitrol be assured for program participants? If so, how? Will the DOC be assisting program participants with applying for and obtaining health insurance prior to their release?

Answer to question 4: . Arrangements to sign inmates up in Medicaid prior to their leaving the ACI have been discussed with ACI administration along with getting their first Vivitrol injection, and assistance with referrals for follow up injections. Inmates may not have insurance while incarcerated so their insurance cannot become effective until release. Insurance will pay for Vivitrol for all individuals involved in this pilot program with a physician’s approval which has been arranged with ACI Medical staff. Program participants are responsible for complying with insurance requirements, such as providing financial updates and re-applications when necessary, as required to maintain their insurance coverage.

Question 5: Can you clarify the 6 month requirement? Do program participants need to receive both recovery housing and transitional services for 6 months or can the

recovery housing and transitional services be individualized per program participant and allow for at least 6 months of access to transitional services? If program participants do not want to stay in recovery housing for 6 months, are they subject to any sanction? Can participants transfer into other housing options such as permanent supportive housing prior to the 6 months?

Answer to question 5: This contract only pays for those participants who are assessed as needing the full 6 months of transitional services for stability. If a lower level of care becomes indicated, the participant can no longer be supported by this grant. Participants should be aware they must still comply with any requirements of probation or parole.

Question 6: Can you clarify the requirement to provide 24-hour supervised recovery housing? Does each recovery house need to have its own unique staff physically at the recovery house 24 hours a day, 7 days a week or can staff be available to respond to a recovery house when needed?

Answer to question 6: See NARR standards. Supervision should be consistent with NARR level 3 support which requires certified staff or case managers. Certified Peer Recovery Specialists are acceptable.

Question 7: Can you clarify “additional fees and co-pays may not be assessed on participants while the vendor is receiving payment from this funder.”? Can the vendor bill insurance for other services beyond transitional services including mental health counseling, medical needs, medication (including Vivitrol) etc.?

Answer to question 7: No co-pays can be assessed on clients by vendors. Third party billers, (eg. pharmacy, medical providers) may collect copays per their insurance contracts. Vendors may bill insurers for medical, mental health, and counseling services per their contracts with insurance companies.

Question 8: What specifically does the \$30/day reimbursement rate cover? Are any other services besides the recovery housing itself and the 5-hours/week transitional services expected to be covered under this rate?

Answer to question 8: Everything offered in a NARR level 3 support and as outlined in the Scope of Work is expected to be included.

Question 9: Can a recovery house have other residents beyond the 10 program participants at a time or is the recovery house strictly for 10 program participants only?

Answer to question 9: Yes, other residents may be housed initially with the expectation that the house (s) will transition to becoming grant specific.

Question 10: Does a vendor need 10 beds available at the start of the program?

Answer to question 10: A vendor does not need to have 10 beds available at the start of the program. It is possible that multiple vendors will be awarded some number of the 30 beds. The # of beds we are funding is 30, not 10

Question 11: Can vendors use some remaining funds towards the data collection process or does the \$5/day reimbursement cover all data process and collection costs? Are there any prohibited costs that cannot be included in the use of remaining funds?

Answer to question 11: Applicants may propose a budget for use of the \$5/day reimbursement.

Question 12: Can an electronic copy of the budget template be made available?

Answer to question 12: Yes

Question 13: Will this RFP result in an exclusive contract?

Answer to question 13: . It is possible that multiple vendors will be awarded some number of the 30 beds.

Question 14: Will one group get all 30 beds?

Answer to question 14: It is possible that multiple vendors will be awarded some number of the 30 beds.



National Association of Recovery Residences

Standard for Recovery Residences

*Version 1.0
September 2011*



RECOVERY RESIDENCE LEVELS OF SUPPORT

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> • Democratically run • Manual or P& P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	<ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services 	<ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development
	RESIDENCE	<ul style="list-style-type: none"> • Generally single family residences 	<ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

National Association of Recovery Residences

Member Standards

1. Organizational/Administrative Standards	Level I	Level II	Level III	Level IV
1.1. Recovery Residences are legal business entities as evidenced by business licenses or incorporation documents;	Strongly Recommend	Strongly Recommend	X	X
1.2. Recovery Residences have a written mission and vision statement;	X	X	X	X
1.3. Recovery Residences have a written code of ethics;	X	X	X	X
1.4. Recovery Residences property owners/operators carry general liability insurance;	Strongly Recommend	Strongly Recommend	X	X
1.5. Recovery Residences comply with state and federal requirements. If required , documents such as licenses and certificates of occupancy are visible for public view;	X	X	X	X
1.6. Recovery Residences clearly identify the responsible person(s) in charge of the Recovery Residence to all residents;	X	X	X	X
1.7. Recovery Residences clearly state the minimum qualifications, duties, and responsibilities of the responsible person(s) in a written job description and/or contract;	n/a	n/a	X	X
1.8. Recovery Residences provide drug and alcohol free environments;	X	X	X	X
1.9. Recovery Residences collect and report accurate process and outcome data for continuous quality improvement;	Strongly Recommend	Strongly Recommend	X	X
1.10. Recovery Residences have written permission from the owner of record to operate a Recovery Residence on their property;	X	X	X	x
2. Fiscal Management Standards	Level I	Level II	Level III	Level IV
2.1. Recovery Residences maintain an accounting system that fully documents all resident financial transactions such as fees, payments and deposits;	X	X	X	X
3. Operation Standards	Level I	Level II	Level III	Level IV
3.1. Recovery Residences post emergency procedures and staff phone number in conspicuous locations;	n/a	n/a	X	X
3.2. Recovery Residences post emergency numbers, protocols and evacuation maps;	X	X	n/a	n/a

National Association of Recovery Residences Member Standards

4. Recovery Support Standards	Level I	Level II	Level III	Level IV
4.1. Recovery Residences maintain a staffing plan;	If Applicable	If Applicable	X	X
4.2. Recovery Residences use an applicant screening process that helps maintain a safe and supportive environment for a specific group of persons in recovery;	X	X	X	X
4.3. Recovery Residences adhere to applicable confidentiality laws;	X	X	X	X
4.4. Recovery Residences keep resident records secure with access limited to authorized staff only;	X	X	X	X
4.5. Recovery Residences have a grievance policy and procedure for residents;	X	X	X	X
4.6. Recovery Residences create a safe, structured, and recovery supportive environment through written and enforced residents' rights and requirements;	X	X	X	X
4.7. Recovery Residences have an orientation process that clearly communicates residents' rights and requirements prior to them signing any agreements; collects demographic and emergency contact information and provides new residents with written instructions on emergency procedures and staff contact information;	X	X	X	X
4.8. Recovery Residences foster mutually supportive and recovery-oriented relationships between residents and/or staff through peer-based interactions, house meetings, community gatherings, recreational events, and/or other social activities;	X	X	X	X
4.9. Recovery Residences foster recovery-supportive, alcohol and drug-free environments through written and enforced policies and procedures that address: residents who return to alcohol and/or drug use; hazardous item searches; drug-screening and or toxicology protocols; and prescription and non-prescription medications usage and storage;	X	X	X	X
4.10. Recovery Residences encourage each resident to develop and participate in their own personalized recovery plan;	X	X	X	X
4.11. Recovery Residences inform residents on the wide range of local treatment and recovery support services available to them including: 12 step or other mutual support groups, recover community centers, recovery ministries, recovery-focused leisure activities and recovery advocacy opportunities;	X	X	X	X

National Association of Recovery Residences Member Standards

4. Recovery Support Standards (Cont.)	Level I	Level II	Level III	Level IV
4.12. Recovery Residences provide nonclinical, recovery support and related services;	X	X	X	X
4.13. Recovery Residences encourage residents to attend mutually supportive, self help groups and/or outside professional services;	X	X	X	X
4.14. Recovery Residences provide access to scheduled and structured peer-based services such as didactic presentations;	n/a	n/a	X	X
4.15. Recovery Residences provide access to 3rd party clinical services in accordance to State laws;	n/a	n/a	X	X
4.16. Recovery Residences offer life skills development services;	n/a	n/a	X	X
4.17. Recovery Residences offer clinical services in accordance to State laws;	n/a	n/a	n/a	X
5. Property Standards	Level I	Level II	Level III	Level IV
5.1. Recovery Residences abide by all local building and fire safety codes;	X	X	X	X
5.2. Recovery Residences provide each residents with food and personal item storage;	X	X	X	X
5.3. Recovery Residences place functioning fire extinguishers in plain sight and/or in clearly marked locations ;	X	X	X	X
5.4. Recovery Residences have functioning smoke detectors installed. If the residence has gas appliances, functioning carbon monoxide detectors are installed;	X	X	X	X
5.5. Recovery Residences provide a non smoking internal living environment;	X	X	X	X
5.6. Recovery Residences have a community room large enough to accommodate house meetings and sleeping rooms that adhere to local and state square footage requirements;	X	X	X	X
5.7. Recovery Residences have one sink, toilet and shower per six residents or adhere to local and state requirements;	X	X	X	X
5.8. Recovery Residences have laundry services that are accessible to all residents;	X	X	X	X

National Association of Recovery Residences Member Standards

5. Property Standards (Cont.)	Level I	Level II	Level III	Level IV
5.9. Recovery Residences maintain the interior and exterior of the property in a functional, safe and clean manor that is compatible with the neighborhood;	X	X	X	X
5.10. Recovery Residences have meeting spaces that accommodate all residents;	X	X	X	X
5.11. Recovery Residences have appliances that are in working order and furniture that is in good condition;	X	X	X	X
5.12. Recovery Residences address routine and emergency repairs in a timely fashion;	X	X	X	X
6. Good Neighbor Standards	Level I	Level II	Level III	Level IV
6.1. Recovery Residences provide neighbors with the responsible person(s) contact information upon request. The responsible person(s) responds to neighbor's complaints, even if it is not possible to resolve the issue;	X	X	X	X
6.2. Recovery Residences have rules regarding noise, smoking, loitering and parking that are responsive to neighbor's reasonable complaints;	Strongly Recommend	Strongly Recommend	X	X
6.3. Recovery Residences have and enforce parking courtesy rules where street parking is scarce;	X	X	X	X