

REQUEST FOR QUALIFICATIONS (RFQ)
FOR
RECOVERY SUPPORT SERVICES
FOR THE
PHILADELPHIA ACCESS TO RECOVERY (ATR) PROGRAM

Issued by:

PMHCC

in collaboration with the

Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs

and the

**Philadelphia Department of Behavioral Health and Intellectual disAbility
Services**

Office of Addiction Services

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Applications will be accepted until otherwise noted.

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I. Project Overview

A. Introduction / Statement of Purpose

The Access to Recovery program (ATR) is a new, federally funded grant initiative in Pennsylvania that will provide uninsured or underinsured adults with alcohol or other drug challenges options and choices to obtain clinical and recovery support services through a voucher program. The ATR grant award was made to the Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs (BDAP), through grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). Pennsylvania's ATR program is located in Philadelphia County and is funded for a period of 4 years. Over the course of the 4 years, this initiative will serve at least 10,705 people. The ATR program will serve uninsured and underinsured adults. Within the population of uninsured and underinsured adults, certain groups will have priority for inclusion in the program. These groups include homeless persons, women who are pregnant or parenting, veterans, and those re-entering society from the criminal justice system.

The ATR program will feature individual choice, increased access to recovery support services through the development of a network of community and faith-based service providers, and payment of services through an electronic voucher management system. This Request For Qualifications (RFQ) is being issued to identify individual, community and faith-based providers with the required skills and capability to provide recovery support services for individuals in the ATR program. Recovery support services include a range of services designed to help individuals engage in recovery, enable them to stay in treatment, help them transition their lifestyles away from addiction, and provide supports to help develop and maintain a life in recovery in the community. Some examples of recovery support services include participation in social groups and spiritual activities, assistance with housing, entitlements, personal support for relapse prevention, and employment and training services. The model is a shift away from acute care to a broader system that promotes recovery, resilience and self-determination.

The Office of Addiction Services (OAS) within the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) will be responsible for implementing and managing the project in Philadelphia. PMHCC, which is issuing this RFQ, is serving as the administrative services organization for DBHIDS for the ATR program. ATR staff have been hired to manage the project, which includes developing a network of recovery support services and monitoring the service providers to assure that program requirements are being met.

B. Department Overview

*Effective March 1, 2011 the Department of Behavioral Health and Mental Retardation Services became the **Department of Behavioral Health and Intellectual disAbility Services (DBHIDS)**. The term 'intellectual disability' is the current terminology for what has been known as 'mental retardation' and is now commonly accepted by advocates, self-advocates and professionals. When referencing the DBHIDS prior to January 2011, for historical accuracy the RFQ will use the old designation of DBH/MRS, otherwise, the new designation will be used.*

DBHIDS is comprised of the Office of Mental Health (OMH), the Office of Addiction Services (OAS), Intellectual disAbility Services (IDS), and Community Behavioral Health (CBH). The

Department is responsible for administering a broad array of treatment, intervention, prevention, and support services to individuals, families, and communities experiencing difficulties related to mental health challenges, intellectual disabilities, and substance-related conditions. Our integrated behavioral health system serves more than 100,000 people who are eligible for medical assistance as well as those who are uninsured or underinsured. The Department has a long history of providing innovative and groundbreaking services in Philadelphia for people in recovery, family members, providers and communities and has become a national model for delivering managed behavioral health care services in the public sector.

During 2005, DBH/MRS initiated a system transformation to change service delivery for people who live with behavioral health challenges. System transformation is an inclusive process involving service recipients, their families and communities. DBHIDS transformation moves beyond the field's historical focus on pathology and disease processes to models directed by the people receiving services, their needs, wants and desires. These models emphasize and attend to an individual's culture, resilience and unique recovery processes. A recovery/resilience-oriented system addresses issues related to symptom reduction, but ultimately provides access to services, supports, environments and opportunities that help individuals restore a positive sense of self and rebuild a meaningful and fulfilling life in their community. Through the implementation of recovery/resilience-oriented innovative, evidence-based, evidence-informed and promising practices, the system transformation holds the potential to improve quality of care and the lives of service recipients and their families.

Several founding documents based upon local discussions, research, and committee processes have guided the transformation efforts to date, including the *Recovery-Focused Transformation of Behavioral Health Services in Philadelphia: A Declaration of Principles and a Blueprint for Change* (2006) and *The Blue Ribbon Commission Final Report on Children's Behavioral Health* (2007). The following information provides the system definitions for recovery and resilience and integrates the values that are central to recovery, resilience and the overarching transformation efforts.

Recovery and Resilience Definitions

The Recovery Advisory Committee for the City of Philadelphia DBH/MRS developed the following definition for the key concept of "recovery" to guide transformation efforts:

Recovery is the process of pursuing a fulfilling and contributing life regardless of the difficulties one has faced. It involves not only the restoration but continued enhancement of a positive identity and personally meaningful connections and roles in one's community. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members.

Several processes were initiated by DBH/MRS to develop a shared understanding of resilience. These included focus groups which were conducted with providers, advocates, family members, and youth to explore the factors that are important in promoting resilience in children and adolescents, and a resilience conference in which local youth and families, alongside national experts, shared their perspectives on resilience. Based on the input of local stakeholders and

national experts, DBH/MRS developed the following definition of resilience.

Resilience is a protective process which enables us to reach positive outcomes when we are faced with significant adversities. It is a dynamic process that can change across time, developmental stage, and life domain. All children, youth, adults, families and communities have the capacity to demonstrate resilience.

There are many factors that enhance a child's resilience pathway including:

- *positive relationships with caregivers, peers, or a caring adult;*
- *internal strengths such as problem-solving skills, determination and hope;*
and
- *environmental factors like effective schools and communities.*

In other words, resilience is the ability to bounce back despite the presence of challenging or threatening circumstances. The concept of resilience has important implications not only for working with children, youth, and their families, but also for promoting wellness in adults and communities.

Guiding Values

As previously mentioned, these values were drawn from the earlier work of the Recovery Advisory Committee and from the values identified in the Children's Blue Ribbon Commission Report. The final list was developed through the work of stakeholders in the summer of 2009.

Peer Culture/Peer Support/Leadership: There is recognition of the power of peer support as reflected in: 1) creating environments and opportunities where peers can support each other in informal and formal ways; 2) hiring people to provide peer support to individuals and/or families; 3) assuring representation of people in recovery and youth at all levels of the system; 4) developing respectful, collaborative, and referral relationships between behavioral health agencies and the service structures of local recovery mutual-aid societies and assertively linking people to peer-based support services (i.e., mutual/self-help groups, other recovery community support institutions, and informal peer support); 5) acknowledging the role sharing stories of lived experience can play in helping others to initiate and sustain a recovery process; and 6) developing opportunities for people in recovery and youth to engage in active leadership roles at all levels of the system.

Recovery and Resilience Oriented Clinical and Organizational Practices: A recovery and resilience orientation is not viewed as an add-on to clinical services, nor is it solely peer-based services that surround the treatment system. Instead, recovery and resilience inform the development and delivery of effective clinical care utilizing evidence-based and promising practices. Additionally, the organizational context in which those services are delivered is also aligned to promote recovery and resilience.

Partnership and Multidisciplinary Service Teams: Relationships of all parties within the behavioral health system are based on mutual respect. Service designs shift from an expert model to a partnership/consultation model in which everyone's perspective,

experience, and expertise is welcomed and considered. The power of relationships as the context for healing and growth is acknowledged and respected. Additionally, multi-disciplinary service teams are created in order to reduce fragmentation and ensure the delivery of comprehensive, effective services.

Community Inclusion/Opportunities: The focus of care is on integrating individuals and families into the larger life of their communities; tapping the support and hospitality of the larger community; developing community resources that support recovery and resilience; and encouraging service contributions from and to the larger community. Resilience, recovery, and wellness can be tapped, initiated, catalyzed, and promoted in care settings, but can only be maintained in the context of people's natural environments - therefore connecting services, individuals, and families to their community is no longer considered optional but as integral to sustaining wellness.

Family Inclusion and Leadership: Family members are actively engaged and involved at all levels of the service process. Families, including parents of children and youth, are seen as an integral part of policy development, planning, service delivery, and service evaluation. It is recognized that families come in many varieties. Families of birth, foster and adoptive families, and families of choice are respected and valued. Assessment and service planning are family-focused. Services are integrated when multiple family members are involved in care across different programs and agencies.

Holistic and Integrated Approach to Wellness: Services and supports are designed to enhance the development of the whole person. Care transcends a narrow focus on symptom reduction and promotes wellness as a key component of all care. In attending to the whole person, there is an emphasis on exploring and addressing primary care needs in an integrated manner. Additionally, spirituality and other dimensions of wellness are explored, mobilized and addressed in service settings.

Developmental Approach: This approach acknowledges that from infancy through adulthood, individuals are experiencing biological, cognitive, and social-emotional change. As they move through stages or phases of change, there are achievements and milestones that children, adolescents, and adults are expected to master in order to remain healthy. In addition, each stage or phase may be associated with certain inherent challenges or stresses, leading to the need for services and supports to be responsive to the developmental stage of the individual and family.

Trauma-Informed Perspective: All components of the service system are designed in light of an understanding of the role that serious adverse events can play in the lives of individuals and families. Adverse events which may cause trauma include childhood abuse and/or neglect, ongoing family violence, intimate partner violence and exposure to horrific events. Services are delivered in the context of safe environments and nurturing relationships to avoid inadvertent re-traumatization and promote healing. Individuals and families are always assessed for the extent to which various types of trauma have impacted their lives. Services and supports are offered that will help them to reduce the destructive aspects of traumatic experiences.

Person First (Cultural Competence): All members of the service system are able to work effectively with individuals and families from different cultures. They possess knowledge of the values, worldviews, and practices of the major cultural groups that they serve. However, rather than developing generic understandings of the people they serve, they are skilled at using that cultural knowledge to develop accurate and individualized understandings of the people that they work with. Providers also possess an understanding of their own cultural worldview and how it both enriches but may also constrain their work.

In addition to the core values identified above, four other values have been central to all of Philadelphia's system transformation efforts and are intricately intertwined with all of the strategies that are outlined in this document. These values are hope, choice, empowerment and a strengths-based perspective. With regard to hope, stakeholders in Philadelphia have strongly expressed the belief that people can and do show resilience in the face of adversity, and can and do recover from behavioral health conditions. Change is always possible, and the extent to which people's lives can change is often beyond what we can imagine. Hope is nurtured by hearing and seeing others lead meaningful lives in their communities and by having opportunities to give to others. Hope inducing environments can help people of all ages initiate and sustain a recovery process.

With respect to choice and empowerment, providers, people in recovery and family members have expressed the belief that each person's and each family's values, needs, and preferences should be respected and considered central in any decision-making processes. Services and supports should be individualized and built with and around the person and family rather than fitting them into a predetermined program. There is recognition by all parties in the system that there are many pathways to recovery and that people have a right to choose their own path. As such people have the opportunity to choose from a diverse menu of services and supports and to participate in all decisions that affect their lives and those of their children.

A strengths-based perspective is also woven through all of the system transformation efforts in Philadelphia. To that end, services are focused on identifying strengths, assets, resources, and protective factors within the individual, family, peer group, and community, rather than focusing solely on identifying and addressing problems or challenges in an individual's or family's life. These strengths are mobilized to support the individual's and family's journey to wellness. Additionally, services are also targeted at building and/or strengthening internal and external assets and resources.

C. Project Background

The ATR program represents a major initiative for DBHIDS. DBHIDS recognizes that community and faith-based organizations have the resources to promote health and wellness and to play a significant role in both preventing the development of serious behavioral health issues and in supporting individuals who have behavioral health needs. For many years, DBHIDS has had some recovery services designed to support individuals while they are in formal treatment programs. Through the ATR project, DBHIDS is seeking to develop additional resources in the community and create a network of recovery support services. This enhancement and expansion of available recovery support services will offer individuals more options in terms of the types of services available and the choices of providers offering the services.

D. Request for Qualifications

This RFQ will be used to identify and certify multiple organizations and individuals to provide recovery support services on a short-term basis. Non-profit and for-profit organizations and individuals with a minimum of two (2) years experience providing the same or similar service(s) are eligible to submit responses to this RFQ. Services must be provided at a suitable site within the City of Philadelphia.

To qualify through this process, respondents must demonstrate experience with and capacity to develop and implement the services defined through this RFQ. Applicants must successfully complete the Access to Recovery certification process for each proposed service, which will include an acceptable response to this RFQ, the provision of supporting documentation that may be requested, a site visit to the facility(s) where the proposed services will be provided, and completion of training on the electronic voucher management system (VMS).

II. Scope of Work

A. Project Details

1. Objective/purpose

The primary goals and objectives of this RFQ are to identify community, faith-based and provider organizations and individuals that will:

- Enhance recovery success by providing recovery support services which enable individuals to develop supportive connections in their communities, discover positive personal interests, and take on valued social roles.
- Reduce the number of individuals who drop out of substance abuse treatment by providing supportive, community and faith-based recovery support services as individuals transition from acute treatment or other institutional settings, including securing permanent housing and employment, and maintaining their recovery in the community.
- Utilize a person-directed, 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 return to use.
- Provide person-first, gender responsive and respectful services.

Using these goals and objectives as a framework, this RFQ offers an opportunity for community, faith-based and provider organizations and individuals to describe those recovery support services that they have the expertise and capability to provide. Applicants interested in providing more than one of the eligible services must describe each proposed service separately. An applicant can provide no more than 4 recovery services through the ATR process. If the applicant is providing recovery support services to individuals as part of another program, those services cannot be billed to ATR. ATR providers must be able and willing to accept referrals from DBHIDS for all services described in their response to this RFQ and must be willing to offer the service without requirement that the person participate in

other agency services. For instance, an applicant may operate a recovery house that offers employment services to those living the recovery house. If this applicant proposed to offer employment services through ATR, the employment service must also be open to individuals referred by the ATR project who are not residing in the recovery house.

It is expected that most of the services will be delivered on a short-term basis, meaning within a period of thirty (30) days. In some cases where a series of meetings, groups or classes is part of a structured recovery support service, the 30 days may be exceeded. Applicants will need to discuss in detail the time frame in those instances in their RFQ response.

Some recovery support services offered through the ATR program may most easily be delivered on a one-to-one basis. Most services, however, may also be offered in a group or class structure. Because of the potential for individuals to miss sessions, groups or classes that are part of a structured curriculum will be more effective if the material covered in each session can stand alone. That is, curricula that build from session to session and that require attendance at a previous session in order to benefit from the following sessions are not as effective as sessions where a separate module is covered and does not require attendance at a previous session.

Applicants that are selected to provide recovery support services in the ATR program will receive referrals via an electronic voucher management system. The voucher system will be paperless, and referrals will be made to the provider through an electronic notification process. Specific appointments will be scheduled between the provider and the individual program participant, and services will be paid on a fee-for-service basis after each service unit is delivered. More information regarding compensation is available later in this RFQ.

2. Timetable

RFQ Event	Deadline Date
Original RFQ Issued	November 24, 2010
RFQ Reissued	April 8, 2011
Review Process Initiated	Ongoing
Begin Notification of Applicants for Site Visit	Ongoing
Begin Notification of Applicants of Intent to Contract	Ongoing
Begin ATR Voucher Management System Training	Ongoing
Begin Finalizing Provider Agreements/Consultant Contracts	Ongoing
Begin Provision of Recovery Support Services	Ongoing

DBHIDS will continue to accept applications until otherwise noted and will review them on a continuous basis until there are enough recovery support service providers identified for each of the services that are being solicited. From the date a RFQ proposal is received, an applicant should be notified within 30-60 days if they will receive a site visit

or if they have not been approved.

3. Reporting requirements

Applicants that are selected to participate in the ATR program will be required to maintain a chart on each individual who is served and provide reports as may be specified during the course of the ATR program. The ATR provider is expected to develop a service plan for the service(s) offered to each person. Recovery support service providers must be aware of each person's use of other community and faith-based providers and licensed treatment providers and to support coordination and linkages among the person's services whenever possible.

Records that indicate attendance of each person receiving each recovery support service must be maintained and be available for review. Recovery support service providers should also plan to report periodically on compliance with all state and federal regulatory requirements as well as local zoning, fire, health and safety laws.

Reporting requirements may be modified prior to or during the grant award period.

4. Performance standards

Applicants will be expected to focus on the goals of the ATR program and to incorporate the transformation goals and values of DBHIDS as previously outlined in this RFQ. To assist in establishing, incorporating and maintaining these goals and values, DBHIDS will make training available for all providers selected to provide recovery support services. All providers selected through this RFQ process must attend these trainings. DBHIDS will also put into place a process to ascertain the satisfaction that individuals feel about the services they receive at each recovery support services provider. All providers must cooperate with this process.

5. Monitoring

Providers selected to participate in the ATR program will work with ATR staff, including the Program Manager, the Treatment and Recovery Support Services (TRSS) Coordinator, the Information Technology (IT) Coordinator, the Fiscal Coordinator and the Recovery Specialists. These staff members will be available to provide support and technical assistance, and will initiate quality improvement activities when indicated.

6. Compensation

A fee schedule that provides detailed information for each type of service to be provided and the rate to be paid for that service is located in Attachment B. Payment for services provided will be made after the services have been delivered, on a fee-for-service basis only. The ATR program will not pay for any types of services on a program funded or prepaid basis. Individuals served through the ATR program shall not be charged any additional fees by the provider.

Services will be authorized by ATR program staff. The authorization will come to a provider in the form of an electronic voucher and will contain specific information regarding the type of service being authorized, the number of units being authorized and the reimbursement rate for the service. Vouchers will be authorized for a specified period of time, after which the voucher will expire. Vouchers may be extended in instances where an individual has a justifiable reason why s/he was unable to complete all of the services covered by the voucher. Otherwise,

following expiration of the voucher, the funds that had been set aside to pay for the service will be released and will then become part of the general ATR pool of funds available.

Payment for the service will only be made when an individual with a voucher attends and stays for the entire session, group or class. Each time that an individual attends a recovery support service activity, that attendance must be documented and maintained. A significant focus of this federal grant is to assure that there is strict accountability concerning the use of ATR funds. ATR program staff are required to make sure that there is no fraud or abuse in the expenditure of funds. Prospective providers must develop a system that can document accountability and assure that all services that are being invoiced have actually been delivered. ATR program staff will review expenditures to assure that all services which are billed have been delivered to the individual.

B. Organizational and Personnel Requirements

Non-profit and for-profit organizations and individuals with a minimum of two years experience providing the same or similar recovery support service(s) and able to provide these services within the City of Philadelphia are eligible to submit responses to the RFQ. Every applicant participating in the ATR program will be required to complete a certification process. As part of this process, the applicant, in its response to this RFQ, must demonstrate that:

- It has a clear mission statement that describes the type of recovery support service(s) it intends to provide
- It has a clear understanding of the direction of DBHIDS regarding recovery, resilience and transformation (go to www.dbhmrs.org for additional resources)
- It offers an organized program that outlines how services will be provided and who will provide the services
- The proposed service(s) will not be paid for by an additional source
- It has appropriate facilities to provide the intended recovery support service(s)
- The organization or individual has been providing similar or related services for a minimum of two years

C. Technology Capabilities

All applicants must provide a minimum of one (1) primary contact person with an active email account and with regular access to the internet. In order to perform activities required by the ATR program, applicants must have the following technology capabilities:

A PC with the following requirements:

- Internet access, as the voucher management system (VMS) is web-based
- Virus and malware software that is run and updated on a schedule
- Capable of 1024 x 768 screen resolution
- Version 8 or higher of Internet Explorer
- A printer and fax machine
- Adobe Reader 7.0 or higher

Each user at a provider organization will receive his/her own user ID. Each user ID will require a separate, business related email account. Training on the electronic voucher management system (VMS) will be required of providers selected through this RFQ process.

D. Required Tasks

In order to be included in the network of recovery support service providers, individuals and organizations will need to submit a response to this RFQ that meets the minimum requirements. Once the determination has been made that the response to this RFQ has met the minimum requirements, a site visit will be arranged for an ATR staff member to visit the proposed service site(s). Additional documentation, such as insurance coverage, will also be required prior to the determination that a provider is deemed to be certified.

Upon selection, providers are responsible for the following tasks:

- Provide the quality services proposed in their application
- Maintain proper attendance/participation data
- Cooperatively update service plans related to the services provided with the individuals receiving the services
- Submit timely reimbursement requests via the electronic VMS
- Attend training on DBHIDS system goals and values
- Attend training on the electronic VMS
- Provide any additional reporting requirements listed above in Section II.4.

III. Format, Content, and Submission Requirements; Selection Process

A. Required Proposal Format

All applications submitted in response to this RFQ must be submitted in the format outlined below. To be considered, the application must respond to all requirements detailed in this section of the RFQ. Any other information considered to be relevant but not directly applicable to this section may be provided as an appendix to the application.

At this time, DBHIDS is approving no more than four (4) recovery support services per provider. Therefore, please limit your application to no more than four (4) recovery support services.

Prospective applicants must organize the proposal in the same order as presented in this RFQ, clearly label each section with headings as they appear in this RFQ and include a table of contents. Any attachments or addenda called for in this RFQ should be placed at the end of the application, clearly labeled and referenced in the body of the application narrative. For the Experience and Capability section, applicants can write up to 3 single spaced pages. For each proposed service, applicants can write up to 4 single spaced pages for the Program Description section. If you have responded to a requirement in another section of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds the page limits may have their applications disqualified.

The narrative portion of the proposal must use a 12 point font on 8.5” by 11” sheets of paper with minimum margins and header and footer of 1”. The applicant must fully answer all of the listed questions in the same order as it is in the RFQ. Answers to each question must be numbered/lettered to match the questions in this RFQ. Not numbering and lettering the questions or responding to all questions may result in the application being considered non-responsive and disqualified.

B. Proposal Content

1. Application Cover Sheet

All applicants must completely fill out, sign (with an authorized signature) and attach the cover sheet as the first page to the application (see Appendix A for cover sheet). You may complete the cover sheet by typing or by printing to fill in the blanks.

2. Experience/Capability Statement (maximum of 3 pages)

The experience and capability statement must include the following components:

- a. A brief narrative description and history of the applicant, including its purpose, mission statement, and, where applicable, corporate status (for-profit or not-for-profit), governing body, organizational structure, and current sources of funding support. You should also include as attachments, where applicable:
 - 1) Proof of corporate status (for-profit or not-for-profit)
 - 2) A copy of any applicable certifications, licenses, etc.
 - 3) An organization chart
 - 4) The resume of the organization director and the staff providing the proposed services
 - 5) A listing of the members of the Board of Directors
 - 6) A copy of the agency's most recent certified audit
 - 7) In addition, all for-profit applicants must disclose the name of any person or entity having a direct or indirect ownership or controlling interest of 5% or more in the organization.
- b. A brief description of the services currently provided should be included. Any special populations with which you have experience, including but not limited to those based upon age, race, gender, gender identity, nationality or cultural considerations should be discussed here, along with a list of any languages other than English that your staff may speak.
- c. Any experience in developing programs that entailed working with behavioral health providers or other community or faith-based services is to be described in this section.
- d. From the knowledge you may have of the DBHIDS system transformation, along with the definitions of recovery and resilience and the values that were described earlier in this RFQ in section I.B, Department Overview, discuss how you are currently promoting and/or plan to promote a recovery-oriented

environment in your program. Discuss how issues related to participant choice, empowerment, utilizing a strengths-based perspective, family inclusion, peer culture and peer leadership are incorporated into the service(s) that are part of your proposed program. Be as specific and as detailed as possible.

- e. Information on recovery support service utilization and billing must be provided electronically on a regular basis. Please indicate if you have or will purchase all of the required equipment listed in this RFQ in section II.C. Please discuss the experience of your staff in using this technology.

3. Program Description (maximum of 4 pages for each proposed service)

This RFQ seeks information from recovery support service providers to determine the availability and readiness of individuals and organizations to deliver those services as part of the ATR program. DBHIDS is seeking providers for the following recovery support services:

- literacy & education – Adult Basic Education
- GED preparatory classes
- intimate partner violence education
- anger management education
- employment/vocational skills training
- nutrition education & support
- spiritual/faith-based/pastoral mentoring and coaching
- peer mentoring and coaching
- life skills training
- money management, credit and financial planning
- therapeutic recreation
- parenting skills training
- short-term emergency recovery housing services

Please Note: At this time, DBHIDS is approving no more than four (4) recovery support services per provider. Therefore, please limit your application to no more than four (4) recovery support services.

This section offers the opportunity to describe how you intend to provide the proposed service(s). Please provide a separate program description answering all of the following questions for each proposed service:

- a. Indicate the name of the proposed service and the type of recovery support service identified in the list above. Describe the proposed recovery support service, including, if applicable, a summary of the curriculum or lesson plans.
- b. Briefly describe the expected benefits for people who use the proposed service.

- c. Describe your experience providing this or a similar service. How often have you previously provided this service? Applicants are required to have a minimum of two years providing the proposed or similar service.
- d. Describe how the proposed service is currently being funded. Do you receive government funding, private funding, or charge individuals directly for receiving this service? How will you prevent payment from another funding source for people referred from ATR?
- e. Describe the population to whom you currently provide this service. Tell us about some of their specific needs. If your organization has restrictions on whom it serves (e.g. male or female only, re-entry population only, individuals who are homeless only) please indicate this here.
- f. Please tell us if you will be providing the service on an individual and/or group basis. Appendix B of this RFQ describes each recovery support service, the proposed service structure, and the rates that will be paid for each service. Please indicate the number of ATR individuals to whom you can offer this service at any one time. If you operate group services, they may include both ATR recipients and non-ATR individuals. In that case, tell us the number of slots available for individuals involved in ATR.
- g. If you are offering recovery support services in a class or group setting, tell us how your program works for people who many not come to every session (see page 9 for more discussion).
- h. Tell us how you will document that all services that are being invoiced have actually been delivered. Signing in and out for each session, along with the times for signing in and signing out, is one effective mechanism for documenting both attendance and the amount of time spent in the session.
- i. Please indicate where the service you propose will be delivered. It is the responsibility of the applicant to have an appropriate site to provide the recovery support service(s) that you propose. If the service will not be provided at a space you currently own, rent or lease, please provide, as an attachment, a letter of commitment from the outside organization stating their agreement to host your service. For example, it is possible that services may be delivered at community settings or at licensed treatment facilities where individuals may be receiving services. Applicants should be aware that the services being solicited are considered commercial activities; thus all facilities must meet county and state permit, licensing, zoning, and health code requirements.
- j. Please provide name, education, training and experience of each staff person providing the proposed recovery support service. If you plan to hire staff to provide services through this RFQ, please provide a job description and/or indicate the skills or qualifications of the staff that you will be seeking.

- k. Training and supervision are important components to ensure the quality of the services to be provided. Please describe your approach to supervision and to identifying your training needs and how you meet those needs.
- l. Discuss the ways in which you will retain individuals in your services. It is expected that recovery support service providers will make phone calls when appropriate to make contact with individuals during the time when they are receiving services in order to encourage program participation.

C. RFQ Submission Process

This RFQ is reissued on April 8, 2011. To submit a response to this RFQ:

- Each prospective applicant must include one (1) signed hard copy original application and five (5) hard copies of the application. The original and the 5 copies should not be bound but placed in an appropriately sized and labeled manila envelope.
- An official of the submitting agency, authorized to bind the agency to all provisions noted in the application, must sign the cover sheet. (Appendix A)
- Applications will be accepted on an ongoing basis unless otherwise noted on the website (www.bhsi-dbhids.org).
- The original and five (5) copies of the application are to be submitted to:

Ricardo Tull
PMHCC - ATR Project
123 S. Broad Street, Suite 1620
Philadelphia, PA 19107

DBHIDS will continue to accept applications and will review them on a continuous basis until such time when there are a sufficient number of recovery support service providers identified for each of the services that are being solicited.

D. Criteria for Selection

The review of responses to this RFQ will be done to identify multiple providers in each of the identified recovery support service areas, as outlined in the RFQ. The primary criteria to be used will focus on: (1) the experience and capability of the prospective provider and its staff to deliver the proposed service and (2) the soundness of the program design/approach and its appropriateness for the population to be served. Other variables will also be considered, including geographic distribution of services; community support and linkages; technological capability; and understanding of recovery, resilience and other system transformation values. If additional information is required to be able to make a determination, DBHIDS, at its sole discretion, may ask an applicant to supply this additional information prior to making a final determination. Because this RFQ process is continuous in nature for the next several months, a revised application may be resubmitted in the future if the original application does not meet these criteria and is not selected and the RFQ is still active.

IV. Application Administration

A. Questions Relating to the RFQ

All questions concerning this RFQ must be submitted in writing via email to Ricardo Tull at Ricardo.tull@phila.gov. A written response to the submitted question(s) will be posted on the PMHCC website within 3 business days or as soon thereafter as possible. Contact with other DBHIDS or other related staff regarding this RFQ is not permitted and failure to comply with this restriction could result in disqualification. A list of ATR Questions and Answers are available on www.bhsi-dbhids.org (under Access to Recovery).

B. Term of Provider Agreement or Consultant Contract

The initial term of the provider agreement or consultant contract will begin when all requirements of the RFQ have been met (the “Initial Term”). The initial provider agreement or consultant contract resulting from this RFQ will end June 30, 2012. Unless sooner terminated by the DBHIDS pursuant to the terms of the provider agreement or consultant contract, the provider agreement or consultant contract will be eligible for renewal, depending on the provider's ability to meet its contracted programmatic obligations successfully, its financial viability, and on the continuing availability of funds. DBHIDS may, at its sole option, amend the provider agreement or consultant contract to add additional one-year terms (“Additional Terms”) through the end of the grant award period. Except as may be stated otherwise in such amendment, the terms and conditions of this provider agreement or consultant contract shall apply throughout the Additional Terms.

V. General Rules Governing RFQs/Applications; Reservation of Rights; Confidentiality and Public Disclosure

A. Revisions to RFQ

DBHIDS reserves the right to change, modify or revise this RFQ at any time. Any revision to this RFQ will be posted on the PMHCC website with the original RFQ. It is the Applicant's responsibility to check the website frequently to determine whether additional information has been released or requested.

B. City Employee Conflict Provision

City of Philadelphia employees and officials are prohibited from submitting an application in response to this RFQ. No application will be considered in which a City employee or official has a direct or indirect interest. Any application may be rejected that, in DBHIDS' sole judgment, violates these conditions.

C. Application Binding

By signing and submitting its application, each Applicant agrees that the contents of its application are available for establishment of final provider agreement or consultant contract obligations for a minimum of 180 calendar days from the application deadline for this RFQ. An Applicant's refusal to enter into a provider agreement or consultant contract which reflects the terms and conditions of this RFQ or the Applicant's application may, in DBHIDS's sole discretion, result in rejection of Applicant's application.

D. Reservation of Rights

By submitting its response to this notice of Request For Qualifications as posted on the PMHCC website, the Applicant accepts and agrees to this Reservation of Rights. The term “notice of request for applications,” as used herein, shall mean this RFQ and include all information posted on the PMHCC website in relation to this RFQ.

1. This Notice of Request For Qualifications (RFQ)

DBHIDS reserves and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this RFQ:

- 1) to reject any and all applications and to reissue this RFQ at any time;
- 2) to issue a new RFQ with terms and conditions substantially different from those set forth in this or a previous RFQ;
- 3) to issue a new RFQ with terms and conditions that are the same or similar as those set forth in this or a previous RFQ in order to obtain additional applications or for any other reason DBHIDS determines to be in DBHIDS’s best interest;
- 4) to extend this RFQ in order to allow for time to obtain additional applications prior to the RFQ application deadline or for any other reason DBHIDS determines to be in the DBHIDS’s best interest;
- 5) to supplement, amend, substitute or otherwise modify this RFQ at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants;
- 6) to cancel this RFQ at any time prior to the execution of a final provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued, with or without issuing, in DBHIDS’s sole discretion, a new RFQ for the same or similar services;
- 7) to do any of the foregoing without notice to Applicants or others, except such notice as DBHIDS, in its sole discretion, elects to post on the PMHCC website.

2. Application Selection and Provider Agreement Negotiation

DBHIDS reserves and may, in its sole discretion, exercise any one or more of the following rights and options with respect to application selection:

- 1) to reject any application if DBHIDS, in its sole discretion, determines the application is incomplete, deviates from or is not responsive to the requirements of this RFQ, does not comply with applicable law, is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this RFQ, or if DBHIDS determines it is otherwise in the best interest of DBHIDS to reject the application;
- 2) to reject any application if, in DBHIDS’s sole judgment, the Applicant has been delinquent or unfaithful in the performance of any contract with DBHIDS or with others; is delinquent, and has not made arrangements satisfactory to DBHIDS, with respect to the payment of City taxes or taxes collected by the City, or other indebtedness owed to the City; is not in compliance with regulatory codes applicable to Applicant; is financially or technically incapable; or is otherwise not a responsible Applicant;
- 3) to waive any defect or deficiency in any application, including, without limitation, those identified in subsections 1) and 2) preceding, if, in DBHIDS's sole judgment, the defect or deficiency is not material to the application;

- 4) to require, permit or reject, in DBHIDS's sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their applications by some or all of the Applicants at any time following application submission and before the execution of a final provider agreement or consultant contract;
- 5) to issue a notice of intent to develop a provider agreement or consultant contract and/or execute a provider agreement and/or consultant contract for any or all of the items in any application, in whole or in part, as DBHIDS, in its sole discretion, determines to be in DBHIDS's best interest;
- 6) to enter into negotiations with any one or more Applicants regarding price, scope of services, or any other term of their applications, and such other agreement or contractual terms as DBHIDS may require, at any time prior to execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to any Applicant and without reissuing this RFQ;
- 7) to enter into simultaneous, competitive negotiations with multiple Applicants or to negotiate with individual Applicants, either together or in sequence, and to permit or require, as a result of negotiations, the expansion or reduction of the scope of services or changes in any other terms of the submitted applications, without informing other Applicants of the changes or affording them the opportunity to revise their applications in light thereof, unless DBHIDS, in its sole discretion, determines that doing so is in DBHIDS's best interest;
- 8) to discontinue negotiations with any Applicant at any time prior to the execution of a provider agreement or consultant contract, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued to the Applicant, and to enter into negotiations with any other Applicant, if DBHIDS, in its sole discretion, determines it is in the best interest of DBHIDS to do so;
- 9) to rescind, at any time prior to the execution of a provider agreement or consultant contract, any notice of intent to develop a provider agreement or consultant contract issued to an Applicant, and to issue or not issue a notice of intent to develop a provider agreement or consultant contract to the same or a different Applicant and enter into negotiations with that Applicant, if DBHIDS, in its sole discretion, determines it is in the best interest of DBHIDS to do so;
- 10) to elect not to enter into any provider agreement or consultant contract with any Applicant, whether or not a notice of intent to develop a provider agreement or consultant contract has been issued and with or without the reissuing this RFQ, if DBHIDS determines that it is in DBHIDS's best interest to do so;
- 11) to require any one or more Applicants to make one or more presentations to DBHIDS at DBHIDS's offices or other location as determined by DBHIDS, at the Applicant's sole cost and expense, addressing the Applicant's application and its ability to achieve the objectives of this RFQ;
- 12) to conduct on-site investigations of the facilities of any one or more Applicants (or the facilities where the Applicant performs its services);
- 13) to inspect and otherwise investigate projects performed by the Applicant, whether or not referenced in the application, with or without consent of or notice to the Applicant;

- 14) to conduct such investigations with respect to the financial, technical, and other qualifications of each Applicant as DBHIDS, in its sole discretion, deems necessary or appropriate; and,
- 15) To permit, at DBHIDS's sole discretion, adjustments to any of the timelines associated with this RFQ, including, but not limited to, extension of the period of internal review, extension of the date of provider agreement or consultant contract award and/or provider agreement or consultant contract execution, and extensions of deadlines for implementation of the proposed project.
- 16) to do any of the foregoing without notice to Applicants or others, except such notice as DBHIDS, in its sole discretion, elects to post on the PMHCC website.

3. Miscellaneous

- 1) Interpretation; Order of Precedence. In the event of conflict, inconsistency or variance between the terms of this Reservation of Rights and any term, condition or provision contained in any RFQ, the terms of this Reservation of Rights shall govern.
- 2) Headings. The headings used in this Reservation of Rights do not in any way define, limit, describe or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

E. Confidentiality and Public Disclosure

The successful Applicant shall treat all information obtained from DBHIDS which is not generally available to the public as confidential and/or proprietary to DBHIDS. The successful Applicant shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful Applicant agrees to indemnify and hold harmless DBHIDS and PMHCC, its officials and employees, from and against all liability, demands, claims, suits, losses, damages, causes of action, fines and judgments (including attorney's fees) resulting from any use or disclosure of such confidential and/or proprietary information by the successful Applicant or any person acquiring such information, directly or indirectly, from the successful Applicant.

By submission of an application, Applicants acknowledge and agree that DBHIDS, as a municipal corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including applications, to the extent required thereunder. Without limiting the foregoing sentence, DBHIDS's legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

F. Incurring Costs

Neither DBHIDS nor PMHCC is liable for any costs incurred by applicants for work performed in preparation of a response to this RFQ.

G. Prime Applicant Responsibility

The selected applicants will be required to assume responsibility for all services described in their applications whether or not they provide the services directly. DBHIDS will consider the selected applicants as sole points of contact with regard to provider agreement matters.

H. Disclosure of Application Contents

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFQ process becomes the property of DBHIDS and will only be returned at DBHIDS' option. Applications submitted to DBHIDS may be reviewed and evaluated by any person other than competing bidders. DBHIDS retains the right to use any/all ideas presented in any reply to this RFQ. Selection or rejection of an application does not affect this right.

I. Selection/Rejection Procedures

Applicants whose applications are selected by DBHIDS will be notified in writing as to their selection. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with DBHIDS. This letter should not be considered as a letter of award. A formal letter of award will be forthcoming to the agencies selected for funding at such time when mutual agreement has been reached by the parties on all issues pertaining to the application. Applicants whose applications are not selected will also be notified in writing by DBHIDS.

J. Non-Discrimination

The successful applicants, as a condition of accepting and executing a provider agreement with DBHIDS through this RFQ, agree to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

The provider does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.

APPENDIX A

Application Cover Sheet

**DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY
SERVICES**

REQUEST FOR QUALIFICATIONS

RECOVERY SUPPORT SERVICES

COVER SHEET

CORPORATE OR INDIVIDUAL
NAME OF APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

PROPOSED RECOVERY SUPPORT SERVICES TO BE PROVIDED [check up to 4 box(es)]

- | | |
|--|--|
| <input type="checkbox"/> literacy & education – Adult Basic Education | <input type="checkbox"/> GED preparatory classes |
| <input type="checkbox"/> peer mentoring and coaching | <input type="checkbox"/> anger management education |
| <input type="checkbox"/> intimate partner violence education | <input type="checkbox"/> nutrition education & support |
| <input type="checkbox"/> employment/vocational skills training | <input type="checkbox"/> therapeutic recreation |
| <input type="checkbox"/> spiritual/faith-based/pastoral mentoring and coaching | <input type="checkbox"/> parenting skills training |
| <input type="checkbox"/> money management, credit and financial planning | <input type="checkbox"/> life skills training |
| <input type="checkbox"/> short-term emergency recovery housing services | |

SIGNATURE OF OFFICIAL AUTHORIZED TO BIND APPLICANT TO A PROVIDER AGREEMENT TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

Appendix B: Recovery Support Services

Literacy & Education - Adult Basic Education

Courses should provide instruction in the basic skills of reading, writing, and mathematics to adult learners in order to prepare them for transitioning into the labor market or higher academic or vocational training. This may include English for English language learners. Leadership development, decision making and problem solving skills may also be addressed.

GED Preparatory Classes

These courses should be designed for individuals who have not earned a high school diploma and want to take the General Educational Development (GED) exam. The GED certifies high school level academic skills. The exam consists of five multiple-choice tests which are designed to measure skills and concepts associated with four years of regular high school instruction.

Intimate Partner Violence Education

Programming may be geared towards perpetrators or survivors of intimate partner violence and must be provided in segregated groups. Prospective providers must identify which group or groups they intend to serve. For perpetrators, this service should provide information and education for individuals who have been physically or emotionally abusive to family members or significant others. The curriculum should include education concerning intimate partner violence as a learned behavior and how oppressive life circumstances such as racism and poverty can create a climate that may contribute to intimate partner violence. For survivors of intimate partner violence, the curriculum should include resources for safety such as emergency residential services, legal aid, hotline counseling, education and advocacy. Other topics to address should include types of abuse, warning signs, cycles of violence, barriers to leaving, and healthy and unhealthy communication patterns in relationships.

Anger Management Education

Anger management education will focus on understanding the difference between anger as an experienced emotion and making choices to engage in harmful behaviors. Anger will be explored in the context of family, community and world. Participants should be encouraged to share frustrations and situations when they resorted to violence. The role that stress plays as a means to understand the origin of one's anger will also be explored. Participants should utilize role playing to observe the many positive methods for managing anger. Participants should learn and practice conflict resolution skills and other strategies to manage anger when interacting with others.

Employment/Vocational Skills Training

This service is designed to assist and prepare individuals for work by assessing their literacy level and skill sets and then providing them with training services to develop the required skills. Many individuals served in the ATR program may face challenges with their pre-employment and pre-vocational skill levels that may preclude their participation in employment and vocational programs. Through this service, prospective recovery support service providers may offer pre-employment training services that will address those challenges to get them ready for employment and vocational programs. Providers may also choose to offer training for individuals who are further along in the continuum and have the requisite educational, decision-

making and problem solving skills necessary to prepare for permanent employment. Individuals completing the literacy and education recovery support service program may be appropriate for referral into this training.

Nutrition Education & Support

This service should focus on increasing the participants' knowledge of the essentials of good nutrition. Topics should include preparing and serving balanced meals, managing available resources including food stamps, and better practices of buying, sorting and safely storing food. Also, instruction on meal preparation will be provided to help participants understand how to prepare meals for families of various sizes.

Spiritual/Faith-Based/Pastoral Mentoring and Coaching

Mentoring and coaching services are designed to assist those who are seeking or in recovery in assessing their current circumstances and helping them to define goals, target areas to strengthen or improve and help them to create an effective life plan. These services also aid in understanding and overcoming barriers that may inhibit progress, and should seek to hold individuals accountable for implementing changes and helping them to reach the goals they desire. These services may be provided in a faith-based setting or in the community by individuals who are identified with a spiritual or faith-based organization or program.

Peer Mentoring and Coaching

Mentoring and coaching services are designed to assist those who are seeking or in recovery in assessing their current circumstances and helping them to define goals, target areas to strengthen or improve and help them to create an effective life plan. These services also aid in understanding and overcoming barriers that may inhibit progress, and should seek to hold individuals accountable for implementing changes and helping them to reach the goals they desire. These services may be provided in an array of community settings by individuals who have lived experience with their own recovery journey and who do not have a spiritual or faith-based affiliation.

Life Skills Training

This service addresses a broad array of topics to assist individuals in gaining the skills to function on an every day basis in their communities. The curriculum should address the use of community resources, such as public transportation, libraries, health centers, community centers and recreation centers, among other topics. It may also touch in less detail on some of the other recovery support service areas. These may include organizational skills, personal hygiene, job readiness, social interactions, self-confidence, self-esteem and development of coping skills. Participants may also learn about the occurrence of conflicts, how to avoid conflict and conflict resolution. Assertiveness training and development of stress management skill may also be addressed.

Money Management, Credit and Financial Planning

This service should focus on development of skills to manage money, including how to prioritize spending, how to create a budget, and how to develop a plan to organize and use the resources that each person has available to them. Participants should also be taught about credit, how it works, the fundamentals of how to obtain a copy of their credit report, education on what the

scores mean, as well as tips to improve ones score and repair credit. Subject matter may also include how credit impacts housing and one's ability to rent or purchase a home.

Therapeutic Recreation

Physical activities can supply participants with a healthy outlet or coping mechanism. Recreation and structured exercise for individuals in recovery may involve taking risks by trying new activities or engaging in these types of activities for the first time in many years. Some individuals may benefit from a structured setting and supportive leader, while others may be able and willing to participate immediately. The curriculum should stress the importance of participation in healthy activities as a means to both physical and emotional health. In addition to physical exercise, other activities may include but are not limited to art, nature/gardening, music, yoga, pilates and dance.

Parenting Skills Training

This service should focus on developmental stages of children as well as the understanding of family dynamics. Participants should be given the opportunity to share their childhood experiences and their hopes for the future of their own children. Self-reflective activities may be included such as journaling, letter writing and/or scrapbooking. Activities should be taught that promote physical contact between parent and child and encourage parents to observe and interact with their children in healthy ways. Role-playing as a means of identifying positive and challenging interactions with children should be used. Topics may include but are not limited to introduction of healthy means of praising children, issues of power and control and how positive means of parenting can lead to more respect and less violence in the home, community and world.

Short-Term Emergency Recovery Housing Services

These services are designed to provide recovery housing on a short-term basis for individuals who are in need of a safe, secure living situation while they are in the process of stabilizing their lives. The expectation is that during the time that an individual is in short-term recovery housing, the housing provider will work with that individual to explore more permanent options for housing. This service will be authorized for a maximum of one week with the possibility of extending that authorization for an additional 7 days at a time, depending upon the progress that the individual and the housing provider are making toward a more permanent housing arrangement. In no case will this service be authorized for more than 28 days for any one individual.

Recovery Support Services Rates and Sessions

Service	Expected Session Duration		Rate/Session		Sessions to be Authorized++	Maximum Group Size
	Individual	Group	Individual	Group**		
Literacy & education-Adult Basic Education	N.A.	90 min	N.A.	\$30	12	10
GED preparatory classes	N.A.	90 min	N.A.	\$30	12	10
Intimate partner violence education	45 min	90 min	\$40	\$30	9	10
Anger management education	45 min	90 min	\$40	\$30	9	10
Employment/vocational skills training	N.A.	90 min	N.A.	\$30	9	15
Nutrition education & support	45 min	90 min	\$30	\$25	9	15
Spiritual/faith-based/pastoral mentoring and coaching	45 min	90 min	\$20	\$15	9	15
Peer mentoring and coaching	45 min	90 min	\$20	\$15	9	15
Life skills training	45 min	90 min	\$30	\$25	9	15
Money management, credit and financial planning	45 min	90 min	\$30	\$25	9	15
Therapeutic recreation	45 min	90 min	\$15	\$20	9	15
Parenting skills training	45 min	90 min	\$30	\$25	9	15
Short-term emergency recovery housing services	1 day		\$30		7	

****The group rate represents the reimbursement for each person who attends a group session.**

++It is assumed sessions will be offered once to twice per week.