

RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Application for Reimbursement for Recovery House Services

Instructions: Please complete a separate application for each recovery house for which you are applying.

Part I. Vendor Information

Vendor Name [Click or tap here to enter text.](#)

Vendor Address (street, city, state, ZIP code) [Click or tap here to enter text.](#)

Vendor Contact Person [Click or tap here to enter text.](#)

Contact Person Email Address [Click or tap here to enter text.](#)

Contact Person Phone [Click or tap here to enter text.](#)

Part II. Recovery House Information

- 1) Recovery House Name (if applicable) [Click or tap here to enter text.](#)
- 2) Recovery House Address [Click or tap here to enter text.](#)
- 3) House Manager Name [Click or tap here to enter text.](#)
- 4) House Manager Email Address [Click or tap here to enter text.](#)
- 5) House Manager Phone [Click or tap here to enter text.](#)
- 6) Does this Recovery House accept individuals receiving Medication Assisted Treatment for substance use disorders? [Yes](#) [No](#) Please note that contracts will not be awarded to houses that cannot accommodate individuals receiving Medication Assisted Treatment.
- 7) Describe any populations exclusively served at this house, e.g. specific ages, gender, Veterans, those reentering community from prison, etc. [Click or tap here to enter text.](#)
- 8) What is the total number of beds at this address? Please note that BHDDH will not contract with a house containing more than 16 beds. [Click or tap here to enter text.](#)
- 9) How many of these beds are currently dedicated to state funding? [Click or tap here to enter text.](#)

Part III. Supporting Documentation

Please include the following documents with this application:

- 1) Recovery house proof of certification from RICARES
- 2) List of fees imposed on residents

Part IV. Attestation

MY SIGNATURE BELOW INDICATES THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION (INCLUDING ADDENDA) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I FURTHER ATTEST THAT I AGREE TO BE REIMBURSED AT THE RATE OF \$20/DAY ON THE FOLLOWING TIERED SYSTEM:

- Days 1 to 90 – BHDDH pays 100%
- Days 91 to 180 – BHDDH pays 75%
- Days 181 to 365– BHDDH pays 50%

Name of Person Authorized to Submit this Application [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

Signature of Person Authorized to Submit this Application

Date

Please return this application to BHDDH.BH_Procurements@bhddh.ri.gov

For Internal Use Only

Date Received [Click or tap here to enter text.](#)

Reviewed By [Click or tap here to enter text.](#) Date [Click or tap here to enter text.](#)

Reviewed By [Click or tap here to enter text.](#) Date [Click or tap here to enter text.](#)

Reviewed By [Click or tap here to enter text.](#) Date [Click or tap here to enter text.](#)

Reviewer(s) Notes

[Click or tap here to enter text.](#)

Approved Denied

Additional Information Requested

[Click or tap here to enter text.](#)