**26-85172**

**TECHNICAL PROPOSAL**

**AttachmentF.1 - ISNAP**

**Instructions: Please supply all requested information in the areas shaded yellow and indicate any attachments that have been included to support your responses.**

* + 1. **General Requirements and Definitions**
       1. Please list any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award during contract finalization and implementation.

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* + - 1. Please confirm you have carefully reviewed all requirements listed in RFP Section 1.4. Should your company have any exceptions, substitutions, or conditions for the State’s consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation.

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**2.4.2 Program Criteria**

2.4.2.1 Please describe in detail your company’s experience and expertise in providing

rehabilitation referral and monitoring programs for substance-impaired healthcare

professionals and/or individuals who have been affected by the use of alcohol or

other drugs. The response should include a narrative that supports your company’s

ability to meet the requirements stated in the Summary of Scope of Work and resources available to the Vendor to accomplish these requirements.

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2.4.2.2 Please describe in detail the evaluation techniques that you plan to use in your

intake and referral process, including, but not limited to:

1. Admission criteria;
2. Assessing a practitioner’s risk of continuing to work;
3. Determining referral and treatment recommendations;
4. Reasons for discharging a participant from the program and referring the case to ISBN (“Indiana State Board of Nursing”); and
5. Criteria for allowing re-admission to the program, if discharged.

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2.4.2.3 Please affirm that your company’s monitoring will meet the requirements designated in 1.4 Summary of Scope of Work and provide a representative sample of a recovery monitoring agreement (“RMA”) that you intend to utilize for this contract.

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2.4.2.4 Please describe the steps you take to individualize rehabilitation referral and

monitoring programs for each client to heighten chances of recovery and discuss in

detail your ability to comply with the stated monitoring requirements for the

program, including providing:

1) Treatment and therapy recommendations, including aftercare;

2) Treatment and therapy participation, including aftercare;

3) Professional support group participation;

4) Family treatment;

5) Special treatment, such as pain management, psychiatric or psychological

treatment;

6) Work activities, including return-to-work issues and ongoing monitoring of work

performance and compliance with work restrictions, such as scope of practice

delineations;

7) Random drug testing; and

8) Termination from the rehabilitation monitoring program for failure to comply

with program requirements.

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2.4.2.5 Please provide a narrative that specifically discusses how your company intends to

establish and/or utilize a currently existing drug-testing program as part of your

monitoring process. Within your narrative, identify or provide the following

information:

1) Any current relationships that your company maintains with treatment providers that would be utilized to fulfill this contract;

2) Sites where those treatment providers are located in the state of Indiana;

3) Sites where those treatment providers are located in other states;

4) A statement assessing the extent to which the location of treatment providers that you plan to use would enable a participant residing anywhere in the state of Indiana to reach a drop site collection point for urine drug screens without the need to travel more than 50 miles;

5) Efforts your company will make to refer individuals to services within their financial means;

6) Steps you take to ensure all sample collection facilities and laboratories you use for drug and alcohol testing follow set policies and procedures for accurate testing and to meet requirements;

7) The availability of a Medical Review Officer to review all positive UDSes;

8) How quickly and by what means you require these facilities to report to you a client’s missed UDSes, adulterated specimens, and positive drug or alcohol tests; and

9) How quickly and by what means you will be able to report to ISBN a client’s missed UDSes, adulterated specimens, and positive drug or alcohol tests.



2.4.2.6 Please provide an explanation of your methodology for determining the appropriate

length of ISNAP participation for individuals in the Alternatives to Discipline program or voluntary, non-discipline referrals and provide a decision tree which illustrates this methodology.



2.4.2.7 Please describe how your company plans to attend anticipated in-person meetings of ISBN, including

all ISBN board meetings and meetings with designated representatives of ISBN, IPLA, and any other representatives of the State to review, develop, and plan implementation of program policy.



2.4.2.8 Please address your company’s plan to provide education and outreach to the

healthcare community to increase awareness of diagnosis, treatment of alcohol and

drug abuse, and the INP. Please detail and identify any current education and

outreach services performed by your company, including, but not limited to, your

company’s experience and expertise in communicating through social media such as

Facebook, Twitter, and YouTube.



2.4.2.9 Please identify any website in which your company maintains a presence on the

internet, and provide a narrative describing how your company plans to maintain a

program website containing information about the ISNAP.



2.4.2.10 Please provide details regarding how and in what format your company plans to

provide regular reports to the State and ISBN on the progress and activities of ISNAP

according to the specifications stated in the RFP Main Document, Section Item 1.4.7.4. Please review report critera identified in 1.4.7.4 and indicate your company’s

ability to provide the level of reporting detail described. Please also describe, in

detail, how you intend to generate all of the fields described. Provide sample

reporting as a separate exhibit.



2.4.2.11 Please provide a narrative describing how your company intends to provide timely

communication to ISBN and IPLA. Include in your narrative the anticipated

protocol you intend to utilize when the vendor is required to report to ISBN the

noncompliance of program participants who are subject to probationary orders of

ISBN and the circumstances surrounding the practitioner’s failure to comply. Also

include information regarding the timelines under which the State can expect

responses to the States’ periodic requests that the Vendor provide information

regarding the program compliance of specifically identified practitioners.



2.4.2.12 Please provide a narrative describing your company’s ability to ensure an orderly and

efficient start up and transition from the current Vendor. Include an implementation

plan that indicates how your company will ramp up and implement services to coincide with the expiration date of the current contract and include within your plan the following sections:

1. Key steps
2. Timeframe
3. Target Dates
4. Responsible Parties
5. Status
6. Comment Section



2.4.2.13 Please provide a narrative addressing your company’s ability and expertise in

maintaining participant records in accordance with all state and federal

confidentiality laws. Include a description of the anticipated process you intend to

utilize for purging records.



2.4.2.14 Please acknowledge your company’s wiliness to make any records maintained pursuant to this contract available at the IPLA offices within

forty-eight (48) hours of receiving a request from the State.



2.4.2.15 Please explain how your company intends to establish and maintain electronic case

management of ISNAP participants including the software you intend to utilize and

your experience with this software.



2.4.2.16 Please explain how you plan to implement the needs assistance fund required in the

RFP Main Document, Section 1.4.8.15. Please provide any formulas or forms that will be utilized to determine qualifications for the needs assistance fund and the manner in which these determinations will be made.



2.4.2.17 Please acknowledge your company’s willingness to meet and comply with the

specifications addressed in the RFP Main Document, Section 1.4.8.15. If applicable,

explain in detail any concerns that your company has identified regarding the provision of any of the services that the State has requested and/or required under the above-mentioned section.



2.4.2.18 Please include information related to the tenure of the senior management of your

company, information for the last three years on any changes of ownership and

explain why there was a change in ownership. Please provide the long-term plans of

your company and information related to the overall operating soundness of your

business model.



* + - 1. Please provide the following information:

1. A list of all current clients for whom you provide a rehabilitation referral and/or

monitoring program;

1. A list of all rehabilitation referral and/or monitoring program contracts that have been executed, renewed, or terminated during the last five years;
2. If applicable, information on why any rehabilitation referral and/or monitoring

program contracts were not renewed;

1. Contact information for all rehabilitation referral and/or monitoring contract

clients in the last five years; and

1. A list of all lawsuits in which the Vendor is a defendant relating to its provision of rehabilitation referral and/or monitoring programs.



2.4.2.20 Please explain the level of the staff member who will be the primary point of contact for administering this contract and how that relationship manager interfaces with the State and other vendor staff to ensure proper contract administration, support, and resolution of questions or program deficiencies. Please include a biography and resume for key personnel who will be interacting with the agency.



**2.4.3 Account Management and Reporting**

2.4.3.1 Describe the procedure you will use for pay to the State and deposit in the ISNAP

account fees assessed to each impaired practitioner for participating in the

monitoring program as required in the RFP Main Document, Section 1.4.8.15. This requirement does not apply to fees for voluntary continuing participating in the rehabilitation monitoring program.



2.4.3.2 Please describe in detail your company’s proposed account management team

structure including names and contact information as well as the services each

individual or group will perform.



2.4.3.3 What is your company's standard process for problem resolution, including standard

response times? What is the usual procedure if the standard resolution process

cannot resolve an issue?



2.4.3.4 What are the standard financial reports that your company provides to your

customers? Please provide a list of your company's standard reports, including

examples, as an attachment to your RFP response. Please note which are available

online.



2.4.3.5 Please detail your company’s customized and ad hoc reporting capabilities including

how long the State will wait to receive new requests for information.

