**RFP 26-85172**

**TECHNICAL PROPOSAL**

**Attachment F – Impaired Pharmacist Asst Program**

**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 impaired professionals and/or individuals who have been affected by the use of alcohol or other substances. The response should include a narrative that supports your company’s ability to meet the scope of work and available resources related to the provision of the rehabilitation referral and monitoring program.

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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. practitioner’s risk of continuing to work;
3. treatment recommendations;
4. referral recommendations;
5. reasons for discharge from the program and referral of case to IBP or Office of the Attorney General, as appropriate; and
6. criteria for readmission 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 of the 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 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 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:

* 1. Any current relationships that your company maintains with treatment providers that would be utilized to fulfill this contract;
  2. the sites where those treatment providers are located in the state of Indiana;
  3. the 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 utilize 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 fifty (50) miles;

1. the efforts your company will make to refer individuals to services within their financial means;
2. 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.
3. how quickly and by what means you require these facilities to report to you a client’s missed screens, adulterated specimens, and positive drug or alcohol tests; and
4. how quickly and by what means you will report to IBP a client’s missed drug screens, adulterated specimens, and positive drug or alcohol tests.



2.4.2.6. Please provide an explanation of your methodology for determining:

* + 1. The length of the RMA for an individual practitioner.
    2. At what point will a relapse or series of relapses result in a referral of the practitioner to IBP (“Indiana Board of Pharmacy”).
    3. at what point a relapse or series of relapses will result in a referral of the practitioner to the Consumer Protection Division of the Office of the Attorney General (“OAG”);
    4. At what point and under what conditions non-compliance with the RMA will result in a referral of the practitioner to the IBP.
    5. At what point and under what conditions non-compliance with the RMA will result in the referral of the practitioner directly to the OAG.

Additionally, please provide a decision tree that illustrates this methodology.



2.4.2.7. Please describe how your company plans to attend in-person meetings of the IBP, including all board meetings, and meetings with designated representatives of IBP and the representative of the State to review, develop, and plan implementation of program policy. In-person attendance is required unless online attendance is authorized in advance by the State.



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 substance abuse, and this program. 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 Instagram, 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 its rehabilitation referral and monitoring program.



2.4.2.10. Please provide details regarding how and in what format your company plans to provide regular reports to the State and IBP on the progress and activities of the program according to the specifications stated in RFP Main Document, Section 1.4.7.d and 1.4.8. Please review report criteria identified in these sections 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 the IBP and the State. Include in your narrative the anticipated protocol you intend to utilize when required to report to the IBP or OAG the noncompliance of program participants who are subject to probationary orders of the IBP 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 to 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. Timeframes
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.



2.4.2.14. Please provide an affirmative statement regarding your company’s ability 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 program participants including the software you intend to utilize and your experience with this software.



2.4.2.16. Please provide a statement that your company agrees to meet and comply with the specifications addressed under the Scope of Work in Section 1.4. 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.



2.4.2.17. Please provide the following:

1. A list of all current clients for whom you provide a rehabilitation referral and monitoring program;
2. A list of all rehabilitation referral and monitoring program contracts that have been renewed or terminated during the last five years;
3. if applicable, information on why any rehabilitation referral and monitoring program contracts were not renewed;
4. contact information for all current rehabilitation referral and monitoring clients; and
5. a list of all lawsuits in which your company is a defendant relating to its provision of rehabilitation referral and monitoring programs.



**2.4.3. Account Management and Reporting**

2.4.3.1. 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.



2.4.3.2. 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 must wait to receive new requests for information.



2.4.3.6. 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.



2.4.3.7 Please explain what level staff member will be the primary point of contact for administering this contract and how that relationship manager interfaces with the State and other 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.

