

Questions and Answers

September 19, 2007

1. Is this a new program or an expansion of existing programs?

This is not a new program. It is a program that has been in place since the law became effective (1995). A goal of this RFP is to enhance and improve the SATP by obtaining a wide range of proposals and ideas for the curriculum, manner of counseling, facilities, communications, and all other administrative aspects of the SATP.

2. a. If existing, where are the current programs and who are the providers?

There presently are two providers:

The Commonwealth Group's main office is in Manchester.
The Commonwealth holds Phase I in Manchester and Vernon and holds Phase II and Phase III in Manchester, Vernon, Norwich, North Haven and Southbury

Connecticut Renaissance, Inc.'s main office is in Norwalk.
Connecticut Renaissance holds all three phases at its Bridgeport facility

b. How many slot/beds are funded?

There are no funded slots/beds.

3. If existing, what is DMV's experience in the number of participants on a yearly basis (broken down by phase) statewide?

The Commonwealth Group indicates that as of July 31, 2007,
6728 clients have enrolled in their program
4749 clients have completed all three phases of the program

Connecticut Renaissance indicates that as of July 31, 2007,
1295 clients have enrolled in their program
1237 clients have completed all three phases of the program.

Figures cover program initiation through July 31, 2007.

4. What is the current cap on the allowable program fee?

The current caps are as follows:
The Commonwealth Group is \$865.
Connecticut Renaissance is \$900.

5. What is the anticipated projection of need by town/city?

There are no statistics available as to projected need by town/city.

6. What happens if a participant cannot pay for the services?

Under the provisions of Section 14-227f-5 of the Regulations of Connecticut State Agencies (RCSA), the treatment program shall be paid for by the client; and payment may be required by the provider in advance of the program, or any component thereof.

The providers submitting their requests for approval of a fee have the option of including a designated additional amount above actual costs, which shall be used by the provider to assist clients who prove indigence.

7. a. How are start-up costs handled?

Start-up costs are the sole responsibility of the provider.

b. Does DMV provide for any start-up money?

No, the DMV does not provide any start-up money.

8. Is there a requirement that the SATP (and program site) be licensed by the Department of Public Health?

The provider does not need to be licensed; however, the substance abuse counselors must be certified/licensed by the Department of Public Health.

9. Are providers required to have a physician on staff or just the ability to make referrals?

Under the provisions of Section 14-227f-10(2) of the Regulations of Connecticut State Agencies (RCSA), the Phase 1 component of the program shall have immediate access to a licensed physician. (See question 26)

10. If the participant has insurance, are they able to use their own physician?

In Section 14-227f-4(a)(1) of the RCSA, if a complete physical examination is required by a licensed physician, it is the responsibility of the client, and is paid for by the client. In those circumstances, the client may use any licensed physician who is qualified to do a complete physical examination, and payment of that physician's fee is between the physician and the client. This may also apply if it is recommended that the client receive additional medical treatment (not of an immediate nature) in accordance with Section 14-227f-4(b)(3) of the RCSA. That additional treatment is the responsibility of the client.

11. Is there a minimum number of treatment hours required in Phase I?

The provisions of Section 14-227f-4(2) of the RCSA are silent as to the total number of treatment hours that must be administered during Phase I; however, this section does provide, as follows: "... (2) A program with the clients in an environment which is segregated from other persons and activities for a period of 48 consecutive hours, which period shall include appropriate time and reasonable accommodations for meals, sleep and other necessary personal functions."

12. Is Phase III the only phase where urinalysis is required?

No, Phase III includes blood and/or urine screening at random intervals as recommended by the provider. In addition, Section 14-227f-4(g) of the RCSA states that each client who enrolls in a treatment program shall agree to submit to a blood, breath or urine test upon request by the provider at any time during the program; and failure to take such test when so requested shall result in dismissal from the program, except that a client may decline to take a blood test, and a test of another type may then be required.

13. Can a provider use breathalyzers and/or saliva test for the random drug-testing requirement?

Section 14-227f-4(g) of the RCSA defines the manner of tests that may be administered. Breathalyzers are included; saliva tests are not.

14. If a client is unsuccessfully dismissed from the program due to a positive drug screen, is lab confirmation of the positive result required?

Neither the Regulations nor the RFP refer to a "lab confirmation." Each client who enrolls in a treatment program must agree to submit to a blood, breath or urine test upon request by the provider at any time during the program. If a drug screening is done, there will be a print-out of the results, or a report of the results from the person who analyzed the sample. The records of any lab testing should remain in the client's record, and may be relied on by the provider to take any action required.

15. Are the "Contractor Agreement" and the "Certificate of Completion" (referenced on page 10) required to be submitted with the response or is this something that would need to be provided only if awarded a contract?

These must be submitted with the response.

16. a. Is the 1:10 counselor/client ratio for the residential portion only?

No, the 1:10 counselor/client ratio applies to all Phases of the program

- b. Can counselors have a mix of Phase I and Phase II/III clients? If so, is the ratio adjusted? If so, how is it calculated?

No, Phase I and Phase II/III clients cannot be combined.

17. a. Do clients get to pick which provider/program they attend?

Yes, clients have the option of selecting the provider/program they attend.

- b. How far in advance will a provider get referrals?

Providers receive weekly referrals.

- c. Is there an expected timeframe in which referrals must be admitted to the program (e.g. within 48 hours)?

No, there is not an expected timeframe.

18. Can the services be provided by non CADC/LADC providers, such as LCSWs with training in substance abuse?

The regulations require that all three phases of the DMV SATP program be conducted by persons who are certified/licensed substance abuse counselors under the provisions of Section 20-74s of the Connecticut General Statutes (CGS).

19. Can a provider partner with another provider to do the three phases?

Submitted proposals must provide all required details to explain how the three program phases will be conducted and meet the requirements as outlined.

20. Can the client in Phases II and III be integrated in with other clientele?

No, clients in Phases II and III cannot be integrated in with other clientele.

21. What is the volume/number of referrals?

DMV mails approximately 5000 notices annually to persons who must complete the program prior to restoration of their licenses.

22. Can the physical assessment be performed by someone other than an MD? If yes, who?

The assessment contemplated on intake is in the nature of a screening, not a physical exam. It is done by a certified counselor. Physical exams must be done by a licensed physician.

- 23.** Please describe the requirements of the psychological evaluation in greater detail. Must this evaluation be completed by a license psychologist?

Under Section 14-227f-4(a)(1) of the RCSA the assessment is to be made by a *certified counselor.*

- 24.** What is the required staff: client ratio for overnights in Phase I?

1:10

- 25.** Are there any preferred staffing qualifications for overnight staff?

The regulations do not separate daytime staffing qualifications from overnight staffing qualifications. The regulations contemplate that a counselor is on staff.

- 26.** Phase I requires immediate access to a licensed physician. Please clarify what is meant by immediate access.

“Immediate” means happening or done at first, at once, or without delay. This implies that someone is “on-call” and available to see a client.

- 27.** Can we apply our agency’s sliding fee scale for clients?

The fee charged any client cannot be more than that amount approved by the DMV.

- 28.** Does the DMV background check include staff that do not have direct contact with clients?

Certified Counselors are required to submit information pertaining to any criminal record. A sworn (notarized) statement is required of any principal of a provider indicating whether s/he has a criminal record and, if so, a listing of the principal's name and each criminal offense. The DMV will not conduct criminal background checks.

- 29.** In the qualifications section on page 3, the RFP states that a current driving record and criminal record be completed on each principal of the provider. Since we are a non-profit and do not have principals, does this apply to us? If so, what position within the organization would be considered a principal?

Yes, it applies. It would depend on how the non-profit is structured.

- 30.** Does the DMV have criteria that a client would have to meet to be considered indigent?

Who makes the decision that a client is indigent, and what type of information/proof would a client have to submit to demonstrate indigence? Do we have to admit persons classified as indigent into the program? If so, how do we project the percentage of indigent clients, so that we can estimate the additional fees that would have to be paid by the non-indigent

clients to compensate for the revenue losses from the indigent clients? Alternatively, has DMV considered paying the providers directly for the cost of services delivered to indigent clients? This is a model that we currently use in Fee for Service contracts with CSSD.

Section 14-227f-10 permits the provider to designate an additional amount to be added to program fees for clients who prove indigence. There are no standards or criteria in the statute or regulations governing SATP which may be used to establish indigence. The Regulations contemplate this as a matter for the provider. As a reference, section 52-259b of the Connecticut General Statutes establishes criteria for the determination of indigence in order to be considered for a fee waiver in civil and criminal matters before a court.

DMV has not considered paying providers directly for the cost of services delivered to indigent clients.

- 31. a.** In regards to the scheduling, supplying and compensation of language interpreters, how many languages do we need to accommodate?

Any requested language needs to be accommodated.

- b.** Can we charge the client for the cost of the interpreter?

Scheduling, supplying and compensation of a language interpreter is the responsibility of the provider and costs of providing such interpreter is the responsibility of the provider. Interpreter costs cannot be charged the client.

- c.** Would the option of allowing to bring a family member or friend to act as an interpreter meet the requirement of the DMV?

It is the prerogative of a provider if they wish to allow a client to bring a family member/friend with them to act as interpreter. If a hearing impaired person wishes an interpreter, the provider would be required to contact the State Commission on the Deaf and Hearing Impaired regarding interpreter arrangements and payment therefor.

- 32.** The proposed communication section of the RFP says the provider will be required to electronically transmit data to the DMV. By electronic transmission, do you mean e-mailing protected spreadsheets and/or documents or an electronic data interface?

As indicated in the RFP, the proposal shall include a proposed reporting format and schedule.

- 33. a.** When a program becomes a certified provider of the SATP, how quickly do services need to be up and running?

The Proposal should include information pertaining to how quickly a provider can begin conducting services.

- b. Does the DMV envision an automatic decertification of providers that do not begin delivering services in a timely manner, or will providers who have been certified but do not actually provide services be allowed to retain their certification?

Yes, the DMV does envision a decertification of providers who fail to meet any of the terms and conditions of their Agreement with the State.

- 34.** What is the typical yearly volume of individuals needing services?

The department mails approximately 5000 SATP notices to licensed drivers who must complete the SATP.

- 35. a.** What is the typical yearly volume overall of individuals requesting indigence status?

Statistics may be available from current providers of those who have been granted a fee waiver or reduction due to indigence. DMV has no statistics regarding the volume of individuals requesting this status.

- b. Is a sliding fee acceptable and can there be a cap of the number of clients accepted claiming indigence?

The fee charged any client cannot be more than that amount approved by the DMV.

- 36.** Please expand on the expected role of the License Physician (page 6, #6(2)). Is phone triage sufficient for the following “The Phase I component of the SATP shall have immediate access to a licensed physician”?

“Immediate” means happening or done at first, at once, or without delay. This implies that someone is “on-call” and available to see a client.