



# Corrections and Community Supervision

**KATHY HOCHUL**  
Governor

**ANTHONY J. ANNUCCI**  
Acting Commissioner

## NYS Department of Corrections and Community Supervision RFP #2022-01 Medication Assisted Treatment Program

### Questions and Answers Posted Monday, March 14, 2022

The following are official Questions and Answers which are hereby incorporated into RFP# 2022-01 – Medication Assisted Treatment Program.

Question #	Corresponding IFB Section	Bidder's Question	Answer
1	General	<ol style="list-style-type: none"> <li>Will this RFA replace all current contracts? Or is this in addition to services that the current contractors are already providing?</li> <li>Is it possible for the current contractors to continue providing methadone and other medications, while perhaps another provider does the counseling?</li> </ol>	<ol style="list-style-type: none"> <li>Given that the services are different, the plan is to phase out the current OTP contracts with the contracts awarded under this RFP.</li> <li>No.</li> </ol>
2	<b>Section 5.0 Administrative Information</b> (Page 32)	Do you require a response to each item in Section 5.0 Administrative Information or is this section more informational?	Refer to Section 6.0 – Proposal Content for proposal submission.
3	General	...We have the individual agreement so what else would be needed ...?	RFP 2022-01 is a stand-alone procurement and is separate from any/all previous agreements. Bidders should only reference this procurement.
4	General	Can you please define what NCCHC Accreditation means/entails?	<p>Per <a href="https://www.ncchc.org/opioid-treatment-programs-accreditation">https://www.ncchc.org/opioid-treatment-programs-accreditation</a></p> <p><i>“NCCHC standards are the foundation of the OTP program. The NCCHC Standards for Opioid Treatment Programs in Correctional Facilities are based on federal regulations but address the special nature of care provided in correctional facilities as well as the necessarily limited focus of such treatment in this setting.</i></p> <p><i>OTPs actively seeking accreditation by NCCHC are eligible for technical assistance consultation, funded by SAMHSA, that assesses current operations and itemizes what may be necessary to comply with the standards.</i></p>



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			<i>An OTP seeking accreditation from NCCHC need not be in a facility whose health services are accredited.”</i>
5	<b>Section 4.1 Overview</b> (Pages 7-8)	Contractor must hold operational meetings 6 times/year with DOCCS facility staff & 2/times year with DOCCS Central Office Staff – will contractors be allowed to group all the facilities in the region for these meetings or is the contractor required to hold 6 meetings/year with each facility within the region?	Yes, arrangements can be made to group all facilities within the region awarded for each meeting.
6	<b>Section 4.0 Scope of Work</b> (Pages 7-14)	Can the contractor provide services out of their DEA approved Mobile Medication Unit or will the services be required within the facility itself?	See Addendum 1 #4
7	General	Will the contractor have access to view DOCCS surveillance cameras as needed/upon approval (i.e. for incidents)?	Vendor would submit a request to DOCCS.
8	General	Can the services (i.e. individual and group sessions) be provide via telehealth or do they need to be in person, onsite at DOCCS?	See Addendum 1 #4.
9	General	How would the contractor treat a primary AUD diagnosis in the OTP within the current OTP regulations? The OTP is for OUD; not AUD.	Refer to Section 2.0 Overview.
10	<b>Section 2.5 Glossary of Terms</b> (Page 5); and <b>Section 4.5 Laboratory Services</b> (Page 9)	What does STAT testing entail?	Lab results would only need to be communicated verbally in the event there is an urgent medical situation that needs immediate intervention.
11	General	If the contractor’s current OTP has a CLIA waiver, does that suffice or do we need a separate CLIA waiver for each prison within the region?	Refer to <a href="https://www.wadsworth.org/regulatory/clep">https://www.wadsworth.org/regulatory/clep</a> for more information.
12	General	If staff require unplanned time off (i.e. they are unexpectedly ill), what is the approval/access procedure for ensuring not disruption in services?	The contractor is responsible for making coverage arrangements.
13	General	Is DOCCS willing to sign a BAA/QSOA relative to 42 CFR regulations?	If the specific concern regarding 42 CFR is not covered under one of DOCCS contract documents, DOCCS may consider a BAA/QSOA.
14	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	Who will be responsible for paying for associated interface costs and licensing costs relative to electronic order entry and results reporting access?	The vendor will be responsible for these costs.



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15	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	<ol style="list-style-type: none"> <li>1. If DOCCS gets an EHR, will DOCCS seek to interface with the contractor's EHR?</li> <li>2. How will that work? Who will be responsible for this and who will pay for it?</li> <li>3. Will DOCCS confirm the EHR has dispensation features and functionality?</li> </ol>	<ol style="list-style-type: none"> <li>1. Yes, if possible.</li> <li>2. The vendor would not be expected to pick up any interface costs.</li> <li>3. DOCCs cannot confirm at this time.</li> </ol>
16	<b>Section 5.11 Subcontracting</b> (Page 26)	To share information/data with subcontractors or other ancillary service providers (i.e. for prenatal care, HIV, gender specific service referrals, etc.), will pre-approval be required as these collaborations are relative to the outlined scope of work?	Refer to Section 4.11 – Security and Section 5.11 - Subcontracting.
17	General	What screening tools will DOCCS use to screen individuals to determine appropriateness for services?	DOCCS has not determined this yet.
18	<b>Section 4.2 Assessment/Screening</b> (Page 8)	Under assessments and screenings, it says the contract will be responsible for establishing a baseline measure for use in evaluating the individual's response to treatment. Can you please clarify/define the baseline measure requirements?	This would be up to the discretion of the selected vendor(s), but DOCCS is interested in evidence of success including, but not limited to: clean urine, reported symptom improvement and medication compliance.
19	<b>Section 4.3 Induction</b> (Page 8)	What services does DOCCS already provide relative to prenatal care, referrals, etc.?	DOCCS provides all medically appropriate prenatal care for pregnant incarcerated individuals.
20	General	Will the subcontractor be allowed to provide take home doses on the weekends (as medically appropriate)?	No.
21	General	Under the revised 822 regulations, providers no longer have standalone treatment plan documents. Would we need to apply for a waiver accordingly to meet this required scope of work?	While 822 providers are no longer required to have standalone treatment plans, they can have them if they want.
22	<b>Section 8.0 Method of Award</b> (Page 39 - 40)	Is the contractor responsible for the whole region or just certain hubs within the region?	The contractor is responsible for the whole region awarded.
23	<b>Attachment 14 DOCCS Geographical Map</b>	Are region 2 and 3 the same? They are the same color on the map.	Refer to Attachment 14 - DOCCS Geographical Map, Region 2 and Region 3 are two separate regions.
24	<b>Section 2.4 Incurring Costs</b> (Page 5) and <b>Section 6.3 Cost Proposal</b> (Page 37)	Will there be start-up funds available (i.e. for dosing machines each site, for staff, etc.)?	No, Refer to RFP Sections 2.4 - Incurring Costs and 6.3. - Cost Proposal.
25	<b>Section 5.11 Subcontracting</b> (Page 26)	Is there is a limit to the number of subcontractors allowed?	No.



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26	<b>Section 5.11 Subcontracting</b> (Page 26)	Can you change a subcontractor during the term of the contract (with approval from DOCCS)?	Refer to Section 5.11 – Subcontracting.
27	General	Can clinical unit be a satellite off an existing clinic? Or does it have to be an independent clinic.	Either is acceptable.
28	<b>Section 4.0 Scope of Work</b> (Pages 7 – 14)	Are we reading the contract right that it is requiring full on-site additions services? This would include, but not limited to medical, nursing and counseling staff?	Refer to Section 4.7 – Staffing, the vendor would be required to provide the staff needed to satisfy the requirements of this RFP.
29	<b>Section 2.5 Glossary of Terms</b> (Page 5)	<p>“STAT: Providing the results of a lab without delay; immediately. DOCCS will require emergency lab work upon request. Results of a ‘STAT’ lab will be reported to the requesting facility via phone immediately upon test completion. Written lab results are expected within a 24-hour turnaround period.”</p> <ol style="list-style-type: none"> <li>To satisfy the without delay/immediate requirement, must a lab be established onsite?</li> <li>Does this provision perhaps refer to the use of point-of-care-rapid urine toxicology testing? Or does it simply mean that results should be communicated verbally ASAP once they become available?</li> <li>Also, to whom are these results communicated, i.e., how is the medical function organized within DOCCS and at the various sites?</li> </ol>	<ol style="list-style-type: none"> <li>No.</li> <li>Lab results would only need to be communicated verbally in the event there is an urgent medical situation that needs immediate intervention.</li> <li>The contractor would be provided with all facility contact information upon award of the contract. Most facilities have nursing staff on-site 24 hours, 7 days/week.</li> </ol>
30	<b>Section 4.1 Overview</b> (Pages 7-8)	<p>“DOCCS shall provide the location(s) to dispense medications and space to securely store medications including refrigerators to store any MAT medications requiring refrigeration.”</p> <p>Who is responsible for the build out of this area and must purchase and install the safes, security system, cameras, etc., as per OASAS and DEA regulations?</p>	DOCCS.
31	<b>Section 4.1 Overview</b> (Pages 7-8)	<p>“DOCCS shall provide security escorts of incarcerated individuals to and from the point of medication distribution.”</p> <ol style="list-style-type: none"> <li>Who is responsible for the security of the point of medication distribution site itself?</li> </ol>	<ol style="list-style-type: none"> <li>DOCCS security staff will be in the vicinity at all times.</li> <li>No.</li> </ol>



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		2. Will Contractor receive remote access to the camera feeds within the areas it provides services to enable an extra layer of monitoring, oversight and security?	
32	<b>Section 4.1 Overview</b> (Pages 7-8)	<p>“DOCCS shall provide the vendor with a printout of the incarcerated individual’s medication history and/or list of current medications.”</p> <p>Can this information be shared electronically rather than via hard copy?</p>	DOCCS can provide electronic and/or faxed copies as requested.
33	<b>Section 4.3 Induction</b> (Page 8)	<p>“The initial assessment must include preparation of a treatment plan...”</p> <p>OASAS regulations have changed. They no longer want programs to craft treatment plans. Instead, there is an initial plan of treatment which evolves via progress notes during the course of treatment. Would this be acceptable to DOCCS?</p>	Yes.
34	<b>Section 4.3 Induction</b> (Page 8)	<p>“Special services for pregnant patients: OTPs must maintain current policies and procedures that reflect the special needs of patients who are pregnant. Prenatal care and other gender specific services for pregnant patients must be provided either by the OTP or by referral to appropriate healthcare providers.”</p> <p>What sort of referrals to appropriate healthcare providers would be permitted for incarcerated individuals?</p>	Any referral as deemed medically necessary by the treating provider.
35	<b>Section 4.4 Maintenance</b> (Page 9)	<p>“Psycho-Behavioral Counseling: The provider chosen as a result of this solicitation will be expected to provide supportive psycho-behavioral counseling as deemed appropriate to participants in the MOUD program in a group or individual setting for at least one hour per week. Counseling may be on an individual or group basis and shall meet the standards set by SAMHSA and OASAS.”</p> <ol style="list-style-type: none"> <li>1. May group/individual sessions be conducted via telehealth?</li> <li>2. In addition, will DOCCS provide, build out and secure adequate space to provide in-person group or individual counseling sessions for the size of the population served?</li> <li>3. Is there a maximum number of hours per week participants in the MOUD program may receive individual/group counseling?</li> </ol>	<ol style="list-style-type: none"> <li>1. See response to question #8</li> <li>2. Space is available for individual counseling. See Addendum 1 #4 “... Due to space restrictions and security reasons, group sessions will not be feasible.”</li> <li>3. No.</li> </ol>



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36	General	Will Contractor be able to access Wi-Fi networks at the sites?	No.
37	General	Will parking be provided for Contractor staff?	All efforts will be made to accommodate the contractor's parking needs.
38	<b>Section 4.1 Overview</b> (Pages 7-8)	<ol style="list-style-type: none"> <li>Are all MAT medications identified on page 7 provided by provider selected?</li> <li>Is the program responsible to transport for example methadone, buprenorphine daily for administration?</li> </ol>	<ol style="list-style-type: none"> <li>Yes.</li> <li>No, it can be brought by the vendor periodically and stored at the correctional facility.</li> </ol>
39	<b>Section 4.5 Laboratory Services</b> (Page 9)	Section with Laboratory services - is the program selected financially responsible for drug toxicology, bloodwork and anything else that may come up?	If the vendor wants immediate results, they would be financially responsible for this Otherwise, routine labs can be completed through DOCCS current contracted vendor. It is unclear what is meant by "...anything else that may come up?", so DOCCS cannot provide a response.
40	General	If NP or PA has waiver to administer and induct methadone will not be acceptable or does it have to be a physician?	Yes, this is acceptable.
41	General	Will telehealth be acceptable to complete group and/or individual sessions?	See response to question #8.
42	<b>Section 1.0 Calendar of Events</b> (Page 4)	We respectfully request an extension to the due date to allow submittal of the most detailed and cost-effective proposals.	DOCCS has extended the deadline for submission of proposals. See Addendum 1 #1.
43	<b>Section 5.6 Minority &amp; Woman-Owned Business Enterprise Requirements</b> (Pages 17 – 18)	The DOCCS states that "for purposes of this solicitation, DOCCS hereby establishes an overall goal of 0% for MWBE participation, 0% for Minority-Owned Business Enterprises ("MBE") participation and 0% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms)." <i>Even though "0%" is listed in the above, is the contractor required to document good faith efforts in Attachment 5, Forms 1-5?</i>	Yes, Refer to Attachment 5 - NYS DOCCS M/WBE Required Forms for RFPs or Miscellaneous Procurement and Attachment 13 - Proposal Document Checklist for the applicable forms.
44	<b>Section 5.10 Contractor Insurance Requirements</b> (Pages 20 – 26)	Are vendors required to provide a certificate of insurance with their proposal responses?	Refer to Section 5.10 Contractor Insurance Requirements.
45	General	Can you provide the number of patients currently enrolled in MAT by Region? Is there a projection for # of enrollees by Region?	DOCCS will not be providing patient numbers for this RFP. See Section 2.1 Introductory Background. DOCCS current OTP enrollment would not be indicative or predictive of future enrollment.



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46	<b>Section 3.1 Minimum Qualifications</b> (Page 6)	Are both OASAS inpatient and outpatient certifications required?	No, the applicant is only required to have an OASAS Outpatient OTP certification.
47	<b>Section 4.1 Overview</b> (Pages 7-8)	Is the MAT Contractor expected to utilize a separate pharmacy vendor, or are they expected to use the NYSDOCCS Pharmacy vendor?	The contractor is expected to utilize their own pharmacy vendor.
48	<b>Section 4.1 Overview</b> (Pages 7-8)	Can you provide the current staffing plan (# of hours per week for each job title (with credentials), broken down by shift) for each site that currently is administering MAT? Would the current staff be absorbed by the selected vendor?	There is no current dedicated staffing for administering MAT.
49	<b>Section 4.7.1 Staffing Requirements</b> (Page 10)	<ol style="list-style-type: none"> <li>How many days/weeks does it take for the background check to be completed on a new hire?</li> <li>Does the background clearance need to be 100% completed before a new hire can enter the facility or is a provisional/limited clearance granted?</li> </ol>	<ol style="list-style-type: none"> <li>Background checks typically take a week to complete.</li> <li>Yes.</li> </ol>
50	<b>Section 2.1 Introductory Background</b> (Page 4)	Will the DOCCS OMS Vendor be able to provide a demographic feed on a scheduled basis multiple times per day that includes the patient's housing details per awarded region(s)?	It is unclear what a demographic feed is, therefore DOCCS cannot respond to this question.
51	<b>Section 2.1 Introductory Background</b> (Page 4)	Please provide the offender management system (OMS) vendor name that the contractor can work with to get an automated interface established with an electronic system for the region(s) awarded.	DOCCS has its own internal system.
52	<b>Section 2.1 Introductory Background</b> (Page 4)	Are the inmates approved or referred to the MAT Program tracked in the offender management system (OMS)?	It is unclear what is meant by tracked, therefore DOCCS cannot respond to this question.
53	<b>Section 4.1 Overview</b> (Pages 7-8)	What is the frequency of receiving printouts of the individual's medication history and/or list of current meds from DOCCS?	DOCCS can provide upon request as needed.
54	<b>Section 4.2 Assessment/Screening</b> (Page 8)	How will the contractor receive the medical records for those inmates already utilizing MOUD within a DOCCS facility where there is a takeover of the care for these specific services?	DOCCS will facilitate this process to ensure the contractor receives necessary records.
55	<b>Section 4.2 Assessment/Screening</b> (Page 8)	Will DOCCS provide the list of existing patients and their chart details electronically upon award? If yes, what electronic format will be used and what data elements are you able to provide? If no, please provide details on implementation process expected.	DOCCS will provide necessary information on existing patients upon award. This will be provided via hard or scanned copy as DOCCS does not currently have an EHR.
56	<b>Section 4.10 Information</b>	Please confirm that existing computer equipment will be available to the incoming vendor on day one of the contract?	Yes.



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	<b>Technology/Electronic Interface</b> (Page 13)		
57	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	Will DOCCS provide additional hardware (computers, scanner, printers) if needed for MAT program contractor Staff?	Yes.
58	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	If DOCCS is not going to provide computer equipment and peripherals, will contractors be allowed to install their own computers?	Not applicable.
59	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	Will vendor be allowed to use existing network infrastructure including internet, cable drops, routers, and switches to access EHR/EMR application and any other necessary applications required to provide medical care?	DOCCS does not currently have an EHR/EMR application and therefore cannot respond to this question at this time.
60	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	If DOCCS will not allow contractor to use their network, is the contractor allowed to install its own internet, cable drops, routers, and switches to access EHR/EMR application and any other necessary applications required to provide medical care in the Region(s) awarded?	See response to question #59.
61	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	Does wireless exist everywhere that medical services are provided, including the housing units?	No.
62	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	If wireless does exist where medical services are provided, is it available to the contractor in order to provide medical care in the housing units?	Not applicable.
63	<b>Section 4.10 Information Technology/Electronic Interface</b> (Page 13)	If wireless is not available to the contractor, is the contractor allowed to install wireless in order to provide medical care in the housing units?	See Addendum 1 #6 and #8.
64	General	Please provide the total number of MAT patients per facility for the last 12 months.	See response to question #45.
65	General	Please provide the current number of vacant positions for MAT services by job title per facility.	DOCCS does not have any MAT specific positions.



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66	General	Please verify if there is a COVID vaccination mandate for employees providing services in DOC facilities.	At this time there is not a mandate for contracted vendors. Refer to Section 4.7.1 Staffing Requirements.
67	<b>Section 4.1 Overview</b> (Pages 7-8)	Are tablets available to use for in-cell programming?	Not at this time.
68	<b>Section 4.2 Assessment/Screening</b> (Page 8)	What instrument does the DOCCS utilize to screen incarcerated individuals for appropriateness for MAT?	See response to question #17.
69	<b>Section 4.1 Overview</b> (Pages 7-8)	Is group program space available?	See response to question #35.2.
70	<b>Section 4.1 Overview</b> (Pages 7-8)	What opportunity exists for cohorting patients receiving MAT, particularly those in specialized counseling programs or those who would benefit from a residential level of care, that may be proposed?	It is unclear what the question is asking. There are many factors that determine where an incarcerated individual is housed.
71	<b>Section 4.2 Assessment/Screening</b> (Page 8)	Are there any responsibilities assigned to the contractor for screening and/or identifying incarcerated patients for MAT programming?	Refer to RFP Section 4.2 Assessment/Screening.
72	<b>Section 4.2 Assessment/Screening</b> (Page 8)	Are the current screening tools used by the DOCCS available for review?	This question is not relevant to the development of a proposal under this RFP.
73	<b>Section 4.2 Assessment/Screening</b> (Page 8)	When were the current screening tools updated?	This question is not relevant to the development of a proposal under this RFP.
74	<b>Section 4.3 Induction</b> (Page 8)	What MOUD are being prescribed for incarcerated patients involved in current MAT programming?	DOCCS will not be providing current MOUD utilization for this RFP. DOCCS current MOUD utilization would not be indicative or predictive of future enrollment.
75	<b>Section 4.4 Maintenance</b> (Page 9)	What positions/roles are assigned to the identity of the correctional facility in relation to obtaining ROI and communication with OTP?	Senior utilization review nurses in the discharge planning unit.
76	General	<ol style="list-style-type: none"> <li>Is there any available data on percentage of ADP that have any history of substance abuse?</li> <li>Is there a breakdown of categories of MOUD currently being utilized?</li> </ol>	<ol style="list-style-type: none"> <li>Not at this time.</li> <li>See response to question #74.</li> </ol>
77	General	Are there any facilities with current restrictions or lack of capabilities (e.g., Storage/Staffing) related to current MAT programming?	This question is not relevant to the development of a proposal under this RFP. DOCCS would discuss any possible restrictions with the winning vendor(s).



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78	General	<ol style="list-style-type: none"> <li>1. Is there any available information on classification policy (e.g., mental health/medical categories) for incarcerated patients during Intake process at Reception Center(s) for each correctional facility?</li> <li>2. Are parole violators brought directly to the nearest prison (or Reception Center), when being re-introduced back into the NYDOCCS system?</li> </ol>	<ol style="list-style-type: none"> <li>1. All incoming incarcerated individuals are classified at reception centers. Further information would be shared upon contract award.</li> <li>2. No.</li> </ol>
79	General	Does NYDOCCS have any HIE (Health Information Exchange) relationships or capabilities with any external organizations related to MAT verification or prescription monitoring?	No.
80	<b>Section 3.1 Minimum Qualifications</b> (Page 6)	What type of OASAS certification is required?	The applicant must have a current OASAS 822 Certification as an OTP.
81	General	Will the contractor be allowed to provide consultations and/or clinics via telehealth?	See response to question #8
82	General	The term “Opioid Treatment Program (OTP)” is conventionally used to refer strictly to SAMHSA-accredited and certified programs; however, the proposal appears to use it as a general term to refer to any program that offers treatment for OUD. This distinction is important, as many patients who are candidates for MAT do not require treatment at a SAMHSA-certified OTP. Can you clarify usage of the term “OTP” in the proposal?	OTP is necessary only for the patients on Methadone. Not every patient will be on Methadone. There are times when we do mean a SAMHSA certified, Methadone supplying, OTP and there are times where we referring to a treatment program. The vendor will need to comply with the federal and states laws for the treatment of the patient.
83	<b>Section 3.1 Minimum Qualifications</b> (Page 6)	Must the contractor be certified by SAMHSA and OASAS if it plans to sub-contract with one or more businesses that have these certifications? (For example, if the contractor will provide buprenorphine- and naltrexone-based MAT but plans to partner with a community accredited OTP for treatment of patients requiring methadone.)	Yes, refer to Section 3.1 Minimum Qualifications.
84	<b>Section 4.1 Overview</b> (Pages 7 - 8)	NCCHC accredits individual facilities. They do not accredit businesses, providers, or organizations. Please clarify the requirement, “The contractor must be NCCHC Accredited...”	Refer to <a href="https://www.ncchc.org/opioid-treatment-programs-accreditation">https://www.ncchc.org/opioid-treatment-programs-accreditation</a> . The vendor does not need to be NCCHC accredited prior to award. See Section 8.9 Conditional Award.
85	<b>Section 4.7 Staffing</b> (Pages 10 - 12)	What, if any, components of the contractor’s services can be provided via telehealth?	See response to question #8
86	<b>Section 3.1 Minimum Qualifications</b> (Page 6)	If the bidder or the bidder’s subcontractor holds an OASAS certification for certain facilities in the community, will that meet the requirements of the RFP?	Refer to Section 3.1 <b>Section 3.1 Minimum Qualifications</b> and Addendum 1 #5 and #7. The RFP minimum qualifications state that that the bidder must



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			be certified by SAMHSA & OASAS, as well as being registered by the DEA. The bidder who meets these criteria may subcontract with additional programs that are appropriately certified to provide the services that they are being subcontracted for.
87	<b>Section 3.1 Minimum Qualifications</b> (Page 6)	If the bidder or the bidder’s subcontractor holds an OASAS certification for inpatient facilities in the community, will it be sufficient if the bidder adds the DOCCS facilities to the certification after the award of the contract?	No, the bidder is required to have an OASAS Outpatient (OTP) certification.
88	<b>Section 3.1 Minimum Qualifications</b> (Page 6)	Will the bidder still meet the requirements of the RFP if certification by SAMSHA and OASAS is not obtained until after contract award but prior to commencing services under a contract with DOCCS?	No, refer to Section 3.1 Minimum Qualifications.
89	<b>Section 4.7.3 Mandatory Training</b> (Pages 11 - 12)	Please identify the number of hours (per person) required for new employees receiving DOCCS training.	Contractor’s employees are subject to a 16-hour orientation.
90	General	Does an 816/818 Inpatient License suffice for submission of a bid?	No, the bidder must possess an OASAS 822 Certification.
91	General	Will the vendor need to possess an active 822-outpatient license at the time of bid submission or will an application in process suffice?	Yes, the bidder is required to possess an active 822-outpatient license at the time of bid submission. The minimum qualifications state that the bidder must have “a minimum of two (2) years demonstrated experience providing the requested services.”
92	<b>Section 8.0 Method of Award</b> (Page 39 - 40)	Can the RFP be targeted to Regional Hubs instead of just Regions? Having one provider responsible for all the prisons within a Particular region is very difficult if not impossible to implement.	No, the RFP stands as written.
93	General	What is the funding available for this initiative by Total and by Region?	This question is not relevant to the submission of a proposal for this RFP.
94	<b>Section 4.1 Overview</b> (Pages 7 - 8)	Will each prison provide the space for a Medication Unit at each prison?	Yes.
95	<b>Section 4.0 Scope of Work</b> (Pages 7 - 14)	Would it be possible to propose a hybrid model whereby some prisons within a Region would receive methadone delivered from a local Home OTP and other prisons would incorporate a Medication Unit at their site? The decision about whether methadone would be delivered to the prison or would be dispensed at a Medication Unit	No.



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		<p>within the prison facility would depend on the geographic distance from the Home Program.</p> <p>For example, Region 4 includes 10 prisons, 5 in each Hub within the Region. If some of those prisons are geographically closer to a pre-existing licensed OTP and other prisons are farther away, could the prisons closer to the OTP arrange to have methadone delivered to the Health Unit in the prison where it is dispensed by the Prison staff (a current existing arrangement for several prisons in the Region) and other prisons could have a separate Medication Unit (MU) with the prison where methadone is dispensed by MU staff within the facility?</p>	
96	General	Are these prison programs to be considered satellite programs off a larger OTP program already licensed in a Region?	They can be, but not necessarily so. The structure can be flexible in order to meet the needs of the patient and have a successful program.
97	General	Will the Contractor staff be permitted to provide services and complete intakes in accordance with SAMHSA/OASAS guidelines even if those guidelines are contrary to facility procedures?	DOCCS' goal is to provide care consistent with SAMHSA/OASAS regulations. Any process contrary to DOCCS procedure which pose security concerns would be discussed with DOCCS security staff.
98	<b>Section 4.3 Induction</b> (Page 8)	Can the Contractor provide a treatment team at the facility including an intake counselor, a Medical Provider and Nursing staff to ensure that all procedures are in compliance with SAMHSA/OASAS regulations?	DOCCS would not object to this staff; however, DOCCS will be performing initial screening.
99	General	How will the Contractor be able to provide supervision to staff if it interferes with DOCCS facility requirements?	See response to question #97.
100	General	In an emergency, will we be able to deviate from facility procedures in order to meet the needs of the patients?	DOCCS is required to provide appropriate medical care and the facility will make every attempt to work with the vendor in the event of an emergent medical situation.
101	<b>Section 2.1 Introductory Background</b> (Page 4) and <b>Section 4.4 Maintenance</b> (Page 9)	Will the staff be working in the facility full-time, or will there be designated days during the week that services will be provided?	Refer to Section 2.1 Introductory Background and Section 4.4. Maintenance.



# Corrections and Community Supervision

**KATHY HOCHUL**  
Governor

**ANTHONY J. ANNUCCI**  
Acting Commissioner

All other terms and conditions remain the same.

Please sign and return this Questions and Answers with your bid verifying receipt and that you acknowledge and accept these responses/changes to the RFP.

**“Accepted and Agreed To”:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Signature  
Name Title Date

**Applicants should monitor** the following Web sites for posted updates or information:

NYS Contract Reporter: <http://www.nyscr.ny.gov>

NYS DOCCS' Web site: <https://doccs.ny.gov/procurement-opportunities>