

STATE OF TENNESSEE DEPARTMENT OF CORRECTION

REQUEST FOR GRANT PROPOSALS # 32952-13006 AMENDMENT # FIVE FOR COMMUNITY-BASED TREATMENT SERVICES FOR OFFENDERS

DATE: APRIL 14, 2022

RFP # 32952-13006 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

	EVENT	TIME (central time zone)	DATE (all dates are state business days)
1.	RFGP Issued		January 27, 2022
2.	Pre-Response Conference (Conducted via WebEx virtual platform)	10:00 a.m.	February 1, 2022
3.	Notice of Intent to Respond Deadline		February 4, 2022
4.	Deadline for Potential Proposer Questions	4:30 p.m.	February 11, 2022
5.	State Issues Responses to Proposer Questions	4:30 p.m.	March 9, 2022
6.	Deadline for Additional Potential Proposer Questions	4:30p.m.	March 18, 2022
<mark>7.</mark>	State Issues Responses to Potential Proposer Additional Questions	<mark>4:30 p.m.</mark>	April 14, 2022
8.	TDOC Day Reporting Center Tours		
	Jackson DRC (April 18, 2022) 1:00pm-3:00pm (CST)		
	Murfreesboro DRC (April 19, 2022) 1:30pm- 3:30pm (CST)		April 18,2022-April 21, 2022
	Knoxville DRC (April 21, 2022) 2:00pm-4:00pm (EST)		
9.	Grant Proposal Deadline	2:00 p.m.	May 6, 2022
10.	Qualifications Evidence Evaluations Completed	4:30 p.m.	May 20, 2022
11.	Budget Proposals Opened	2:00 p.m.	May 24, 2022

12. Award Notice Released and RFGP Files Opened for Public Inspection	2:00 p.m.	June 1, 2022
13. Open File Period Ends	4:30 p.m.	June 10, 2022
14. Grantee Signature Deadline	4:30 p.m.	June 17, 2022
15. Contract Signed by the State	2:00 p.m.	June 24, 2022
16. Grant Contract Start Date		July 1, 2022

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall \underline{NOT} be construed as a change in the actual wording of the RFP document.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
		1.On A.31 can you define the word "projects"? Also, can you clarify what the State means by the phrase "similar in size to state" because our services we provide are smaller?	A completed project is any contract that has come to the end of its natural life and where a new replacement contract has been awarded. All current Grantees have completed contracts with the TN Dept of Correction.
		2. On A.31 if grantee doesn't have any completed projects how will this be scored?	If a Grantee has not completed a contract, i.e. fulfilled the contract requirements, then the grantee will not be awarded points for meeting this requirement.
		3. If an offender is placed with a Community Corrections program initially out of court and the assessment places the offender in a DRC, what happens if the offender moves to a new jurisdiction that doesn't have the required service?	Any transfer of supervision requires a number of steps, including an order of the court approving the transfer. An offender would not be able to move/transfer without these steps being completed and an accompanying order of the sentencing court.
		4. Although we are excited about offering additional services and the funding being provided to do so under the Community Corrections Program, will a proposal be disqualified if we propose to implement	Awarded Grantees will be granted a ninety (90)-day period to ramp up and implement DRC, IOP and/or Inpatient Residential Services. This time will allow for the hiring of necessary staff and utilization of needed facilities.

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		these services phased in throughout the next 12 months in our multiple county area? It is impossible to believe that a contract can be signed on June 21st, and implementation with hiring staff, training and ready to hit the ground on July 1st and actually be able to offer evidence based effective services. Please explain the opportunity for phasing in within our counties?	
		5.Does TDOC agree that this RFGP attempts to change the current TCA code 40-36-106? How is this legal?	No. The RFGP and its requirements are consistent with State law.
		6. You answered on question #136c, that all program operations for DRC, IOP and Residential Treatment must be operational on July 1, 2022. Can you explain how you are actively preparing to open a DRC in Columbia and Chattanooga, and have yet to do so, while this proposal says that to open any entity, it has to be up and running by July 1, 2022, with no phase in proponent?	See the response to Question #4.
		7) Will current agencies who are proposing an IOP and/or DRC be disqualified if they don't have qualified staff in place to	See Response to Question #4

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		implement these starting July 1, 2022? Most, if not all, CC agencies do not have the budget to hire this type of personnel within this FY in order to start July 1, 2022. It would be highly unfair and unethical to expect otherwise.	
		8) In Section A- General Qualifications & Experience, A.31, will the State consider removing this as current CC agencies have no other "projects" we have completed besides previous contracts with TDOC?	This requirement will not be removed as it is important to the State's consideration whether a potential grantee has a history of completed projects. A completed project is any contract that has come to the end of its natural life and where a new replacement contract has been awarded. All current Grantees have completed contracts with the TN Dept of Correction.
		9) In section A.16 (IV), it states Professional malpractice Liability with a limit of not less than Three Million Dollars (\$2,000,000) per claim. It this supposed to reflect Three Million or Two Million?	The correct amount is \$3,000,000.00. This correction has been made.
		10) In the Program Standards AP7.03 and S3.01 list a minimum of what should be included in the AAAA. S3.01 list that Risk assessment supervision level should be included but it is not listed in AP7.02. Is there a reason for the difference?	The Risk Assessment Supervision level is in S3.01 is because the S section addresses grantees providing supervision. It is not included in AP7.03 because those criteria are applicable to all grantees. Only grantees providing a supervision component coupled with treatment need to include the risk assessment supervision level.
		11) If a subcontractor has individuals employed that have been convicted of felonies, but the	This will be considered and approved by the State on a case-by-case basis.

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		individuals that have the felony do not offer services to the DRC offenders will that be allowed?	
		12) S6.08 of Program Standards discusses supervision fee collection. Does the calculation include all offenders paying \$15 per month even if monthly contact is not a requirement? Example: John is classified as a Medium offender who is only meeting CCP because of court order. His requirements are Face to Face contact once every three months. Would his supervision fee be \$15 each visit or a total of \$45 each visit because of previous months?	The supervision fee is \$15/month, regardless of how many office visits an offender is required to make or does complete. If an offender has not been declared indigent, there is also a required \$30/month Criminal lnjury Compensation Fund fee, for a possible total of \$45/month per offender.
		13) In regards to Sanctions, would Respondent's be allowed access to TDOC's Distributed Applications for Graduated Sanctions website if approved for the RFGP?	Yes, the respondents will have access to the Distributed Application. TDOC will provide all necessary training.
		14) Can you list specifications that would be approved by the State for a Memorandum of Understand instead of subcontracting with an entity to provide alcohol/drug treatment services?	Any Grantee that elects to enter into an MOU for the purposes of subcontracting services under this RFGP must submit the proposed MOU to the State no less than thirty (30) business days prior to the effective start date and must receive approval in writing from the State before services can begin. The MOU must operate in accordance with the Rules of the Tennessee Department of Mental Health and Substance Abuse Services. The rules can be viewed through the following URL:
			https://publications.tnsosfiles.com/rules/0940/0940.htm
			The MOU would need to contain sufficient language to ensure that the subcontractor will provide treatment

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			services consistent with the terms and criteria set forth in the pro forma contract attached to this RFGP.
		15) Program Standards AP7.05, states grantee will utilize TDOC OMS contact notes within Community Correction Contact Note Handbook unless otherwise listed. Offenders in our district are sentenced to Community Corrections and as a special condition comply with the Recovery Court. In regards to those offenders, they attend IOP with an entity that is not subcontracted by our program and have meetings with additional staff in the Recovery Court that are not employed by the Community Corrections Program. How would the State like for us to proceed with their contact notes in ETOMIS? Would the requirement be only the contact with the Community Corrections Case Officer or any contact within the Recovery Court?	This RFGP requires supervision to be coupled with a treatment component. As such, the Grantee would be responsible for entering information into OMS consistent with Standards of Supervision and applicable TDOC policy. This would require the Grantee's supervision staff to be in contact with the treatment staff and enter information received into the OMS as required.
		16) If the Respondent is approved for this RFGP and the Respondent utilized Offender Contact Form, could one officer enter contact notes for other officers or does the contact note have to be entered by the officer who had	The officer who had contact with the offender must enter the contact note.

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		contact with the offender?	
		 17) Reference Grant Contract A.11, Day Reporting Center (e.), page 11: "The Grantee shall ensure that any supervision services align with the Standards of Supervision as set forth in Attachment Four." The DOC clarified in question 6 that, "Supervision is not a requirement when proposing one of the approved treatment options." a. Will the Department please confirm that a DRC offeror will not be required to provide the supervision services referenced above and outlined in the Standards of Supervision if not providing 	Confirmed. Proposers may elect to propose supervision services in addition to mandatory treatment. Supervision services are not mandatory within this RFGP. A proposer will not be disqualified if they do not propose supervision services.
		supervision? 18) Reference Attachment 6.2 – Section A – General Qualifications & Experience Items: A.11, page 13: "Provide a letter of support or pre- approval letter from the identified county entity where the Respondent seeks to provide services. If the Respondent seeks to provide services in more than one (1) county, a letter of support or pre-approval letter	 a. The letter must come from the Sentencing Court(s) and/or District Attorney's office in the jurisdiction where services will be provided. A Sentencing Court and/or District Attorney may provide letters of support to more than one potential Grantee proposing services in the applicable jurisdiction should they so choose. b. (i.) Confirmed b. (ii.) Correct or the Grantee may receive indirect funding through an established Board. In the case of indirect funding through an established Board consistent with 40-36-3021(b), the Department would request a letter of support from that Board indicating their willingness to contract with the private entity to provide Community Correction services. c. This requirement is set by statute and therefore cannot be waived or removed by TDOC.

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		must be provided from all identified counties."	
		The DOC clarified in question 95 that, "These requirements are set by Tennessee Law and specifically contained in TCA 40- 36-301 (b)."	
		a. From whom in the county do we need to request the letter of support or pre- approval letter? The courts, a specific Judge, Community Corrections Advisory Board, Commissioner or another county agency?	
		(i) Where can we find a list of counties with Community Corrections Advisory Boards and the POCs?	
		(ii) Will you please provide a sample letter of support and pre-approval letter, so we get exactly what is required.	
		(iii) It appears that county Community Corrections Advisory Boards and other county stakeholders meet sporadically over the year. How can we meet the RFPG submittal timeline if getting these letters will take longer to get than the Grant Proposal deadline?	
		i. If letters are still required, please consider changing requirement to provide the letter prior	

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		to Contract Start date. This will give grantees the exact counties and services granted and therefore we can focus on those specific counties for support letters.	
		b. TCA 40-36-301 (b) states, "A private agency may be eligible for direct financial aid under this chapter only in a county that has not established a local community corrections advisory board, and only after the county legislative body in the county has received notice that an application for direct financial aid has been made by a private agency and fails to establish a local community corrections advisory board within thirty (30) days; however, nothing in this chapter shall prohibit a private agency from receiving indirect financial aid for such a program through a local community corrections advisory board once the board is established by the county legislative body."	
		(i) It appears that the grantee only needs to notify a county Community Corrections Advisory Board that we are submitting a proposal for the grant, and we cannot find a requirement to get a	

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		letter of support or pre-approval letter. Please confirm if we provide proof that we have notified the County that will satisfy this requirement	
		(ii) Also, please clarify this grant funding. It appears that a grantee is only awarded funds if the county does not establish a Community Corrections Advisory Board within 30 days. Is this correct? How does this work for the Grantee?	
		c. If this requirement cannot be removed, please consider other ways Grantees can comply without submitting a letter of support or pre- approval letter by the Grant Proposal Deadline. This requirement makes it almost impossible for potential new Grantees to participate in this procurement. Long existing county providers will have the relationships necessary to comply even if not the best option for the services requested in this RFGP.	
		19) Reference Attachment 6.2 – Section A – General Qualifications & Experience Items: A.26, page 15:	The State will accept a sample of all relevant policies as written within the RFGP for evaluation. The policies may be included as appendices and will not count against the page limit for proposal submission.
		"Provide a copy of all operational policies	

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		from the Respondent's organization to include but not be limited to Financial, Human Resources, Administration, Substance Abuse Treatment and; Supervision Services (if supervision is being proposed as a response to this RFGP)."	
		a. Our organization's operational policies in the respective categories are each several hundred pages in length and are considered confidential and proprietary documents for internal operational purposes. May Respondents instead submit a Table of Contents for each of our operational policies requested in response to RFGP # 23952-13006, with select policies provided to the DOC upon contract award?	
		20) A.31. Customer references, and projects. Does this apply to us? If so does it matter what is proposed, for instance DRC, IOP, residential, or outsourced.	See Response to Question #1 This does apply to all possible treatment components being proposed.
		21) A.33. This says to probation or a newly awarded Grantee, is this talking about current offenders on the program if grant is not renewed, Or if new grant is awarded	 This requirement pertains to two scenarios: 1. For a current Grantees who does not receive a grant under this RFGP – a plan for how offenders will be transferred to a new Grantee or to State probation. 2. For new Grantees – how offenders will be accepted/transferred into services provided by the new Grantee.

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		is it talking about current case load being transferred to probation.	
		22) What if an insurance company will not do 10 mil for insurance? What are the options. Does the state have any companies to recommend?	In consultation with the Central Procurement Office Division of Risk Management, the State has lowered the insurance liability amount to \$5,000,000. This change is reflected in Release #3 of the RFGP.
		23) If the court refers defendants to CC to go to a residential treatment, will the state consider that a court order and recognize that.	A referral from a Court operates as a mechanism to determine if an offender qualifies for the services provided under a particular program. If the offender does not qualify, then the offender is referred back to the Court for sentencing determination in light of this non-qualifying determination. This is different from a sentencing order from a Court.
		24) Section: Comprehensive Commercial General Liability (including personal injury and property damage, premises/operations,	a. The State's approved contract templates require coverage amounts that are one million dollars (\$1,000,000) per occurrence two million dollars (\$2,000,000) in the aggregate. These policy limits provide adequate protection.
		independent contractor, contractual liability and completed operations/products) with a bodily injury/property damage combined	b. Tennessee Governmental Tort Liability Act ("GTLA"), Tenn. Code Ann. § 29-20-201(b) it provides that the immunity extends " unless the conduct amounts to willful, wanton, or gross negligence. The standard applied is "reckless disregard of the rights of others or a conscious indifference to consequences." <i>Leatherwood</i> <i>v. Wadley</i> , 121 S.W. 3d 682, 694 (Tenn. Ct. App. 2002).
		single limit not less than One Million Dollars (\$1,000,000) per occurrence and Five Million Dollars (\$5,000,000) aggregate	One of the most important provisions of the GTLA is the section that grants absolute immunity to local governments and then creates a number of exceptions to this immunity making them liable for certain actions or inactions, based on negligence. The areas in which the GTLA removes governmental immunity and can be sued are as follows but are not limited to:
		Question: For those Community Corrections Agencies that are defined as governmental entities under the Tennessee	Tenn. Code Ann. § 29-20-202: Removal of immunity for injury from negligent operation of motor vehicles or other equipment.
		Governmental Tort Liability Act, why would these significant limits be required as there are	Tenn. Code Ann. § 29-20-203: Removal of immunity for injury from defective, unsafe, or dangerous streets and highways. Includes streets, alleys, sidewalks, and/or traffic control devices.

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		limit protections (\$300,000 Bodily Injury per person/\$700,000 Bodily Injury per occurrence/\$100,000 Property Damage per occurrence) and immunities granted under TCA 29-20-101 et seq to governmental entities? What exposures exist for General Liability that would not have these protections thus requiring significant limits?	Tenn. Code Ann. § 29-20-204: Removal of immunity for injury from dangerous structures. Any public building, structure, dam, reservoir, or other public improvement. Tenn. Code Ann. § 29-20-205 Removal of immunity for injury caused by negligent act or omission of an employee.
		25) Section: Professional Malpractice Liability with a limit of not less than Three Million Dollars (\$2,000,000) Question: What limit is being required\$3,000,000 or \$2,000,000? Please confirm that Professional Malpractice Liability means Professional Liability for counselors which is Errors or Omissions Liability coverage.	See the State's response to Question #9
		26) Which entity (e.g., TDOC, current grantee, or new award grantee) will be responsible for securing the court order modifications necessary to effectuate the transition of current CC Offenders deemed no longer be	TDOC will work in cooperation with the Grantees to obtain the needed court orders in such instances.

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		eligible by TDOC's assessment?	
		 27) In reference to the State's response to Question #13 in RFGP #32952-13006 Amendment Two: "Offenders with a documented co-occurring disorder can receive treatment in a DRC, IOP, or Residential Facility if the Grantee's providers are licensed, credentialed and certified by the State to provide treatment for co-occurring disorders. If the Grantee does not have staff or sub-contract staff that are licensed to treat co-occurring disorders, then the Grantee must refer the Offender to an outside licensed provider approved by the State." a. (In reference to bold text in State Response above) Will any facility holding a current/valid TNDMHSAS license in the appropriate mental health treatment category qualify to receive referrals from the awarded grantee? b. Or, alternatively, will TDOC employ an independent approval proval to receive a grantee's mental health referrals? 	 a. Yes. If the facilities are TNDMHSAS Certified/Licensed and have the appropriately licensed providers to provide the scope of services identified, the provider is qualified to receive referrals from the awarded grantee. b. TDOC will also review each applicant/facility to determine and ensure they meet the necessary licensing and service criteria. c. The State is open to licensed providers being added by subcontract throughout the grant term in order to ensure sufficient provision of services to offender population. d. The Grantee would submit the proposed subcontract to the State for review and approval 30 days prior to its implementation. e. The Grantee would submit to the State a written request for additional funding with supporting information/documentation. The submission would be reviewed and a final determination made by the State. All requests for additional funding are subject to funds availability as stated in Section D.9.of the Pro Forma contracts.

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		c. If caseload/client volume exceeds the awarded grantee's initial expectation, and additional licensed providers need to be secured via subcontracts during the grant term, will there be a mechanism to amend the grant contract to add an additional subcontractor?	
		 d. If so, what specific steps will be included in that process? 	
		e. Could additional funding be added to the awarded grantee's budget to accommodate the need to add an additional provider subcontractor during the grant term?	
		28) a. Would "low to moderate needs" offenders ordered by the Court to be	A) These offenders would not count toward the designated caseload size.
		supervised by the awarded grantee count towards the designated caseload size of 50 offenders to 1 case officer?	B. If an offender, who does not qualify for treatment services as set forth in this RFGP, is ordered by the court nonetheless to participate in the Grantee's program, then TDOC would not provide funding to the extent funding is requested specific to this type of offender.
		b. If a "low to moderate needs" offender or an offender without "an identified and	C. The referenced language has been amended in all the applicable documents within this RFGP.
		approved treatment- based need" is ordered by the court to participate in the grantee's treatment/supervision	D. See response above to question (b).
		program, will the grantee's acceptance of such an individual adversely affect the funding the grantee	

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		receives in any way? If so, please explain how.	
		c. In the proposed contract for non- governmental entities, paragraph A.7, there is a sentence that reads as follows: The Grantee shall not accept an Offender for supervision services only. If a Grantee accepts an Offender for supervision services only, the Grantee shall be considered in violation of this grant contract and shall be subject to grant contract termination by the State.	
		Comment: This seems to be a contradiction, i.e., the grantee is obliged to follow the orders of the court even if doing so forces it to violate the grant contract, which per TDOC, could result in termination.	
		d. Is it TDOC's intent to pursue contractual breach remedies (aside from termination) against a grantee if the grantee follows a court order to supervise or treat ineligible offenders?	
		29) a. If a current grantee already promoted a staff member who is lacking the "required degree" to a supervisory position well before this RFGP and the new rules	The Grantee would need to provide evidence that the promotion occurred before the release of this RFGP. At which point, the State would make a determination on a case-by-case basis as to whether this individual would be grandfathered in.

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		came out, will TDOC allow such an individual be "grandfathered" as well?	
		b. Or, alternatively, would TDOC force the grantee to demote this individual to a non-supervisory role?	
		30) Health Boards issue licenses and monitor individuals who provide clinical services. TNDMHSAS accredits and monitors the facilities where the Health- Board-licensed individuals work and deliver services.	 a. Yes. The Facility will need the required accreditation from the TNDMHSAS to provide the type of services being proposed. The name on the credentials/license must apply to the proposed facility. b. Yes. The Facility must have the required accreditations/licenses. Additionally, all individuals/staff that are actually providing clinical services are appropriately licensed pursuant to all regulations and health related boards. The point of contact does not have to be a licensed individual.
		The State's response to Round 1 Question #57 appears to be saying that a license issued to a facility by TNDMHSAS can only be held in the name of individual who hold a clinical license. However, such a requirement does not exist under any TN statutes, rules, or regulations, which raises the following question:	
		a. Will TDOC approve a respondent's TNDMHSAS facility license, (i.e., a license tendered in the appropriate category, for appropriately-licensed clinical staff to provide a given service), if the registered name on said facility license is simply the name of	

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	#	the grantee's organization? b. Will TDOC approve a respondent's TNDMHSAS facility license, (i.e., a license tendered in the appropriate category, for appropriately-licensed clinical staff to provide a given service), if the point of contact listed on the facility license application is an executive staff member who does not personally hold any Health Board certification or license to provide treatment	
		services? 31) Our organization has over 400 employees and a highly diverse client base, spanning dozens of public service programs with a variety of eligible recipients. Can the State clarify whether it wants the respondent's entire operations included in this narrative (Item Ref. A.14), or just that applicable to its current CC program and/or related administrative staff?	The State is seeking in-depth details on a Respondent's current treatment and supervision operations.
		 32) a. Can the State further elaborate on "the process" it is referring to in this response? b. If a Court sentences an offender with assessed needs in the "low" category based upon the 	 a-b) TDOC will work in cooperation with the Grantee to obtain the necessary orders from the Court regarding the referenced offenders who do not qualify for services under the new RFGP. c) The Grantee will be expected to notify TDOC of any offender who is sentenced to them by the Court that does not qualify for services under the terms of this RFGP. TDOC will then work with the Grantee to approach the Court to amend the order. d) Yes

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		VRNA, to community supervision by the awarded grantee, and (as set forth in the State's response to round 1 question #14) "The State is obligated to abide by the orders of the Court," what specific "process" will the State require the grantee to follow in order to compel the Court to change its initial order and transition the offender to TDOC's supervision?	e) N/A
		c. What specific role will the grantee's staff be expected to play in this "process"?	
		d. Will the same "process" identified above be used to compel the Court to change its existing sentencing orders for offenders currently sentenced to CC, as of July 1, 2022?	
		e. If the State's response to item (d) above is no, then please describe the separate process current CC programs are expected to follow to compel the Court to amend its existing orders related to current program clients.	
		33) Can the State explain the circumstances under which the treatment services being provided would require sanctions different from those set forth in TDOC's	TDOC sanctions policy is supervision centered. There are aspects of a treatment program that may require different or additional sanctions. These would be identified and implemented by the treatment provider as appropriate and required based on best practices.

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		Sanction Policy #704.10?	
		34) For clarification of the above cited State response, please indicate whether the following statements are True or False, and if False, please elaborate on how the statement is false:	 a. True – the State will review the services provided by the Recovery Court and approve its use if the services are consistent with those provided by licensed IOP providers. b. True c. IDR does not appear in any of the RFGP documents. As such, without more information/context, the State is unable to determine what "IDR" could stand for.
		a. It is possible for a Recovery Court to be approved by TDOC as an IOP subcontract provider, despite the fact said Court does not hold a license from TNDMHSAS.	
		b. To obtain approval from TDOC to use a Recovery Court as a treatment option, the Respondent must (1) submit documentation that shows the Court is willing to enter a contract with the Respondent, and (2) submit documentation that the proposed Recovery Court either (a) has a TNDMHSAS facility license, or (b) that it provides services that qualify as IOP or IRD equivalent, as determined by TDOC's discretion. c. What does IDR	
		stand for? 35) a. Will TDOC approve a proposed clinical staff member who holds a current TN Health Board License as a LADAC 2 to serve in the new program, if said	a-b. Yes, the State would approve this license. The Grantee would need to provide verification that the health-related board authorized the grandfather status of the individual lacking a degree. This is typically contained in a letter from the board, or it may be on the license verification page for that person, which can be located on the TN.GOV website.

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		individual lacks a degree?	
		Our organization has a staff member who is currently certified and providing services as a LADAC 2, but she received this certification prior to a 2016 regulatory change that imposed new degree requirements. The state health board has authorized her to continue working as a LADAC 2.	
		b. To phrase the question another way, will TDOC honor the health board's LADAC 2 certification even in the absence of the requisite degree(s)?	
		36) In regards to Technical Professional Liability/Cyber Liability Insurance requirement of \$10,000,000, why do the liability award limits imposed by the TN Governmental Tort Liability Act not apply, particularly for respondents covered by the GTLA.	See the State's response to Question #24.
		37) SB767/HB784 (referenced in RFGP Release 2, Item Ref. B.1, page 23) has a fiscal note that there will be "a recurring decrease in state expenditures from the General Fund of \$9,000,000". Does this mean that the \$14,700,000 in funding currently received for	No. The cited legislation was revised and the program budget remains at \$14,700,000.00.

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		Community Corrections will be reduced by that \$9,000,000, thereby leaving \$5,700,000 to fund these new program proposals?	
		 38) a. If an offender initially scores "moderate to high" on the VRNA, gets placed on the grantee's treatment + supervision program, successfully completes said program, and then upon subsequent annual re- assessment, scores "low" on the VRNA, will that offender remain under the grantee's supervision? b. Or, at that point, would the grantee be required to initiate a transfer of said offender to TDOC's supervision? c. Or will some other outcome arise? If so, please specify. 	Once the offender has completed treatment, then the process would be initiated to transfer that offender to TDOC supervision via appropriate court order. TDOC will work with the Grantee to accomplish this transfer.
		 39) a. Can a non- Health-Board- Licensed (Administrative) Program Manager approve time sheets, travel reimbursements, leave requests, and other similar administrative matters/personnel management tasks for clinical staff members? b. Or can such tasks only be performed by 	 a. Yes, a non-licensed program manager may provide administrative support for clinical staff. b. A non-licensed program manager may provide administrative support for clinical staff. c. Yes, if the program manager oversees licensed clinical staff, then the program manger must be licensed. d. If a Respondent's program manager will oversee all clinical and non-clinical staff, then the program manager must be licensed consistent with Section A.9. of the pro forma contract.

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		a health-board licensed individual?	
		c. If the grantee employs only one or two licensed clinical staff members, is the grantee also required to hire a clinical program manager?	
		d. To ask the question above another way, is the "Clinical Program Manager" position (referenced in paragraph A.9 of the proposed grant contract) a mandatory component of the proposal, such that respondents who fail to include it will be penalized or disqualified?	
		 40) a. Will TDOC pay a grantee's indirect cost rate in full, pursuant to the rate approved by their cognizant federal agency? b. If not, then how will 	a. For the funding of indirect cost rates, TDOC follows State Policy Number 2013-007. As a Grantor State Agency, TDOC must abide by the Cost Allocation Plan approved by the Cognizant State Agency (which may not be TDOC) but TDOC is not required to fully fund the costs if such costs are not allowable under the agreement with the Recipient or exceed the prescribed funding percentage or budgets.
		TDOC compensate the grantee for its indirect costs? Please be as specific as possible.	b. TDOC can only fund the grantees up to the maximum liability on the grant contract and the approved proposed grant contract budget.
		41) a. Page 2 of the RFGP prohibits respondents from engaging in	Unauthorized contact is contact made directly or through another party for the purpose of gaining an advantage in the procurement or to sabotage or undermine the integrity of the procurement.
		"unauthorized contact about the RFGP with employees or officials of the State of Tennessee" – Can the State define, and	An example of such unauthorized contact would be a communication with legislators or other individuals wherein the potential bidder is attempting to convince others to take action to undermine a current procurement.
		perhaps provide examples of, "unauthorized contact", including	This response addresses all subsections of the question posed here.

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		how it differs from "authorized contact"?	
		b. Is a respondent "authorized" to speak to members of their Board of Directors about the RFGP?	
		c. Does the answer to (17)(b) above change if the respondent's Board of Directors is comprised of several members of the TN General Assembly?	
		d. Would the State disqualify a respondent's proposal for any of the following:	
		i. A respondent's staff member contacting their own legislators about the RFGP	
		ii. A respondent's board member contacting any legislator about the RFGP	
		iii. A respondent's local elected official contacting any legislator about the RFGP	
		iv. A member of the judiciary in the respondent's district communicating with any legislator about the RFGP	
		v. A respondent's staff member contacting the governor's office about the RFGP	
		vi. A respondent's board member contacting the governor's office about the RFGP	

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		vii. A respondent's local elected official contacting the governor's office about the RFGP	
		viii. A member of the judiciary in the respondent's district communicating with the governor's office about the RFGP.	
		42) If awarded the contract, could a grantee ever be required to accept misdemeanor offenders into its treatment program(s)?	No-misdemeanor offenders do not qualify under the law for consideration for Community Corrections.
		 43) a. If offenders currently sentenced to a grantee's CC program are deemed ineligible to remain in the grantee's program as of July 1, 2022, and they are transitioned to State Probation, would such an offender be placed on supervised or unsupervised probation? b. How will the determination of supervised or unsupervised be made? What factors will be considered? c. Will the former supervising agency (aka grantee) play any role in the offender's case after transition to State Probation occurs? d. Will offenders participating in the grantee's program be permitted to remain under the grantee's 	 A. They would be placed on supervised probation. B. Once an offender is assigned to State Probation their supervision level is based on the RNA and criteria set forth in TDOC Policy. C. No, once an offender's supervision is transferred to State Probation the CC grantee would have no role in their supervision. D. Yes-while the offender is in DRC aftercare, they would remain under the CC grantees supervision.

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		supervision during the "aftercare" period (see TDOC Standards DR1.01, #6	
		 44) a. Are TDOCs Forensic Social Workers (FSW) stationed locally? b. Will grantee staff interface directly with FSWs in their district? c. What specific steps will be taken by the FSW to initiate a referral to the grantee's program? d. Will the FSW conduct the initial VRNA or will that be the grantee's responsibility? e. Since the State has been unable to fill many of its current FSW positions across the state, is it possible that some duties that were contemplated to be performed by FSWs might become the responsibility of the grantee? f. If the answer to (d) above is yes, what specific duties? 	 A. FSWs are located across the state in all TDOC supervision areas. B. FSW's will make treatment referrals to CC grantees for offenders on State Probation. They will interface with CC treatment providers to arrange for assessments and eligibility to participate. C. FSW's will work with offenders who have an identified treatment need. They will then reach out to the CC treatment provider to make the referral and set up diagnostic screening for treatment program eligibility. FSW's do not supervise offenders or monitor program performance-those things are done by the supervising case officer. D. The RNA will already have been completed by the probation team, not the FSW. E. No F. N/A
		 45) a. If a respondent proposes two or three treatment options, how should supervision and administrative staff salaries be broken down between the two or three required budgets? (See RFGP Release #2, page 7, paragraph 3.1.2) b. If a respondent proposes two 	 a. Whatever proportion of the staff's time is allocated to support the specific treatment type should be reflected in the budgets for multiple treatment options. b. If a Respondent proposes multiple treatment services and is only awarded for one of the services proposed, the State will accept the budget for the awarded treatment service only. The State will not accept a revised budget for the awarded treatment service unless a budget revision is requested by the State.

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		services and is only awarded one, will the respondent have an opportunity to adjust its originally proposed budget to conform to the fact that only one of the service options will be provided?	
		 46) Item Ref. A.31, regarding "customer references", states: Provide customer references from individuals who are not current or former State employees for projects similar to the goods or services sought under this RFP and which represent: two (2) accounts 	 a. The State issued the Reference Questionnaire labeled as Attachment Six to Release #2 of the RFGP which was issued via email on March 10, 2022. The Reference Questionnaire can also be found on the Central Procurement Office website and the TDOC website utilizing the following URLs: https://www.tn.gov/generalservices/procurement/central- procurement-officecpo-/supplier-information/request- for-proposalsrfpopportunities1.html https://www.tn.gov/content/tn/correction/cs/types-of- release/community-corrections-grant-applications.html b.i. Size refers to the number of clients served, contract
		Respondent currently services that are similar in size to the State; and	max liability and contract duration. b.ii. Size refers to the number of clients served, contract max liability and contract duration.
		□ three (3) completed projects.	b.iii. Size refers to the number of clients served, contract max liability and contract duration.
		References from at least three (3)	b.iv. Size refers to the number of clients served, contract max liability and contract duration.
		different individuals are required to satisfy the requirements above, e.g., an	b.v.The requirement does not preclude a Respondent seeking references from another State agency. The Respondent cannot request references from current or past TDOC staff.
		individual may provide a reference about a completed	b.vi.Yes, the State will accept the Reference from a private business partner.
		project and another	b.vii. Account is the contractual relationship.
		reference about a currently serviced account. The	b.viii. Account is the business relationship as specified by contract requirements.
		standard reference questionnaire, which must be used and completed, is provided at RFP Attachment 6.4. References that are not completed as required may be deemed non-	b.ix. No, a lease agreement with a landlord would not qualify.

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		responsive and may not be considered.	
		The Respondent will be solely responsible for obtaining fully completed reference questionnaires and including them in the sealed Technical Response. In order to obtain and submit the completed reference questionnaires follow the process below:	
		(a) Add the Respondent's name to the standard reference questionnaire at RFP Attachment 6.4. and make a copy for each reference.	
		(b) Send a reference questionnaire and new, standard #10 envelope to each reference.	
		(c) Instruct the reference to:	
		(i) complete the reference questionnaire;	
		(ii) sign and date the completed reference questionnaire; and	
		(iii) return the completed questionnaire via email to the solicitation coordinator	
		NOTES:	
		□ The State will not accept late references or references submitted by any means other than that which is described above, and each reference	

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		questionnaire submitted must be completed as required.	
		a. RFGP Attachment 6.4 under Release #2 is a "Score Summary Matrix" – not a reference questionnaire, will the State provide the required form/questionnaire to respondents? And if so, when?	
		b. Where it says the references must represent "two (2) accounts Respondent currently serviced that are similar in size to the State", please answer the following:	
		i. What metric does "size" refer to?	
		ii. Does "size" refer to contract price, in terms of dollars?	
		iii. Does "size" refer to contract duration?	
		iv. Does "size" refer to the quantity of services or goods?	
		v. How should a respondent address this item if all of its business dealings of "similar size to the State" are with other state agencies who are not authorized to provide the requested reference?	
		vi. If a respondent relies on its past business dealings with a private business vendor to provide this reference, will the State accept such a	

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		reference as compliant if the underlying contract amount is much smaller (in terms of dollars) than the respondent's budget proposal for this RFGP?		
		vii. Can the State define the term "account"?		
		viii. Does account simply mean "business relationship"?		
		ix. Would a landlord/tenant business relationship count as an "account"?		
	47) a. Specifically in counties where TDOC P&P has no	A.	Offenders sentenced to Probation and Parole will be supervised consistent with TDOC policy and evidence based best practices.	
		physical presence (i.e., no district office or field office), where will it send offenders sentenced to CC who do not meet the new program eligibility requirements?	В.	See section A above.
			C.	See section A above.
			D.	No
			E.	Offenders who are eligible and sentenced to State Probation will be supervised by State Probation regardless of their location.
		b. Specifically in counties where TDOC P&P has no physical presence (i.e., no district office or field office), where will it send offenders who have completed a grantee's program and no longer qualify to be supervised by the grantee?	F.	Offenders who are ineligible for a CC treatment program and are eligible for probation will be supervised by state probation. The court shall determine the manner of sentence for the offenders who are ineligible for probation.
		c. Will TDOC require such offenders to travel across county lines to be supervised by TDOC P&P?		
		d. Does TDOC currently have any		

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		policy or rule that places limitations on how far offenders can be required to travel to meet weekly treatment and/or supervision requirements?		
		e. Will TDOC send ineligible offenders to jail if neither State P&P, nor any awarded grantee, is able to supervise them?		
		f. Will TDOC seek to place ineligible offenders on unsupervised probation if neither State P&P, nor any awarded grantee, is able to supervise them?		
		48) (See Comment/Question #1 and State Response – Page 2 of RFGP Amendment #2)	A.	TDOC cannot estimate the number of offenders who will no longer qualify for Community Corrections as the population is everchanging and we do not yet know how many proposals will be submitted and, of those submitted, how many will be awarded and funded.
		 a. How many current CC clients does TDOC estimate will no longer qualify to remain in grantee CC programs after July 1, 2022? b. Can TDOC please confirm that the State will be taking full 	B.	Scenario 1 – For Current Grantees who are not awarded a contract TDOC will be responsible for conducting RNAs on all current offenders to determine eligibility for CC services in order to facilitate transfer to either State probation or another awarded CC agency. The current Grantee, in their proposal, is required to provide a transition plan to also illustrate procedures for offenders to be evaluated and transitioned from the current vendor.
		responsibility, fiscal and operational, for completing all necessary assessments on the current CC population as of July 1, 2022 to determine their individual eligibility to remain in the		Scenario 2 – For Current Grantees who receive a grant contract. The Grantee will be responsible for the assessment of all its current offenders to determine continued eligibility. The Grantee will notify TDOC of the offenders that no longer qualify and work in cooperation with TDOC to obtain necessary court orders to transfer those offenders to State probation.
		grantee's new program(s)?		Scenario 3 – For new Community Correction Grantees. The Grantee will be responsible for assessment of all offenders that are ordered to

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			services by the Grantee.
		49) In the proposed contract for non- governmental entities, paragraph A.7, there is a sentence that reads: The local sentencing	Courts are bound by statute like any other entity. The community Corrections statutes indicate that TDOC has the authority to set standards under the law related to qualifications for grantees providing community corrections services in the state of Tennessee. As such these criteria have the force of law and are binding on TDOC, the Grantee and the Court as well.
		court shall be required to refer the	a. See Response to Question #32c.
		identified Offender(s)	b. See Response to Question #28b.
		to the State-approved Grantee for assessment and evaluation of programmatic needs, to include but not be limited to a Validated Risk & Needs Assessment and other available assessments and screening tools as approved by the State.	c. The language in A.7 has been amended.
		a. Can the State provide clarification on the exact process a grantee is expected utilize to enforce this contractual requirement upon the Courts when the Courts are not a party to the contract between the State and the grantee?	
		b. What will the consequences be if a local sentencing court refuses to comply with the terms of the contract between the State and the grantee?	
		c. Can the State modify this clause to reflect the reality that a grantee would have absolutely no control over the decisions of	

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		the Courts, and that such action by a non- party to the contract should not result in the grantee being deemed at fault for breach of contract?	
		50) a. Regarding the 50:1 offender to case officer ratio in Item Ref. B.DRC.6, and referenced elsewhere in the RFGP, it appears to include only "active" offenders, can the State confirm that understanding is correct?	 A. Confirmed. B. No. The State will not consider/approve a maximum size for inactive caseload.
		b. Given that inactive cases often require periodic attention from case officers, does the State have, or will it consider incorporating a maximum size for inactive caseloads?	
		51) Pursuant to the proposed grant contract paragraph A.7, section (d), TDOC intends to send some of its probation population to the grantee for assessment and placement in a treatment program, and without using the grantee program's supervision component (i.e., the offender would remain under the supervision of State P&P).	 A. Grantees should only include a total maximum number limit of participants a treatment grantee can serve at any given time. B. The supervision functions would remain with TDOC. However, the treatment provider should be completing drug screens on the offenders consistent with standards.
		a. Are respondents permitted to include in their proposals an upper limit on the number of these	

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		kinds of referrals from TDOC's FSW? b. In referral-for- treatment-only cases like this, would State P&P remain responsible for all	
		supervision functions, (i.e., assessments, compliance checks, drug screens, office visits, court appearances) such that no such "supervision-based" tasks would flow over and become the responsibility of the grantee's supervision officers/staff?	
		52) Item Ref. B30: What detail is needed to explain "all telecommunication devices to be utilized to notify in the event of an identified medical condition or crisis"?	Respondents must detail what communication types will be utilized to provide notification in the event of an identified medical condition or crisis. Such communication may include but not be limited to: cellular phone, landline telephone services, text, email etc.
		53) Budget: The grant budget and narrative samples in attachment 6.3 (pp. 25-26 of RFGP) appear to be updated versions of the templates provided (called Attachment Three Community Corrections Grant Invoice Template). Should applicants revise the templates to match the samples provided in the RFGP?	Respondents must utilize the grant budget templates as listed within the RFGP to submit budget proposals for services. The invoice template labeled as Attachment Three "Community Corrections Grant Invoice Template" does not have to be included in the budget proposal and will only be used to submit invoices for reimbursement if a Respondent is awarded a grant contract.
		54) Section A.16 (v): If the Contract involves the provisions of service by medical professionals, a	All licensed clinical providers are included in this requirement.

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		policy not less than three million (\$3,000,000) per claim and five million dollars (\$5,000,000) in the aggregate for medical malpractice insurance Question: What medical professionals are included in this	
		requirement? 55) Section A.16 (vi): Technology Professional Liability (Errors & Omissions)/Cyber Liability with an amount not less than ten million dollars (\$10,000,000) per occurrence or claim and ten million dollars (\$10,000,000) annual aggregate Question: These are two separate insurance coverages. Is this an either / or requirement? Technology Professional Liability policies are designed to protect from risks that are commonly associated with tech companies for technology errors and omissions and can include cyber liability coverage. When would Technology Professional Liability be required if there is no work performed as a "tech company," such as recommending or installing hardware or software? Question: As respects Cyber Liability coverage, in	 a. Technology Professional Liability Insurance also known as "Technology Errors & Omissions Insurance" is not solely for "tech companies" it covers things such as: cloud-based data services that fail to back up critical data, software glitches that may cause data to be lost. Cyber liability insurance helps protect agencies from cyberattacks and accidental data leaks, especially confidential data such as PII, PHI, and CJIS information as defined in Section A.1. in the pro forma contracts. b. The State has consulted with CPO Risk Management and the limits applied are considered reasonable and in line based upon the services the State is seeking and the type of information that will be collected, stored and transmitted (PII, PHI, CJIS). The State is not requiring a governmental agency to obtain a policy from a governmental pool, the policy can be purchased from any commercial insurance carrier as long as they are licensed to sell the policy within the State of TN.

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		the current insurance market, generally a \$10 million limit will need to be layered by more than one insurance carrier and the current average insurance premium is \$175,000. According to Business Insurance in an article posted on 3.1.2022, average ransomware demands increased to \$1.84 million in the second half of 2021. Overall, cybercrime claims severity increased 28% to an average loss of \$197,000 over that same period. The limit required appears to not only be excessive from industry average losses but also untenable due to the cost and availability. In addition, for those Community Corrections Agencies that are defined as governmental entities and the majority purchase coverage through a governmental pool, the maximum Cyber Liability limit provided by those governmental pools is \$1,000,000.	
		56) Section A.16 (vii): Crime Insurance with a limit not less than one million dollars (\$1,000,000) per claim and one million dollars (\$1,000,000) in the aggregate. Any crime insurance policy shall contain a Social Engineering	 a. The State is seeking a Cyber Crime Policy to include coverages but not be limited to: Social Engineering Fraud and Manipulation of Data. b. In relation to the statute referenced, TCA 8-19-101, the statute states that the limits shall be <u>no less than</u> \$400,000.00. Requiring a \$10,000,000.00 coverage is reasonable to the State as statute allows for the limits when necessary. c. Any standard Crime Insurance Policy shall include the coverage limit of <u>no less than</u> of \$250,000 for Social

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		Fraud Endorsement with a limit of not less than two hundred and fifty thousand dollar (\$250,000)	Engineering Fraud. The State will only accept a coverage limit minimum of \$250,000 for Social Engineering Fraud. Any coverage limit less than \$250,000 will not be accepted by the State.
		Question: What line of insurance coverage is meant by Crime Insurance as there are dozens of different types of Crime Insurance? Does it mean Employee Dishonesty coverage? Is Faithful Performance of Duties endorsement required?	
		Question: For those Community Corrections Agencies that are defined as governmental entities, why would this higher limit be required when the maximum employee dishonesty insurance limit required by TCA 8- 19-101 is \$400,000 per occurrence and that is the maximum limit provided by the governmental pools?	
		Question: Generally, social engineering fraud is available by endorsement under cyber and privacy insurance policies and typically limited to \$100,000. Is this coverage acceptable under the Cyber coverage?	
		57) If any services are contracted to third party vendors by the Community Corrections Agencies, how do these insurance requirements apply?	The awarded Grantee shall provide the State evidence that all subcontractors maintain the insurance required as stated within the RFGP or that the subcontractors are included under the Grantees policy.

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		58) Is TDOC aware that the insurance requirements they are being requested will cost approximately \$150,000 per year per contract?	TDOC has consulted with CPO Risk Management to determine what coverage levels are appropriate for the services being solicited. Respondents need to make sure that all costs of doing business are reflected in the submitted budget proposals.
		59) If a community corrections program contracts another agency for one of the proposed treatment options (DRC, IOP, RTS), and only provides supervision services in-house will they be penalized under the point system for the grant?	No.
		60) If the court orders an offender to remain on community corrections supervision upon completion of the treatment portion of the sentence, will community corrections be reimbursed by the state for that supervision?	The State and Grantee are obligated to follow the orders of the Court. However, given that this would be in contravention to the rules and standards established by TDOC pursuant to law, the Grantee would not be reimbursed for offenders who are placed or remain with the grantee that do not qualify for CC services.
		61) Are documents included in the Appendix to the RFGP included or exempt from the 100- page limit for the RFGP?	Appendices submitted are exempt from the 100-page limit.
		62) When will OMS training be provided in order for the grantee to be operational by July 1, 2022?	Once the contract is executed, TDOC will schedule necessary training for the Grantee.
		63) Is CBIP still a requirement of community corrections supervision?	CBIP is the cognitive programing provided by TDOC; however, it is not treatment. Any CC grantee proposing to provide treatment <u>and</u> supervision will be expected to offer CBIP or other TDOC pre-approved cognitive based programming to offenders based upon their need as identified via the RNA.

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		64) Is community service work no longer a requirement of community corrections supervision?	CSW is not mandatory for every offender, but it is something that may be assigned to any offender as part of a Court's special condition, a sanction, or for unemployed offenders while they seek employment. Any prescribed CSW would need to fit within the confines of evidence-based supervision.
		65) Can trained staff provide non-clinical programming as part of IOP (e.g. CBIP, mindful movement, career development, etc.)?	For the purposes of this RFPG, non-clinical programming such as: CBIP, mindful movement, and career development do not qualify as treatment. These non-clinical programs are wonderful but are not clinical requirements of this RFGP. A Respondent may elect to provide these services in addition to those required by the RFGP.
		66) If a community corrections program submits a proposal for IOP and supervision, does it require two Program Managers—one for supervision and another for clinical operations? In other words, can a non- clinical Program Manager supervise an IOP or RTS?	A non-licensed program manager may only oversee administrative operations and any applicable supervision. If the program manager will oversee clinical staff, then the program manager must be licensed.
		67) If IOP, DRC, or RTS is to be operational by July 1, 2022 will the state allow revisions in the current grant contract to employ clinical staff? If so, what does this process entail?	See Response to Question #4
		68) In Grant Question and Experience A.33: Is this asking for the process for transferring offenders from CC to TDOC upon completion of program requirements or the transfer of supervision if a respondent does not receive a grant or both? If a respondent does not receive a grant will the is the	If a current CC Grantee is not awarded a new grant contract under this RFGP, then the current CC grantee must provide a transition plan detailing how current program operations including all treatment and supervision services for all assigned Offenders will be transferred over to the newly awarded grant contractor or to the State. The intent of the question is to gather information to assist in transition planning by the State.

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		proposed answer to A.33? What is the intent of this question?	
		69) IOP Summary Matrix: Who fills out and scores this form? Is it a representative from TDOC or TDMHSAS?	The summary matrix will be totaled and scored by the RFGP solicitation coordinator.
		70) Does a written agreement with a health care provider constitute a subcontract and fulfill the Physician Coverage requirement for an IOP in standards section IP1.02?	See the State's response to question #14.
		71) If a 10,000,000.00 policy for Technology Professional Liability is commercially unavailable will TDOC negotiate an alternative amount or have an alternative recommendation?	TDOC has consulted with CPO Risk Management to determine an alternative coverage amount is reasonable and acceptable to the State. The State will accept a policy coverage for \$5,000,000.00 for Technology Professional Liability coverage. This level adjustment is appropriate for the services being solicited and has been amended within the RFGP and subsequent pro forma contracts. Respondents need to make sure that all costs of doing business are reflected in the submitted budget proposals.
		72) A.12.g. of the contract: To which state agency will written notification of non-compliance be sent TDOC? TDMHSAS? Or does this simply mean an entry into OMS? Clarify "non- compliance." Does non-compliance mean removal from the IOP or does it include minor infractions such as being late for a counseling or therapeutic group meeting?	Any offender's non-compliance with treatment needs to be reported to the supervising agency (probation and parole if they are on state probation). Each treatment program should have their own set of criteria for what is considered non-compliance and an accompanying sanctions matrix for how non-compliance is handled, up to and including offender discharge.

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		73) A.14.a of the contract: "Grantee shall only provide supervision services of Offenders in conjunction with one (sic) of thetreatment options." Does this mean that once an offender has completed the treatment portion of their community corrections supervision they are to transfer him/her to TDOC supervision?	Upon completion of treatment, TDOC will work in cooperation with the Grantee to obtain the necessary Court orders to transfer supervision to TDOC.
		74) Will TDOC reimburse grantees for incentives such as tokens, stickers, snacks, gift certificates as part of best practices for positive reinforcement?	Respondent must include all costs related to evidence- based best practices for treatment services in their budget proposal.
		75) Standards S3.02: Is it necessary to administer the TCUD for a major life event if the life event did not include drug or alcohol use?	No, the TCUD is related to substance use and should be given when you suspect a person of substance use and/or when someone enters a substance use treatment program.
		76) S4.06. 4.—ICOTS Out—does this mean that community corrections will be able to transfer supervision to another state via Interstate Compact?	Community Corrections will not conduct ICOTS transfers. If the offender is being supervised by State Probation, then State Probation will be responsible for the ICOTS transfer process.
		77) Is there an exception to the Sanction Matrix if an offender participates in a specialty court and receives customized sanctions?	If the offender is in a Specialty Court and supervised by State Probation, State Probation would impose sanctions for supervision-related compliance issues and the CC grantee would impose sanctions to treatment- related issues. If the CC grantee is subcontracted with the Specialty Court and provides supervision, they would impose sanctions as set forth in their proposal and in compliance with the TDOC sanction matrix.

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		78) On for titled "Drug Screen Results" is community corrections limited in their drug testing to those drugs mentioned on that form?	CC grantee will need to conduct a 12-panel drug screen as approved by TDOC.
		79) In the Contact Notes Handbook there are movements for virtual face to face contacts and home visits. Will virtual contacts for these program requirements be available for community corrections supervision as well?	Yes, consistent with the applicable Supervision Standards.
		 80) On DR1.02 - The grantee shall adhere to the following Community Corrections Officer Supervision Standards. (Cannot be Clinical Personnel) 	Clinical personnel refers to any individual that holds a license to provide specialized treatment services. These licenses include but are not limited to: Masters level therapist, Psychologist, Nurse, Physician (M.D. or D.O. designation), APRN, Psychiatrist, and LADAC. These individuals cannot serve in a supervision role.
		Can you please define clinical personnel for me?	

3. <u>RFP Amendment Effective Date</u>. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.