



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

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

DATE: MARCH 9, 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
7. State Issues Responses to Potential Proposer Additional Questions	4:30 p.m.	April 8, 2022
8. Grant Proposal Deadline	2:00 p.m.	April 29, 2022
9. Qualifications Evidence Evaluations Completed	4:30 p.m.	May 13, 2022
10. Budget Proposals Opened	2:00 p.m.	May 16, 2022
11. Award Notice Released <u>and</u> RFGP Files Opened for Public Inspection	2:00 p.m.	May 20, 2022
12. Open File Period Ends	4:30 p.m.	June 1, 2022
13. Grantee Signature Deadline	4:30 p.m.	June 10, 2022
14. Contract Signed by the State	2:00 p.m.	June 21, 2022
15. 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 NOT be construed as a change in the actual wording of the RFP document.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
		1) What happens to the current CC population as of 7/1/22 if a current CC grantee secures the proposed contract and certain CC population doesn't meet the criteria as set forth in Grant Contract A.7.b.?	The State will assess all Offenders ineligible for Community Corrections participation under the criteria as set forth in Section A.7.b. of the grant contract and will work to transition those identified Offenders based on their assessed supervision level as a result of the State approved RNA.
		2) Will CC grantees providing supervision to a state-certified recovery court still be allowed to supervise those offenders? For all practical purposes, it is intensive outpatient treatment.	Respondents that propose a recovery court, drug court, or the like as a treatment component in their submission would need to submit documentation showing an agreement with that court to supervise those offenders in the court's program. Additionally, documentation would need to be submitted detailing certification by the TN Department of Mental Health and Substance Abuse Services (TNDMHSAS) and/or the specific treatment services offered by that court. TDOC will then evaluate on a case-by-case basis as to whether those proposed services offered through the court qualify as IOP or IRD equivalent.
		3) In reference to staffing, A.9.c.1-Program Manager: What license and credentials through the TN Health -Related Boards are needed and why?	The program manager does not have to be licensed if this is an administrative role. The program manager must be licensed if they are engaged in clinical services.
		4) In reference to DRC, A.11.i- can a staff person that is a LMSW be allowed to provide necessary services if their work is supervised by an LCSW or equivalent?	An LMSW can work under the supervision of an LCSW per licensure guidelines if they are working towards licensure hours via the health-related boards. LMSW can only be supervised by a LCSW with supervision certification. The LCSW also has to be licensed for at least five (5) years to supervise.
		5) In reference to Supervision Services, A.14.d.-What determines an offender to be non-probatable to Probation supervised by TDOC?	Pursuant to TCA 40-35-303, an Offender that is considered to be non-probatable to be supervised by TDOC has a sentence greater than 8 years for a single offense and more than 10

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			years combined for multiple offenses. Additionally, the statute references specific offenses that are non-probatable regardless of sentence length.
		6) Is supervision a requirement when proposing one of the approved treatment options or can we just offer the treatment option?	Supervision is not a requirement when proposing one of the approved treatment options. However, if a Respondent seeks to offer supervision, one of the approved treatment options must be proposed or a Respondent will be deemed non-responsive.
		7) In reference to Sec. A-General Qualifications & Experience Items, A.12, if the "office space" to provide the services is in one county, but you open it to offenders in surrounding counties within your jurisdiction, will a support letter be required in those counties?	Respondents that propose multiple locations need to detail all transportation options available for Offenders to access services at each proposed location. In addition, if the proposed multiple locations are within various counties or jurisdictional districts, then a letter of support is needed from each county or jurisdictional district to ensure the support is given to conduct operations.
		8) In reference to Sec. A-General Qualifications & Experience Items, A.26, Can the operational policies referenced here be included as an appendix so as not to go over the 100-page total?	Respondents may provide their operational policies as an appendix to their response.
		9) If a proposer chooses not to propose a Residential Treatment Program, will they be automatically penalized 15 points, the maximum possible score for proposing a RTP?	No. Respondents will only be scored on the treatment options they propose to provide. There are no penalties for opting not to provide any particular treatment option.
		10) If a proposer is not able to propose a DRC due to TDOC already having a DRC in their area, will they be penalized 15 points, the maximum possible score for proposing a DRC?	No. Respondents will only be scored on the treatment options they propose to provide. There are no penalties for opting not to provide any particular treatment option.
		11) If a subcontractor is used for IOP and they have on staff one of the listed clinical designations as listed in B.34, can their other	To provide clinical services, the person must be appropriately licensed. The exception would be someone working under supervision

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		staff that don't have this type of designation provide direct services if they are under supervision?	toward licensure per the health-related boards scope of practice. All people that are not licensed must work under formal supervision outlined by the board overseeing that particular license.
		12) Per AP9.07 of the program standards, all office rentals must have "an automatic fire alarm system" now? Is this something that must be tied into the local fire department, or the installation of smoke detectors be sufficient?	All office rentals must have, at a minimum, smoke detectors installed based on the occupancy of the location and they must meet code in the placement of smoke detectors throughout the facility and shall be maintained to ensure effectiveness to notify occupants.
		13) In program standards S1.06, it lists Co-Occurring Disorder Treatment Services as an option to propose, but there is no where listed the guidelines to follow for this option like there is for DRC, IOP, and Residential. Will that be given to us?	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.
		14) If a grantee proposes a DRC and/or IOP and offers supervision, and is awarded the grant, can the grantee accept "low to moderate needs" offenders from the court for supervision because the Judge prefers CC supervision?	The State is obligated to abide by the orders of the Court.
		15) In the grant contract under Technology Professional Liability/Cyber Liability Insurance, it says "ten million dollars". Is this correct? Currently it's one million.	The insurance limits have been increased due to the clinical nature regarding treatment and the transmission of Protected Health Information ("PHI"), Personally Identifiable Information ("PII") and Criminal Justice Information Systems ("CJIS") information.
		16) Will TDOC allow a waiver to provide IOP and Day Reporting Center services while current officers train and work towards certification?	No. All credentials, certifications and licensures listed as required in the RFGP must be in place at the grant contract's July 1, 2022 effective date.
		17) Will TDOC pay for training required for current officers to attain licensure for LADAC?	No. TDOC will not pay the costs for any grantee staff to obtain required

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			credentials, certifications or licensures.
		18) Will TDOC pay for travel for personnel to observe current Day Reporting Centers in day to day operations?	Grantee staff may elect to travel to current TDOC DRCs to observe current operations. Please revisit RFGP section 3.5 which states that all costs of proposal preparation and submission are at the sole cost of the proposer.
		19) Will TDOC pay for other types of training? Specifically geared towards IOP treatment operation?	No. TDOC will not pay the training costs for any grantee staff to obtain required credentials, certifications or licensures.
		20) Is there a specific budget range that TDOC has in mind?	No. Respondents' budget proposals must reflect the expected costs to provide the treatment and supervision options to be provided.
		21) Will there be training in OMS case notes? Some CCP operations do not put notes in OMS systems?	TDOC will provide OMS training for grantee staff to include but not be limited to case note entry. All grantees must enter case notes into TDOC's OMS system of record.
		22) Is there a budget amount per inmate ,per day, that the department believes is appropriate for these levels of treatment?	It is the responsibility of the Respondent to research and confirm such rates prior to budget proposal and submission for evaluation.
		23) With the understanding that there is nearly \$14.7 million in state budget appropriated for community corrections, is there additional funding for the services that the department would like to see implemented?	There are no additional funds anticipated for the community corrections program.
		24) If a grantee is not awarded a contract will there be a transition period for current offenders and staff of more than the 43 days ending June 30, 2022?	Once the determinations are made regarding recipients of awards, the State will evaluate the need for additional transition time with Respondents who were not awarded a contract and TDOC will take necessary steps to ensure a smooth and cooperative transition of offenders etc.
		25) In A.9 Staffing C1 it states a Program Manager must possess the proper license and credentials through the Tennessee Health Related Boards.	A) The program manager does not have to be licensed if this is an administrative role with no clinical oversight. If the designated Program manager will provide clinical oversight, they must satisfy the

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		<p>A. What specific credentials and licenses are the RFP referencing?</p> <p>B. If a current grantee is already licensed through the Department of Mental Health will there be a reason to obtain more licenses and certifications.</p>	<p>following requirements to include, but not be limited to:</p> <p>Minimum education of a Master's Level degree and include at a minimum one (1) of the following clinical designations:</p> <ul style="list-style-type: none"> • LPC, MHSP, • LCSW, • LSPE, • Psychologist, • and must possess the proper license and credentials through the Tennessee Health-Related Boards; <p>Contract Section A.9. C.1. has been revised to include this additional language.</p> <p>B) If the current grantee has a current valid license through the TNDMHSAS then no additional licensure or certification is required.</p>
		<p>26) In the standards presented in the RFGP, it states the program manager must possess the proper license and credentials through the Tennessee's Health-Related Boards. What license are you referring to, or what kind of licenses will be accepted for the program manager to have? Additionally, will these standards be applied to the current program manager as of July 1st, 2022, causing the current managers to obtain a license if the previously did not have one? Or will the current program managers be grandfathered into the program without holding a current license, and all new program managers as of or after July 1, 2022 have to then have the licensure?</p>	<p>Please the State's response to question #25.</p> <p>Consistent with TDOC practice, current staff that do not have the required degree will be "grandfathered in" and allowed to continue to work as a case officer. However, they will not be eligible for promotion to a supervisory position without the required degree.</p>
		<p>27) For the case officers, it states they all must possess a minimum education of a baccalaureate degrees from an accredited 4-year university. Will these standards be enforced as of July 1, 2022 to the current case</p>	<p>Consistent with TDOC practice, current staff that do not have the required degree will be "grandfathered in" and allowed to continue to work as a case officer. However, they will not be eligible for</p>

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		officers that are currently employed, causing them to obtain a 4 year degree, or will the current officers who do not have a 4-year degree be grandfathered into the program, and all new employees hired on or after July 1, 2022 will have a 4-year degree? Additionally, if the Case Officers must have a 4 year degree, how long would you give the current case officers who do not have 4 year degrees to obtain one?	promotion to a supervisory position without the required degree.
		28) In regards to clinical staff at a DRC or office with out-patient care referrals, will any of the program's current employees who are close to obtaining state approved licensure be grandfathered into the program? If yes, how long would you give them to complete their training for licensure?	The State will not grandfather in grantee employees who are not fully licensed or pursuing licensure as of July 1, 2022. Licensure must be active at the time of contract start date July 1, 2022.
		29) For the clients who will be provided with out-patient care who do not have insurance, if we set up contracts with other treatment companies, do we need to include those entrance fees or the cost estimation for each client to receive treatment, in our budget?	Yes. Budget Proposals should indicate any anticipated costs for offenders.
		30) If the grants are denied, will the programs be allowed to phase out its staff to give the staff more time to find employment options, or will they be required to end their employment as of July 1, 2022?	Once the determinations are made regarding recipients of awards, the State will evaluate the need for additional transition time with Respondents who were not awarded a contract and TDOC will take necessary steps to ensure a smooth and cooperative transition of offenders etc.
		31) In regards to the DRC, does the office need to be open 5 days a week? Or can we have the office open less days while meeting the standards of 9 hours a week for treatment purposes?	DRCs must operate on a five (5)-day work week schedule (Monday-Friday). The State may allow for the Grantee to extend its operating hours on any given day in the work week in order to meet the standards of 9 hours a week for treatment purposes.
		32) Can some of our offices only consist of DRCs, while other offices only contain supervision	Every offender under the supervision of the grantee must have a demonstrated need through the

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		and out-patient referrals to outside treatment companies?	screening and approval process set out in the RFGP scope of services and be receiving their treatment services (DRC in this scenario) from the grantee. There can be no standalone supervision. However, if one site offers DRC services and another site offers supervision tied to IOP services, that would be acceptable.
		33) What is the state's definition of recidivism?	<p>The State defines recidivism as the following: "As defined in Public Chapter 1051, the percentage of convicted misdemeanants who are incarcerated in any state or local facility within three (3) years of the year in which they are released from incarceration from the recipients facility."</p> <p>This definition is listed in Section A.1. Definitions of the GG & GR pro forma contracts.</p>
		34) In the standards, we will be utilizing sanctions for violations, but will we also be granted the authority to write up warrants?	If a grantee provides both the supervision and treatment of the offender, the grantee would be responsible for writing warrants when needed. If the grantee provides only treatment, they will submit a non-compliance report to the offender's supervising officer (probation/parole). The state probation/parole officer would be responsible for the warrant.
		35) Was there any consultation with local authorities (Judges, District Attorneys, Public Defenders, Mayors, Sheriffs) regarding the actual needs of the offenders in our communities before release of this RFGP?	Questions related to who was involved or consulted in the creation/drafting of this RFGP are inappropriate.
		36) If this RFGP was composed and presented without ever contacting the local duly elected officials (Judges, District Attorneys, Public Defenders, Mayors, Sheriffs) that would most likely know the needs of their jurisdiction, is there any evidence-based research to show this process is likely to identify and meet the needs of offenders in said jurisdictions?	This question is inappropriate and does not relate to clarifying requirements in order for a potential vendor to bid on this RFGP and do not relate to clarifying requirements in order for a potential vendor to bid on this RFGP.

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		37) If a jurisdiction currently has a DRC and sufficient A&D Treatment resources available, but the TDOC Probation Office is failing miserably to meet supervision needs, is TDOC open to amending the RFGP so as to meet the actual needs of the offenders in our community?	This question does not relate to clarification of requirements necessary to facilitate a response to this RFGP.
		38) Is the State willing to meet with local authorities and their legislators to discuss the actual needs of the community and determine a prudent use RFGP funds?	This question is inappropriate and does not relate to clarifying requirements in order for a potential vendor to bid on this RFGP.
		39) Who will be responsible for conducting the Strong R – Risk Needs Assessments to determine eligibility for Community Based Treatment Programs? Currently a RNA is only completed in the event of a Presentence Report. Is TDOC willing to fund under the RFGP personnel to conduct an RNA on large numbers of offenders prior to sentencing to identify eligible offenders prior to the Court adjudication and disposition that most often occurs simultaneously during a plea agreement presentation?	The awarded Grantee will be responsible for the administration of all required assessments including the Risk and Needs Assessment. The Respondent shall include all costs related to the need for staffing to complete this requirement in their detailed budget proposal.
		40) On July 1, 2022, will offenders currently court ordered to a Community Corrections sentence be automatically moved to State Probation supervision without the advice and consent of the Court and without due process for the Attorney General's Office and the Offenders?	All necessary transitions will be made in consultation with all appropriate parties and officials based on risks and needs of each offender.
		41) Are there any provisions in the RFGP for faith-based treatment programs that do not meet the licensure requirements, but have proven success and strongly supported by the community or are we intentionally excluding this option for offenders that desire such options?	Any provider seeking to provide treatment services under this RFGP, regardless of religious affiliation must be licensed to provide services as required by MHSAS and TN Health Related Boards. Participants can practice any religious denomination and most programs include self-help groups that are at minimum spiritually based or fully faith based. The

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			licenses are required to deliver clinical treatment.
		42) If faith-based treatment options are excluded from the RFGP, what is the plan to accommodate the offenders' first amendment religious liberties in how they seek recovery from chemical dependency?	Faith-based treatment is not excluded from the RFGP, the state just requires the basic qualifications to provide the scope of services associated with this grant and treatment. Qualified and licensed providers is a requirement to provide clinical services.
		43) How are Recovery Courts, Veteran Courts, and other specialty Courts going to be served under this RFGP? Will these specialty courts be included as a treatment option if the said specialty courts are certified by the State of Tennessee?	Please see the State's response to question #2.
		44) If an Offender is assessed using the Strong R RNA and scores less than moderate or high and yet all the parties in the Court determine the offender needs said treatment, may the Court order needed treatment and the Grantee accept the offender for treatment? Does TDOC intend to restrict common sense decision making by a sitting Judge through TDOC policy?	The State is obligated to abide by the orders of the Court.
		45) What other assessment and screening tools beside the Strong R Risk Needs Assessment that are approved by the State at this time? (ASI, SASSI, Etc)	Texas Christian University Drug Screen (TCUDS), Addiction Severity Index (ASI), and American Society of Addiction Medicine (ASAM) placement criteria are the State approved screening tools at this time.
		46) Regarding C.3. Payment Methodology – Partial Advance Payment – What is the formula to determine the “amount of written dollar amount (\$Number)” for partial advance payment? Is this 15% as in previous contracts?	The maximum amount for advance payment requests remains 15% as detailed in the Rules of the Tennessee Department of Correction Division of Community Supervision Section 0420-2-2-.11 (2)(b).
		47) Regarding 4.3 State right to refuse personnel – What “reasons” may constitute proper cause for rejection of personnel besides failure to meet the basic licensure, educational, and criminal history check? Does	For example, a candidate may be rejected if it was discovered that they would be a treating or supervising a family member. This is just one example of possible situations that may cause the State to either deny or terminate employment.

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		the State intend to use this option to terminate an employee from employment or is this only going to be used in the initial hiring process?	
		48) Regarding Staffing - Is there a waiver process for existing employees that do not have a college degree, but have equivalent experience? Many existing staff have decades of experience but will be prohibited from continuing to work under the RFGP as stated due to lack of college degree.	Consistent with TDOC practice, current staff that do not have the required degree will be "grandfathered in" and allowed to continue to work as a case officer. However, they will not be eligible for promotion to a supervisory position without the required degree.
		49) What "proper license and credentials through the Tennessee Health Boards" has been determined by TDOC as mandatory for a Program Manager?	Please see the State's response to question #25.
		50) What is the definition of recidivism in the RFGP? (There are two provided: one on Page 5 of contract and another on page 26 - Attachment 4 of Program Standards)	Please see the State's Response to Question 33. Attachment Four of the Program Standards has been modified to reflect the State's definition of recidivism.
		51) Can a Grantee propose a Day Reporting Center in any City / municipality that is not listed in the RFGP?	The State's intent is to provide Day Reporting Centers as evenly as possible throughout the State's three (3) Grand Divisions. Proposers should consider proposing DRC services where the State is not currently providing DRC services. Proposals will not be accepted and will be deemed as non-responsive as the RFGP states no proposals for DRCs in the following cities where TDOC is present will be accepted. The cities are: Memphis, Jackson, Nashville, Murfreesboro, Columbia, Knoxville, Johnson City and Chattanooga.
		52) If an existing TDOC Day Reporting Center is in the Grantee's city, how is that Grantee's proposal scored?	Proposals will not be accepted and will be deemed as non-responsive as the RFGP states no proposals for DRCs in the following cities where TDOC is present will be accepted. The cities are: Memphis, Jackson, Nashville, Murfreesboro, Columbia,

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			Knoxville, Johnson City and Chattanooga.
		53) Are the 15 points for Day Reporting Center deducted even though the points are prohibited by the RFPG due to existing TDOC DRC?	No. Respondents will only be scored on the treatment options they propose to provide.
		54) Regarding references questionnaire – how shall a sealed envelope containing reference questionnaires be included with a technical response delivered by electronic submission?	Respondents providing references on behalf of potential bidders may submit their completed questionnaire via email directly to the identified Solicitation Coordinator as outlined within the RFGP.
		55) Why have support letters from Judges, Attorney Generals, Public Defenders, Sheriffs and four leading citizens been excluded from RFGP as previously required?	Respondents are not excluded from obtaining letters of support for members of the Judiciary, Legislative and Law Enforcement community and can submit them as attachments or as an appendix to their proposal.
		56) Why are large municipalities (100,000+ population) limited to only one Day Reporting Center?	At present the current referral numbers do not support the need for additional DRC locations in these areas.
		57) If ETHRA as an agency already has a license through the department of mental health for other programs, and we add our program to also be licensed, would that license cover any of the license requirements, such as for the program or staff requirements?	The staff who are providing treatment services to identified Community Corrections Offenders must be the currently named staff licensed by TNDMHSAS.
		58) If we need to hire a considerable amount of new staff as of July 1, 2022, will we be given a grace period to find appropriate staff members, train, and reorganize operations that would not count against us in an audit?	The State requires the approved program treatment facility to have the required credentials, certifications and licensures as required within the RFGP be in place at the grant contract's effective date of July 1, 2022. Any exceptions of staff hiring and training to begin program operations after July 1, 2022, must be approved in writing by the State.
		59) Can a clinician who is not fully licensed to practice independently (e.g., an LPC or LMSW) perform mental health/A&D assessments or provide group/individual therapy services, so long as they are	If the non-licensed professional is working towards licensure they must be supervised by a licensed clinician that meets the health-related board standards. The supervising clinician must submit a formal supervision agreement to the State's Director of

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		undergoing supervision by a licensed clinician? If not, what services can they provide?	Behavioral Health or designee for review and written approval by the State. The application can be found at the following website: https://www.tn.gov/health/health-program-areas/health-professional-boards/pcmft-board/pcmft-board/applications.html
		60) Can a Day Reporting Center serve clients who are receiving MAT for opioid use disorder?	No, State-operated DRCs do not currently admit individuals receiving MAT. Standard State practice is to refer the Offender to a provider that does support those services.
		61) Attachment Four, section IO1.02 states "Group: Ratio shall consist of a minimum of three patients and a maximum of 15 patients per group for one provider. Counseling: All programs will maintain a minimum of 1:8 counselor-to-patient ratio seven days per week for one daytime shift. Such counseling staff shall possess appropriate qualifications." What are the minimum qualifications for "provider" and "counselor"? Is an independent clinical license required?	The requirements are a minimum of a master's level clinician as outlined in the pro forma GG & GR templates scope of services. Yes, an independent clinical license is required if the person is providing counseling or therapy services.
		62) Attachment Four, section IO1.02, it states "The provider is responsible for ensuring that each patient has access to medications prescribed for physical and behavioral health conditions, and documents so in the health record." Can grant funds be used to cover the cost of medication management services for uninsured clients?	All costs related to the provision of treatment to eligible Offenders regardless of insurance status to receive prescribed medication related to their substance use, co-occurring disorder, or behavioral health condition must be included in the RFGP Budget proposal.
		63) Attachment Four, section IO1.02, it states "The provider ensures that patients have access to supportive staff 24 hours per day." What are the minimum qualifications for "supportive staff"? Could a Certified Peer Recovery Specialist fill this position?	Minimum requirements for supportive staff: Any individual working towards licensure or certification in substance use or mental health. The State will accept the usage of Certified Peer Recovery Specialists to fill this position. The State will consider individuals that have extensive experience in personal recovery within the field of substance

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			use on case-by-case basis to be approved in writing by the State. The State has amended this requirement to reflect the updated language in Attachment Four, Section IO1.02.
		64) Attachment Four, section IO1.02, it states "The provider shall provide a comprehensive, formal, structured treatment program...and provides a minimum of four hours of service programming per day." How many days per week does an Intensive Outpatient Program client receive services?	Intensive Outpatient Services are to be provided three to four days per week in keeping with SAMHSA, ASAM, and TDOC Level of Care guidelines. ASAM Level of Care Guidelines URL: https://www.asam.org/asam-criteria
		65) Attachment Four, section DR1.01, it states Treatment team meetings, at a minimum of bi-weekly. Is the requirement once every other week or twice a week?	The State requires every other week Treatment team meetings.
		66) Can a LADAC provide assessment and treatment services at a Day Reporting Center?	A LADAC can provide services covered under the scope of practice as outlined by the TN health-related board. LADACs cannot diagnose issues outside of substance use; therefore, the State requires a licensed mental health professional be on site and in these positions.
		67) What is the definition of the word "designated" in section 1 of the Introduction on page 2?	Release #2 revises the language to remove the term "designated" and replaced with "assessed and diagnosed."
		68) Must every client sentenced to Community Corrections supervision have an alcohol/drug problem, co-occurring disorder or a special need? Also, does this have to be a current active substance abuse disorder or a history of substance abuse? A client may be in recovery and no longer using.	Yes. Every client sentenced to Community Corrections supervision must have an active issue with mental health and or substance use. If the person was in verified long-term recovery, then this type of program does not appear to be the best fit for the individual.
		69) What are examples of why the State may refuse personnel noted in Section 4.3 on page 7?	Please see the State's response to question #47. This is one example and not exhaustive as to why the State may refuse personnel.

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		70) Will there be any change in the limits of liability in section A.16 on page 11 and 12?	Release #2 revises the limits of liability for Professional Liability Insurance and includes the requirement of Technology/Cyber Security Insurance. All other insurance limits will remain as listed.
		71) In section A.22 on page 12 do we just need to provide a letter from a Certified Public Account or our latest financial audit from a CPA? If a latest financial audit will this be included in the 100- page limit or can it be included in an appendix?	Appendix
		72) In Section A.26 on page 13 will copies of all these policies be counted in the 100-page limit or can they be included in an appendix?	Appendix
		73) In Section A.28 on page 13 will the personnel roster and resumes of each employee be counted in the 100-page limit or can they be included in an appendix?	Appendix
		74) In Section A.31 on page 15 we were not provided with a customer reference form. Will this be provided to us to disseminate? Also, we cannot submit these to the state in a sealed envelope as this proposal requires email submission only. How do we submit this to you?	Included in Release #2 as RFGP Attachment Six. Respondents who complete the questionnaire on behalf of a proposer can email the completed questionnaire to the Solicitation Coordinator. A sealed envelope is not necessary or mandatory.
		75) In Section A.31 on page 15 what is the definition of a "completed project" and "a currently serviced account".	A completed project could be a contract that has come to its natural end even if a replacement contract is issued. A currently serviced account could be a current contract the Respondent has in effect as the proposal deadline date.
		76) In B.7 on page 17 what accreditation is required for a program doing IOP and supervision?	At minimum, the SUT (Substance Use Treatment) accreditation should be with the TNDMHSAS. Federal accreditations listed at: https://www.samhsa.gov/medication-assisted-treatment/become-accredited-opioid-treatment-

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			<p><u>program/approved-accreditation-bodies</u> will be accepted by the State.</p> <p>Any supervision provided needs to be in accordance with the health-related boards for each specific license. Anyone providing clinical services, must be appropriately licensed.</p>
		77) In B.12 on page 18—is a security professional required in an agency that is IOP and supervision and not residential or DRC? If required, should it be armed or un-armed?	The State has removed the requirement for security professionals.
		78) In S2.04 on page 10 of the Standards can you provide a copy of the Community Correction Contact Note Handbook?	The State is providing a copy of the TDOC Community Supervision Contact Note Handbook labeled Attachment Seven of Release #2 to this RFGP. This handbook will serve as a sample for review purposes only and the final Community Corrections Contact Note handbook will be made available to all awarded grantees upon contract execution and all awarded grantees will receive appropriate training from the State on this handbook.
		79) In the Glossary of Terms #20 Intensive Outpatient on page 25 it states that the offender must have at least 3 hours of clinical care group hours per day. I was told that the current required CBIP classes could not exceed 1.5 hours per day. Why the difference?	Cognitive Behavioral Intervention Programming (CBIP) and Intensive Outpatient Program (IOP) are completely two different programs. CBIP is a cognitive program that has set dosage requirements set forth by New Freedom. IOP is a substance use program, and these dosage hours are set by SAMHSA and ASAM. SAMHSA is the federal governing body for substance use treatment, programming and protocols.
		80) In the Glossary of Terms #34 Sanctions on page 26 it uses the term “PPO”. That is a TDOC State Probation title. Are you proposing that only TDOC employees can provide supervision services and not Community Corrections Case Officers?	The State is revising the term “PPO” and replacing it with the term “Supervising Case Officer.” All sections in reference to this term have been revised in Release #2 of this RFGP.
		81) On page 1 of the Grant Contract for non-governmental	The language is drafted by the State’s Central Procurement Office and lists

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		agencies it specifically notes that a For- Profit Corporation can service the grant. Why is this a change in the wording for previous grants?	that a non-governmental agency can include a for-profit corporation.
		82) On page 2 of the Grant Contract for non-governmental agencies Contact Note it says the contact notes must be entered into Offender Management System. Does this mean that a supervision program must utilize the OMS instead of their own case management system?	Yes. A supervision program must use the State's defined OMS instead of their own case management system.
		83) On page 7 of the Grant Contract for non-government agencies A.7 General Program Requirements it says offenders placed on the program must be eligible for State Probation and are under the direct supervision of TDOC. Does this mean that there will no longer be Community Corrections Case Officers who provide direct supervision? And doesn't this negate that Community Corrections can provide the direct supervision of offenders as is noted throughout the RFGP that a proposer may provide direct supervision services?	<p>If an Offender is sentenced as a CC Offender and receiving treatment from a CC provider, then CC can provide supervision services. If an Offender is sentenced under probation to be supervised directly by TDOC and receiving treatment from a CC provider, then TDOC retains supervision of those Offenders.</p> <p>CC providers can provide direct supervision of CC Offenders as long as the supervision is in conjunction with a provider treatment component.</p>
		84) On pages 7 and 8 of the Grant Contract for non-governmental agencies under A.7 c and d General Program Requirements it says that a FSW will refer the offender to the Grantee. Does this mean that only a TDOC employee can refer to a Community Corrections Grantee and that an offender cannot be directly sentenced for supervision from the Court?	FSWs will refer TDOC sentenced and supervised Offenders to treatment. This RFGP will not impede on the courts right to assign community-based treatment to eligible Community Correction Offenders.
		85) On page 9 of the Grant Contract for non-governmental agencies requirements for a Program Manger must have the proper license and credentials through the Tennessee Health-Related Boards. This is not a	A.9.c. of both the GR & GG contracts have been revised to reflect the requirements for a Program Manager based upon role/duties.

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		requirement in the Program Standards AP2.03 on page 4. Why is this in conflict?	
		86) On page 9 of the Grant Contract for non-governmental agencies the qualification for a Case Officer it states that a Case Officer must have a baccalaureate degree. This is in conflict with the Program Standards AP2.04 on page 4. Why the difference?	Standard AP2.04 has been amended to remove the 4 years of qualifying full-time professional experience" clause. However, consistent with TDOC practice, current staff that do not have the required degree will be "grandfathered in" and allowed to continue to work as a case officer. However, they will not be eligible for promotion to a supervisory position without the required degree.
		87) On page 17 of the Grant Contract for non-governmental agencies A.16 b Leases it states that a lease may not exceed the total term of the grant contract. Will this be waived if a grantee already has an approved lease contract from TDOC that exceeds this? We cannot reduce the period of the lease now and it was already approved by TDOC.	State will review all current and proposed leases on a case by case basis.
		88) In S5.02 on page 16 of the Standards it states that we must use an "evidenced-based sanctioning process". Are we to utilize the current TDOC sanction process or may we procure our own?	The awarded Grantee shall utilize TDOC's Sanction Policy #704.10, unless the treatment services being provided require additional or different sanctions that must be submitted in writing to be approved by the State.
		89) If we are not providing residential or Day Reporting Center services, how should we note this in our proposal response? Just put in those sections we are not providing that service?	Release #2 revises the score sheet to separate each treatment option. All associated points have been restructured accordingly. Proposers will only be awarded points for Technical Qualifications, Experience & Approach for the service type proposed. Proposers will not lose points for any categories they do not propose.
		90) Why can there only be one Day Reporting in a city?	The State wants to ensure consistency in program offerings and to provide services in each region of the state where a defined need is present and to not duplicate services provided by the State.

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		<p>91) Reference RFGP 5. Proposal Evaluation & Contract Award, page 8 of 29:</p> <p>Evaluation Category Maximum Points Possible Technical Qualifications, Experience & Approach 70</p> <p>a. The evaluation criteria indicate if a Respondent offers Residential Treatment Program only, the Maximum Technical Points Possible is 25 points. As discussed during the Pre-Response conference, please revise the maximum points allowed to indicate a maximum amount for each of the four service categories (Day Reporting Centers, Intensive Outpatient Treatment, Residential Treatment Program, and Supervision Services). This will allow a Respondent to achieve a more competitive share of the Maximum Points Possible if offering only one service category.</p>	<p>Release #2 revises the score sheet to separate each treatment option. All associated points have been restructured accordingly. Proposers will only be awarded points for Technical Qualifications, Experience & Approach for the service type proposed. Proposers will not lose points for any categories they do not propose.</p>
		<p>92) Reference RFGP Attachment 6.2 - Section A – General Qualifications & Experience Items: Item Ref. A.4, page 10 of 29:</p> <p>Respondent’s combined response submitted for RFGP Attachment 6.2. Sections A & B must not exceed one hundred (100) pages in length and all text must be at least a twelve (12) point font (maps, graphs, and charts included as an appendix will not count against this page limit).</p> <p>93) If a Respondent offers multiple locations and/or service categories, please clarify how proposals should be submitted.</p> <p>i. For example, if a Respondent offers one Residential Treatment Program and two-Day Reporting</p>	<p>Release #2, Section 1 “Introduction” revised the language to allow proposers to submit separate proposals for each treatment and supervision type.</p> <p>For example, a Respondent proposing DRC needs to only submit one proposal for DRC services but in that proposal must detail all locations where they want to provide DRC services.</p> <p>Refer to RFGP Attachment 6.2., Section A., Item A.5.</p>

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		Centers, all in different counties, should the Respondent submit separate RFGP responses for each location or one response that contains information on all service categories and locations?	
		<p>94) Reference RFGP Attachment 6.2 - Section A – General Qualifications & Experience Items: Item Ref. A.5, page 10 of 29:</p> <p>Provide a narrative detailing the provision of treatment services being proposed. The statement must include the proposed location for the provision of treatment service being proposed. If the Respondent proposes to offer Day Reporting Center Services, provide a statement affirming that the Respondent’s response to this RFGP does not include service locations in the following cities: Johnson City, Knoxville, Nashville, Murfreesboro, Chattanooga, Columbia, Jackson, and Memphis.</p> <p>a. Can the State please provide the offender referral numbers by county and district for the past year?</p>	The State is providing the requested data as Attachment Seven to Release #2 of this RFGP.
		<p>95) Reference RFGP Attachment 6.2 - Section A – General Qualifications & Experience Items: Item Ref. A.12, page 11 of 29:</p> <p>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 must be provided from all identified counties.</p> <p>a. To promote equitable evaluation of proposals and foster competition in counties with existing providers, please consider removing this</p>	These requirements are set by Tennessee Law and specifically contained in TCA 40-36-301 (b).

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		<p>requirement, as Respondents offering services in underserved areas will build quality relationships and trust with those respective county entities as services are constructed and rendered. Since any potential new provider in a particular county will initially not have these same relationships, it is likely the identified county entity will not provide the required support letter to the unknown provider(s), especially within the timeframe required by this RFGP.</p> <p>b. Current providers may have existing relationships with various county entities, including those surrounding their current service area, which provides a disadvantage to new Respondents without those established relationships. This could prevent the TDOC from selecting the best provider proposing the best program and value.</p>	
		<p>96) Reference RFGP Attachment 6.2 - Section A – General Qualifications & Experience Items: Item Ref. A.14, page 11 of 29:</p> <p>Describe the Respondent’s number of employees, client base, and location of offices.</p> <p>a. Please clarify if TDOC seeks a Respondent’s number of employees, client base, and location(s) of offices within the State of Tennessee or nationally.</p>	<p>The Respondent shall provide both nationally and within the State of Tennessee.</p> <p>RFGP Attachment 6.2 - Section A – General Qualifications & Experience Items: Item Ref. A.14 has been revised in Release #2 to reflect this change.</p>
		<p>97) Reference RFGP Attachment 6.2 - Section A – General Qualifications & Experience Items: Item Ref. A.15, page 11 of 29:</p> <p>Provide a copy of all current and proposed leases that the Respondent intends to enter into for all locations identified to perform services outlined within this RFGP. If the Respondent provides a current, active lease</p>	<p>Yes. As long as the letter of intent details the terms of lease in order to be evaluated by the State for acceptance.</p>

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		<p>the property must be in accordance with the State's Fire Marshal regulations and all applicable local building codes.</p> <p>a. Prior to signing a fully executed lease, it is common to enter into a Letter of Intent. Please confirm that a Letter of Intent for a proposed site meets this requirement.</p>	
		<p>98) Reference RFGP Attachment 6.2 - Section A – General Qualifications & Experience Items: Item Ref. A.22, page 12 of 29:</p> <p>Provide documentation disclosing the amount of cash flows from operating activities for the Respondent's most current operating period. Said documentation must indicate whether the cash flows are positive or negative, and, if the cash flows are negative for the most recent operating period, the documentation must include a detailed explanation of the factors contributing to the negative cash flows.</p> <p>a. Please confirm a Respondent's Form 10-Q will satisfy the current cash flow requirement.</p>	<p>Yes. The State will accept Form 10-Q to satisfy requirement A.22.</p>
		<p>99) Reference RFGP Attachment 6.2 - Section A – General Qualifications & Experience Items: Item Ref. A.22, page 12 of 29:</p> <p>Provide customer references from individuals who are not current or former State employees for projects similar to the good or services sought under this RFP and which represent:</p> <ul style="list-style-type: none"> •Two (2) accounts Respondent currently services that are similar in size to the State; and •Three (3) completed projects... 	<p>The reference document has been added as Attachment Six and as detailed in Release #2 below.</p>

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		<p>...The 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-responsive and may not be considered.</p> <p>a. Please issue Attachment 6.4 to include the standard reference questionnaire, as it does not appear to be included with the RFPG</p>	
		<p>100) Reference RFGP Attachment 6.2 - Section B – Technical Response & Evaluation Guide: B.2, page 17 of 29:</p> <p>Provide a sample of all assessments identified and utilized as screening tools for referrals for treatment services (Substance Use Disorder, Behavioral Health, Co- Occurring Disorder) and include the length of time the Respondent has been utilizing the identified assessments.</p> <p>a. Please confirm narrative descriptions of proposed assessment instruments, rather than samples of the actual assessments, are acceptable.</p>	<p>Yes, narrative descriptions of proposed assessment instruments are acceptable.</p>
		<p>101) Reference RFGP Attachment 6.2 - Section B – Technical Response & Evaluation Guide: B.20, page 18 of 29:</p> <p>Provide a narrative detailing the licensed and credentialed staff identified to provide treatment services and programming. Licensed staff should possess a Master's Level degree and include at a minimum one of the following clinical designations:</p> <ul style="list-style-type: none"> •LPC, MHSP •LCSW •LSPE 	<p>A. Yes, we will allow job descriptions to be submitted for this RFGP.</p> <p>B. Treatment or clinical services must be delivered by a licensed clinical professional. Other recovery activities can be provided by unlicensed staff under direct supervision of a licensed clinical provider with a State-approved formal supervision agreement. The formal supervision agreement must be submitted to the State's Director of Behavioral Health or designee for review and written approval.</p>

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		<p>•Psychologist.</p> <p>Respondent shall provide a copy of all licensure as issued by Tennessee Health- Related Boards for all identified treatment staff.</p> <p>a. New Respondents may be building a new staff and personnel roster in areas where there is currently no service to the offender population. In order to ensure that the appropriate personnel are selected for proposed service locations, please confirm the State will accept Job Descriptions at this time, with actual resumes and licensures provided to the State after contract award and hiring of staff.</p> <p>b. Please confirm that not all personnel that deliver treatment services to the offender population require licensure or certifications.</p>	
		<p>102) Reference RFGP #32952-13006 GG Pro Forma (Non-Government Entity) – D. Standard Terms and Conditions, page 20 of 37:</p> <p>Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not</p>	<p>No. The State will not amend the terms.</p>

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		<p>have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.</p> <p>a. Please extend the Right to Terminate for Convenience to the Grantee provided that thirty (30) days of written notice is given, and the circumstances of termination are documented.</p>	
		<p>103) 12. Reference RFGP Attachment 6.2 - Section B – Technical Response & Evaluation Guide: B.59 - 66, pages 21 - 22 and RFGP Attachment 5: Community Corrections Audit Instruments:</p> <p>a. Please clarify if the Community Corrections Audit Instrument will be modified after award to reflect only the requirements listed in section A and B of the RFGP and the Respondent's proposal. For example, if a Respondent can comply with all Supervision Services Items B.59 through B.66, but the Community Corrections Audit Instrument has additional items that a Respondent can't meet, can the Respondent still provide a proposal for these services? The supervision program in section B is substantially different than what is stated in the Community Corrections Audit Instrument for Supervision Services.</p>	<p>Attachment 5: Community Corrections Audit Instruments was provided in a draft format for the purpose of releasing the RFGP. The document will be modified at contract award to reflect the services provided by each specific awarded grantee.</p>
		<p>104) In the past, existing agencies have always been told not to even consider additions to budgets. The scope of the RFGP has now significantly changed shifting from a supervision model to a full blown treatment model. This will necessitate budgetary changes and increases in order to hire</p>	<p>Proposers are required to detail their expected costs to provide the services detailed in the RFGP in their grant budget proposals.</p>

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		staff meeting the licensure qualifications. Can we propose the budget necessary to accomplish the requirements of the RFGP without fear of proposal rejection? This budget will look significantly different than previous budgets to conform to the new grant requirements.	
		105) Is it acceptable for a proposer to provide its supervision services while continuing to contract out treatment services through a substance abuse services subcontractor with TNDMHSAS licensure?	Yes, as long as those services meet the treatment requirements as set forth in the RFGP.
		106) A.28 states "Provide a personnel roster listing the names and position description of key people who the Respondent will assign to meet the Respondent's requirements under this RFGP along with the estimated number of hours that each individual will devote to that performance." Is this referring only to personnel from our agency or is this referring to personnel from agencies subcontracted to provide services?	To meet the requirement, respondents must include current staff as well as any subcontractors or contract partners who will provide services.
		107) Can IOP services be provided by a non-master's level clinical provider under the Clinical Supervision of an LCSW? Example – Can a bachelor level social worker with years of experience in the field of addiction teach an IOP class under the direct clinical supervision of an LCSW?	Please see the State's response to question #11.
		108) Just to clarify, the grant proposal package is to be emailed to ariel.evans@tn.gov for submission with no paper copies being delivered and no electronic copies delivered on USB or CD formats?	That is correct. Proposals must be transmitted by email to the RFGP coordinator listed in RFGP section 3.2.1. No paper copies of proposals will be accepted.
		109) Should the grant proposal package be a scanned PDF file attached to the email?	Yes, the grant proposal package shall be a scanned PDF file attached to the email.

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		110) In the event that the grant proposal package is too large for an outgoing or incoming email server (many severely limit attachment sizes) will the State have an FTP upload portal by which to submit the grant package?	The State will not provide an FTP upload portal. Respondents may send multiple emails with various attachments for the RFGP responses if the files are too large. Respondents must ensure that each attachment is labeled and identified properly.
		111) Due to potential email security issues would the State consider changing the submission method to an FTP upload to ensure that the documents are transmitted more securely versus the much more unsecure method of email.	No. The requirements within this RFGP do not contain information that would be deemed secure to require an FTP upload portal.
		112) A.31 refers to a standard reference questionnaire that is part of RFGP attachment 6.4, however this attachment is a Score Summary Matrix for scoring the grant proposal. Is this an error?	The reference questionnaire was not originally included in the release of the RFGP. The State is including the reference questionnaire in Release #2 as RFGP Attachment Six.
		113) A.31 requires obtaining sealed references that are to be placed in an envelope to be submitted with the technical proposal, however, the technical proposal is to be submitted by email with no hard copies to be sent. Can someone clarify how the requirements for A.31 are to be met?	Respondents who complete the questionnaire on behalf of a proposer can email the completed questionnaire to the Solicitation Coordinator. A sealed envelope is not necessary or mandatory.
		114) What is the appropriate response to section B items regarding for program types the grant proposer is not proposing, for example a program that does not intend to propose Day Reporting or Residential Treatment? How will this affect scoring if a proposer only intends to propose IOP and supervision services?	Release #2 revises the score sheet to separate each treatment option. All associated points have been restructured accordingly. Proposers will only be awarded points for Technical Qualifications, Experience & Approach for the service type proposed. Proposers will not lose points for any categories they do not propose.
		115) What if a referral scores low and does not need treatment, is that offender TDOC to serve their sentence?	If an Offender's RNA score is assessed as low and they do not have an assessed need for treatment, then the process will be initiated for the Offender to be transferred to TDOC for supervision of their

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			sentence or sentenced to serve their sentence at a TDOC institution.
		116) Are DRC intakes required to complete all phases and work around the class times?	Yes, DRC intakes are required to complete all phases and work around the class times.
		117) S 4.05.1 Intakes 8. Risk Assessment/one per month. Is that right? One assessment a month?	An offender is not assessed on a monthly basis. Once the intake is completed and an assessed risk level is determined, the offender is moved into the assessed supervision level based on the risk assessment score. The offender is then reassessed annually or when a significant event occurs in the offender's life."
		118) S 4.05.5 10. Progress Reports (ICOTS) what is this?	The State is removing this requirement from the Standards.
		119) S1.05 What is a classification report?	The State is removing this requirement from the Standards.
		120) S1.06 Says supervision with one or more of the components listed in 2 through 5. #2 is Co-Occurring Disorder Treatment services. It also states that in 1. introduction of the Proposal, but is not included in the last paragraph of the introduction. Can you please clarify?	The state will allow for acceptance of individuals with co-occurring disorders; However, the primary purpose of this contract is for substance use treatment and supervision. The individual will need to be assessed by the admitting facility in order to determine if he/she is appropriate for the program, will not be disruptive, and they can meaningfully participate. Then this assessment will be reviewed by the State's Director of Behavioral Health Services or designee to determine acceptance into the program.
		121) AP2.03 is different from contract A9 C (1). Is a license from THRB required or what is the qualifications of a Program Manger?	The Intensive Outpatient Program (IOP) or facility must be at minimum accredited with the State. The program manager does not have to be licensed if this is an administrative role. The Program manager will need to be licensed if they are engaged in providing clinical services. The standard AP2.03 has been revised to reflect the amended language for qualifications of a Program Manager.

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		122) Are DRC offenders required to have, show proof of license and insurance? And if so, what happens if they don't provide proof of either?	The State is unable to answer this question as the question raised by the Respondent is unclear.
		123) A9 2. Case officer Per Contract d. All hiring and staffing decisions shall be made at the discretion of the State. Do current employees need to reapply and be approved by the state for employment as of July 2022? If so, how do we provide personnel roster/resumes as requested in A.28. Upon proposing a DRC, do we list the job and provide resumes after job posting?	All current staff do not have to reapply but must be approved in writing by the State.
		124) S5.02 Evidence Based TDOC approved sanction process. Is this the policy currently being used by Probation? Or what will the sanctions be for Community Corrections July 2022?	The awarded Grantee shall utilize TDOC's Sanction Policy #704.10, unless the treatment services being provided require additional or different sanctions that must be submitted in writing to be approved by the State.
		125) Can the Master's Degree in social work person be working on one of the licenses listed that's needed to provide treatment in the DRC?	Yes, as long as they are under formal supervision of a clinically licensed individual as outlined by the TN health-related boards. The person will be effectively working under the licensed supervisor. The person must have a confirmed degree from an accredited college or university and currently working towards licensure. The State would require a formal written agreement between the supervisor and trainee to be submitted to the State's Director of Behavioral Health or designee for review and written approval.
		126) S4.11 Are the offenders under supervision while in treatment? This says upon successful completion of the treatment component any offender court-ordered to be supervised by the Grantee, shall be supervised in accordance with the supervision standards	Yes. Offenders under supervision in accordance with the proposed supervision standards. Supervision will be administered by the Grantee if a supervision proposal was submitted in response to this RFGP. If supervision was not proposed by the Respondent within this RFGP, then

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		outlined in sections S4.05 and S4.06.	supervision responsibility falls with TDOC.
		127) Upon receiving an award notice, what will the current case load requirements be?	If a Respondent proposes a supervision component in conjunction with a treatment service, the current caseload requirement shall be 50 offenders to one supervising officer as referenced in Section A.14.b. of both the GR & GG contracts.
		128) If current Grantee does not get an award notice, what happens? And what would happen to referrals set after June 2022?	The State will work with any current Grantee not awarded a contract as a result of this RFGP to close out operations and transfer all assigned Offenders.
		129) If we partner with or outsource, what are the requirements?	All subcontractor or partner(s) must meet certification, credential and licensure requirements detailed in the RFGP.
		130) Treatment based services and Supervisions proposed/are offenders under a curfew?	The proposer must submit their conditions for treatment with the RFGP response. If a response is only to provide treatment, the offender will be under the supervision requirements of their supervising agency-TDOC State Probation. There is no across-the-board curfew-please refer to the Standards, S4.05 pages 13-15.
		131) This is specific to our Program (SECC): We do DC4 only referrals, will we still be able to do these? If they do not get accepted to DC4 (Davidson County Drug Court Program) they serve their TDOC sentence. Sometimes we also do treatment referrals, they go straight from jail to a treatment facility and we are sent progress reports each month, meet with them each month, or they may be placed on the program and court ordered to attend the ROCS docket, Veterans Court, Our Recovery Court, or Mental Health court to meet in court as directed by each separate court while in treatment.	Respondents that propose a recovery court, drug court or the like as a treatment component in their submission would need to submit documentation showing an agreement with that court to supervise those offenders in the Court's program. Additionally, documentation would need to be submitted detailing certification by the TNDMHSAS and/or the specific treatment services offered by that court. TDOC will then evaluate on a case-by-case basis as to whether those proposed services offered through the Court qualify as IOP or IRD equivalent.
		132) We at ETHRA currently have 19 counties with Community Corrections	Upon completion of the evaluation process for the technical proposals submitted, if the agency scores the

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		<p>presence. If we propose a DRC in each county, so 19 DRCs, and there's only enough state funds for a smaller number of counties, would we be denied for proposing too many counties for DRCs? If we would be denied based on having too many counties, could there be an adjustment or negotiation period allowing us to propose DRCs in a few less counties so as to align with the state's budget that we would receive for our program?</p>	<p>minimum score of Eighty (80) as required within the RFGP, then the Respondent's cost proposal shall be reviewed and evaluated. Upon cost proposal evaluation, if the costs associated for all proposed treatment options and locations exceed the State's maximum liability, the State may enter into negotiations with the Respondent. If negotiations occur and the Respondent and the State reach an agreement, the Respondent's awarded contract will be amended to reflect the locations serviced based upon successful negotiations.</p>
		<p>133) Does an MOU or written agreement constitute a subcontract?</p>	<p>It will depend on the terms and scope of those agreements to be approved in writing by the State.</p>
		<p>134) Does a Recovery Court program constitute an Intensive Outpatient Treatment Program? If so, does participation with a Recovery meet the requirements of the grant?</p>	<p>Respondents that propose a recovery court, drug court or the like as a treatment component in their submission would need to submit documentation showing an agreement with that court to supervise those offenders in the Court's program. Additionally, documentation would need to be submitted detailing certification by the TNDMHSAS and/or the specific treatment services offered by that court. TDOC will then evaluate on a case-by-case basis as to whether those proposed services offered through the Court qualify as IOP or IRD equivalent.</p>
		<p>135) The contract lists Day Reporting Center, Intensive Outpatient Program and Residential Treatment Center as the services a grantee must provide, but standard S1.07 also includes Co-Occurring Disorder Treatment Services. If a grantee provides Co-Occurring Treatment Services does that meet the eligibility requirement of grant?</p>	<p>The state will allow for acceptance of individuals with cooccurring disorders; However, the primary purpose of this contract is for substance use and supervision. The individual will need to be assessed by the admitting facility to determine if he/she is appropriate for the program, will not be disruptive, and they can meaningfully participate. Then this assessment will be reviewed by the State's Director of Behavioral Health Services or designee to determine acceptance into the program.</p>
		<p>136) Is this grant a proposal for services to be developed during fiscal year 2022-2023?</p>	<p>No. This grant proposal is for services to be offered during fiscal year 2022-2023.</p>

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		<p>a. Is a Provisional License for IOP for Residential Treatment Services by the TDMHSAS under Chapter 0940-05-02-.02(3)(a) sufficient for the grantee to qualify for the grant?</p> <p>b. When does licensure for IOP or Residential Treatment Services need to be provided in order to qualify for the grant in accordance with the grant schedule of events?</p> <p>c. Must the DRC, IOP or Residential Treatment Center be licensed and operational on July 1, 2022 or will there be a transition period between current standards and those for FY 2022-2023? If so, what is the proposed transition period?</p>	<p>a. Facilities will be allowed to submit a provisional license under this RFGP for evaluation.</p> <p>The provisional license is subject to approval by the state. If the state rejects the provisional license, then the facility will not operate on behalf of the state of TN. Please refer to the Rule 0940-05-02.02(3) of the TNDMHSAS as listed below:</p> <p><i>0940-05-02-.02(3) Provisional License. A provisional license may be issued to a facility or service when it does not meet all of the requirements for a full license. The Department may grant a provisional license if all of the conditions below are satisfied: (a) The facility or service is making a diligent effort to comply with all licensure laws, ordinances, rules, and regulations. A "diligent effort to comply" is determined by past performances of the facility or service in meeting licensure laws, ordinances, rules and regulations and correcting deficiencies and by the facility's or service's commitments to correct existing deficiencies within time frames agreed to by the Department; (b) The continued operation of the facility or service will not endanger the health or safety of individuals being served; (c) The facility or service has submitted an acceptable compliance plan specifying how and when deficiencies will be corrected. The Department will consider the seriousness of the deficiencies and the past performances of the facility or service in determining whether the compliance plan is acceptable; and (d) The facility or service has substantially met the commitments made in the preceding year's compliance plan, if any.</i></p> <p>b. The Respondent must provide copies all licensure for IOP and Residential Treatment Services within the technical responses to this RFGP.</p>

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			c. All program operations for DRC, IOP and Residential Treatment must be fully operational on July 1, 2022.
		137) Program Manager: A.9.c.1 of the grant contract states that the Program Manager "...must possess the proper license and credentials through the Tennessee Health-Related Boards" while standards AP2.03 does not mention such licensure. Are there additional licensure requirements for the Program Manager under the grant? If so, what are those licensure requirements?	The program manager <u>does not</u> have to be licensed if this is an administrative role. The Program manager must be licensed if they are engaged in providing clinical services.
		138) Can a grantee's main office be located in Johnson City, but apply for a DRC to be located in another county within the same Judicial District (e.g., Hampton to serve Carter, Johnson, Unicoi Counties, or Mountain City to serve Johnson County)? Or an adjoining Judicial District (Kingsport, Blountville or Bristol in the 2nd Judicial District)?	Yes.
		139) The definition of recidivism differs between the Standards and Grant contract. Which is the overriding definition?	Please see the State's response to question #33.
		140) Contract A.7.b. and Standard S4.05 seems to have some discrepancies. a. Standard S4.05.3.a. indicates that community corrections can supervise someone with "high property" only. b. Standard S4.05.5.a. indicates that community corrections can supervise someone who assesses "low" on a risk needs assessment. c. Standard S4.05.2 indicated that in order for a person to be placed on Enhanced Supervision they must be ordered by the court and assessed as "criminally diverse" or "high violent." If the court orders Enhanced	A-B. The Standards refer to the offender's risk level, but the needs report will indicate whether they have a need score of high or moderate in alcohol and drug, mental health, or co-occurring disorder. The supervision levels are based on risk assessment score, and treatment and programming are based on the assessed needs score. C. The State will abide by the orders of the Court. D. The State will abide by the orders of the Court. E. The State will abide by the orders of the Court. F. The offender's sentence is determined by the sentencing court. Based on the eligibility criteria set out

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		<p>Supervision as a condition of the offender's sentence, by what authority can an assessment supersede an order of the court?</p> <p>d. If the court orders an offender to any specific supervision level (enhance, maximum, medium, or low) with a community corrections program, what is the mechanism or authority for the grantee to refuse such supervision as long as the offender meets eligibility requirement under TCA 40-36-106?</p> <p>e. If the community corrections program offers Co-Occurring Treatment, DRC, IOP or RTC, can the court order some offenders to community corrections for supervision only or participation in Recovery Court (if Recovery Court is not considered an Intensive Outpatient Program under question3 above)?</p> <p>f. Can community corrections supervise an offender for the total of their sentence? Is the length of community corrections supervision determined by the policies of the community corrections program and/or the court within the parameters of the offender's total sentence?</p>	<p>in the RFGP scope of services, an offender who is eligible for CC treatment will participate in the treatment program based on the program's evidence-based criteria, phases, and rules. An offender is not sentenced to a treatment program for a length of time rather until the program is completed. Suppose a CC grantee provides treatment and supervision. In that case, they may continue to supervise the offender upon completion of their treatment until an otherwise ineligible offender may be transitioned to State probation.</p>
		<p>141) Will current offenders who do not meet supervision requirements under A.7.b. of the grant contract need to be transferred to TDOC field services supervision or can they remain on community corrections supervision? If they must transfer will there be a transition period after July 1, 2022?</p>	<p>Once the determinations are made regarding recipients of awards, the State will evaluate the need for additional transition time with Respondents who were not awarded a contract and TDOC will take necessary steps to ensure a smooth and cooperative transition of offenders etc.</p>
		<p>142) When will the Community Corrections Contact Note Handbook be made available grantee agencies? Will TDOC provide training in addition to the CC Contact Note Handbook?</p>	<p>The State is providing a copy of the TDOC Community Supervision Contact Note Handbook labeled Attachment Seven of Release #2 to this RFGP. This handbook will serve as a sample for review purposes only and the final Community Corrections</p>

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			Contact Note handbook will be made available to all awarded grantees upon contract execution and all awarded grantees will receive appropriate training from the State on this handbook.
		143) Will Community Corrections receive direction or policy direction from TDOC for what it deems scientifically demonstrated strategies for programming? Are such policies already available?	Proposers are expected to submit their scientifically demonstrated strategies for programming when they respond to the RFGP. The purpose of the RFGP and its scope is to solicit a quality response and proposal from prospective providers.
		144) Grant contract A.7.b. only lists the Risk Needs assessment as the criteria for participation in community corrections, but lists the ASI based assessment for DRC, IOP and RTC. If there is a contraindication between the two assessments which prevails?	In the unlikely event of such a discrepancy the ASI, TCUD, or any other approved standardized assessment tool would prevail.
		<p>145) According to Standard IO1.02 requirements:</p> <p>a. Counseling: All programs will maintain a minimum of 1:8 counselor-to-patient ration seven days per week.</p> <p>i. Does this mean that the standard requires the IOP to be operational 7 days per week? Can overtime be charged as part of the grant?</p> <p>ii. Or, that the 1:8 counselor patient ratio must be maintained for 24 hour access to supportive staff discussed later under the standard?</p> <p>b. Physician Coverage: "A medical provider is on call and is available for medical consolation for medical situations via telephone within 60 minutes of request."</p> <p>i. 24 hours/7days per week or only during business hours?</p> <p>ii. According to TDMHSAS Rules Chapter 0940-5-43-.04(2): "A physician must be employed or</p>	<p>a) The 1:8 counselor to patient ratio is for residential treatment. It is not required for IOP.</p> <p>i) The standard does not require the IOP to be operational seven days per week. This requirement is only for Residential Treatment facilities.</p> <p>The IOP must be open when clinical groups are scheduled. Overtime cannot be charged to the grant. Respondents must provide the clinical services detailed within the scope of services in the grant.</p> <p>ii) The 1:8 counselor to patient ratio is for residential treatment. It is not required for IOP.</p> <p>b i) The person serving in the role of the Medical Director shall be available on an on-call schedule on a twenty-four hour/seven day a week (24/7) basis during the duration of the awarded contract to address medical inquiries or emergencies.</p> <p>ii) If a Respondent employs a licensed physician (M.D. or D.O. designation) to serve as Medical Director or</p>

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		retained by written agreement to serve as medical consultant to the program.” Is the grantee compliant if it meets TDMHSAS rules?	<p>subcontracts with a licensed physician to serve as Medical Director the grantee would be in compliance.</p> <p>The medical director needs to be retained in written agreement, which satisfies TDMHSAS. In order to be compliant with this grant, the facility would have to show that there is a protocol in place to manage the medical issues/emergencies. The Medical Director needs to be available 24/7 for Residential Treatment facilities.</p> <p>For IOP, the Medical Director needs to be on call or available for consultation during work hours (standard operating business hours in accordance with the State's approval).</p>
		146) Does a Ph.D. student in Clinical Psychology providing assessment, counseling and other therapy services under the supervision of a Licensed Clinical Psychologist with a Ph.D. constitute Clinical Staff and Counselor under the terms of the Grant?	<p>No. Any Clinical Psychology Ph.D. student would be considered a student trainee and would not meet grant contract staffing requirements.</p> <p>The student can perform these tasks indicated, but the only person that will count as grant paid staff would be the licensed clinician supervising the student. The student is only working under the license of the licensed clinician.</p>
		<p>147) Section D.27: No Acquisition of Equipment or Motor Vehicles:</p> <p>a. Is there a minimum cost value that defines equipment under the terms of this section of the grant contract (e.g., \$5,000.00)?</p> <p>b. Under the terms of the grant contract and standards, computer entries into the state OMS are required of the Grantee. Do computers fall under the rubric of equipment in this section?</p> <p>c. Vehicles are also required for the performance of supervision under the terms of supervision with regard to home visits. The purpose of the statute was in part</p>	<p>A. Section has been revised. Please see revised language in response to item C.</p> <p>B. Any equipment needed will be procured from the State contract by the State and will be billed back to the grant. The specific cost will be provided in the next amendment to this RFGP which is currently slated for April 8, 2022.</p> <p>C. The State is amending the language for Section D.27. within the GG & GR template with the following language in Release #2:</p> <p><i>D.27. State Interest in Equipment or Motor Vehicles. The Grantee shall take legal title to all equipment or</i></p>

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		<p>to "...Facilitate the growth of treatment-centered pathways to alleviate geographical disparities in Tennessee with respect to the availability of such pathways available to judges at sentencing.... (TCA 40-36-103(2))" Will grantees that serve rural counties be eligible to purchase vehicles using grant funding in order to fulfill the supervision requirements of the grant?</p> <p>d. What is the process for grantees who currently possess equipment and vehicles previously purchased with grant funding to disposal of those items?</p>	<p><i>motor vehicles purchased totally or in part with funds provided under this Grant Contract, subject to the State's equitable interest therein, to the extent of its pro rata share, based upon the State's contribution to the purchase price. The term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars (\$5,000.00). The term "motor vehicle" shall include any article of tangible personal property that is required to be registered under the "Tennessee Motor Vehicle Title and Registration Law", Tenn. Code Ann. Title 55, Chapters 1-6.</i></p> <p><i>As authorized by the Tennessee Uniform Commercial Code, Tenn. Code Ann. Title 47, Chapter 9 and the "Tennessee Motor Vehicle Title and Registration Law," Tenn. Code Ann. Title 55, Chapters 1-6, the parties intend this Grant Contract to create a security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this Grant Contract. A further intent of this Grant Contract is to acknowledge and continue the security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this program's prior year Grant Contracts between the State and the Grantee.</i></p> <p><i>The Grantee grants the State a security interest in all equipment or motor vehicles acquired in whole or in part by the Grantee under this Grant Contract. This Grant Contract is intended to be a security agreement pursuant to the Uniform Commercial Code for any of the equipment or motor vehicles herein specified which, under applicable law, may be subject to a security interest pursuant to the Uniform Commercial Code, and the Grantee hereby grants the State a security interest in said equipment or motor vehicles. The Grantee agrees</i></p>

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			<p><i>that the State may file this Grant Contract or a reproduction thereof, in any appropriate office, as a financing statement for any of the equipment or motor vehicles herein specified. Any reproduction of this or any other security agreement or financing statement shall be sufficient as a financing statement. In addition, the Grantee agrees to execute and deliver to the State, upon the State's request, any financing statements, as well as extensions, renewals, and amendments thereof, and reproduction of this Grant Contract in such form as the State may require to perfect a security interest with respect to said equipment or motor vehicles. The Grantee shall pay all costs of filing such financing statements and any extensions, renewals, amendments and releases thereof, and shall pay all reasonable costs and expenses of any record searches for financing statements the State may reasonably require. Without the prior written consent of the State, the Grantee shall not create or suffer to be created pursuant to the Uniform Commercial Code any other security interest in said equipment or motor vehicles, including replacements and additions thereto. Upon the Grantee's breach of any covenant or agreement contained in this Grant Contract, including the covenants to pay when due all sums secured by this Grant Contract, the State shall have the remedies of a secured party under the Uniform Commercial Code and, at the State's option, may also invoke the remedies herein provided.</i></p> <p><i>The Grantee agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. The Grantee shall maintain a perpetual inventory system for all equipment or motor vehicles purchased with funds provided under this Grant Contract and shall submit an inventory control report which must include, at a minimum, the following:</i></p>

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			<p>a. Description of the equipment or motor vehicles;</p> <p>b. Vehicle identification number;</p> <p>c. Manufacturer's serial number or other identification number, when applicable;</p> <p>d. Acquisition date, cost, and check number;</p> <p>e. Fund source, State Grant number, or other applicable fund source identification;</p> <p>f. Percentage of state funds applied to the purchase;</p> <p>g. Location within the Grantee's operations where the equipment or motor vehicles is used;</p> <p>h. Condition of the property or disposition date if Grantee no longer has possession;</p> <p>i. Depreciation method, if applicable; and</p> <p>j. Monthly depreciation amount, if applicable.</p> <p>The Grantee shall tag equipment or motor vehicles with an identification number which is cross referenced to the equipment or motor vehicle item on the inventory control report. The Grantee shall inventory equipment or motor vehicles annually. The Grantee must compare the results of the inventory with the inventory control report and investigate any differences. The Grantee must then adjust the inventory control report to reflect the results of the physical inventory and subsequent investigation.</p> <p>The Grantee shall submit its inventory control report of all equipment or motor vehicles purchased with funding through this Grant Contract within thirty (30) days of its end date</p>

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			<p><i>and in form and substance acceptable to the State. This inventory control report shall contain, at a minimum, the requirements specified above for inventory control. The Grantee shall notify the State, in writing, of any equipment or motor vehicle loss describing the reasons for the loss. Should the equipment or motor vehicles be destroyed, lost, or stolen, the Grantee shall be responsible to the State for the pro rata amount of the residual value at the time of loss based upon the State's original contribution to the purchase price.</i></p> <p><i>Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at another time during the term of the Grant Contract, the Grantee shall request written approval from the State for any proposed disposition of equipment or motor vehicles purchased with Grant funds. All equipment or motor vehicles shall be disposed of in such a manner as the parties may agree from among alternatives approved by the Tennessee Department of General Services as appropriate and in accordance with any applicable federal laws or regulations.</i></p> <p>D. A surplus process has been and remains in place for existing Community Correction grantees. Should an existing grantee fail to propose or be awarded a new contract, TDOC staff will assist in the surplus and take all TDOC purchased equipment back.</p>
		148) Audit guide #7 of admin., org., and management for AP1.07 reads 10% while standard AP1.07 reads 3%, which one is the expected standard?	The expected standard for case file reviews will remain at 10%. The percentage for Standard AP1.07 within Attachment Four has been updated to reflect the 10% requirement.
		149) Under attachment 6.2, AP 31., what constitutes a customer? Do judges, District	A customer is a person, organization or entity that the Respondent has done business with.

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		Attorneys and Public Defenders constitute customers? Under the same subsection please define projects. Can projects be ongoing such as supervision services for offenders?	The project is the contract whether completed i.e. come to its natural end or one that is current and ongoing.
		150) Proposal Delivery (3.2.1) states no proposal hard copies will be accepted. Attachment 6.2 item ref. A.31.(e) states that the grantee may not open sealed reference information. How are sealed reference envelopes to be delivered to TDOC? Are those references due with the rest of the proposal on April 21, 2022?	Included in Release #2 as RFGP Attachment Six. Respondents who complete the questionnaire on behalf of a proposer can email the completed questionnaire to the Solicitation Coordinator. A sealed envelope is not necessary or mandatory.
		151) If a current grantee is refused a grant for FY 2022-2023: a. What will be the procedure for the transfer of clients to the grant recipient or to TDOC field services? When will it take place with regard to the present grant year? b. Will severance pay be available to employees who have worked for the grantee for 10 years or more? c. Will such employees receive preference if they apply for jobs at TDOC Field Services? d. What will be the schedule for closing down the grantee facility (e.g. transferring of clients, return/disposal of state-owned property)? Who will pay for the return costs of such property?	a. The State will assess all Offenders ineligible under the criteria as set forth in Section A.7.b. of the grant contract and will work to transition those identified Offenders based on their assessed supervision level as a result of the State approved RNA. b. Not at the State's expense. The State will not reimburse current grantees if severance pay is awarded to employees with 10 years or more of service. c. Any applicants will be given consideration for any jobs in accordance with State law and TDOC policy. d. Once the determinations are made regarding recipients of awards, the State will evaluate the need for additional transition time with Respondents who were not awarded a contract and TDOC will take necessary steps to ensure a smooth and cooperative transition of offenders etc.

3. **Delete RFGP # 32952-13006, in its entirety, and replace it with RFGP # 32952-13006, Release # 2, attached to this amendment.** Revisions of the original RFP document are emphasized within the new release. **Any sentence or paragraph containing revised or new text is highlighted.**
4. **RFP Amendment Effective Date.** 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.