State of Connecticut
Department of Mental Health and Addiction Services

RFP # DMHAS-OSU-COSCMP-2025
Addendum #1

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum #1 to the **Connecticut Opioid Settlement Contingency Management Project Request for Proposals.**

Addendum 1 contains:

A. Questions and Answers

In the event of an inconsistency between information provided in the RFP and information in these answers, **the information in these answers shall control.**

A. Questions and Answers

1. **Question:** I see that the solicitation specifies an annual cost of $183,619. Will you share the salary ranges that were used to achieve this cost? When I tried to do a rough budget with the required expenses, it ran over this amount – see below. Please confirm and clarify the costs that have to be included in applicants' budgets.

Participants	50			
Cost		**Salary**	**Amount**	
				required to participate in training and
Supervisor	0.1	$85,000	$8,500	supervision
Coordinator	1	$63,000	$63,000	required at 1 FTE
Case Manager	0.5	$51,000	$25,500	required at .5 FTE
Fringe	25.02%		$24,269	
Toxicology Testing	26	$4	$5,200	required
Incentives		$599	$29,950	required
Incentive Management System	?			no cost to providers?
Other Direct Costs			$5,000	
Allocated Directs			$8,750	
SUBTOTAL			$170,169	
Indirect Costs	15.55%		$26,461	
TOTAL			$196,631	
		Amount Available:	**183,619**	

Answer: The proposer is required to provide a budget that does not exceed the amount of the contract funding. The budget must include salary for a CM Coordinator (1.0 FTE) and case manager position (0.5 FTE), at least $599 in anticipated incentives for each participant, and supplies to conduct twenty-six (26) CLIA-waived drug screens per participant. Once these costs are allocated, the proposer should outline how any remaining funds will be utilized in the budget.

The Incentive Management System does not have a cost to providers.

DMHAS will work with selected providers to refine the budget during contract negotiations.

2. **Question:** Should items a-d, under #2 on page 4 of the RFP, be submitted with our proposals, uploaded to CTSource, or both?

   Answer: These items should be submitted with your proposal and be included in Section E. Attachments of the proposal.

3. **Question:** Which organizations submitted letters of intent for each DMHAS region?

   Answer: Letters of intent, while not formal proposals, still demonstrate an initial level of interest and potentially reveal some strategic thinking. Sharing this information could compromise the competitive landscape and damage the integrity of the RFP process.

4. **Question:** Number 6 on page 17 states, "Maximum **25 pages,** exclusive of Executive Summary, Appendices, Budget Forms and Budget Narrative." Does the **table of contents** count towards the page limits?

   Answer: The Table of Contents does not count toward the page limit.

5. **Question:** For Section D, number 9 (Culturally Competent Services), questions a-c on page 23 are different from questions a-c on page 16. *Which set of questions should be answered, those on page 16 or those on page 23?*

   Answer: The questions on page 16 should be answered.

6. **Question:** Under the Services Expectation section, c. on page 12 of the RFP, proposers are asked to "describe your agency's awareness of CM Guidelines and Regulations and your ability to comply with such." *Do you mean CM guidelines/regulations in general or for this specific CM project?* Please provide the guidelines/regulations so that proposers can describe their understanding of them and their ability to comply.

Answer: The intent of this questions is to gauge agencies understanding of evidence-based Contingency Management treatment programs. The agency should research and review publicly available guidelines and regulations and briefly comment on their ability to adhere to Contingency Management guidelines and regulations as related to this project. One such resource comes from California's Contingency Management ("Recovery Incentives" Demonstration Project Chapters 1 through 3 of the document available at: https://www.uclaisap.org/recoveryincentives/docs/training/Program-Manual-with-Appendices-2025-03-07.pdf]. Another option is a report by the U.S. Department of Health and Human Services available at: https://aspe.hhs.gov/sites/default/files/documents/a0cc6fcdb2968be95f60bb1c2c94eb70/contingency-management-sub-treatment.pdf]. Please note that this should not be considered an exhaustive list of resources.

7. **Question:** What **minimum qualifications** does DMHAS and/or the University of CT (UConn) School of Medicine (SOM) Team recommend for each required positions – CM Coordinator and CM Case Manager?

   Answer: Specific credentials or licensure is not required for the Coordinator and Case Manager positions included in this RFP. Minimum role requirements include experience supporting individuals with substance use disorders.

8. **Question:** Just to confirm, if a proposer has been incorporated for more than three years and has a current contract with DMHAS, then the audit cover letters and audits do not need to be submitted. *Is that correct?*

   Answer: If a contractor holds a current contract with the Department and their three (3) most recent audits **are available** via the Office of Policy and Management's EARS system, such may be noted in the proposal, and a hardcopy of the audit cover letters need not be provided. If the contractor holds a current contract with the Department and their three (3) most recent audits **are not available** via the EARS system, they must provide cover letters from their auditor for the last three (3) annual audits and a copy of their most recent financial audit, included in the proposal.

9. **Question:** If a provider in a proposed region for this RFP has two sites that they would like to provide the contingency management project is that permissible?

   Answer: Yes, if it fits within the budget. There is only one award per region, so proposer wouldn't get an award per location; it would be one award for the region.

10. **Question:** Can a peer be hired for the case management position under this grant? Are there any specific required qualifications for this role?

Answer: Yes, a peer can be hired for the case management position. Specific credentials or licensure is not required for the Coordinator and Case Manager positions included in this RFP. Minimum role requirements include experience supporting individuals with substance use disorders.

11. **Question:** Are there any specific credentials required for the full-time coordinator position?

    Answer: Specific credentials or licensure is not required for the Coordinator and Case Manager positions included in this RFP. Minimum role requirements include experience supporting individuals with substance use disorders.

12. **Question:** Are awardees required to take referrals from all towns in the region or only the catchment area served by selected agencies?

    Answer: Awardees are required to accept any appropriate referral regardless of the individual's region or catchment area. The purpose of the catchment area delineation within this proposal is to ensure there is one service provider per region.

13. **Question:** If yes to the above question, would you require that people from the entire region would receive treatment at the selected agency?

    Answer: Awardees are required to accept any appropriate referral regardless of the individual's region or catchment area.

14. **Question:** *Section 2. f. iv. States that "Clients prescribed a stimulant for Attention Deficit Hyperactivity Disorder (ADHD) (or other medical or psychiatric reasons) are not eligible for the CM program due to technical limitations that preclude the ability to distinguish between stimulant use as prescribed and stimulant use for other reasons, which could cause a false stimulant-positive drug test result."*

    If we utilized the CT PMP to confirm that that client is getting a certain stimulant prescribed and if we get their urine sample sent out for confirmation to confirm they are positive for the prescribed stimulant only, then can we consider including clients with an ADHD diagnosis?

    Answer: Clients who are prescribed a stimulant medication are ineligible for this CM project. Point of care toxicology testing and incentive provision will happen during the same session under this model, which does not allow for confirmatory testing.

15. **Question:** If the total amount of funds budgeted for the incentives is not spent, may it be used toward other program expenses?

Answer: Budget costs can be reallocated in consultation with and approval from the DMAHS Project Manager.

16. **Question:** Are any of the services billable?

    Answer: Contingency management sessions are not a billable service in CT currently. Additional clinical services that the client attends outside the CM protocol are billable according to appropriate licensure and insurance standards.

17. **Question:** When you say that the services are not billable in CT, I am assuming (hoping) that you do not mean clinical sessions. Is that correct?

    Answer: Correct.

18. **Question:** 2 questions: 1. The format of the proposal being displayed is different from that of the RFP as downloaded. Where is the version being displayed? 2. These seem to be different in some ways. For example, on p.4 of the RFP I have it indicates that the Notification to Bidders and the Campaign Certification should be submitted at the portal, but in the version being displayed they are listed under "Attachments". Which is correct?

    Answer: On page 4 of the RFP Legal Notice, there is reference to 4 items that must be included with the RFP. While respondents may enter these items into CTsource, they also must be included with the proposal. Additionally, the "Attachments" section of the Bidder's Conference Power Point Presentation (PPT) is not included in the Legal Notice verbatim. The PPT is meant to be used as a tool for proposal submission. A copy of the PPT will be sent to all attendees of the Bidder's Conference.

19. **Question:** Is a client who is using non-prescribed ADHD medications eligible for the program?

    Answer: Yes, if the non-prescribed ADHD medication is a stimulant, and they meet criteria for a stimulant use disorder.

20. **Question:** If we have two outpatient site locations within the region we plan to bid on, can one location be primary and can the other be utilized as needed to best support the entire region?

    Answer: Yes, if it fits within the budget. There is only one award per region, so you wouldn't get an award per location; it would be one award for the region.

21. **Question:** Please provide the CM definitions of monitored versus observed toxicology collection.

    Answer: Monitored toxicology collection means the collector monitors the collection by checking for signs that the donor may be tampering with the specimen. This may mean inclusion of adulteration detection measures on the test, like temperature strips and pH checks. The monitor may accompany the donor to the restroom (but remain outside a stall during the actual sample collection), secure the restroom to ensure that no one else can enter during the collection process, use toilet water dye, or turn off any access to water in the restroom. Observed toxicology collection means the collector directly watches the donor urinate into the collection container.

22. **Question:** How many drug tests will be administered per client during the 12 weeks? What is the required frequency of testing? Is it 2 times a week which is how often they are meeting with CM staff or only when CM incentives are being offered and how often is that?

    Answer: Twenty-six drug tests will be administered per client during the 12 weeks. CM participants meet with CM staff two times per week, at which time drug tests will be administered and incentives offered depending on the results of the drug test. Drug tests will also be administered at the start (baseline assessment) and end (month 3 assessment) of the CM program.

23. **Question:** Does abstinence include all non-stimulant substances?

    Answer: No, this project only targets stimulants.

24. **Question:** Can you talk about any **educational requirements** for the CM Coordinator and the Case Manager?

    Answer: We are not identifying any specific requirements for those positions other than the experience providing substance use services.

25. **Question:** Is there a curriculum for the 12 weeks of sessions?

    Answer: There is not a curriculum for Contingency Management. The CM Coordinator, Case Manager, and supervisor will be trained in implementation of Contingency Management Protocols during the initial training process and during ongoing fidelity monitoring and support via technical assistance "coaching" calls.

26. **Question:** Is there a minimum required toxicology panel?

Answer: The test can be paneled for stimulants only; the test panel should minimally include amphetamine, cocaine, and methamphetamine.

27. **Question:** When CM is on vacation, what are the qualifications for the staff that will meet with the client to avoid services disruption?

    Answer: Staff need to have experience supporting individuals with substance use disorders and be trained in CM Administration by the UConn School of Medicine TA team. The CM Case Manager is intended to provide back up for the CM Coordinator.

28. **Question:** How long is the Readiness Assessment expected to take since we cannot actually enroll clients before that?

    Answer: The amount of time needed to prepare for and complete the Readiness Assessment will vary site to site and depends on several factors and processes including but not limited to: hiring a dedicated CM Coordinator; identifying a CM Case Manager and a CM Supervisor; completing implementation trainings (e.g., a two-hour self-paced CM program overview, three 1-hour live virtual sessions, training on the Contingency Management Incentive Manager software and practice cases), and agency determination of workflows. We expect this process to take at least one month upon hiring of key staff.

29. **Question:** Are student interns eligible to serve in either of the staffing roles? What is the minimum?

    Answer: No, the staffing roles need to be filled by agency staff. The use of interns in these roles is not permissible. See Question #7 for additional information.

30. **Question:** Can graphs/charts be single spaced on 10-point font?

    Answer: Yes.

31. **Question:** What is the minimum number of outpatient services that a client must receive per week? And does this program require GPRAs?

    Answer: Program does not require GPRAs (Government Performance and Results Act). The client will need to attend twice weekly Contingency Management sessions. There is no set minimum for the client's engagement in additional therapeutic services; the client should attend whatever is medically/clinically appropriate as indicated in their collaborative individualized treatment plan.

32. **Question:** When you say engagement early in treatment, is that defined as 90 days post enrollment?

Answer: Yes. However, the enrollment of clients in the CM Program within the first 90 days of treatment (starting from the date of their first billable service) is suggested but not required. Clients can be enrolled at any point in their treatment as long as CM engagement is assessed as medically/clinically appropriate.

33. **Question:** Can attachments other than the one cited in RFP be included like letters of support, commitment, reviews of agency programs by outside evaluators, et cetera?

    Answer: If the RFP did not request any of those attachments, then they should not be included in the RFP.
    Section III. A. 5. Attachments of the RFP states: "Attachments other than the required Appendices or Forms identified in the RFP are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification. **All attachments should be labeled and included in Section E. Attachments of the proposal."**

34. **Question:** Can the test be paneled only for stimulants as long as it is CLIA waivered? Or should it have other substances on it?

    Answer: The test can be paneled for stimulants only; the test panel should minimally include amphetamine, cocaine, and methamphetamine.

35. **Question:** Is this funding suited for an OTP (Opioid Treatment Program)?

    Answer: Yes, OTPs are eligible to apply.

36. **Question:** Are there Contingency Management programs operating in other states?

    Answer: Yes, more than a dozen states have or are in the process of implementing CM programs.

37. **Question:** For proof of clinical licensure, which license do we need to provide? The DPH substance abuse license? Proof of licensing for any clinical staff? Anything else?

    On page 43, there is a bulleted item that says DPH Licensure, is this for the location or the staff or is it N/A?

    Answer: The licensure required for this project is that the program is licensed with the Connecticut Department of Public Health (DPH) to operate an outpatient

program to treat substance use disorders. Proof of licensing for any staff is not required.

38. **Question:** What if the client is on the waitlist and timing gets past their first 90 days in treatment? Does this mean they are not eligible, even if they had been on the waitlist?

    Answer: If a client is on the waitlist and timing gets past their first 90 days of treatment, the client may be admitted to CM if clinically/medically appropriate when the services become available. Enrollment of clients in the CM Program within the first 90 days of treatment (starting from the date of their first billable service) is suggested but not required. Clients can be enrolled at any point in their treatment as long as CM engagement is assessed as medically/clinically appropriate.

39. **Question:** For the $599 in incentives available to clients, how is this distributed/paid out? As cash, gift cards, etc.? Please advise.

    Answer: Incentives earned for stimulant-negative UDS during the CM program are generated/delivered digitally as e-gift cards through the Contingency Management Incentive Manager web-based software and are delivered to clients at the time of the visit in one of three ways. Typically, this occurs via text (digital) if the client has access to a phone and provides a valid phone number. It can also occur via email (digital) if the client has access to a phone or computer and provides a valid email address, or via print (physical copy) with the CM Coordinator printing out a paper copy of the gift card and giving it to the client. All gift cards can be used in-store or online.

40. **Question:** Is there a set amount for each incentive or are we asked to create a plan/schedule for this?

    Answer: The reward structure for this CM program will be prescribed; proposers are not asked to create a schedule/plan. Briefly, it is a 12-week program that provides financial incentives to clients for submission of stimulant-negative UDS. UDS tests occur twice weekly, and the value of the incentive increases over time for continuous streaks of stimulant abstinence. Total possible CM earnings for a client in the program is capped at $599 annually.

41. **Question:** We know that we should use evidence-based practices. How much latitude is there in the selection of EBPs – or is DMHAS making the choice as you are selecting the training?

    Answer: The protocol that will be used is an evidence-based protocol chosen by the DMHAS-UConn School of Medicine team. Please see Question #40 for additional information.

42. **Question:** Does the 12-week period restart if the client pauses their participation and then resumes later, or is it continuous once started?

    Answer: If a client is discharged from outpatient treatment, they can return to CM. The client is eligible for a total of 12 weeks of CM and a maximum of $599 annually.

43. **Question:** Is the $599 cap based on the total amount spent, or is it limited to the 12-week time frame regardless of spending?

    Answer: The $599 cap on CM incentives is an annual cap per client. Only clients who complete the full 12-week CM program with twice-weekly UDS and all tests reading stimulant-negative are able to meet that cap. Please see Question #40 for more information on the incentive schedule.

44. **Question:** Can we purchase items for clients who lack transportation to "shop" onsite, so they don't need to travel to the store to use a gift card?

    Answer: No, there is no need to purchase items and maintain an inventory on site. The Incentives will be provided as E-gift cards or printed gift cards via Contingency Management Innovation's Incentive Manager. See Question 39 for additional details. The Contingency Management staff should support the client in problem solving any barriers to utilizing their incentives.

45. **Question:** Can the supervisor's effort be allocated for training?

    Answer: Yes, the supervisors time can be added to the budget to account for their inclusion in the training.

46. **Question:** Incentive Management System: Is the applicant responsible for costs or is the cost covered by DMHAS?

    Answer: The applicant is not responsible for the Incentive Management System costs.

47. **Question:** Indirect rate is not cited – do we, therefore, use our federal rate?

    Answer: Indirect costs can be charged based on an organization's federally negotiated rate, or at the rate of 10.5% if no verification of a different federally approved rate is provided.

48. **Question:** In the budget section of the RFP, it states, "A budget narrative must be provided, explaining all costs contained in the budget. All start-up costs must be listed…All other funding, including agency financial support must be identified." Does that mean that we need to include in-kind costs? If so, is that a separate budget or can it be included in the overall budget and budget narrative?

    Answer: In kind costs should be reflected in the overall budget and budget narrative.

49. **Question:** Can you please confirm that JDs are only required for those positions not yet hired?

    Answer: Yes, **Section II. C. 3. a. vi. Resumes,** of the RFP states: "Proposers should include resumes for supervisors, managers, CM Coordinator, and Case Management (key personnel) and provide job descriptions for positions not yet hired."

50. **Question:** On p.12 of the RFP, it says "The CM program is to occur during a client's first ninety (90) days of treatment (starting from the date of their first billable service)." We have 2 questions about this:

    (1) We have many clients currently under treatment (not using CM, however) who would benefit from this program. But since many have already been "in treatment" and receiving billable services, it sounds from the above like they might not be eligible for the program. Is this the intent of the sentence quoted above? If not, what restrictions would apply?

    (2) When our program is fully operational and we are serving 25 clients, we anticipate that new clients will be placed on a waiting list. We will of course proceed to treat these clients, although not using CM. Will these clients be eligible if they are on the waiting list too long? If so, how long can they remain on the waiting list?

    Answer:

    (1) The enrollment of clients in the CM Program within the first 90 days of treatment (starting from the date of their first billable service) is suggested but not required. Clients can be enrolled at any point in their treatment as long as CM engagement is assessed as medically/clinically appropriate.

    (2) If a client is on the waitlist and timing gets past their first 90 days of treatment, the client may be admitted to CM if clinically/medically appropriate when the services become available.

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Date: April 10, 2025