

STATE OF ALASKA

Department of Corrections
Division of Administrative Services



Medication Assisted Treatment Specialist

2025-2000-0128

Amendment #2

January 3, 2025

This amendment is being issued to address a change to the proposal due date as shown below:

The proposal due date has been extended to January 14, 2025, at 2:00 PM.

This amendment is being issued to address a Q&A with a potential offeror as shown on page 2.

Important Note to Offerors: You must sign and return this page of the amendment document with your proposal. Failure to do so may result in the rejection of your proposal. Only the RFP terms and conditions referenced in this amendment are being changed. All other terms and conditions of the RFP remain the same.

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COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

Q&A:

Question: The contractor is expected to address a broad range of challenges but is the primary focus of service delivery on providing Medication-Assisted Treatment (MAT)? Should these additional challenges be addressed as ancillary or supportive services to enhance MAT efficacy, or is the contractor required to provide comprehensive services addressing all these areas equally? Additionally, for challenges that fall outside the scope of MAT, is the contractor allowed to refer clients to external providers or partners for specialized care or does the contractor need to provide all services?

Answer: *The primary focus is MAT. We treat each inmate as a whole person. So, we would expect that if other services are needed, referrals will be made. Also, active collaboration with other disciplines is expected.*

Question: If the Program must conduct admissions up to 5 days per week, during normal business operating hours, is it acceptable to conduct screenings by the following business day instead of within 24 hours if a referral comes in over the weekend or after 12pm?

Answer: *MAT is time sensitive due to needing to continue medications to avoid withdrawal potential. As we increase MAT services, the protocols will be established in partnership between the awarded contractor and the Chief Mental Health Officer or designee, utilizing best practices for MAT and correctional medicine. Telehealth services are an option for some of the time sensitive needs.*

Question: What is the current MAT caseload (by gender) for each of the locations listed and what is the expected caseload over the life of the contract period?

Answer: *We have a very small case load at this time with plans to expand in the future. The expansion will be in an organized, structured manner. We will lean on the Addiction Medicine Specialists expertise to guide some of this process. The exact number of participants anticipated in the future is not known at this time.*

Question: Would the State consider consolidating all MAT patients in the Anchorage facility initially, to allow more economical pricing and increased access to care/medications?

Answer: *We would like to do a phased approach to MAT. We would like to start with Anchorage Correctional Complex and Hiland Mountain Correctional Center (Eagle River). This would give access to both males and females. Keep in mind our population moves facilities. We also have telehealth available. As we expand into additional MAT services, we would like to offer the service at all 13 facilities. However, some telehealth will be utilized in that plan.*

Question: Would the State consider a 100% telehealth MAT (TeleMAT) program initially, and expand as the MAT program matures over time?

Answer: *This depends on the plan outlined. There will likely need to be some onsite visits to understand our system, etc.*

Question: Does dosing have to begin at 4:00 AM or will “within a reasonable timeframe” work?

Answer: *This is when dosing may begin as some facilities start medication administration at this time. The administration of medications is dependent partly on the facility schedule.*

Question: The contract is described as a firm fixed-priced contract. Is it possible to structure the pricing on a per-patient, per-day basis to align with fluctuating patient volumes and ensure sustainability while meeting service delivery expectations?

Answer: *The price is hourly based on the services that are actually provided. You may want to specify services when indicating your hourly price. For example, breaking the administrative hours out from the patient care hours. There will likely be more administrative hours on the front end, including policy and procedure development. As MAT continues to expand, there will be more direct patient care hours.*

Question: To ensure adequate staffing levels as the MAT program matures, will the State accept tiered pricing that allows for increased staffing levels as the MAT program population grows?

Answer: *Yes, we are looking for a provider that will be flexible and grow with us as the program grows.*

Question: Is the vendor responsible for MAT medications?

Answer: *We have our own pharmacy that will dispense medications.*

Question: Is the State under any Consent Decree, Court Order or Judgement related to MAT/MOUD services for incarcerated individuals?

Answer: *Not at this time.*
