

ALABAMA BOARD OF PHYSICAL THERAPY (ABPT)

RFP 253400001

SUPPLIERS QUESTIONS WITH ABPT RESPONSE

1. Volume expectations: How many impaired physical therapy licensees or compact privilege holders are currently being monitored or are expected annually?
 - a. We currently have 8 in the program. In 2022 we had 1 join the program. In 2023 we had 6 join the program. In 2024 we had 0 join the program.
2. Scope of Authority: Are we expected to make clinical decisions independently or in collaboration with the Committee?
 - a. Currently, our program manager screens licensees and determines if they need treatment or has them screened by other professionals.
3. Drug Screening: Will the state cover lab costs, or should they be factored into our cost proposal?
 - a. The patient pays for all treatment, including screening.
4. Technology Requirements: Does the Board have a preferred format or platform for digital record storage and sharing?
 - a. Microsoft Office.
5. Staffing Expectations: Are specific credentials required for personnel in monitoring and intervention roles?
 - a. Yes. Any professional hired to provide treatment must have credentials for that profession and follow the protocols of that license.
6. Reporting Format: Are there templates or required formats for the monthly, quarterly, and annual reports?
 - a. Currently, there is no template. The information is provided in a Word document or Excel spreadsheet. The document reports the Wellness #, the Status and any additional information that the Board might find important.

For example: PT 2023-01 This Physical Therapist has completed all requirements of out-patient treatment, has signed a contract and is monitored by us.

7. Caseload Limits: Is there a maximum number of active clients to be handled at a time?
 - a. **No.**
8. Early Identification & Intervention:
 - a. What mechanisms currently exist for identifying professionals who may need early intervention?
 - i. **Professionals will self-report or they may be referred to the program based on a reported incident.**
 - b. Is the contractor expected to conduct outreach or education to promote self-referral or peer reporting?
 - i. **No, this is done by the Board through newsletters, training and social media.**
 - c. Are we responsible for developing and implementing early intervention protocols or just coordinating them?
 - i. **Just coordinating.**
9. Evaluation & Treatment
 - a. Will the contractor be responsible for conducting clinical evaluations or just coordinating them through third parties?
 - i. **Third parties.**
 - b. Are there preferred or pre-approved treatment providers, or is the contractor responsible for building a network?
 - i. **Currently, there is no approved network. The current program manager has a knowledge of third-party treatment providers throughout Alabama.**
 - c. What level of clinical decision-making is expected from the contractor (e.g., recommending vs. approving treatment plans)?
 - i. **Both.**
10. Monitoring & Rehabilitation
 - a. Is there an existing rehabilitation program or monitoring agreement framework we must use?
 - i. **Yes. All participants must sign a contract.**
 - b. Are we expected to develop individualized rehabilitation plans and track compliance?

- i. The third party would develop the rehab plan, and the program manager would track compliance.
 - c. How long does monitoring typically last, and what are the compliance benchmarks?
 - i. Monitoring typically lasts 5 years but may last longer in some instances.
- 11. Reporting & Confidentiality
 - a. What specific data or outcomes should be reported monthly/quarterly?
 - i. Just the case number and status.
 - b. How is confidentiality handled in communication with the Board vs. the Committee?
 - i. The Committee knows names, the Board does not.
 - c. Are we responsible for notifying the Board of noncompliance or relapses?
 - i. Yes. Responsible for notifying the Committee.
- 12. Legal & Regulatory Boundaries
 - a. Are there statutes or administrative codes we must adhere to when intervening with licensed professionals?
 - i. Yes. Please see Admin Rules and Statute on Alabama Board of Physical Therapy website.
 - b. What legal authority does the contractor have to request documentation or mandate treatment participation?
 - i. Contractual through the contract/agreement that the participant signs.
- 13. Committee Role & Collaboration
 - a. How closely will the contractor work with the Committee (e.g., weekly check-ins, case reviews)?
 - i. Monthly with the Committee, but there may be more frequent contact with the Executive Director.
 - b. Are we expected to help revise policies, procedures, or program goals over time?
 - i. Yes, if it becomes necessary.