

Local Needs Request Form

One form must be completed for each Local Needs request

Date:	March 31, 2021 (FY 2022)
District:	Connecticut
Person Requesting Local Need:	Jesse J. Gomes, Chief USPO
Project Code Name(s) and Number:	Individual Services
Requested Change to SOW:	Catchment Areas: 01,02,03,04,05 & 06
<p>The [<u>Judicial</u> District of <u>CT</u>] is seeking this local need in response to the unique treatment barriers and needs in our district. We would like to use telemedicine when appropriate to achieve these ends. The use of telemedicine is authorized only after vendor and the USPO/USPSO staff the individual client's case, determine he or she is appropriate for treatment via telemedicine, and it is approved by the district's contracting officer or designee. The use of telemedicine is for the benefit of the Judiciary and not the convenience of the vendor. The use of telemedicine is not in lieu of the vendor's ability to provide services in-person when appropriate (see note below).</p> <p>The vendor is authorized to provide this service via telemedicine, which includes providing health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio, video, or electronic/data communications. The vendor must adhere to and meet the same legal, ethical, and confidentiality standards when providing telemedicine. The vendor shall also obtain consent of the client before the delivery of telemedicine services and shall include documentation of the same in the individual's treatment record.</p> <p>To verify that services were performed, the vendor shall complete the sign-in log with the following information:</p> <ul style="list-style-type: none">• The client's name.• Date of the session.• The time the session began and concluded.• Confirmation of the means in which the session was conducted (i.e. teleconference, video conference, internet). <p>The assigned officer will follow up with the client to ensure that the session was completed.</p> <p>For de-escalation, if an emotionally charged topic was discussed or the client appears emotionally agitated, the provider shall follow up with additional contact later in the day to ensure that the client has successfully de-escalated. The provider shall also remind the client to reach out to his or her social support system at any time.</p> <p>NOTE: This requirement is not in lieu of the provisions set forth in the Request for Proposals which require the vendor (and any proposed subcontractor) to maintain an acceptable facility located within the defined catchment area.</p>	

Approved

Disapproved

Digitally signed by Christopher S. Mangione
Date: 2021.03.31 10:01:15 -04'00'

PPSO Staff Member/Designee

Date

Local Needs Request Form

One form must be completed for each Local Needs request

Date:	March 31, 2021 (FY 2022)
District:	Connecticut
Person Requesting Local Need:	Jesse J. Gomes, Chief USPO
Project Code Name(s) and Number:	Group Services

Requested Change to SOW: Catchment Areas: 01,02,03,04,05 & 06

The [Judicial District of CT] is seeking this local need in response to the unique treatment barriers and needs in our district. We would like to use telemedicine when appropriate to achieve these ends. The use of telemedicine is authorized only after vendor and the USPO/USPSO staff the individual client's case, determine he or she is appropriate for treatment via telemedicine, and it is approved by the district's contracting officer or designee. The use of telemedicine is for the benefit of the Judiciary and not the convenience of the vendor. The use of telemedicine is not in lieu of the vendor's ability to provide services in-person when appropriate (see note below).

The vendor is authorized to provide this service via telemedicine, which includes providing health care delivery, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio, video, or electronic/data communications. The vendor must adhere to and meet the same legal, ethical, and confidentiality standards when providing telemedicine. The vendor shall also obtain consent of the client before the delivery of telemedicine services and shall include documentation of the same in the individual's treatment record.

To ensure confidentiality for each session, the provider shall require that each client verify that he or she is the only person on that line and that no person who is not part of that treatment group is listening. Each participant will also enter into a confidentiality agreement before being allowed to participate in treatment by telephone.

To verify that services were performed, the vendor shall complete the sign-in log with the following information:

- The client's name.
- Date of the session.
- The time the session began and concluded.
- Confirmation of the means in which the session was conducted (i.e. teleconference, video conference, internet).

The assigned officer will follow up with the client to ensure that the session was completed.

For de-escalation, if an emotionally charged topic was discussed or the client appears emotionally agitated, the provider shall follow up with additional contact later in the day to ensure that the client has successfully de-escalated. The provider shall also remind the client to reach out to his or her social support system at any time.

NOTE: This requirement is not in lieu of the provisions set forth in the Request for Proposals which require the vendor (and any proposed subcontractor) to maintain an acceptable facility located within the defined catchment area.

Approved

Disapproved

Digitally signed by
Christopher S. Mangione
 Christopher S. Mangione
 Date: 2021.03.31 10:08:51
 -04'00'

 PPSO Staff Member/Designee

 Date