RFP 9-14 Inmate Health Care
Questions & Answers #1
June 19. 2014

Armor Correctional Health Services, Inc. Questions Submitted June 12, 2014

1. C: 6, page 17: Will the HCSO Contract Administrator or successful proposer be responsible for determining the daily schedule of clinics? If so, how will it presented (format and layout) and who will determine the actual flow of movement (i.e. by pod or by treatment type)?

   The HCSO and successful proposer will work jointly in determining the daily work flow and schedule for patients to be seen in each of the clinics. This will be based on security and facility activities in conjunction with the number of patients scheduled to be seen and the various types of clinics in operation.

   It is the goal of the HCSO that all patients scheduled to be seen on a particular day, be seen as scheduled. HCSO will continue to provide or bring patients to the clinic as long as necessary to ensure this goal is met.

2. C: 5.c, page 16: Should proposers base their assumed staffing penalties on the current contract model of:
   a. Physician - 100%
   b. Psychiatrist- 100%
   c. LMHC/LCSW- 95%
   d. All other Staffing of Specified Professionals (Medical ARNP/PA, Psych ARNP, RN, LPN, Record Supervisor, Pharmacy Clerk and Medical Assistants) - 95%
   e. All other positions- 90%

   For purposes of responding to the RFP, proposers should utilize the staffing penalties referred to in the question. However, final penalty amounts will be negotiated and agreed upon during contract discussions.

3. Section 3C: Should proposers base their responses to these questions on corporate-wide statistics and programs?

   Section 3C is intended to gather information related to corporate-wide statistics and how each of the proposer's contracts and sites are managed.

4. Section C.3.a, page 15: The current staffing matrix provides one (1) HSA and two (2) Assistant HSAs. The current role of the HSA is general administrative oversight and the role of the Assistant HSAs is that of a Director of Nursing (DON). Given the RFP requirement of one (1) Director of Nursing and two (2) Assistant Directors of Nursing, does this represent change in titles, with roles and responsibilities remaining the same? If not, please define the newly required roles of each of the two different positions.

   One position has been added to the medical management team in this RFP, and that is Director of Nursing (DON). The DON will be responsible for overseeing clinical operations and education from a nursing perspective for both facilities. The DON will have 2 Assistant Directors of Nursing (ADON), one assigned at each facility. Section

C.3.b. - Discusses and asks for the title and qualifications for what is currently titled HSA. Based on our experiences, as well as the size and number of facilities operated by the HCSO, 1-HSA and 2-ADON's cannot provide enough oversight, nor effectively manage this contract. Therefore, we have added the position of DON.

5. Section C.4.a, page 16: Does the required 12 hours scheduling model also require the health services staff to arrive and depart at the same hour as detention staff

   The HCSO would like all non-administrative nursing staff (medication carts, clinics, booking, intake) to work the same shifts/rotations (7A.M. - 7P.M. & 7P.M. - 7A.M.) as detention staff. The detention two-week schedule is as follows:

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Work	Work	Off	Off	Work	Work	Work

Week 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Off	Off	Work	Work	Off	Off	Off

Corizon Health Inc. - Questions Submitted June 12, 2014
1. Based on the timing of the July 4th Holiday, will the HCSO consider extending the due date for delivery of proposals from all respondents from the current July 7th at 3:00PM deadline to no later than July 10th at 3:00PM? This will eliminate any conflicts with holiday and weekend shipping logistics. HCSO will not extend the submission deadline from July 7, 2014 at 3:00 P.M.
2. Please provide the average daily census for the women's infirmary and the men's infirmary pods. The average daily population for the male infirmary is 41; and the average daily population for the female infirmary is 46.
3. The RFP Part B, Section 13(l) provides for the contractor's indemnification of the Sheriff only. The agreement with the current contractor includes a mutual indemnification provision. Will the Sheriff consider including a mutual indemnification provision in the contract with the winning bidder to this RFP? The HCSO will consider a mutual indemnification provision during contract negotiations.
4. Please provide the date of the last NCCHC accreditation visit and the results of the survey. The most recent NCCHC audit was completed on May 22, 2014. We have not received official results as of this time.
5. What are the pay rates of the current employees broken down by job description? HCSO does not have the information requested.
6. Are the written agreements/MOU's expected to be submitted with the proposal? Will the County accept Letters of Intent if the proposer provides the agreements/MOUs during negotiations? Written agreements/MOU's are not expected to be submitted with the proposal. HCSO will accept Letters of Intent provided the proposer has signed agreements/MOU's during contract negotiations.
7. Since it is anticipated that the current rates with Tampa General will be extended to the successful proposer, can the rates be shared? Was the County involved in negotiations of the current rates? HCSO did not participate in negotiating the contract rate with Tampa General Hospital, and cannot provide the amount as requested.
8. Please provide the number of pill windows and/or medication carts active during pill pass at both facilities. Excluding the infirmaries, the Falkenburg Road Jail has 8 medications carts in use during medication pass. The Orient Road Jail has 1 medication cart in use during medication pass.
9. Please provide the current times for medication distribution at both facilities. Medication pass at both facilities is conducted at 9 A.M, 5 P.M., and 1 A.M.

10. Is the requirement that a Licensed Mental Health Professional be on site 24/7 at each facility, or can the Licensed Mental Health Professional be on site and cover both facilities?
HCSO requires 1 licensed mental health professional 24/7 to be on-site for coverage at both facilities. We do NOT require a licensed mental health professional 24/7 at each facility.

11. Please provide any particular certifications, such as ACLS or BLS, the EMTs are required to possess.
Emergency Medical Technicians must have an ACLS certification.

12. Please provide the length of the Security Orientation required for contract personnel.
HCSO orientation and security training is 2 hours in duration.

13. Is the vendor to be responsible for selecting and compensating an "outside" correctional health care consultant to perform the annual peer review on the Quality Assurance and Control program?
HCSO is responsible for selecting a correctional health care consultant to conduct an annual peer review. The successful proposer will be responsible for costs associated with this review.

14. Does the site currently have a Class 2B modified pharmacy license?
The site currently has a Class 2B modified licencse which is paid for by the current contractor.

15. Does the site have stock medications in blister cards?
The pharmacy currently utilizes blister cards and bulk medications for stock medications.

16. For prescription data transfer purposes, who is the current pharmacy vendor?
Diamond Pharmacy Services

17. Does the current pharmacy system use the total floor stock system for doses?
Our pharmacy does not utilize the total floor stock system for doses.

18. What was the pharmacy spend for the most recently available 12-month period, broken down by month?
The HCSO is unable to provide the information requested.

19. Please furnish the top 100 drugs for the past 12 months by name, NDC, total units and total cost.
HCSO does not have the requested information. However, we have attached the top 50 medications by price and the top 50 medications by prescription for the last 12 months.

20. Would dispensing medications from a secure, automated mobile dispensing cart be an acceptable alternative to blister packaging in a conventional medication cart?
Dispensing medications from a secure, automated mobile dispensing cart is acceptable.

21. What was the total number of patients receiving psychiatric or psychological services in the past year?
The total number of psychiatric/psychological encounters for CY13 was 20,682. YTD psychiatric/psychological encounters for CY14 are 11,787.

22. How many patients received psychotropic medications and what was the total amount spent on such medication in the past year?
6,108 patients received psychotropic medications during the past 12 months. HCSO does not have costs for these medications.

23. How many patients received HIV medications and what was the total amount spent on such medication in the past year?
616 patients received HIV medications during the past 12 months. HCSO does not have the costs for these medications.

24. How many patients received Hep C medications and what was the total amount spent on such medication in the past year?
1 patient received Hepatitis C medications during the past 12 months. HCSO does not have the costs for these medications.

25. Are all the requested clinics currently being provided on-site? Please provide a list of the current on-site provider(s) and frequency of clinics be provided.
Not all clinics requested in the RFP are currently being provided on-site. Currently, the following specialty clinics are being provided on-site: orthopedic (1/2 day, twice monthly, non-surgical patients); obstetrics (1/2 day, once weekly, physician); dialysis (3 times per week, no nephrologist on-site); physical therepy (3 times per week); HIV specialty (1/2 day, once per week, ARNP).

26. Is the current provider utilizing telemedicine? If so, for what specialties?
Telemedicine is not currently utilized.

27. Please provide an inventory of the existing Telemedicine equipment on-site, and indicate which items will remain at the correctional facilities upon commencement of the new contract.
There is no telemedicine equipment currently on-site at either facility.

28. What is the current length of hospital stay, broken down by month, for the most current 12-month period? Total number of hospital days, broken down by month are as follows:

CY13

Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
144	64	114	80	97	54	78	85	118	140	51	82

CY14

January	Feb	March	April	May
98	59	73	105	110

29. Is ultrasound equipment available at either facility and/or are ultrasounds conducted on-site?
Ultrasounds are conducted on-site by a subcontracted vendor who brings their equipment on-site.

30. Is there an existing electronic health record (EHR) system in place today?
There is not an electronic health records system in place at this time.

31. If there is an EHR in place, who is the vendor? Also please provide a copy of the contract with the current EHR vendor. If a contract is not available, please indicate if the current system will be available to the Proposer, and if data extracts will be provided to the Proposer.
Not applicable.

32. Is data conversion from the current EHR (or paper records) in scope? If so, how many years of historical data must be converted?
Not applicable.

33. Who is the Jail Management System (JMS) software vendor and what is the software version? Is there a single JMS solution per site or multiple? If there are multiple, please list all systems and vendors.
The jail management system (JMS) has been in place for several decades and is not provided by a vendor. The HCSO is currently exploring potential jail management systems for implementation.

34. Does the current JMS allow for real-time interfacing to third party endpoints via standard HL-7 or other data file transfer protocols or formats?
Not applicable.

35. Does the current EHR interface with each of the current JMS?
Not applicable.

36. Will the Sheriff's Office provide resources to develop, configure, and test JMS side integration routines with the EHR and eMAR solutions? If not, how does the SO intend for the Proposer to accomplish integration and testing with the JMS?
The HCSO will work in conjunction with the successful proposer to implement and integrate the jail management and electronic health records systems.

37. Does the SO have wireless network connectivity on the block? If not, would the SO allow the Proposer to install a wireless network in its facilities where patient care is delivered and documented?
The HCSO is currently installing wireless routers throughout both facilities and expects this project to be completed prior to implementation of a new medical contract.

38. Is the cost of upgrades to equipment and software the responsibility of the Proposer or the SO?
All costs associated with purchasing and implementing an electronic health record system will be the responsibility of the medical contractor.

39. Please provide a facility layout with existing network connectivity to each location. Please indicate network bandwidth for all existing wide area network (WAN) and local area network (LAN) connections that will be available to Proposer.
Due to security requirements, we will not provide a facility layout and network diagrams. The

Sheriff's Office runs an advanced network infrastructure, providing a minimum of 100 mbps (wired connections) in locations throughout our facilities with most locations capable of a minimum of 1 gbps (wired connections). There are multiple redundant WAN connections supporting a minimum of 1 gbps.
40. Will there be any charges or expectation of chargebacks to the medical vendor for use of the SO's network should the Proposer be allowed to use the SO's network? In general, we would not envision charges or chargebacks for basic network services. However, we would have to review the specific network requirements to determine any costs that may be applicable. If charges or chargebacks affect the pricing of your proposal, then it is recommended your proposal response reference how your bid pricing would be impacted.
41. Would the SO support the installation of a private MPLS network (WAN) and internal LAN for use by the Proposer in each of the facilities if network services are not provided? While this is not preferred, we would allow this subject to the Sheriff's Office security requirements and procedures for compliance with CJIS security standards.
42. Can Proposer utilize existing network drops (assuming they exist) in the medical facilities? Yes, the existing cable drops would be made available for use, subject to the Sheriff's Office security requirements and procedures for compliance with CJIS security standards.
43. How many computers are currently used for medical administration? The current medical provider utilizes a total of 63 HCSO computers: FRJ Clinic/Infirmaries/Administration-45; ORJ Clinic-12; ORJ Booking/Intake-6.
44. How many of the computers currently used for medical administration will be available to the Proposer upon contract commencement? All computers referenced in question 43 will be available for use by the successful proposer.
45. How many computers are currently utilized by the medical team in the booking/intake area? The booking/intake area currently has 6 computers available for use by medical staff.
46. How many of the computers currently in use by the medical team in the booking/intake area will be available to the Proposer upon contract commencement? All computers referenced in question 45 will be available for use by the successful proposer.
47. Does the SO have any restrictions regarding terminal services or Citrix client software installed on the computers used by the Proposer in the SO's facilities? No, as long as the terminal services or Citrix software is running on the proposer's own computers on an isolated/separate network. Sheriff's Office security requirements and procedures for compliance with CJIS security standards would have to be followed.
48. Will the Contractor accept an alternative bid with a comprehensive aggregate cap? Proposers should provide responses which answer questions asked in the RFP. If proposers wish to provide additional information, they may do so.

Correct Care Solutions - Questions Submitted June 4, 2014

1. RFP p. 17, Item 7: What is the historical percentage (or estimate) of persons whose application is denied based on failed background check?

   Over the last year, less than 4% (est.) of applications were denied based on failed background checks.

2. RFP p. 17, Item 8: How many hours does the Employee Orientation entail? How many hours of Sheriff's Office In-Service training will each employee be expected to complete annually? Will these hours need to be backfilled per p. 16, Item 5.c, or will hours in training be included in the reportable hours worked?

   HCSO requires new contract employees attend a 2-hour orientation session. Contract employees will also be required to attend 2-hours of annual training provided by HCSO, which do NOT need to be backfilled.

3. RFP p. 17, Item 9. How many grievance meetings were held in 2013? How many grievances were actually filed? How many grievances were found to be substantiated? There were 2,057 Inmate Requests for Medical Interview/Grievance in CY13. Of those, 153 of them were substantiated. In CY14, there have been 861 Inmate Requests for Medical Interview/Grievance filed with 107 being substantiated.

4. RFP p. 18, Item 11 requests that Health Assessments be done within 7 days of booking. Statistics on page 23 indicate that the current provider has been using a 14-day benchmark for Health Assessments. Please confirm that HCSO is requesting this be changed to a 7 day benchmark. Please also confirm historical statistics are based on 14 day benchmark. HCSO will require all History & Physicals be conducted no later than 7 days of initial booking. Statistics for this benchmark date are provided on page 18, item 11.

5. RFP p. 18, Item 12. Please provide the number of patients on HIV medications that are NOT provided through ADAP or another third party system. Presently all patients on HIV medications are provided directly from the contracted health care provider pharmacy, none are provided through ADAP. On average over the last year, there have been 49 patients a month receiving HIV mediations in the jail.

6. RFP p. 18, Item 12. Please provide any information available associated with costs being absorbed via ADAP Presently there are no costs via ADAP. The Department of Health in Hillsborough County has expressed the desire to collaborate with the jail in obtaining approval to use ADAP medications in the jail and to acquire approval for 340b pricing to obtain HIV medications for shared populations. However such an agreement has not been accomplished.

7. RFP p. 18, Item 15. Does the current HCSO medical program utilize telemedicine? If so, please describe the equipment currently available on-site. Who is responsible for the connectivity of such equipment? HCSO does not currently utilize telemedicine. Should telemedicine be utilized, HCSO will be responsible for connectivity of said equipment.

8. RFP p. 19, Item 18. Please provide the staffing currently posted for the purposes of the Mental Health Diversion Program, and what days the services are currently provided.

   Mental Health Diversion is currently staffed with 4.2 FTE's; and the unit is open 12 hours per day, 7 days per week. However, it is anticipated the unit will be open 24/7, staffed with 4.2 FTE's prior to a new medical contract being implemented.

9. RFP p. 20, Item 20. Please provide the number of pregnant women per month in CY 2013. 2014 year-to-date? HCSO averaged 19.08 inmates per month who were pregnant in CY13. YTD CY14 average is 12.8 pregnant inmates per month.
10. RFP p. 20, Item 22. Who will be responsible for the cost of internet connectivity in the medical units? HCSO will be responsible for internet connectivity in the medical units. If charges or chargebacks affect the pricing of your proposal, then it is recommended your proposal response reference how your bid pricing would be impacted.
11. RFP. P. 37. Are proposers to include any per diem charge to cover incremental program costs if the Actual ADP exceeds the Projected ADP?

    Proposers do not need to include per diem charges to cover incremental program costs if the actual ADP exceeds the projected ADP. If this occurs, an amendment to the contract will take place.
12. Please provide a current staffing schedule or position control (no names are necessary, just position (RN-LPN-etc) so comparisons can be made to new proposals as well as current contract.

    Staffing schedule included in answer to information provided in question 13.
13. Please provide the current contract and any addenda or attachments.

    Contracts and all addendums provided.
14. Please provide the number of dialysis treatments completed in calendar year 2013? 2014 year-to-date?

    There were a total of 147 dialysis treatments completed in CY13. To date (5mos) in CY14, we have completed 68 dialysis treatments.
15. Please provide the monthly average number of Hepatitis C patients on medication in calendar year 2013? 2014 year to date?

    In CY13, there was 1 Hepatitis C patient in the jail; and zero for CY14.
16. How many x-rays were performed on-site in calendar year 2013? 2014 year to date.

    The number of x-rays taken in CY13 is 9,764. So far, YTD for CY14, 3,612 x-rays have been taken.
17. How many ultrasounds were performed on-site in calendar year 2013? 2014 year to date?

    177 ultrasounds were performed onsite in CY13; and 81 have been performed in CY14.
18. Please provide the monthly average of pregnant females housed in calendar year 2013? 2014 year to date?

    This question was answered in question 9.
19. Please provide the total number of ambulance transports in calendar year 2013? 2014 year to date?

    397 ambulance transports were provided in CY13; and 205 have been provided in CY14.
20. Please provide the total number of emergency room visits in calendar year 2013? 2014 year to date?

    Total number of emergency room visits for CY13 was 694. Total number of emergency room visits YTD for CY14 is 232.

21. Please provide the total number of hospital admissions in calendar year 2013? 2014 year to date?

    Total number of hospital admissions for CY13 was 249. Total number of hospital admissions YTD for CY14 is 100.

22. Please provide the total number of hospital days in calendar year 2013? 2014 year to date?

    Total number of hospital days for CY13 was 1,107. Total number of hospital days YTD for CY14 is 445.

23. Please provide the total number of outpatient specialty visits in calendar year 2013? 2014 year to date?

    Total number of outpatient specialty visits for CY13 was 533. Total number of outpatient specialty visits YTD for CY14 is 270.

24. Please provide the total number of outpatient surgeries in calendar year 2013? 2014 year to date?

    4 outpatient surgeries were performed in CY13; and 13 in CY14.

25. Please provide the number of suicide attempts, as well as any that were completed, in calendar year 2013? 2014 year to date?

    There were 2 attempted suicides in CY13, with zero successes. There has been one suicide attempt, which was successful, in CY14.

26. Please provide the total costs for ambulance transports in calendar year 2013? 2014 year to date?

    Ambulance & emergency room costs for CY13 were $1,310,673.00. Ambulance and emergency room costs YTD for CY14 are $348,989.43.

27. Please provide the total costs of ER visits in in calendar year 2013? 2014 year to date? Answered in question 26.

28. Please provide the total costs for hospital inpatient visits in calendar year 2013? 2014 year to date?

    Inpatient hospital costs for CY13 were $1,494,439.00. Inpatient hospital cost YTD for CY14 is $501,899.00.

29. Please provide the total costs for outpatient services in calendar year 2013? 2014 year to date? Outpatient costs for CY13 were $458,565.00. Outpatient costs YTD for CY14 are $191,457.21.

30. Please provide the cost of medications in calendar year 2013 and 2014 year to date, if possible, within the following categories:

    a. HIV
    b. Psychotropic
    c. Other

    HCSO does not have the information requested.

31. Please provide the number of patients, and total cost per patient, whose off-site care costs exceeded $45,000 in calendar year 2012? Calendar year 2013?

In 2012, one patient was above the $45,000 Catastrophic cost by $29,974.18; while in 2013 four patients were above by $6,904.80, $3,046.80, $37,484.34 and $6,891.11.

32. RFP. P. 37. Are proposers to include any per diem charge to cover incremental program costs if the Actual ADP exceeds the Projected ADP?

    Answered in question 11.