

## ADDENDUM # 004

**Solicitation Number:** ITN #15-FDC-113

**Solicitation Title:** Comprehensive Healthcare Services- Medical and Hospital Operations at the Reception and Medical Center (RMC)

**Opening Date/Time:** July 19, 2016 at 3:00 p.m. (Eastern Time)

**Addendum Number:** Four (4)

**Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes**

**Please be advised that the changes below are applicable to the original specifications of the above referenced solicitation.** Added or new language to the ITN is highlighted in **yellow** below, while language that is deleted is stricken through below.

This Addendum includes the Department's answers to written questions received.

This Addendum also includes the following revisions:

### **Change No. 1**

A change to Section 3.4.1.3 to add Program Management Requirement (PGM) PGM-068:

<b>PGM-068</b>	The Vendor is responsible for the purchase, maintenance, repair, and replacement, for the medical equipment, medical supplies, computers, software, office equipment and office supplies necessary to perform the services required in this ITN. Upon Contract execution, all medical equipment, supplies, and computers used in the performance of services related to this ITN, become the property of the Department.
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### **Change No. 2**

A change to Section 3.4.1.3 to add Program Management Requirement (PGM) PGM-069:

<b>PGM-069</b>	The cost(s) of transportation by ambulance, or other life support conveyance, by ground or air, will be the responsibility of the Vendor.
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### **Change No.3**

A change to Section 3.4.2.3 to add Institutional Care Minimum Requirement (IC) IC-086:

<b>IC-086</b>	<b>Special Housing:</b> The Clinician will visit Special Housing at least once a month to assess overall conditions of the housing, and to ensure that inmates in special housing have access to and receive adequate health care. Inmate patients scheduled to see clinicians will be seen in the Exam Room in each special housing unit, as defined in Procedure 403.003 <i>Health Services for Inmates in Special Housing</i> and related DC forms.  Inmates in special housing shall have access to sick call services seven days a week.  Inmates in special housing who require complicated or special procedures shall have
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	<p>them performed in the medical clinic.</p> <p>Medication Administration shall be provided cell front in the special housing unit as ordered by clinician.</p> <p>Licensed Nurse shall document when medication is administered on the Medication and Treatment Record, DC4-701A.</p> <p>The Chief Health Officer/Institutional Medical Director will designate qualified health care staff (for nursing, only a licensed nurse shall be assigned) to perform daily health care rounds in special housing. Special Housing Rounds shall include:</p> <ol style="list-style-type: none"> <li>1. Staff of the health services department at major institutions will check the inmate in special housing at least once each day during non-sleeping hours.</li> <li>1. This check will be a medical screening and will not be designed to provide non-urgent health services.</li> <li>2. The check shall include an inquiry of each inmate as to whether they have any medical or mental health complaints, a response from the inmate, and an observation of each inmate to verify if there are any obvious health problems.</li> <li>3. Licensed nursing staff shall sign form DC4-696, Nursing Special-Housing Rounds, once the nurse has checked on every inmate in Special Housing as verification s/he received the required response from every inmate.</li> </ol> <p>In the event that an inmate refuses medical treatment, if there is visible deterioration of an inmate's condition, a Physician or a Clinical Associate must evaluate and document an appraisal on the Chronological Record of Health care, DC4-701. Any refusal for health care services or procedures will be fully documented in the medical record and on the Refusal for Health care Services, DC4-711A.</p> <p>The Chief Health Officer or Institutional Medical Director or designee (Clinician) shall visit the special housing areas at least once each month to evaluate the effectiveness of the health care provider visits and to determine the general sanitation of the area. Visits shall include:</p> <ol style="list-style-type: none"> <li>1. A check of general environmental health and sanitation conditions,</li> <li>2. Any specific health concern for inmates expressed by health care staff, security staff or inmates,</li> <li>3. Document any special attention that an inmate requires on the Chronological Record of Health care, DC4-701, and</li> <li>4. Complete form DC4-694, Monthly Special Housing Inspection.</li> <li>5. A copy of the completed form, DC4-694, Monthly Special Housing Inspection, with the results of the monthly visit shall be provided to the Warden and the Chief of Security.</li> </ol>
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**Change No. 4**

A change to Section 3.4.3.3 to amend Utilization Management and Specialty Care Requirement (UM) UM-005:

<p><b>UM-005</b></p>	<p>If it is not possible to provide a specialty service on-site, the Vendor shall arrange services with a local specialist for the treatment of inmates who require services beyond what can be provided. All outside referrals shall be coordinated with the Department for security and transportation arrangements, and the Vendor will be responsible for all associated costs.</p>
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**Change No. 5**

A change to Section 3.4.3.3 to add Utilization Management and Specialty Care Requirement (UM) UM-024:

<b>UM-024</b>	If the Vendor determines a patient can receive more appropriate care at a community hospital, or community provider, the Vendor will be responsible for the payment of those services.
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**Change No. 6**

A change to Section 3.4.3.3 to add Pharmaceutical Services Minimum Requirement (PS) PS-046:

<b>PS-046</b>	If the Vendor has a need to prescribe non-formulary pharmaceuticals, then a Drug Exception Request (DER) shall be approved by the Vendor's Medical Director and submitted to the Department's Pharmacy. The Pharmacy will then dispense the prescription.
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**Change No. 7**

A change to Section 4.7(v) to increase amount of the Performance Bond required:

v. Respondent must be able to demonstrate their ability to meet the performance bond requirements. Prior to execution of prospective contract, Respondent will deliver to the Department a performance bond or irrevocable letter of credit in the amount equal to the lesser of ~~\$2 million dollars~~ **\$12 million** or the average annual price of the Contract (averaged from the initial five year Contract term pricing). The bond or letter of credit will be used to guarantee at least satisfactory performance by Respondent throughout the term of the Contract (including renewal years).

**Change No. 8**

A change to Section 4.9, TAB A to increase amount of the Performance Bond:

**TAB A Cover Letter with Contact Information, Executive Summary, Pass/Fail Certification and Performance Bond/Irrevocable Letter of Credit Letter (Limit 15 pages)**

**TAB A** shall contain a cover letter on the Vendor's letterhead with contact information and the name and signature of the person of the representative of the responding organization authorized to legally obligate the Vendor to provide the Services. The cover letter must state that the Vendor agrees to provide the Services as described in the ITN. Also, **TAB A** shall contain an executive summary of the Vendor's reply. The executive summary will describe the technical solution, proposed cost, and operational model the Vendor proposes in a concise and meaningful manner. No pricing information is to be included in the executive summary.

**TAB A** must also include a letter, signed on or after January 1, 2016, from a Surety Company or Bonding Agent, authorized to do business in the State of Florida, and written on company **letterhead**, that documents the Vendor's present ability to obtain a performance bond or irrevocable letter of credit in the amount of at least ~~\$2,000,000~~ **\$12,000,000**. **Failure by the Vendor to provide this letter with its**

reply will be considered material and will result in the reply being deemed not responsive.

**TAB A** shall also include the completed Pass/Fail Requirements Certification (**Attachment VII**) signed by the same person who signs the above-mentioned cover letter. A copy of the Vendor's current Dun & Bradstreet Financial Stress Score should be provided in this section.

**Change No. 9**

A change to Section 4.9 TAB F to include information on how to submit pricing information:

**TAB F Attachment IV – Price Sheet**

Vendor shall complete and submit **Attachment IV** – Price Information Sheet for the Contract's initial term and renewal years, and include this form in **TAB F** of its reply to the ITN. **The Attachment IV should be sealed separately.** The Price Information Sheet shall be submitted as an overall single capitation rate, per-inmate, and per-day.

**Change No. 10**

A change to Section 4.5 Reply Evaluation Criteria, to correct a numbering error:

**~~4.5~~ 4.9.1 Reply Evaluation Criteria**

An evaluation team will be established to review and evaluate replies to this ITN in accordance with the evaluation process below.

**A. TECHNICAL REPLY EVALUATION SCORE (0 - 500 POINTS)**

**1. Experience and Ability to Provide Services**

Evaluation of the Vendor's experience and ability to provide service will be based upon information contained in the entire response, but primarily on the information contained in **TAB B**.

**Change No. 11**

A change to Section 4.9.1, B and C to replace them in their entirety:

**B. COST PROPOSAL EVALUATION SCORE (0 – ~~250~~ 100 Points)**

A total of ~~two hundred and fifty (250)~~ **one hundred (100)** points may be awarded to a Vendor's Cost Proposal. The following formula will be applied to a Vendor's Cost Proposal to determine the Cost Proposal Score:

**(Lowest Cost Proposal / Respondent Cost Proposal) (Respondent Cost Points) / (Reply with Highest Cost Points)\* (Respondent Technical Evaluation Score / Max Technical Evaluation Score) \* Max Cost Proposal Points = Cost Proposal Score**

**Reply with Highest Cost Points:** Vendor submitting the lowest cost will receive the maximum number of points. ~~Respondents submitting for statewide award will be evaluated per area, North and South.~~

<u>Maximum Price Points:</u>	
Base Term <del>(including EHR)</del>	60 points
Renewal Term	40 points
TOTAL	100 points

**Respondent Cost Points:** Cost points assigned based on the above weight, for a specific Respondent as reflected in **Attachment V, Price Information Sheet** of its Reply. Cost points will be determined using the below formula:

The vendor submitting the lowest base term pricing (including EHR), will be awarded 60 points. All others Replies will receive points according to the following formula:

$$\frac{N}{X} \times 60 = Z$$

Where: N = lowest price received by any bidder  
 X = actual price received by bidder  
 Z = awarded points

The vendor submitting the lowest renewal term, will be awarded 40 points. All others Replies will receive points according to the following formula:

$$\frac{N}{X} \times 40 = Z$$

Where: N = lowest price received by any bidder  
 X = actual price received by bidder  
 Z = awarded points

**Vendor Technical Evaluation Score:** Evaluation points awarded to the Vendor's Technical Reply

**Max Technical Evaluation Score:** Maximum points available for the Technical Reply (500 points)

**Max Cost Proposal Points:** Maximum points available for the cost response ~~(250 points)~~ (100 points)

**Cost Proposal Score:** Evaluation points awarded to the Vendor's Cost Proposal

**C. REPLY EVALUATION SCORE**

The Reply Evaluation Score is the sum of the Vendor's weighted Technical Reply Evaluation Score (0 – 500 points) and Cost Proposal Scores ~~(0 – 250 points)~~ (0 – 100 points).

**Change No. 12**

A change to replace Attachment VII, Pass/Fail Requirement Certification and Non-Collusion Certification, in its entirety.

**Change No. 13**

A change to replace Attachment VIII, Contractor Reference Form, in its entirety.

Responses to Written Questions  
 FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
1	I am writing about the above advertisement and I want to know if Speech, Physical and Occupational therapy were needed as part of this bid?	Yes, speech, physical and occupational therapy are services that should be included in the response to this ITN. However, all respondents should also be able to provide all other hospital services, as described.
2	Please provide the Department's population projection for RMC for each of the potential 10 years of the proposed contract.	Population projections for the 10 years of the proposed contract resulting from the ITN have been provided in the resources referenced in Section 2.8 of the ITN.
3	Given the relatively low inmate population for RMC, fluctuations in population and acuity, will the Department consider changing the payment methodology from a fully capitated per diem to a fixed price contract? Changes in population and acuity can fluctuate significantly at RMC making a per diem based pricing structure almost impossible to calculate.	The ITN currently requires pricing to be submitted as a single capitation rate, per inmate, per day. Vendors are encouraged to respond with additional ideas for improvement, cost reduction, and other supplemental materials, as per Section 4.9, TAB G of the ITN.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
4	<p>Currently, Hepatitis C medications such as Sovaldi and Harvoni are not included on the Department's formulary and as a result are the responsibility of the Contractor. Should Respondent's assume this will continue to be the case for the potential 10 year term of this contract? It is impossible for anyone to predict the potential cost of Hepatitis C medications for the next 10 years. How should the Respondent's include this potential risk in their pricing assumptions? If Contractor's are required to assume risk for the cost of Hepatitis C medications, please provide the projected number of inmates to be treated with Hepatitis C medications for each of the next 10 years. In the event the number of patients on treatment is significantly different than your projections, will this be considered a change in scope that will trigger a negotiation of the per diem rate?</p>	<p>Any inmate that meets the current criteria for treatment of Hepatitis C should be prioritized and treated. It is the responsibility of the Vendor to provide such treatment. It is not feasible to predict how many will meet the criteria, and each case must be considered on its merit. Vendors are encouraged to utilize their prior experience providing health care services when developing their Reply.</p>
5	<p>The last paragraph states that the Contractor shall provide a 30-day supply of EOS medications at release. Does this requirement mean that the contractor is financially responsible for the cost of the medications? If so, does it apply to all medications for the inmate, or does it exclude the HIV medications provided through the HIV arrangement with the Department of Health?</p>	<p>Per Section 2.7 of the ITN, the Vendor is responsible for all non-formulary prescription medication (except for medications provided through the Federal 340b STD Specialty Care Drug Discount Program). Section 3.4.6.3, PS-037, reiterates that the Vendor is responsible for the cost of all local pharmacy prescriptions, purchases, deliveries and/or pickup and payment prescribed by their clinicians. If 30-day supply is of a medication on the formulary, the Vendor will not be financially responsible unless the medication is dispensed at a local pharmacy instead of a Department pharmacy.</p>



Responses to Written Questions  
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Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
6	Will the Department consider eliminating this performance measure due to the liability it will create for both the Department and the Contractor if imposed?	Section 4.9, TAB G of the ITN provides an opportunity for Vendors to indicate any proposed modifications to the identified Performance Measures (PMs) and discuss the impact of such modifications.
7	Will the Department indemnify the Contractor for the inevitable litigation that will occur as a result of imposition of this performance measure?	No.
8	How will it be determined that inaction from the Contractor resulted in the death of an inmate? Who will determine this? Will the Contractor be allowed to dispute this? If so, what will the dispute process entail? This Performance Measure seems vague in how it could be interpreted and as such we strongly recommend that it be removed from the RFP.	As defined in Section 5.24 of the ITN, the Department will make the determination of imposition of financial consequences, per the agreed upon measurements. Please also see the answer to Question #6.
9	Please confirm that the dental and mental health care contracted providers are responsible for the cost of any local pharmacy prescriptions, purchases, deliveries and/or pickup and payment prescribed by their own clinicians.	Confirmed. Please see Section 3.4.6.3, PS-037 of the ITN.
10	Please confirm the unit of measure and cost per unit that the State intends to utilize for charging the contractor for OBIS usage.	The unit of measure is CPU utilization and the variable monthly cost of utilization is the proportional percentage of the total computing cost to provide OBIS.
11	Please confirm that the dental and mental health contractors are responsible for all OBIS charges related to usage by their staff.	Confirmed.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
12	Will the Department consider waiving the 1% transaction fee as this fee will be millions of dollars for this contract and the Contractor is only going to pass this cost on as part of the contract pricing structure?	The Department will consider all cost-saving ideas. Vendors are encouraged to respond with additional ideas for improvement, cost reduction, and other supplemental materials, as per Section 4.9, TAB G of the ITN.
13	This section indicates that TAB A should include proposed cost, while other areas of the ITN indicated pricing should be submitted separately from the technical response. Please clarify.	Section 4.9, TAB F should include the Vendor's Cost Reply. The Cost Reply should be included within the binder of the Technical Reply, but sealed separately. Please see the revisions to Section 4.9, TAB F, included in this Addendum.
14	Will the inclusion of the required surety company or bonding agency letter, the Pass/Fail Requirements Certification (Attachment VII) and the Dun & Bradstreet Report be counted toward the 15 page limit for TAB A?	Completed attachments/forms, required by the Department, will not be included in the page limitations.
15	The heading of this section indicates the cost evaluation score is (0-250 points). The total points then indicates a base term of 60 points and a renewal term of 40 points for a total of 100 points. Please clarify how many points are being allocated to the cost evaluation.	There are 100 total Cost Points available. Please see the revisions to Section 4.9.1 included in this Addendum.
16	Please confirm that the bidder's cost evaluations (points awarded) will be reduced for any bidder who does not score the highest evaluation on the technical response.	Confirmed.

Responses to Written Questions  
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 Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
17	What assurance does the Contractor have that the per diems ultimately agreed to in a contract will in fact receive the necessary appropriation from the legislature?	Although the Department will recognize the expense(s) related to the resultant Contract in its Legislative Budget Request (LBR), however, the Department is unable to guarantee the provision of State funding by the Legislature.
18	What is the Department's plan if the legislature does not appropriate adequate funding to meet the terms of the contractually agreed upon per diems?	If the resulting Contract isn't fully funded, the Department would seek additional funding through the legislative process. Please see Section 5.31.1 of the ITN.
19	This section indicates "on the following pages, the Respondent shall provide the information indicated for three (3) separate and verifiable references." However, no pages follow. Please clarify how reference information is to be provided.	Please see the revised Attachment VIII, included in this Addendum.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
20	Please provide any special arrangements (formal or informal) or contracts with local hospitals and specialty providers regarding inmate services, along with any amendments and attachments.	Copies of the following contracts and interagency agreements are provided in the resources referenced in Section 2.8 of the ITN: Contract C2573 and amendments with E+ Cancer Care; Agreements A3362 with Larkin Community Hospital and A3411 with Memorial Jacksonville Hospital, where the current secure hospital units are located (these agreements are for HIPAA and security issues only; the current contractors have service contracts with these entities); Interagency Agreements (IA) IA-10-1059, 10-1055, 10-1056, 10-1060, 10-1061, and 11-1072 and all amendments for the 340b Specialty Care Program with the Department of Health and Alachua, Jackson, Jefferson, Volusia and Miami-Dade County Health Departments; IA 15-1116 with the Department of Health, for Pharmacy Repackaging Services; IA 09-1051 with the Department of Children and Families, for the Mental Health Aftercare Re-Entry Program; and IAs 13-1087 and 12-1085 and all amendments with the Department of Health, for the HIV Pre-Release Planning and Peer Educator Programs.
21	Please provide a copy of the current contract with the incumbent including any emergency contract that may exist.	This information is available in the resources referenced in Section 2.8 of the ITN. The recent Contract for the provision of health care services previously provided by Corizon can be viewed on the FACTS system at <a href="https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=700000&amp;ContractId=C2869">https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=700000&amp;ContractId=C2869</a> .
22	Will the FDC entertain suggestions for operational changes to the health services program if such changes remain in compliance with governing standards and result in an overall cost savings?	Vendors are encouraged to respond with additional ideas for improvement, cost reduction, and other supplemental materials for the Department's consideration, per Section 4.9, TAB G of the ITN.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
23	<p>Please confirm the schedules of the following staff members:</p> <p>a. Correctional Staff: 8 hours, 12 hours, or a combination of both.</p> <p>b. Health Care Staff: 8 hours, 12 hours, or a combination of both.</p> <p>Please provide a breakdown of the positions that work both if a combination exists.</p>	<p>Correctional staff and Health Care Staff work a combination of 8 and 12 hour shifts. Correctional security staff typically work 12-hour shifts with those assigned to the administrative shift working in 8-hour shifts.</p>
24	<p>Please specify how prices should be submitted – e.g., per inmate per day.</p>	<p>Please see Section 2.7 and Attachment IV, Price Information Sheet of the ITN, which specifies the pricing methodology.</p>
25	<p>Please identify the number of ICE and/or Federal detainees at the RMC.</p>	<p>As of 3/28/2016, the Department does not have any inmates considered ICE or Federal detainees.</p>

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
26	<p>Please identify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:</p> <ul style="list-style-type: none"> <li>a. Dental</li> <li>b. Oral Surgery</li> <li>c. Optometry</li> <li>d. Laboratory</li> <li>e. Radiology (specify mobile or fixed equipment)</li> <li>f. Fluoroscopy</li> <li>g. Mammography</li> <li>h. Physical Therapy</li> <li>i. Dialysis</li> <li>j. Chronic Care Clinics (please specify which clinics and frequency)</li> <li>k. Specialty Clinics (please specify which clinics and frequency)</li> <li>OB/Prenatal care</li> </ul>	The requested information is unavailable at this time.
27	<p>Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.). Also, please provide years of service or hire dates.</p>	The requested information is unavailable at this time.
28	<p>Please provide the amounts relating to staffing withholds or performance withholds incurred by the incumbent by year for the last three years.</p>	This information is included in the resources referenced in Section 2.8 of the ITN.

Responses to Written Questions  
 FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
29	Please provide the DOLLARS spent on offsite services by year for the last three years by the categories below: <ul style="list-style-type: none"> <li>• Hospitalization</li> <li>• Emergency room visits</li> <li>• Specialty visits</li> <li>• Outpatient surgeries</li> <li>• Diagnostics</li> </ul>	The requested information is unavailable at this time.
30	Please provide the offsite EVENTS by year for the last three years by the categories below: <ul style="list-style-type: none"> <li>• Hospital days</li> <li>• Hospital admissions</li> <li>• Emergency room visits</li> <li>• Specialty visits</li> <li>• Outpatient surgeries</li> <li>• Diagnostics</li> </ul>	While we are unable to provide some of the information you requested, outside hospital admits and outpatient services have been provided with the resources referenced in Section 2.8 of the ITN.

Responses to Written Questions  
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Question Number	Question	Answer
31	<p>Please provide the following by year for the last three contract years:</p> <ul style="list-style-type: none"> <li>a. Average monthly number of patients on HIV medications</li> <li>b. Average monthly number of patients on psychotropic medications</li> <li>c. Average monthly number of patients on hepatitis medications</li> <li>d. Average monthly number of patients on blood products relating to hemophilia</li> <li>e. HIV medications dollars</li> <li>f. Psychotropic medications dollars</li> <li>g. Hepatitis medications dollars</li> <li>h. Blood products relating to hemophilia dollars</li> </ul>	<p>We are unable to provide the information requested in the format requested; however, monthly reports for the fourth quarter of 2015 have been included with the resources referenced in Section 2.8 of the ITN.</p>
32	<p>Please provide the number of cases and total costs of cases exceeding \$10,000, \$25,000, and \$50,000 associated with offsite.</p>	<p>The requested information is unavailable at this time.</p>
33	<p>Please provide the following reports (most recent) for each of the four regions by institution:</p> <ul style="list-style-type: none"> <li>a) Quarterly Cost Report</li> <li>b) Monthly Staffing Report</li> <li>c) Monthly Medical Equipment Report</li> <li>d) Monthly EOS HIV Lab Test Report</li> <li>e) Monthly Dialysis Infection Control Report</li> <li>f) Daily Inpatient Hospital Reporting by Diagnostic Related Groups (DRG)/Current Procedural</li> <li>g) Terminology (CPT) Data Elements</li> <li>h) Diagnostic Related Grouping Codes for Admission,</li> </ul>	<p>This information is included in the resources referenced in Section 2.8 of the ITN.</p>



Responses to Written Questions  
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Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
	<p>On-going Length of Stay and Discharge</p> <ul style="list-style-type: none"> <li>i) Inmate procedures report by DRG/CPT Coding, by Facility, by Provider</li> <li>j) Inpatient Days per Month</li> <li>k) Average Length of Stay</li> <li>l) Routine/Urgent Consult Status Reporting to include:               <ul style="list-style-type: none"> <li>i. Number of days from "request for medical care" (consult) to "seen"</li> <li>ii. Number of cancelled appointments by network provider</li> <li>iii. Number of cancelled appointments by institutions due to security issues</li> </ul> </li> <li>m) Identification of Outliers, Variance/Variability based on DRG to Length of Stay</li> <li>n) Identification of Patterns of Prescribing and Trends Analysis</li> <li>o) Data Cost Analysis of services provided and comparative data for indicators measured with the goal of cost containment.</li> <li>p) Cost per Day – Inpatient Hospital, Inpatient at RMC, Infirmary Care</li> <li>q) Cost per Surgical Case and/or Surgical Procedure</li> <li>r) Cost by Diagnostic Codes, Provider, Facility, Region, and Inmate</li> <li>s) Summary report of Unauthorized / Disapproved Claims with explanation</li> </ul>	

Responses to Written Questions  
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Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
34	<p>It is difficult enough to forecast expenses for the five years forthcoming, let alone ten years. However, in addition to five contract years, five renewal years are to be priced. Will the five renewal years be binding, upon mutual agreement or for comparison purposes only?</p>	<p>Renewal pricing is to be specified in the contract pursuant to Section 287.058(1)(g), Florida Statutes. The Vendor should factor in estimates of price index increases for the life of the resulting Contract, including renewal years.</p>
35	<p>PGM – 007 - “Develop and implement a staffing plan that identifies all positions and ensures compliance with the requirements outlined in this ITN. The staffing plan should be updated periodically, but no less than once a quarter, and is expected to be a flexible so as to respond to institutional mission changes over the course of any Contract resulting from this ITN. In the event there are mission changes that impact on health services functions and responsibilities covered by this Contract, the Department shall advise the Contractor of such changes in writing. The Department must approve any reductions to the original, approved staffing plan that will be agreed to upon Contract execution.”</p> <p>The ITN mentions the reduction of staff, but if institutional mission changes result in more staff for the awarded vendor(s), will the vendors be compensated based on change in scope of services?</p>	<p>The Department will monitor the resulting Contract on the basis of performance, regarding of the staffing levels required to achieve this performance. It will be up to the Vendor to establish its staffing levels appropriately to maintain compliance with performance levels. Once approved, the Vendor is not required to obtain the Department's approval for additions to staff, but must obtain approval for reductions in staff.</p>

Responses to Written Questions  
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Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
36	<p>RFP, Page 19 - "From time to time, the Governor of Florida may issue Executive Orders that impact the Department's health services operations. The Contractor must comply with the terms and conditions of any Executive Orders that are issued by the Governor."</p> <p>Will the awarded vendor(s) be compensated for any change in scope of services these orders present? Please provide past examples.</p>	<p>On May 8, 2015, Governor Scott issued Executive Order 15-102, which provided a number of directives to the Secretary of the Department of Corrections. Section 10 of this Executive Order required the Department to "provide medical staff the option of using identification numbers in lieu of names when completing incident reports." This action was implemented via a revision to a FDC form and a memo to the comprehensive health care contractors; it did not require a change in scope to the Department's comprehensive health care contracts. The Department cannot ascertain if future Executive Orders would contain language that would constitute a change in scope for its health care Contracts. Each order must be considered based on its content. If more than an administrative change, any change in scope will be completed through a written Contract Amendment.</p>
37	<p>Please provide each of the following for the most recent two years, by year.</p> <ul style="list-style-type: none"> <li>a) Current staffing matrices by position (RN, LPN, etc.), by day, and by shift.</li> <li>b) Current staffing vacancies by position (RN, LPN, etc.).</li> <li>c) Staffing matrices by position (RN, LPN, etc.), by day, and by shift being implemented by Centurion.</li> <li>d) Total cost for OBIS and CPU</li> <li>e) Total Liquidated Damages assessed.</li> <li>f) Total costs of non-formulary medications.</li> <li>g) Total costs of non-formulary medications relating to Hepatitis.</li> </ul>	<p>Much of this information is unavailable at the current time. Available information for the total cost of OBIS and assessment of financial consequences (liquidated damages) is included with the resources referenced in Section 2.8 of the ITN.</p>

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
38	By year, for the most recent two years, please provide the events and dollars paid for the following offsite services: a) Hospital Days b) Emergency Room Visits c) Ambulance Transports d) Outpatient Surgeries e) Outpatient Specialty Visits f) Diagnostics (MRI, X-Ray, etc.)	The requested information is unavailable at this time.
39	Is this facility currently receiving 340b medications? If yes, please identify the illness associated with these medications (HIV, psychotropic, Hepatitis C, etc.)	No. However, permanent party HIV+ inmates from RMC may be transported to another institution to receive 340b Specialty Care Services.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
40	<p>Please specify what specialty services are being provided onsite, and the events for the most recent two years, by year for services including, but not limited to the</p> <ul style="list-style-type: none"> <li>• Oral surgery</li> <li>• OB/GYN Services</li> <li>• Gastroenterology</li> <li>• Surgical services</li> <li>• Orthopedic services</li> <li>• Physiotherapy services</li> <li>• ENT</li> <li>• Podiatry</li> <li>• Dermatology</li> <li>• Urology</li> <li>• Neurology</li> <li>• Internal medicine</li> <li>• Audiology</li> <li>• Neurosurgery/Neurology</li> <li>• Oncology</li> <li>• Nephrology</li> <li>• Endocrinology</li> <li>• Infectious disease treatment</li> <li>• Ophthalmology</li> <li>• Respiratory therapy</li> <li>• Cardiology</li> <li>• Physical therapy</li> <li>• Orthotics</li> </ul>	<p>The event information requested is currently unavailable; however, the following specialty services are being provided onsite at RMC:</p> <ul style="list-style-type: none"> <li>• Oral surgery</li> <li>• Gastroenterology</li> <li>• Surgical services</li> <li>• Orthopedic services (services at RMC have not been available for the past five months)</li> <li>• Physiotherapy services</li> <li>• ENT</li> <li>• Podiatry</li> <li>• Urology</li> <li>• Neurology</li> <li>• Audiology</li> <li>• Oncology</li> <li>• Nephrology</li> <li>• Endocrinology</li> <li>• Infectious disease treatment</li> <li>• Respiratory therapy</li> <li>• Cardiology</li> <li>• Physical therapy</li> <li>• Orthotics</li> </ul>

Responses to Written Questions  
 FDC ITN-15-112  
 Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
41	Please provide a more recent <b>Attachment III – Institutional Capacity</b> . The ADP data provided includes June 2015 ADP but we are now in March 2016.	Updated ADP information is included in the resources referenced in Section 2.8 of the ITN.
42	Will the vendor servicing the facility from which a patient was transferred be financially responsible for costs associated with inpatient and outpatient, pharmacy, and onsite specialty services?	Yes, see Section 3.4.3.3, new UM-024, added in this Addendum.
43	Will the contractor incur any charges for inmate movement from one region to another, e.g. inter-regional charges for temporary housing at the RMC?	Please see Section 3.4.1.3, PGM-061. The Vendor will not be charged for inmate transfers/movements and/or referrals between institutions for security or health related needs directed by the Department.
44	Does the MyFloridaMarketPlace Transaction Fee of 1% apply to all revenue received by Armor?	Vendors are required to report eligible payments received from State of Florida agencies on a monthly basis. Once a monthly report has been submitted, an invoice is generated with the fee owed and the Vendor pays the Department of Management Services (DMS) each month.
45	How will liquidated damages be addressed?	Financial consequences (also known as liquidated damages) will be deducted from the Vendor's next invoice payment. In an instance where there is no subsequent payment expected, the Vendor will be required to pay the Department directly via a Cashier's Check or Money Order.

Responses to Written Questions  
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Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
46	Please confirm that Vendor will be responsible for contracting with all specialty services providers for on-site and off-site services.	The Vendor will be responsible for the provision of all medical health care services, excluding dental and mental health services, required at RMC. As stated in Section 5.6 of the ITN, the Vendor may use subcontractors to perform specialty services both on-site and off-site.
47	Will Vendor be responsible for contracting with an ambulance service, or will the vendor use a FDC system?	Transportation to and from off-site medical providers for routine care should be coordinated through the FDC system, as per Section 3.4.1.3, PGM-061. The cost(s) of transportation by ambulance or other life-support conveyance, either by ground or air, will be the responsibility of the Vendor.
48	Please provide the cost of non-formulary medications for this facility for the past two years.	This information is provided with the resources referenced in Section 2.8 of the ITN.
49	How many prescriptions per month on average are ordered for the inmates in your facility?	This information is provided with the resources referenced in Section 2.8 of the ITN.
50	What percentage of your medications ordered each month is stock vs. patient specific prescriptions?	Approximately 95% of prescriptions ordered each month are patient-specific.
51	What are the pricing terms of your current pharmacy agreement? (i.e., average wholesale price less a discount, or acquisition cost plus a dispensing fee, etc.).	Pharmacy services are presently provided by the Department. Pricing is established through the Group Purchasing Organization (GPO), Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Contract, Cardinal contract or Cardinal non-contract pricing. The Department does not charge a dispensing fee.
52	Please provide three (3) years of drug utilization preferably in an electronic format.	This information is provided with the resources referenced in Section 2.8 of the ITN.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
53	Of inmates receiving Hepatitis C treatment, what is the nature of the treatment?	HSB 15.03.05, Attachment 8, Gastrointestinal Clinic, outlines treatment guidelines and goals for Hepatitis C, and is included in the resources referenced in Section 2.8 of the ITN.
54	How are current medication orders being transcribed to pharmacy?	See Section Pharmaceutical Services Minimum Requirements PS-031, PS-032, PS-033, PS-034. The Vendor is responsible for faxing new prescriptions, submitting all prescription refill requests via the pharmacy software (or faxing), and faxing stock orders to the Department's pharmacy at RMC. Prescriptions should be faxed throughout the day.
55	How are medications delivered and dispensed: patient-specific or stock/pill line?	Prescriptions are dispensed by one the Department pharmacy at RMC. Dispensing of medication is discussed in Section 3.4.6.3 of the ITN.
56	Is there a self-administration or "keep-on-person" (KOP) medication system? If so, please provide a list of KOP medications approved by facility.	Please see Section 3.4.6.3 of the ITN and HSB 15.14.04 App. B, which is included in the resources referenced in Section 2.8 of the ITN.
57	Please provide the number of prescriptions per inmate.	This information is provided with the resources referenced in Section 2.8 of the ITN.
58	Does the current Department pharmacy offer drug destruction for outdated/expired drugs? If so, please describe the destruction policy.	Please see Section 3.4.6.3, PS-036, and also HSB 15.14.04 App. C, in the resources referenced in Section 2.8 of the ITN.
59	Does the current Department pharmacy offer monthly/quarterly pharmacy consultation/inspection? If so, please describe?	The monthly Consultant Pharmacist of Record inspections will be conducted by the Vendor.



Responses to Written Questions  
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Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
60	Does the RMC have a DEA License? If so, whose name is under licensure?	The DEA license at RMC remains in the Department's name.
61	Does the RMC have a current state pharmacy license?	RMC's State Pharmacy License remains in the Department's name.
62	Please provide all terms and conditions regarding purchases, returns, and management fees that will be applied regarding by the Department's pharmacy.	There will be no charge to the Vendor for medications that can be legally returned to the pharmacy. The Department does not charge a dispensing fee.
63	How are inmates screened for Risks and/or Mental Health Concerns at Intake?	Inmates are screened at Reception, as outlined in Section 3.4.2.3, IC-009, IC-010, and IC-011 of the ITN.
64	How are mental health patients identified/referred for services?	Mental Health Patients are identified by the screening process referenced in the answer to Question #63, and also as described in the following Sections of the ITN: A) 3.4.2.3, Institutional Care Minimum Requirements: IC-041, Inmate Post Use of Force; IC-044, Pre-Special Housing Health Evaluation; IC-054, Infirmary Care; IC-057, Infirmary Nursing Evaluations; IC-058, Infirmary Weekend/Holiday Physician Rounds; IC-059, Infirmary Discharge; IC-060, Palliative Care; IC-064, Observation During Normal Business Hours; IC-065, Psychiatric Restraint Use; and IC-067, Hunger Strikes and IC-086, Special Housing, added in this Addendum.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
65	<p>Please provide the following Mental Health information:</p> <ul style="list-style-type: none"> <li>a. Number of completed suicides in the last 24 months.</li> <li>b. Number of attempted suicides in the last 24 months.</li> <li>c. How many patients are placed on suicide precaution on average per month?</li> <li>d. Are patients deemed suicidal kept on precaution at the facility?</li> <li>e. Number of inmates placed into segregation in last 24 months. What role will the Respondent take in segregations?</li> <li>f. Are psychiatric restraint devices used at the facility?</li> <li>i. If so, are these restraints beds or chairs?</li> <li>ii. What was the use of these restraints in the last 24 months?</li> <li>g. What role will the Respondent take in detoxification?</li> </ul>	<p>Please see the below responses, specific to RMC:</p> <ul style="list-style-type: none"> <li>a. There was one completed suicide in October, 2014.</li> <li>b. The Department does not differentiate between suicide attempts and self-injurious behaviors. RMC averages one self-harm/suicide gesture per month.</li> <li>c. RMC averages 13 inmates being placed on suicide watch per month.</li> <li>d. Yes, patients placed on Self Harm Observation Status are placed in Isolation Management Rooms.</li> <li>e. While there are no close management units at RMC, there are administrative and disciplinary confinement units. Over the last 24 months, the average number of inmates in Administrative Confinement (AC) at RMC was 78, and the average number of inmates in Disciplinary Confinement (DC) was 55. Vendor's responsibilities related to special housing are including in Section 3.4.2.3, IC-086, added in this Addendum.</li> <li>f. Yes, restraint beds are used; however, no restraints have been used within the last 24 months.</li> <li>g. Mental Health staff does not complete detoxification, but the awarded Vendor will be required to ensure the safety of inmates during any detoxification period.</li> </ul>

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
66	<p>Please provide the following information regarding psychotropic medications:</p> <p>a. How many patients are on psychotropic medications currently?</p> <p>b. How many patients were prescribed anti-psychotic medications for the last 24 months, on average per month?</p> <p>c. How many patients does that facility average per month on psychotropic medications, for 24 months?</p>	<p>This information is provided with the resources referenced in Section 2.8 of the ITN.</p>
67	<p>Please provide the five most frequently prescribed psychotropic medications by name.</p>	<p>This information is provided with the resources referenced in Section 2.8 of the ITN.</p>
68	<p>Are patients deemed too acute to house in the prison system sent to a public mental health facility or does the prison system currently have a contract with a private mental health facility? If yes, how many mentally ill patients were sent out to this prison system's appropriate catchment mental health facility per month on average?</p>	<p>Inmates are not sent to any public Mental Health facility. The Department provides all levels of mental health care.</p>
69	<p>Does the facility provide and/or encourage group services?</p>	<p>Yes, group services are currently provided, and are also expected under ITN FDC-15-112 from the new Mental Health Vendor.</p>
70	<p>How are medications currently made available to inmates on release from the correctional facilities?</p>	<p>If appropriate, a 30-day supply of medication is dispensed to the inmate. Antiretroviral medications are dispensed in a 30-day supply.</p>

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
71	Does the FDC standard operating policies provide that inmates who are receiving mental health or medical services encounter medical or mental health staff as they are released from facilities? Please describe the process.	<p>The process is described in the following Sections of the ITN: <u>3.1.4.3, Program Management Minimum Requirements:</u> PGM-029, PGM-048, PGM-052</p> <p><u>3.4.2.3, Institutional Care Minimum Requirements:</u> IC-071, End of Sentence Medication and Medical Equipment/Supplies; IC-073, Discharge Planning; IC-074, Tuberculosis Discharge Planning; IC-075, HIV Pre-Release Planning; IC-076, Mandatory HIV End of Sentence Testing.</p> <p>Additionally, specific Mental Health requirements are described in ITN #15-FDC-112.</p>
72	What is the percentage and number of inmates with estimated release dates? Are those inmates predominantly sentenced?	As of 3/25/16: 1,131 (89.9%) of inmates have a release date. 127 (10.1%) of inmates do not have a release date.
73	How many planned or predicted releases occur each day at each facility?	This information is provided with the resources referenced in Section 2.8 of the ITN.
74	Please provide a description including average daily enrollment of your inmate substance abuse education, cognitive behavioral classes, and other inmate programs at each facility.	This information is not relevant to this ITN.
75	<p>What are the data requirements upon termination of the current vendor:</p> <ul style="list-style-type: none"> <li>• Data to be provided and in what format;</li> <li>• System availability during transition; and</li> <li>• Time requirement of data availability.</li> </ul>	See Section 5.29 of the ITN.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
76	<p>Is the current records system a combination of electronic and paper records? If so:</p> <ul style="list-style-type: none"> <li>• What records are electronic?</li> <li>• What records are paper?</li> </ul>	<p>The current records system is a combination of electronic and paper records. OBIS records are electronic, as well as some logs; however, the medical record itself is a paper file.</p>
77	<p>Will the existing facility network be available for EMR connectivity?</p>	<p>Yes, the network will be available for EHR connectivity.</p>
78	<p>At each facility, is there wireless access available in the:</p> <ul style="list-style-type: none"> <li>• Pods,</li> <li>• Clinic, or</li> <li>• Other areas of health delivery?</li> </ul>	<p>Wireless access is not currently available at any Department institutions.</p>
79	<p>At each facility, what interfaces are currently in place, if any:</p> <ul style="list-style-type: none"> <li>• JMS,</li> <li>• Lab,</li> <li>• Pharmacy, or</li> <li>• Other.</li> </ul>	<p>Currently, interfaces are in place with Lab, Pharmacy, Radiology, eCancerCare, Dialysis, RIS, and OBIS systems.</p>
80	<p>At each facility, can the EMR be installed on existing jail hardware?</p>	<p>Implementation and maintenance of the EHR system is being procured through ITN-15-111.</p>
81	<p>At each facility, can the EMR be installed on existing jail hardware with upgrades?</p>	<p>Please see the answer to Question #80.</p>
82	<p>Should servers be proposed as a stand-alone system?</p>	<p>Please see the answer to Question #80.</p>
83	<p>At each facility, does the existing jail data center/computer room have space available for any or all of the above?</p>	<p>Please see the answer to Question #80.</p>

Responses to Written Questions  
 FDC ITN-15-112  
 Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
84	Will the FDC pay the cost of facility improvements for the EMR through: <ul style="list-style-type: none"> <li>• Cable and wireless connections, or</li> <li>• Additional power requirements for server and rack installation.</li> </ul>	Please see the answer to Question #80.
85	Will the FDC assume the responsibility of system administration and routine maintenance of data center additions and/or upgrades?	Please see the answer to Question #80.
86	Will the FDC assume responsibility of performing routine back-ups and offsite storage of back-ups?	Please see the answer to Question #80.
87	PGM-052 - Please clarify the requirement that the Contractor provide 30 days of EOS medications. <ol style="list-style-type: none"> <li>a. Does this apply only to HIV+ inmates?</li> <li>b. Does the requirement include any HIV medications?</li> </ol>	Please see the answer to Question #5.
88	Please provide specifics re: current tele-medicine services and equipment at the facility.	Currently, there are no telehealth services being provided under the current contracts, though there is minimal use of telepsych. A list of equipment relating to these services is unavailable. Please see Section 3.4.1.3, PGM-054 of the ITN. We encourage the Vendor to consider telehealth as part of their Reply.
89	Please confirm that the Medical Services contractor will be responsible for all Medical Services on all MH Treatment Units.	The Vendor will be responsible for all Institutional Medical Services as described in Section 3 of the ITN, including inmates housed in the Mental Health Treatment Units (Correctional Mental Health Treatment Facilities; Crisis Stabilization Units; Transitional Care Units and Residential Treatment Units). The interface is also described in Section 3.6 of the ITN.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
90	What is the current transition coordination model for patients from the Medical Services Contractor to/from the Mental Health Contractor, or Mental Health Unit?	Currently, the Department's Contractors provide comprehensive medical, mental health and dental services, so there are no transitions between disciplines or units.
91	Please provide electronic copies of all PowerPoint presentations utilized for the Site Visits/Pre-Bid Conferences.	These presentation for the one site visit associated with ITN-15-112 has been added to the resources references in Section 2.8 of the ITN
92	Please provide statistics of number and % of patients requiring durable medical equipment (DME) by type and facility.	The requested information is unavailable at this time.
93	Please provide most recent formulary and the last time it was modified.	This information is available with the resources referenced in Section 2.8 of the ITN.
94	What is the current process for non-formulary pharmaceuticals?	A Drug Exception Request (DER) shall be approved by the Vendor's Medical Director and then submitted to the Pharmacy. The Pharmacy will then dispense the prescription. Please see Section 3.4.6.3, PS-046, added in this Addendum.
95	Who oversees formulary management?	The Assistant Secretary of Health Services.
96	Can the contractor participate in the FDC P&T Committee meetings, when applicable?	Yes, the Vendor shall attend required FDC meetings, per Section 3.4.1.3, PGM-014, including the Pharmacy and Therapeutics (P&T) Committee Meeting.

Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
97	<p>Are Tele-health services currently provided? If so,</p> <p>a. Please provide a list of equipment that would be available.</p> <p>b. Please indicate who is responsible for supporting the technology.</p> <p>c. Please indicate who is responsible for providing the clinical support.</p> <p>d. Please provide a list of specialties currently utilizing tele-health.</p>	<p>Please see the answer to Question #88. The responsibility of the clinician providing services would depend on the specialty of the clinician, for example, a psychiatrist would fall under the Mental Health Services Contractor.</p>
98	<p>Does the medical staff operate under collective bargaining agreements? If so, please provide.</p>	<p>No. However, copies of current bargaining agreements that impact the Department are included with the resources referenced in Section 2.8 of the ITN for background purposes only.</p>
99	<p>Is the facility currently operating under consent decrees? If so, please provide.</p>	<p>To the Department's knowledge, RMC is not currently operating under consent decrees.</p>
100	<p>Is the facility expected to be operating under consent decrees? If so, please explain.</p>	<p>To the Department's knowledge, RMC is not expected to be operating under consent decrees.</p>
101	<p>Are any of the facilities operating under terms that are different from the published contracts, including, but not limited to, staffing and the scope of services?</p>	<p>To the Department's knowledge, RMC is not operating under terms different than those included in the current Comprehensive Health Care Services contract.</p>
102	<p>Will the hospitals serving the FDC patients honor the current contracts in place with the FDC?</p>	<p>The Department is not a party to the Contracts between the current Contractors and the hospitals, so we do not know if the hospitals will agree to the same terms and conditions for a new Vendor. The new Vendor will be expected to negotiate their own Contracts for hospital services.</p>



Responses to Written Questions  
FDC ITN-15-112

Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
103	Will FDC provide computers, printers, internet access, FAX and telephone lines for the awarded vendor's use?	See Section 3.4.1.3, PGM-017 of the ITN.
104	Will the FDC allow the awarded vendor to connect their time clocks to the FDC network? If not and the awarded vendor is required to provide their own computers, printers, internet access, FAX and telephone lines, a. does the FDC have the network infrastructure in place? b. will the FDC allow the awarded vendor to use said infrastructure?	Please see Section 3.10 of the ITN related to Information Technology requirements.
105	Please provide the following reports for the most recent two years, by year: a) Full Health Services Report b) Utilization Monthly Reports c) Utilization Quarterly Reports d) Monthly Staffing Report e) Facility description in regards to population classification and medical and mental health capabilities f) Number of completed suicides g) Number of suicide attempts resulting in off-site care h) Number of self-injurious behaviors/non-suicidal self-injuries resulting in off-site care	This information is available in the resources referenced in Section 2.8 of the ITN.

Responses to Written Questions  
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Comprehensive Health Care Services-Medical and Hospital Operations at Reception and Medical Center (RMC)

Question Number	Question	Answer
106	<p>Please provide the patients per month and the total dollars paid for the following medications, for the most recent two years:</p> <ul style="list-style-type: none"> <li>a) Total medications</li> <li>b) HIV medications</li> <li>c) Psych medications</li> <li>d) Blood products related to hemophilia</li> <li>e) Medications related to multiple sclerosis</li> <li>f) Hepatitis C</li> </ul>	<p>The requested information is unavailable at this time. Please see answer to Question #31.</p>
107	<p>Please provide the top three operational concerns (if any) based upon completed audits and/or other information such as staffing vacancies.</p>	<p><u>The Department's top concerns:</u></p> <ol style="list-style-type: none"> <li>1. Clinician screening prior to release to Customs Enforcement, parole, placement in a work release facility or community corrections;</li> <li>2. Physician Rounds and nursing assessments in the infirmary;</li> <li>3. Infirmary Discharge Summary</li> <li>4. Post use of force assessments;</li> <li>5. Pre-confinement physicals</li> </ol>
108	<p>Most sections of the RFP specify proposal page limits. Please advise if vendor attachments / exhibits count toward the page limit totals for each section?</p>	<p>Completed attachments/forms, required by the Department, will not be included in the page limitations.</p>
109	<p>Please provide the next accreditation survey dates for this facility.</p>	<p>Information on accreditation schedules is included in the resources referenced in Section 2.8 of the ITN.</p>
110	<p>Is a nurse responsible for the 15 minute checks on patients in suicide watch or psych. observation?</p>	<p>Yes, a nurse is responsible for the 15 minute checks.</p>

**ATTACHMENT VII – PASS/FAIL REQUIREMENT CERTIFICATION  
AND NON-COLLUSION CERTIFICATION  
ITN #15-FDC-113**

**1. Business/Corporate Experience**

This is to certify that the Vendor has at least five (5) years of business/corporate experience with appropriately experienced management and at least three (3) years of business/corporate experience, within the last five (5) years, in the provision of comprehensive health care services to an aggregate patient population of a minimum of 5,000 inmate patients at any one time in prison, jail or other comparable health care setting. The Department understands that, due to the size and complexity of the inmate health care program, the service solution may require partnerships, joint ventures, and/or subcontracting between two or more companies, and therefore will consider the combined experience and qualifications of any such partnerships meeting these requirements. To ensure the bidding entity is qualified to serve inmate populations in prison settings, the vendor(s), whether responding independently, as a partnership, as a joint venture, or with a response that proposes utilization of subcontractor(s), must collectively have at least five (5) total years of business/corporate experience with appropriately experienced management and at least three (3) total years of business/corporate experience within the last five (5) years, providing health care services in a correctional setting to an inmate population of at least 5,000 inmates.

**2. Prime Vendor**

This is to certify that the Respondent will act as the prime Vendor to the Department for all services provided under the Contract that results from this ITN.

**3. Performance Bond**

This is to certify that the Respondent is able to demonstrate their ability to meet the performance bond requirements. prior to execution of a Contract, the Respondent will deliver to the Department a performance bond or irrevocable letter of credit in the amount equal to the lesser of ~~\$2 million~~ \$12 million dollars or the average annual price of the Contract (averaged from the initial five year Contract term pricing). The bond or letter of credit will be used to guarantee at least satisfactory performance by Respondent throughout the term of the Contract (including renewal years).

**4. Reply Bond**

This is to certify that the Respondent will deliver to the Department a Reply bond or check in the amount of \$2 million dollars. The check/bond ensures against a Vendor's withdrawal from competition subsequent to their submission of a Reply.

**5. Meets Legal Requirements**

This is to certify that the Respondent's proposed offering and all services provided under the Contract will be compliant with all laws, rules and other authority applicable to providing the services including, but not limited to, Florida's Open Government laws (Article I, Section 24, Florida Constitution, Chapter 119, F.S.).

**6. MyFloridaMarketPlace Registration and Transaction Fee**

Respondent is registered, or will agree to register, in MFMP before execution of the prospective Contract. SEE PUR 1000, SECTION 14. The 1% transaction applies to this Contract and is detailed in PUR 1000.

**7. Financial Stability**

This is to certify that the Respondent attests to its positive financial standing and that the Respondent's current Dun & Bradstreet (D&B) Financial Stress Score has a Financial Stress Class of 1, 2, 3 or 4.

**8. Statement of No Inducement:**

This is to certify that no attempt has been made or will be made by the Vendor to induce any other person or firm to submit or not to submit a Reply with regard to this ITN. Furthermore this is to certify that the Reply contained herein is submitted in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other non-competitive Reply.

**9. Statement of Non-Disclosure:**

This is to certify that neither the price(s) contained in this Reply, nor the approximate amount of this Reply have been disclosed prior to award, directly or indirectly, to any other Vendor or to any competitor.

**10. Statement of Non-Collusion:**

This is to certify that the prices and amounts in this Reply have been arrived at independently, without consultation, communications, or agreement as to any matter relating to such prices with any other Vendor or with any competitor and not for the purpose of restricting competition.

Dated \_\_\_\_\_ day of \_\_\_\_\_ 2016.  
Name \_\_\_\_\_ of \_\_\_\_\_  
Signed by: \_\_\_\_\_  
Print \_\_\_\_\_  
Being duly sworn deposes and says that the information herein is true and sufficiently complete  
Subscribed and sworn \_\_\_\_\_ day of \_\_\_\_\_ 2016.  
Personally \_\_\_\_\_ OR Produced \_\_\_\_\_ Type of Identification \_\_\_\_\_  
Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**ATTACHMENT VIII – Vendor’s Reference Form  
ITN #15-FDC-113**

In the spaces provided below, the Respondent shall list all names under which it has operated during the past five (5) years.

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On the following pages, the Respondent shall provide the information indicated for three (3) separate and verifiable references. The references listed must be for businesses or government agencies for whom the Respondent has provided services of similar scope and size to the services identified in the ITN. The same reference may not be listed for more than one (1) organization and confidential references shall not be included. In the event the Respondent has had a name change since the time work was performed for a listed reference, the name under which the Respondent operated at that time must be provided in the space provided for Respondent’s Name.

References that are listed as subcontractors in the response will not be accepted as references under this solicitation. Additionally, References shall pertain to current and ongoing services or those that were completed prior to January 1, 2016. References shall not be given by:

- Persons employed by the Department within the past three (3) years.
- Persons currently or formerly employed or supervised by the Respondent or its affiliates.
- Board members within the Respondent’s organization.
- Relatives of any of the above.

The Department will attempt to contact the three (3) references provided by the Respondent to complete the Evaluation Questionnaire for references. The total number of references contacted to complete an Evaluation Questionnaire for Past Performance for any response will be three (3).

References should be available for contact during normal business hours, 9:00 a.m. – 5:00 p.m., Eastern Time. The Department will attempt to contact each reference by telephone up to three times. The Department will not correct incorrectly supplied information.

**Additionally, the Department reserves the right to contact references other than those identified by the Respondent to obtain additional information regarding past performance.**

**Contractor's Reference Form**

**Reference #1**

**Respondent's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**Alternate Contact Person:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

**Contract Performance Period:** \_\_\_\_\_

**Location of Services:** \_\_\_\_\_

**Brief description of the services performed for this reference:**

**Contractor's Reference Form**

**Reference #2**

**Respondent's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**Alternate Contact Person:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

**Contract Performance Period:** \_\_\_\_\_

**Location of Services:** \_\_\_\_\_

**Brief description of the services performed for this reference:**

## Contractor's Reference Form

**Reference #3**

**Respondent's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Alternate Contact Person:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**Contract Performance Period:** \_\_\_\_\_

**Location of Services:** \_\_\_\_\_

**Brief description of the services performed for this reference:**



## Evaluation Questionnaire for References

**Respondent's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Alternate Contact Person:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

The following questions will be asked of three (3) references.

	<b>Score</b>
1. Briefly describe the services the vendor performed for your organization:	N/A
2. How would you rate the contract implementation with this vendor? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
3. Did the vendor consistently meet all of its performance/milestone deadlines? Yes = 4, No = 0	
4. Did the vendor submit reports and invoices that were timely and accurate? Yes = 4, No = 0	
5. Did you impose sanctions, penalties, liquidated damages, or financial consequences on the vendor during the last 12 months? Yes = 0, No = 4	
6. How would you rate the vendor's key staff and their ability to work with your organization? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
7. Did you ever request dismissal of any key staff? Yes = 0, No = 4	
8. Did the vendor's project/contract manager effectively manage the contract? Yes = 4, No = 0	
9. How would you rate the vendor's customer service? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
10. Was the vendor's staff knowledgeable about the contract requirements and scope of services? Yes = 4, No = 0	
11. Did the vendor work cooperatively with the organization during the course of the contract? Yes = 4, No = 0	
12. Would you contract with this vendor again? Yes = 8, No = 0	
<b>Total Score:</b>	

Reference Verified by:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date