

ADDENDUM # 004

Solicitation Number: ITN #15-FDC-112

Solicitation Title: Comprehensive Healthcare Services- Inpatient and Outpatient Mental Health Services

Opening Date/Time: July 21, 2016 at 2:00 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 the second round of written questions received.

This Addendum also includes the following revisions:

Change No. 1

A change to Section 3.4.4.3., Mental Health Services Requirements to add requirement numbers that were erroneously excluded:

Mental Health Services Requirements (MHS)	
No.	Requirement
MHS-001	<p><u>Access to Mental Health Care</u></p> <p>It is the responsibility of the Contractor that all inmates entering the Department have access to necessary mental health services by ensuring:</p> <ul style="list-style-type: none">• Inmates have access to necessary mental health services commensurate with their needs as determined by mental health care staff;• There is a comprehensive and systemic program for identifying inmates who are suffering from mental disorder;• Inmates move between levels of care according to their level of adaptive functioning and treatment needs;• All inmates who are receiving mental health services have an individualized service plan (ISP) developed by mental health service providers.
MHS-002	<p><u>Consent to Mental Health Evaluation and Treatment</u></p> <p>Express and informed consent means consent voluntarily given in writing after provision of a conscientious and sufficient explanation.</p> <p>All inmates undergoing treatment and/or evaluation, including confinement assessments and new screenings, must have a valid Form DC4-663 <i>Consent to Mental Health Evaluation or Treatment</i> (see HSB 15.05.18) executed within the past year. Inmates will be advised of the limits of confidentiality prior to receiving any mental health services.</p>

Mental Health Services Requirements (MHS)

No.	Requirement
	<p>Consent for pharmacotherapy is described in HSB 15.05.19 <i>Psychotropic Medication Use Standards and Informed Consent</i> and is routinely completed by psychiatry staff. Fully informed consent for pharmacological intervention will be obtained by the psychiatric provider prior to the initiation of such intervention. A separate informed consent form is required for each of the medications prescribed.</p> <p>When admitted to an IMR, TCU or CSU, a healthcare professional will request that the inmate give written informed consent to treatment via Form DC4-649 <i>Consent to Inpatient Mental Health Care</i>. The inmate may refuse to consent to treatment, however, the inmate cannot refuse placement.</p>
MHS-003	<p><u>Confidentiality</u></p> <p>The limits of confidentiality are delineated on Form DC4-663, Consent to Mental Health Evaluation or Treatment. These limits must be explained to the inmate and the inmate must indicate informed consent by signing the DC4-663 prior to the provision of non-emergency mental health services.</p> <p>Disclosures that are made by an inmate to a healthcare professional while receiving mental health services are considered confidential and privileged, except for the following:</p> <ul style="list-style-type: none"> • Threats to physically harm self and others. • Threats to escape or otherwise disrupt or breach the security of the institution. • Information about an identifiable minor child or elderly/disabled person who is the victim of physical or sexual abuse or neglect. <p>All information obtained by a mental healthcare provider retains its confidential status unless the inmate specifically consents to its disclosure by initialing the appropriate areas listed on the Form DC4-711B.</p> <p>Requests for copies of mental health records are referred to the institutional Health Information Specialist employed by the Medical Services CHCC. Release of any confidential health records must be accompanied by Form DC4-711B, Consent for Inspection and/or Release of Confidential Information (signed by the inmate).</p>
MHS-004	<p><u>Refusal of Mental Health Care</u></p> <p>All inmates presenting for mental health services will be informed of their right to refuse such services, unless services are to be delivered pursuant to a court order. When an inmate refuses mental health care services, such refusal is documented in the inmate health record.</p> <p>Refusals of mental health evaluation/treatment are documented on Form DC4-711A Refusal of Healthcare Services Affidavit. If the inmate refuses to sign Form DC4-711A, the form is completed and signed by the Contractor's provider and another staff member who witnessed the refusal and "patient refuses to sign" will be entered.</p> <p>If an inmate refuses treatment that is deemed necessary for their appropriate care and safety, such treatment may be provided without consent only under the following circumstances:</p>

Mental Health Services Requirements (MHS)

No.	Requirement
	<ol style="list-style-type: none"> 1. In an emergency situation in which there is immediate danger to the health and safety of the inmate or others. Emergency treatment may be provided at any major institution. Emergency Treatment Orders (ETO) are issued as indicated in HSB 15.05.19. 2. Ongoing involuntary treatment, may only be provided when court ordered for inmate patients committed for treatment at a CMHTF. The criteria for court petition for involuntary treatment at a CMHTF are based on Section 945.43, F.S. and Rules 33-23 and 33-40, F.A.C.
MHS-005	<p>All inmates undergoing treatment and/or evaluation, including confinement assessments and new screenings, must have a valid Form DC4-663, Consent to Mental Health Evaluation or Treatment, see HSB 15.05.18, executed within the past year. Inmates will be advised of the limits of confidentiality prior to receiving any mental health services.</p>
MHS-006	<p><u>Multidisciplinary Services Team (MDST)</u></p> <p>The Multidisciplinary Services Team (MDST) is a group of staff members representing different professions, disciplines, or service areas which provides assessment, care, and treatment to the inmate, and develops, implements, reviews, and revises an Individualized Service Plan (ISP) as needed, please see HSB 15.05.11.</p> <p>For S-2 inmates, the minimum staff comprising the MDST is the Case Manager/Behavioral Health Specialist and Psychologist.</p> <p>For S-3 inmates, the minimum staff comprising the MDST is the Case Manager/Behavioral Health Specialist, Psychologist, Psychiatric Provider, and RN Specialist. At Close Management and Youthful Offender institutions with more than one psychiatric provider assigned, at least one must be a psychiatrist</p> <p>For inmates assigned to inpatient units the minimum staff comprising the MDST is the Case Manager/Behavioral Health Specialist, Psychologist, Psychiatrist, RN Specialist, Activity Therapist, and Security Representative. The inmate shall be present at the initial ISP review meeting and shall attend subsequent ISP review meetings as clinically indicated.</p> <p>MDST meetings require attendance by all members assigned in accordance with the inmate’s S-grade, as noted above. In addition to required routine ISP updates, MDST members must remain vigilant for circumstances warranting adjustments to treatment and meet to update ISPs accordingly.</p>
MHS-007	<p><u>Crisis Intervention</u></p> <p>Suicide and self-injury prevention and mental health crisis services shall be provided in accordance with Procedure 404.001 <i>Suicide and Self-Injury Prevention</i>.</p> <p>Crisis intervention and management is available at all facilities and includes all behavioral and/or psychiatric emergencies such as management of a suicidal or de-compensating inmate. While crisis intervention is available at each institution, crisis management requiring placement in a “safe” or suicide resistant cell/room may require movement of the inmate to a facility with such rooms available.</p> <p>Department staff is trained to recognize and immediately report warning signs for</p>

Mental Health Services Requirements (MHS)

No.	Requirement
	<p>those inmates exhibiting self-injurious behavior and suicidal ideations. However, only mental health or in their absence, medical staff, determines risk of self-injurious behavior, assign/discontinue self-harm observation status (SHOS), and make other decisions that significantly impact healthcare delivery, such as when to admit/discharge from a given level of care.</p> <p>Inmate-declared emergencies and emergent staff referrals shall be responded to as soon as possible, but response must be within one (1) hour of notification.</p> <p>Emergency evaluations shall be written and filed on the day of encounter and must contain sufficient clinical justification for the final disposition.</p> <p>Mental health emergencies that are responded to by mental health staff shall be documented on the "Mental Health Emergency Evaluation," DC4-642G while emergencies that are responded to by nursing staff shall be documented on the "Mental Health Emergency Protocol," DC4-683A.</p> <p>On <u>inpatient mental health units</u> the Contractor is responsible for the mental health evaluation and treatment of all psychological emergencies.</p> <p>In <u>outpatient and infirmary settings</u> the Contractor is responsible for the evaluation and treatment of all mental health emergencies during regular work hours. The Medical Services CHCC will assume responsibility for this service after regular work hours.</p> <p>Whether during regular work hours or after regular work hours, and whether in outpatient, infirmary, or inpatient settings, the Medical Services CHCC will be responsible for any and all costs associated with necessary medical care and treatment of physical injuries, including outside hospital care resulting from an inmate's self-injurious behavior.</p>
MHS-008	<p><u>Routine Staff Referrals</u> In accordance with HSB 15.05.18 <i>Outpatient Mental Health Services</i> mental health staff will respond within three (3) working days of receiving routine staff referrals.</p>
MHS-009	<p><u>Inmate Requests and Informal Grievances</u> Inmate requests and informal grievances will be handled in accordance with HSB 15.02.01 <i>Medical and Mental Health Care Inquiries, Complaints, and Informal Grievances</i>.</p> <p>All inmate requests for mental health interviews are documented and filed. A stamped verification/incidental note is placed on the Form DC4-642 by mental health support staff to document that the inmate request for interview was received, answered, and an appointment arranged.</p> <p>Inmate-initiated requests and informal grievances shall be responded to within ten (10) working days of receipt by mental health staff.</p> <p>If an interview or referral is indicated in response to the inmate request, it shall occur as intended. The response shall be immediate if the inmate voices suicidal ideation.</p>

Mental Health Services Requirements (MHS)

No.	Requirement
MHS-010	<p><u>Psychological Evaluations and Referrals</u> Mental health staff is required to provide psychological evaluations in accordance with policy requirements or for inmates referred by various program areas. Psychological evaluations are conducted only by Florida licensed psychologists in accordance with Chapter 490, F.S.</p>
MHS-011	<p><u>Screening and Treatment for Sex Offenders</u> The Contractor shall provide screening and necessary treatment for inmates who are serving a current sentence for a sex offense in accordance with Florida Administrative Code 33-404.102(7). The purpose of the screening is to identify those who suffer from a sexual disorder, as defined by the current <i>Diagnostic and Statistical Manual of Mental Disorders</i>, and who are amenable and willing to participate in treatment. Sex offender screening and treatment services shall be provided in accordance with HSB 15.05.03 Screening and Treatment for Sexual Disorder and aftercare assistance shall be offered in accordance with HSB 15.05.21.</p> <p>Within sixty (60) days of a sex offender's arrival at the inmate's first permanent institutional assignment, mental health staff shall conduct a clinical interview and review the health and master records of those inmates currently serving a sentence for a sexual offense. This screening shall be documented on <i>Sex Offender Screening and Selection</i>, DC4-647.</p> <p>Mental health staff will provide inmates diagnosed with a sexual disorder the opportunity to participate in treatment before sentence expiration. The preferred treatment modality is group therapy, which will meet for at least one (1) hour weekly for at least twenty (20) weeks.</p> <p>Prior to group enrollment mental health staff shall complete <i>Consent to Sex Offender Treatment</i>, DC4-660. If sex offender treatment is recommended, but the inmate is unwilling to participate, a DC4-711A is completed instead.</p>
MHS-012	<p><u>Inmates with Diagnosis of Intellectual Disability</u> Inmates diagnosed with Intellectual Disability who have minimal to mild impairment in ability to function within the general inmate population are assigned to institutions having impaired inmate services. Those with moderate impairment in functioning may be referred and assigned to a TCU.</p> <p>Mental health staff shall keep track of all inmates diagnosed with Intellectual Disability so that continuity of care procedures can be undertaken at least 180 days before release (see HSB15.05.21). Mental health services for inmates identified with an intellectual disability are provided in accordance with HSB 15.03.25., <i>Impaired Inmate Services</i>.</p>
MHS-013	<p><u>Physician's Orders:</u> Physician's orders shall be documented on the DC4-714B or DC4-714C. All Stat and now orders shall be noted and transcribed by the Registered Nurse Specialist or Licensed Practical Nurse immediately following clinician's written or verbal order.</p> <p>Inpatient Mental Health orders shall be noted and transcribed by the Registered Nurse Specialist or Licensed Practical Nurse within two hours of clinician verbal or written order.</p>

Mental Health Services Requirements (MHS)

No.	Requirement
	<p>Outpatient clinic clinician orders shall be noted and transcribed by the Registered Nurse Specialist on the shift written or no later than the next day shift.</p> <p>All noted orders shall be documented in red ball point pen ink.</p> <p>All noted orders shall reflect the date, time, signature and stamp or printed name with title (RN or LPN).</p> <p>All telephone orders shall be preceded by the abbreviation T.O. written by the Registered Nurse Specialist or Licensed Practical Nurse.</p> <p>All telephone orders shall be repeated back to the clinician to ensure accuracy of the order and documented as such.</p> <p>All telephone orders documented by the Registered Nurse Specialist or Licensed Practical Nurse shall be countersigned by a prescribing clinician as soon as possible and no later than the next business day.</p> <p>All physician orders shall be implemented by the nursing staff as directed by the clinician.</p> <p>All Physician orders that require Medical Treatment and Data Collection in the inpatient mental health unit (nebulizer treatment, blood pressure and glucose monitoring, etc...) not wound care shall be documented on the DC4-701A, Medication and Treatment Record.</p>
MHS-014	<p>Mental Health Nursing Services shall be organized, staffed, and equipped to provide competent nursing care according to the level of acuity of patient care provided at that institution.</p> <p>Nurses shall provide care in accordance with the following:</p> <p>Florida Statutes: Chapter 464 Nursing, F.S., Part I Nurse Practice Act, Part II Certified Nursing Assistants (AKA Unlicensed Assistive Personnel); Chapter 945, F.S., Department of Corrections Section 945.40-945.49, F.S., Corrections Mental Health Act. Chapters 381-408, F.S., Public Health</p> <p>The Florida Administrative Code: Chapter 64B9, 1-15, F.A.C Chapter 33, F.A.C, Department Rules</p> <p>Department Policy: Procedure Manuals Health Services Bulletins Forms</p> <p>National Nursing and Health Care Standards include but are not limited to: National Council of State Boards of Nursing</p>

Mental Health Services Requirements (MHS)

No.	Requirement
	<p>The American Nurses Association Correctional Nursing Scope and Standards of Practice The American Nurses Association Nursing Scope and Standards of Practice The American Nurses Association Psychiatric Mental Health Nursing Scope and Standards of Practice The American Nurses Association Nurses Code of Ethics American Correctional Association Registered Nurse Specialist(s) shall be available on site at inpatient Mental Health Institutions at all times to respond to emergencies, provide nursing assessments and initial treatments as appropriate under their license.</p> <p>Licensed Practical Nurses shall be available on site at all times to provide services within the scope of their licenses and certifications under the direction of the Registered Nurse Specialist at inpatient Mental Health Institutions.</p> <p>Where inpatient care is provided (CMHTF, CSU, TCU), the Registered Nurse Specialist(s) shall be available on site to provide inpatient nursing care at all times.</p> <p>Certified Nursing Assistants are utilized within the scope of their practice.</p> <p>Institutional Director of Mental Health Nursing shall be available on site at inpatient Mental Health Units during regular business hours and available after hours and on weekends or holidays by telephone.</p> <p>Contractor maintains current Florida Department of Corrections Procedures, Health Services Bulletins, Health Services Manuals (Nursing Manual, Infection Control Manual, and Blood Borne Pathogen Manual) and forms to ensure unimpeded access to nursing staff at institutions to provide care in accordance with policy.</p> <p>The Contractor's Chief Health Officer and Director of Mental Health Nursing sign the acknowledgment receipt in the Nursing Manual and maintain the receipt in the Institutional Director of Nurse office.</p>
MHS-015	<p>Hunger Strikes: Contractor shall provide care in accordance with Procedure 403.009, <i>Management of Hunger Strikes</i>.</p> <p>In a difficult case where there is a rapidly changing situation requiring clinician availability twenty-four (24) hours a day, the inmate shall be transferred to a site with 24-hour clinician availability, in accordance with Procedure 401.016, <i>Medical Transfer</i>.</p>
MHS-016	<p>Required laboratory tests shall be ordered for the initiation and follow-up of psychotropic medication administration in accordance with <i>Testing Standards for Psychotropic Medication Usage</i>.</p> <p>The Contractor will be responsible for drawing all blood samples needed for laboratory testing for inmates housed in an inpatient mental health unit, while the Medical Services CHCC will be responsible for drawing all blood samples for inmates housed in an infirmary or outpatient setting.</p> <p>The Medical Services CHCC shall be responsible for all laboratory costs.</p>

Mental Health Services Requirements (MHS)

No.	Requirement
MHS-017	<p>Lab</p> <p>The clinician shall write order(s) for all laboratory or diagnostic test(s) on Physician's Order Sheet, DC4-714B.</p> <p>Licensed nurse notes all lab/diagnostic order as outlined under Physician's Order section of this document.</p> <p>Inmate Lab appointment are scheduled as ordered by clinician in OBIS by contractor's health care staff.</p> <p>Phlebotomist or Trained nursing staff (Registered Nurse Specialist, Licensed Practical Nurse or Certified Nursing Assistant) shall:</p> <ol style="list-style-type: none"> a) Collect all mental health inpatient inmate specimen(s) as ordered by clinician. b) Document all required information on the DC4-797H, Laboratory Log (inmate name, DC#, type of lab test ordered date of order, date and time drawn) on the day that specimen is collected and on the DC4-701, Chronological Record of Health Care. c) Retrieve and print all laboratory results from laboratory service provider daily and alerts clinician of any critical values immediately. d) Documents all lab results and date received on DC4-797H, Laboratory Log. e) Lab report shall be placed in corresponding inmate's health care record following receipt of report not to exceed 72 hours, with the exception of critical notifications which shall be brought to clinician immediately. f) Monitor lab results for new positive Hepatitis B, Hepatitis C, HIV, MRSA, STD and TB results. g) Ensures all Reportable Diseases and Conditions are reported by the clinician to the Florida Department of Health in required timeframes as outlined in Section 381.0031, Florida Statutes and Chapter 64D-3, Florida Administrative Code and documented in the DC4-710, Communicable Diseases Record. h) Review culture and sensitivity reports to compare with inmate's prescribed antibiotics; <ol style="list-style-type: none"> a. notify clinician as soon as possible of any inmate's report that shows that there is resistance to current prescribed antibiotic therapy; i) Ensure that the clinician has reviewed and initialed/signed the labs. j) Ensure that the clinician has notified inmate of results and it is documented on the DC4-701, Chronological Record of Health Care. <p>All Lab results are documented in OBIS in the following manner:</p> <ol style="list-style-type: none"> 1. If one test value is ordered enter the result; or 2. If multiple results received, documents see report. <p>Clinician shall review all lab results and initial report once reviewed.</p> <p>Inmate is notified is notified of results and date is noted on the Laboratory Log, DC4-797H.</p> <p>Abnormal results are addressed/treated timely as clinically indicated by the clinician.</p>
MHS-018	<p>EKG services shall have the following characteristics:</p> <ol style="list-style-type: none"> 1. EKG's are performed in the mental health inpatient unit by trained staff. 2. A printed EKG report shall be available immediately and placed on the chart 3. All EKGs shall be reviewed by a clinician as follows: <ol style="list-style-type: none"> 3.1 Immediately for the following: <ol style="list-style-type: none"> 3.1.1 chest pain 3.1.2 new abnormal EKG results

Mental Health Services Requirements (MHS)

No.	Requirement
	<p>3.1.3 unchanged abnormal with new or increasing symptoms 3.1.4 abnormal vital signs 3.2 Next business day for the following: 3.2.1 normal EKG results 3.2.2 unchanged abnormal EKG results and no new cardiac symptoms</p> <p>4. A review by a cardiologist shall be available upon request by the institution clinician. 5. EKG equipment shall be properly and safely maintained. Clinician reading EKG Report shall determine when an inmate requires treatment, consult or offsite evaluation.</p>
MHS-019	<p>The Department utilizes a detailed record-keeping system to document delivery of services to inmates. Mental health records consist of the mental health section of the health record (green cover), the psychological record jacket (Form DC-761), and a computerized system which tracks inmate specific information including mental health services for all inmates statewide, the Offender Based Information System (OBIS). All mental health personnel are trained on the utilization of OBIS.</p> <p>This may transition to an electronic health records system during the course of the contract.</p>
MHS-020	<p><u>Record Keeping</u> Mental health staff records all significant observations pertinent to inmate care and treatment at the time service is rendered. Accurate and complete documentation is required of all mental health staff and chart entries shall reflect the Individualized Service Plan (ISP) and include sufficient detail to follow the course of treatment.</p> <p>An inmate's mental health record shall be reviewed each time they appear for a mental health encounter. Attestation that the record was reviewed will be documented via an incidental note or, if a clinical encounter, within the SOAP note.</p> <p>The mental healthcare provider documents each entry using only a black ballpoint pen. Each entry must be legible and be dated, timed, signed, and stamped by the provider. The provider stamp includes the mental healthcare provider's name, title, and institutional identification.</p>
MHS-021	<p><u>Service Delivery Logs</u> Mental health programs in each institution shall maintain a set of logs. Details of the requirements for each log can be found in HSB 15.05.17 <i>Intake Mental Health Screening at Reception Centers</i>. Logs may be maintained in written or electronic format.</p> <p>The following logs shall be maintained at Reception Centers and all major institutions:</p> <ul style="list-style-type: none"> a. DC4-781A, <i>Mental Health Emergency, Self-Harm, IMR Admission Log</i> b. DC4-781H, <i>Inmate Request/Staff Referral Log</i> c. DC4-781J, <i>Psychiatric Restraint Log</i> d. DC4-781K, <i>Seclusion Log</i> (inpatient mental health units only)
MHS-022	<p><u>Forms (General Information)</u> There are a number of required forms that are utilized in delivery of mental health services at the institutions. Information regarding the types of forms and their</p>

Mental Health Services Requirements (MHS)

No.	Requirement
	location in the health record can be found in HSB 15.12.03. All mental health providers are required to be familiar with all forms including how to complete and to file the forms in the health record. Providers utilize the most recent version of the FDC forms.
MHS-023	<p><u>OBIS Encounter Form (Form DC4-700M Mental Health)</u> Unless the inmate encounter is entered into OBIS by the practitioner during or immediately following the encounter, OBIS encounter forms are used to document all inmate encounters (and thus serve as a part of the record of care) and to track daily workload. Forms DC4-700M for Mental Health encounters and DC4-700B (male) and DC4-700C (female) for Medical encounters are used.</p> <p>Required OBIS entries are mandatory and must be made in a timely fashion. When an encounter form is used to document the inmate encounter, the information must be entered into OBIS within seventy-two (72) hours of the inmate encounter.</p> <p>All information entered into OBIS must correspond with the documentation recorded in the mental health record.</p>
MHS-024	<p><u>Chronological Record of Healthcare (Form DC4-701)</u> <i>The Chronological Record of Healthcare (Form DC4-701)</i> is used for documentation of outpatient medical care. "Seen in Mental Health" is usually the only entry documented on Form DC4-701 by mental health staff.</p>
MHS-025	<p><u>Problem List (Form DC4-730)</u> The Contractor must comply with HSB 15.05.11 <i>Planning and Implementation of Individualized Mental Health Services</i> in identifying and documenting problems. Every mental healthcare provider has the authority to identify and enter a mental health problem.</p> <p>The Problem List (Form DC4-730) is updated on an ongoing basis as problems are identified. Problems that are resolved are indicated on the problem list with date, signature, and stamp.</p>
MHS-026	<p><u>Mental Health Progress Notes (Form DC4-642):</u> All progress notes concerning outpatient mental healthcare, including incidental and SOAP notes, are made in the mental health section of the health record on Form DC4-642, Chronological Record of Outpatient Mental Healthcare.</p> <p>Each documented contact in the mental health section made on the Form DC4-642 has a corresponding entry reading "Seen in Mental Health" on the Form DC4-701 located in the medical section of the healthcare record.</p> <p>All mental health SOAP notes are written in accordance with HSB 15.05.18, <i>Outpatient Mental Health Services</i>.</p> <p>Any clinical contact with an inmate requires a progress note which is written in SOAP format on Form DC4-642, Chronological Record of Outpatient Mental Healthcare and placed in the mental health section of the health record in reverse chronological order as soon as possible, but not later than the date of the encounter.</p> <p>Relevant clinical information stemming from other than a clinical encounter with the inmate, such as from contact with staff or significant others is documented in an</p>

Mental Health Services Requirements (MHS)	
No.	Requirement
	<p>incidental note also on Form DC4-642. The incidental note is <u>not</u> written in SOAP format.</p> <p>All progress notes whether incidental or SOAP are dated, timed, signed, and stamped and, when indicated, cross-referenced to a specific problem from the Form DC4-730, Problem List.</p> <p>Group therapy contacts are documented with a SOAP note after the first group session, after the last group session, and on a monthly basis while the group is in progress. The monthly SOAP note includes the ratio of attended versus scheduled sessions, the inmate's relative participation, and his/her progress toward ISP objectives.</p>
MHS-027	<p><u>Psychological Record (Form DC4-761) (Orange Folder)</u></p> <p>The psychological record contains psychological test forms and protocols only. It is maintained in a secure location in the mental health services area under the direct responsibility of mental health staff in order to protect the confidentiality of test items and protocols.</p> <p>The psychological record (together with the health record) accompanies the inmate upon transfer to another institution. Mental health support staff retrieves the inmate psychological record and places it in an envelope, which is then sealed and stamped "Confidential" (which indicates that the envelope contains sensitive mental health material).</p>
MHS-028	<p><u>Other Documentation Requirements</u></p> <p>Mental health staff routinely attempts to obtain records of past evaluation and treatment performed outside the department. Such attempts are documented as an incidental note. The case manager has the primary responsibility for requesting past mental health records.</p> <p>Discontinuance of outpatient care (e.g., case management, psychotherapy, pharmacotherapy) because it is no longer clinically indicated is documented on the Form DC4-661 <i>Outpatient Treatment Summary</i>, which is prepared and filed in the health record within seven (7) business days.</p>
MHS-029	<p>The Contractor's institutional leadership including the HSA, CHO, and/or DON will communicate frequently with the Warden, keeping them informed of all significant events involving health care issues that may affect the normal operation of the institution (disease outbreak, major life threatening medical emergencies, suicide) or team work issues (security assistance, medical escort, transportation). They will attend regular meetings with the Warden (weekly and quarterly), and with the Regional Medical Director on a monthly basis.</p>

Change No. 2

A change to Section 3.4.4.3, MHS-029 to correct information on institutional leadership positions:

MHS-029	<p>The Contractor's institutional leadership including the CHCC Psychological Services Director, Institutional Director of Mental Health Nursing, and/or, CHCC Senior Inpatient Rehabilitation Specialist HSA, CHO, and/or DON will communicate frequently with the Warden, keeping them informed of all significant events involving health care issues that may affect the normal operation of the institution (disease</p>
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	outbreak, major life threatening medical emergencies, suicide) or team work issues (security assistance, medical escort, transportation). They will attend regular meetings with the Warden (weekly and quarterly), and with the Regional Medical Mental Health Director on a monthly basis.
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Change No. 3

A change to Section 4.9, TAB H to update the location of Subcontractor Information:

TAB H Completed Forms

Unless otherwise directed Respondents shall complete the following forms and submit them to the Department in **TAB H** of its response:

- FORM 1 BUSINESS / CORPORATE REFERENCE (TAB B)**
- FORM 2 PASS / FAIL CERTIFICATION (TAB A)**
- FORM 3 RESPONDENT'S CONTACT INFORMATION**
- FORM 4 CERTIFICATION OF DRUG-FREE WORKPLACE PROGRAM**
- FORM 5 NOTICE OF CONFLICT OF INTEREST**
- FORM 8 SUBCONTRACTING (TAB B)**
- FORM 9 PRICE INFORMATION SHEET (TAB G)**

Change No. 4

A change to Section 4.24 to revise the public records requirements.

4.24 Records and Documentation

To the extent that information is utilized in the performance of the resulting Contract or generated as a result of it, and to the extent that information meets the definition of "public record", as defined in Section 119.011(1), F.S., said information is recognized by the parties to be a public record and, absent a provision of law or administrative rule or regulation requiring otherwise, shall be made available for inspection and copying by any person upon request as provided in Art. I, Sec. 24, Fla. Constitution and Chapter 119, F.S. The Vendor agrees to: (a) keep and maintain public records ~~that would ordinarily and necessarily be required by the Department in order to perform the contracted service;~~ (b) ~~upon request from~~ **allow the Department's custodian of public records, provide the Department with a copy of the public records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in** ~~and the public access to records in accordance with the provisions of Chapter 119 and Section 945.10, F.S. or as otherwise provided by law;~~ (c) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law **for the duration of the Contract term, and following completion of the Contract if the Vendor does not transfer the records to the Department;** and (d) **upon completion of the Contract,** ~~meet all requirements for retaining public records and transfer to the Department, at no cost, all public records in the Vendor's possession or keep and maintain public records required by the Department to perform the service. upon termination of the Contract and~~ **If the Vendor transfers all public records to the Department upon completion of the Contract, the Vendor shall** ~~destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Vendor keeps and maintains public records upon completion of the contract, the Vendor shall meet all applicable requirements for retaining public records.~~ All records stored electronically must be provided to the Department, **upon request from the Department's custodian of public records,** in a format that is compatible with the Department's information technology systems. Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this ITN shall be retained by the successful Bidder for a period of five

(5) years after the termination of the resulting Contract or longer as may be required by any renewal or extension of the Contract. Pursuant to Section 287.058(1)(c), F.S, the Department is allowed to unilaterally cancel the Contract for refusal by the Vendor to allow public access to all documents, papers, letters, or other material made or received by the Vendor in conjunction with the contract, unless the records are exempt from §24(a) of Art. I of the State Constitution and §119.07(1), F.S. ~~The Vendor's failure to comply with these provisions shall constitute sufficient cause for termination of this Contract.~~

The Vendor further agrees to hold the Department harmless from any claim or damage including reasonable attorney's fees and costs or from any fine or penalty imposed as a result of failure to comply with the public records law or an improper disclosure of confidential information and promises to defend the Department against the same at its expense.

Change No. 5:

A change to replace Attachment III, in its entirety.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
1	<p>Question 7 of Addendum #003 refers to an MOA that is currently under final review.</p> <p>a. When does the Department anticipate this MOA will be posted to the online ITN resources?</p> <p>b. Please clearly specify the file name that will be assigned to this file</p>	<p>The Department anticipates that it will be executed soon. Upon execution, the Department will include a copy with the resources referenced in Section 2.8. The file will be clearly titled so that Vendors can easily identify it.</p>
2	<p>Question 9 of Addendum #003 states that the total cost of OBIS reimbursements is now included in the online ITN resources. We have examined each of the more than 300 exhibits linked in the online ITN resources but do not see this information clearly specified. We believe this information may be included in Column J of the Excel files named "C2757 ADJUSTMENTS & DISTRIBUTION 24 mo" and "C2758 ADJUSTMENTS & DISTRIBUTION 24 mo". Please confirm if this is correct.</p> <p>a. If this is correct, please clearly detail how many end users were responsible for the billed amounts of \$24,688.16 for C2757 and \$5,971.58 for C2758 listed on the tab "2-2016"</p> <p>b. If this is not correct, please clearly specify the file name and location where this data has been included</p>	<p>Confirmed, those are the correct files for the OBIS charges.</p> <p>a. The amounts of \$24,688.16 and \$5,971.58 are the reimbursable cost for utilization of OBIS in the given month, representing 1,725 and 317 user accounts, respectively.</p> <p>b. N/A</p>
3	<p>Question 103 of Addendum #003 states that information regarding total liquidated damages assessed for staffing is now included in the online ITN resources. We have examined each of the more than 300 exhibits linked in the online ITN resources but do not see this information. Please clearly specify the file name and location where this data has been included.</p>	<p>The occurrences where financial consequences were imposed are listed in two files titled, "Contract C2757 Monthly Cost Information-past 24 months" and "C2758 Monthly Cost Information-past 24 months." Liquidated damages were imposed per Amendment 5 of Contracts C2757 and C2758.</p>

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
4	RFP Section 4.9 specifies the page limits for each Tab. Please confirm that supporting documentation (e.g., copies of policies, forms, etc.) does not count towards the page limit. Alternatively, may the Respondent include such documentation as an attachment that does not count towards the page limit of each Tab?	Completed attachments/forms, required by the Department, will not be included in the page limitations. However, attachments and documents included at the Vendor's discretion to support their Reply <u>will</u> be included in the page limitation.
5	RFP Section 3.4.25, Deliverable DEL-PGM-1, requires the Respondent to include Transition Plan provisions for many items, including "setting up a provider network and ancillary services". Please clarify how a provider network and ancillary services, which typically refer to off-site hospital and/or specialty care, is applicable to the Mental Health Services Vendor. Per the answer to Question 113 of Addendum #003, it is our understanding that that all mental health care is provided on-site at a Department Institution.	In this context, the Department is referring to supporting comprehensive mental health services, including, but not limited to: telepsych services (see Section 3.4.2.3, PGM-051), use of locum tenens, or any other ancillary services related to mental health evaluation and treatment that are not specifically assigned to the Medical Services CHCC (see Section 3.4.9, Medical Services and Mental Health Services Contractors Interaction of the ITN).
6	Regarding answer #22, the potential change from TCU to CMHTF beds at Suwannee and RMC may require additional staffing compared to the current bed configuration. Please confirm that any necessary changes as a result in the change in scope would result in a corresponding contract amendment.	The conversion of TCU beds to CMHTF beds at Suwannee and RMC is expected to be completed before the contract resulting from this ITN is executed. However, mission changes by the Department that cause a significant change in contract scope will be discussed by the Contractor and the Department and a contract amendment will be completed, as necessary.
7	Please provide all management, operational, financial and utilization reports submitted to the Department related to Mental Health services by Centurion year to date.	Centurion completed transitioning all institutions on May 22, 2016. There have been no management, operational, financial and utilization reports submitted to the Department related to mental health services to date.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
8	Please provide the authorized FTEs, by institution.	The current staffing matrix has been provided with the resources referenced in Section 2.8 of the ITN. The current contract staffing matrix was provided merely as background information and reflects different contract performance requirements. The Department is asking Respondents to determine the level of staffing needed to service the program while meeting the requirements included in the ITN. In preparing staffing plans, Respondents should follow the instructions outlined in Section 3.1 of the ITN.
9	Please confirm that the medical vendor will provide pill pass for the outpatient mental health caseload. Please clarify whether the medical vendor or mental health vendor will provide pill pass for the inpatient mental health case load.	The Medical Services CHCC will provide pill pass for inmates receiving outpatient mental health services only. The Mental Health Vendor shall provide pill pass for inmates in inpatient mental health units.
10	Regarding answer #36, we were unable to locate the information in the documents provide. Please provide the name of the file that contains this information or, if not yet provided, please provide the most recent 12 months of measurements for each performance measure.	The performance measures in the ITN do not match the performance measures in the current comprehensive health care services contracts. The referenced performance measures in question #36 of Addendum 003 have not been monitored to date. The Department has provided all information relevant to current performance measures.
11	Regarding answer #37, we were unable to locate the information in the documents provide. Please provide the name of the file that contains this information or, if not yet provided, please provide the most recent 12 months of measurements for each performance measure.	The performance measures in the ITN do not match the performance measures in the current comprehensive health care services contracts. The referenced performance measures in question #37 of Addendum 003 have not been monitored to date. The Department has provided all information relevant to current performance measures.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
12	Regarding answer #38, we were unable to locate the information in the documents provide. Please provide the name of the file that contains this information or, if not yet provided, please provide the most recent 12 months of measurements for each performance measure.	The performance measures in the ITN do not match the performance measures in the current comprehensive health care services contracts. The referenced performance measures in question #38 of Addendum 003 have not been monitored to date. The Department has provided all information relevant to current performance measures.
13	Regarding answer #39, we were unable to locate the information in the documents provide. Please provide the name of the file that contains this information or, if not yet provided, please provide the most recent 12 months of measurements for each performance measure.	The performance measures in the ITN do not match the performance measures in the current comprehensive health care services contracts. The referenced performance measures in question #39 of Addendum 003 have not been monitored to date. The Department has provided all information relevant to current performance measures.
14	Regarding answer #40, we were unable to locate the information in the documents provide. Please provide the name of the file that contains this information or, if not yet provided, please provide the most recent 12 months of measurements for each performance measure.	The performance measures in the ITN do not match the performance measures in the current comprehensive health care services contracts. The referenced performance measures in question #40 of Addendum 003 have not been monitored to date. The Department has provided all information relevant to current performance measures.
15	Regarding answer #41, we were unable to locate the information in the documents provide. Please provide the name of the file that contains this information or, if not yet provided, please provide the most recent 12 months of measurements for each performance measure.	The performance measures in the ITN do not match the performance measures in the current comprehensive health care services contracts. The referenced performance measures in question #41 of Addendum 003 have not been monitored to date. The Department has provided all information relevant to current performance measures.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
16	It is our understanding that the interim contract with Centurion is a cost plus contract. Please provide all available information regarding costs and reimbursements to date. Additionally, please provide financial reports by location if possible.	Copies of invoices that have been processed to date have been provided with the resources referenced in Section 2.8 of the ITN. Due to the transition just completing in May 2016, cost reports by location are not yet available.
17	Please provide information/statistics documenting the counties/communities to which S-2 through S-6 inmates have been discharged over the past 2 fiscal years, to include number of inmates by S-grade and county/community to which discharged.	Please see the file titled "Inmate Releases Per Institution-2015."
18	Questions #26-41: Addendum 3 notes that the past 6 months of measurements for each performance measure is available in the resources section referenced in section 2.8 of the ITN. We are unable to locate this document. What is the file name for these documents as posted in the resource section?	Please see the file titled "Performance Measures."
19	Question #34: Addendum 3 notes that an inventory of furniture and non-health care equipment is available in the resources section referenced in section 2.8 of the ITN. We are unable to locate this document. What is the file name for this document as posted in the resource section?	The Department does not currently have a complete inventory of furniture and non-health care equipment. We are in the process of completing an inventory and will make it available with the resources referenced in Section 2.8 of the ITN.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
20	Question #143: Addendum 3 notes that amounts and reasons for mental health related financial consequences assessed against incumbent vendors is available in the resources section referenced in section 2.8 of the ITN. We are unable to locate this document. What is the file name for this document as posted in the resource section?	Please see the answer to Question #3.
21	We see the Department has released a solicitation (Request for Quote for Comprehensive Health Care Services Assessment) for the services of a consulting firm to provide consultation and recommendations on service models and associated costs for the insourcing of all, or a portion of, health care operations. Please discuss the potential impact the consulting firm's final report (due in December 2016) could have on (a) the Department's decision to award the ITN contracts; and (b) the scope of any eventually awarded services.	The Department did issue an informal Request for Quote for a Comprehensive Health Care Services Assessment under the Management Consulting State Term Contract. Until the assessment has been completed, the Department is unable to speculate on any potential impact of this assessment on the services sought under this ITN.
22	§2.5, Page 13: Please clarify to what extent Offerors must break down their transition plans by institution. Is a single transition plan sufficient, as long as it specifies the timeframe for implementing services at each major mental health unit?	A single Transition Plan is sufficient; however, information and schedules for the transitions for each institution's mental health services must be included, not just the transition for each mental health inpatient unit.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
23	<p>§3.3.2, Page 18: The ITN states, “The Department reserves the right to add or delete institutions/ facilities... upon sixty (60) days’ written notice.” As Offerors must submit a single blended per diem rate for all institutions across the entire state, any change involving an expensive, high acuity institution can have a significant impact on the Contractor’s operations. Please confirm the Department adding or deleting an institution will also trigger analysis and discussion of the Contractor’s statewide blended per diem rate, with a potential amendment addressing the addition/deletion’s financial impact on the Contractor’s staffing and other operating costs.</p>	<p>This issue is addressed in Section 2.2 of the ITN. Changes to the scope of services once a contract has been executed, including changes in inmate population and rate, would be handled through the Contract Amendment process, per Section 5.22 of the ITN.</p>
24	<p>§PGM-001, a through n, Page 20: Please identify which of these positions the Department is requiring to be located on-the-ground in the State of Florida.</p>	<p>All positions listed in Section 3.4.2.3, PGM-001, except the corporate officer listed as "a" should be located in the State of Florida.</p>
25	<p>§PGM-005, Page 22: Is the Department requiring Offerors to provide their “transition plan for the end of the life of the Contract” in our ITN responses?</p>	<p>The End-of-Contract Transition Plan, DEL-PGM-10, is due within 60 days of Contract execution, per Section 3.4.2.5 of the ITN.</p>

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
26	§PGM-016.2, Page 29: This item states that “The institution shall also provide or arrange for waste disposal services, not including medical waste disposal which shall be the responsibility of the Contractor.” Please confirm the cost of medical waste disposal services is 100% the financial responsibility of the Medical Contractor (not the Mental Health Contractor, who only has to cooperate with carrying out the Medical Contractor’s waste disposal plan).	Confirmed.
27	§PGM-016.3, Page 29: This item states that “The Contractor is responsible for the lease or purchase of office equipment such as scanners, copiers, etc.” This implies that the Medical Contractor and the Mental Health Contractor will each have their own sets of office equipment. Is this correct? It seems redundant and wasteful to have two separate sets of equipment in a health care unit; also, it would needlessly drive up the price of the contracts.	Each Contractor will be expected to provide their own solutions as it relates to office equipment. If two Contractors agree to share the cost/use of office equipment, that arrangement will be negotiated and agreed upon by the Contractors.
28	PGM-016, Page 31: This item states “The Contractor shall be responsible for health care specialty items utilized in the infirmary including, but not limited to, treated mattresses, medical/psychiatric restraint materials/devices, suicide garments, and infirmary clothing.” Is this correct? Typically, the Medical Contractor pays for items used in the infirmary.	The Information included in Section 3.4.2.3, PGM-016 is correct. These are the responsibility of the Mental Health CHCC.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
29	<p>§PGM-021, Page 32: This item states that “The Medical Services CHCC shall provide and maintain first aid kits in all specified locations in institutions and satellite facilities, in accordance with FDC procedure 403.005, First Aid Kits.”</p> <p>Then it goes on to say that “The Contractor shall maintain current inventories of all first aid supplies and order new supplies, in accordance with guidelines established by the Medical Services CHCC. This includes the purchase and maintenance of Automated External Defibrillators (AEDs).”</p>	This statement does not include a question.
30	Please confirm that (a) first aid supply inventories and (b) the cost to purchase and maintain AEDs is 100% the financial responsibility of the Medical Contractor (<u>not</u> the Mental Health Contractor.)	As stated in Section 3.4.2.3, PGM-027, the Medical Services CHCC is responsible for the purchase and maintenance of first aid kits and AEDs.
31	§PGM-027, Page 34: Please confirm this item applies only to mental health-related inmate requests, informal grievances, and formal grievances.	Confirmed, as stated in Section 3.4.2.3, PGM-021, this relates to grievances that involve mental health care services.
32	<p>MHS-001, Page 66: With regard to EKGs performed in a mental health inpatient unit, please clarify who is responsible for each of the following tasks: Medical Contractor staff or Mental Health Contractor staff.</p> <p>a. Performance of the EKG b. Clinician review of the EKG c. Arrangement of cardiologist review, as necessary d. Maintenance of EKG equipment</p>	<p>Please see the below answers:</p> <p>a. The Medical Services CHCC is responsible for these functions. b. The Medical Services CHCC is responsible for these functions. c. The Medical Services CHCC is responsible for these functions. d. The Medical Services CHCC is responsible for these functions.</p>

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
33	MHS-001, Page 69: This item states, “The Contractor’s institutional leadership including the HSA, CHO, and/or DON will communicate frequently with the Warden, keeping them informed of all significant events involving health care issues that may affect the normal operation of the institution (disease outbreak, major life threatening medical emergencies, suicide) or team work issues (security assistance, medical escort, transportation).” Please confirm this requirement is meant for the Medical Contractor and does not apply to the Mental Health Contractor, as the Mental Health Contractor does not employ the HSA, CHO, and DON.	Section 3.4.4.3, MHS-001 has been revised in this Addendum #4.
34	PS-029, Page 105: This item states that, “The Contractor is responsible for maintaining an adequate supply of stock medications at each institution’s drug room from the approved list of stock medications approved by the Statewide Pharmacy and Therapeutics Committee.” Please confirm this task is performed by the Medical Contractor, and does not apply to the Mental Health Contractor.	The Mental Health CHCC is responsible for ordering and maintaining an adequate supply of stock medications in the Mental Health Inpatient Units. The Medical Services CHCC is responsible for ordering and maintaining an adequate supply of stock medications in all other health services units.
35	PS-037, Page 105: Please confirm the “approving authority” for non-formulary medications ordered by the Mental Health Contractor will be an employee of the Mental Health Contractor (and not the Department or the Medical Contractor).	Confirmed.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
36	QM-001, Page 107: Please clarify the requirement that the Mental Health Contractor must “establish QM/QA committees at (the) institutional and regional level.” Are these separate and distinct QM/QA committees from the ones established by the Medical Contractor? Or does the Mental Health Contractor simply participate in an institution’s overall health care QM/QA committee?	The committees referenced in Section 3.4.7, QM-001 are separate and distinct from committees established by the Medical Services CHCC.
37	QM-045, Page 112: Please clarify the requirement that the Mental Health Contractor must “establish an institutional Mortality Review Team.” Are these separate and distinct Mortality Review Teams from the ones established by the Medical Contractor? Or does the Mental Health Contractor simply participate in an institution’s overall Mortality Review Team?	The Mental Health Contractor will not need to establish a mortality review team that is separate from the ones established by the Medical Services CHCC. However, the Mental Health Contractor shall participate in all institutional mortality reviews, conduct psychological autopsies for all suicides, and implement all corrective action required by the Department.
38	RAP-010, Page 118: Please confirm who pays for the 30-day supply of (a) formulary and (b) non-formulary psychotropic medications for End-of-Sentence inmates.	(a) End of Sentence (EOS) formulary psychotropic prescriptions will be the responsibility of FDC, if dispensed by one of the FDC's pharmacies. If EOS formulary psychotropic prescriptions are dispensed by an outside pharmacy, the Mental Health CHCC is responsible for payment. (b) The Mental Health CHCC is responsible for all non-formulary prescriptions including those provided to inmates at EOS.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
39	Addendum 3, Q&A #34 and #82: Could you please identify the name of the file housing the “list of all current furniture and non-health care equipment inventory, including purchase date, current condition, and anticipated replacement date”? We could not locate this data on the webpage listed in ITN §2.8.	Please see the answer to Question #19.
40	Addendum 3, Q&A #36 through #41: Could you please identify the name of the file housing data on “the most recent six months of measurements for each performance measure”? We could not locate this data on the webpage listed in ITN §2.8.	Please see the answer to Question #18.
41	Addendum 3, Q&A #44: The Department stated that “neither Vendor is currently providing excess staff.” However, Wexford Health is providing multiple mental health FTEs in excess of the contract requirements, and has been for many months. This is necessary to meet the requirements of the Department’s HSBs, TIs, and Manuals. Will the Department please correct the response to Question #44 in Addendum 3?	The Department can confirm that Wexford is providing staff above the initially approved staffing matrix, but not beyond the original Contract requirements or the revised staffing plans approved by the Department.

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
42	<p>Addendum 3, Q&A #48: With regard to the Department's response to this question, the answer truly does not address the issue we were inquiring about. Each of the four patient categories in question—(1) close management inmates; (2) protective custody status inmates; (3) inmates in two- and/or three-point restraints; and (4) youthful offenders—must be programmed individually (by category). This significantly increases the level of services to be provided, as well as the number of staff required. In order to accurately assess the number and type of FTEs required to provide necessary mental health services, Offerors really need to know how many inmates fall into each category. Therefore, for each of the Department's 10 inpatient mental health units, please provide 24 months of historical data on how many patients fell into each of the four categories listed above, i.e., close management inmates; protective custody status inmates; inmates in two- and/or three-point restraints; and youthful offenders.</p>	<p>The Department has provided information on inmates in close management and protective management in a file titled, "CM-PM" and information on youthful offenders in a file titled, "YO." The Department does not have information related to inmates in restraints.</p>
43	<p>Addendum 3, Q&A #62: Could you please identify the name of the file housing the requested quality management information? We could not locate this data on the webpage listed in ITN §2.8.</p>	<p>There are multiple files related to Question #62 in Addendum 003. Please see the heading "QM Information" and included files.</p>

Responses to 2nd Round of Written Questions
 FDC ITN-15-112
 Comprehensive Health Care Services-Inpatient and Outpatient Mental Health Services

Question Number	Question	Answer
44	Addendum 3, Q&A #87: The Department's response indicates that Addendum #3 provided revised language for ITN §4.9, Tab H. However, we cannot locate this revised language in the addendum. Can you please provide the revised §4.9, Tab H language?	Please see the revision to Section 4.9, TAB H, included in this Addendum.
45	Addendum 3, Q&A #114: Could you please identify the name of the file listing the "group therapy services offered by each facility"? We could not locate this data on the webpage listed in ITN §2.8.	Please see the file titled "Group Counseling." Please note that the column labeled "# of encounters" refers to the number contact by inmates. If one inmate attended the group four times during the month each group encounter is counted.
46	Addendum 3, Q&A #143: Could you please identify the name of the file housing the "amounts and reasons for any mental health-related "Financial Consequences" (liquidated damages) the FDC has assessed against the incumbent vendors over the terms of the current contracts"? We could not locate this data on the webpage listed in ITN §2.8.	Please see the answer to Question #3.

ATTACHMENT III- INSTITUTIONAL CAPACITIES

Location	Max Capacity	Total Population as of June, 30, 2015
101-APALACHEE WEST UNIT	819	803
102-APALACHEE EAST UNIT	1,322	1,262
103-JEFFERSON C.I.	1,179	1,151
104-JACKSON C.I.	1,346	1,338
105-CALHOUN C.I.	1,354	1,257
106-CENTURY C.I.	1,345	1,287
107-HOLMES C.I.	1,185	1,119
108-WALTON C.I.	1,201	1,074
109-GULF C.I.	1,568	1,539
110-NWFRC MAIN UNIT.	1,303	1,287
113-FRANKLIN C.I.	1,346	1,288
115-OKALOOSA C.I.	894	899
118-WAKULLA C.I.	1,397	1,264
119-SANTA ROSA C.I.	1,614	1,560
120-LIBERTY C.I.	1,330	1,319
122-WAKULLA ANNEX	1,532	1,487
124-FRANKLIN CI WORK CAMP	432	393
125-NWFRC ANNEX.	1,415	1,322
127-SANTA ROSA WORK CAMP	432	319
135-SANTA ROSA ANNEX	1,478	1,396
139-QUINCY ANNEX	408	386
142-LIBERTY SOUTH UNIT	432	417
144-GADSDEN RE-ENTRY CENTER	432	392
150-GULF C.I.- ANNEX	1,398	1,395
160-GRACEVILLE WORK CAMP	288	260
161-OKALOOSA WORK CAMP	280	254
162-HOLMES WORK CAMP	328	310
163-PANAMA CITY C.R.C.	71	70
164-PENSACOLA C.R.C.	84	84
165-CALHOUN WORK CAMP	286	280
166-JACKSON WORK CAMP	285	264
167-CENTURY WORK CAMP	284	274
168-TALLAHASSEE C.R.C	121	114
170-GULF FORESTRY CAMP	293	269
172-WALTON WORK CAMP	288	286
173-WAKULLA WORK CAMP	431	426
177-BERRYDALE FRSTRY CMP	295	137

ATTACHMENT III- INSTITUTIONAL CAPACITIES

187-SHISA HOUSE WEST	32	29
201-COLUMBIA C.I.	1,427	1,354
205-FLORIDA STATE PRISON	1,460	1,353
206-FSP WEST UNIT	802	761
208-R.M.C.- WEST UNIT	1,148	943
209-R.M.C.- MAIN UNIT	1,503	1,275
211-CROSS CITY C.I.	1,022	971
213-UNION C.I.	2,172	1,952
214-PUTNAM C.I.	458	453
215-HAMILTON C.I.	1,177	1,151
216-MADISON C.I.	1,189	1,161
218-TAYLOR C.I.	1,301	1,274
221-R.M.C WORK CAMP	432	430
223-MAYO C.I. ANNEX	1,668	1,301
224-TAYLOR ANNEX	1,409	1,392
227-TAYLOR WORK CAMP	432	406
230-SUWANNEE C.I	1,499	1,269
231-SUWANNEE C.I. ANNEX	1,346	1,318
232-SUWANNEE WORK CAMP	432	413
240-GAINESVILLE W.C.	270	251
250-HAMILTON ANNEX	1,408	1,387
251-COLUMBIA ANNEX	1,566	1,522
252-BRIDGES OF LAKE CITY	156	152
255-LAWTEY C.I.	832	757
256-TTH OF DINSMORE	150	145
261-BAKER WORK CAMP	285	278
262-CROSS CITY WORK CAMP	280	280
265-MAYO WORK CAMP	328	318
267-BRIDGES OF JACKSONVI	140	137
268-UNION WORK CAMP	432	393
269-CROSS CITY EAST UNIT	432	370
271-BRIDGES OF SANTA FE	156	144
275-BAKER RE-ENTRY CENTR	432	392
278-SHISA HOUSE EAST	15	15
279-BAKER C.I.	1,165	1,144
280-LANCASTER W.C.	280	183
281-LANCASTER C.I.	592	530
282-TOMOKA C.I.	1,263	1,263
284-TOMOKA WORK CAMP	292	268
285-TOMOKA CRC-285	60	111
289-MADISON WORK CAMP	280	286

ATTACHMENT III- INSTITUTIONAL CAPACITIES

290-TOMOKA CRC-290	84	76
298-TOMOKA CRC-298	113	59
299-JACKSONVILLE BRIDGE	140	157
304-MARION C.I.	1,324	1,308
305-SUMTER ANNEX	175	59
307-SUMTER C.I.	1,377	1,207
308-SUMTER B.T.U.	112	36
312-LAKE C.I.	1,093	817
314-LOWELL C.I.	1,176	1,050
316-LOWELL WORK CAMP	394	326
320-CFRC-MAIN	1,659	1,014
321-CFRC-EAST	1,407	815
323-CFRC-SOUTH	150	111
336-HERNANDO C.I.	431	413
345-SUNCOAST C.R.C.(FEM)	165	157
347-BRIDGES OF COCOA	84	80
351-BRIDGES OF ORLANDO	152	147
352-ORLANDO BRIDGE	136	136
353-TTH OF KISSIMMEE	150	150
355-REENTRY CTR OF OCALA	100	100
361-ORLANDO C.R.C.	84	84
364-MARION WORK CAMP	280	279
365-SUMTER WORK CAMP	1,377	275
367-LOWELL ANNEX	1,500	1,419
368-FL.WOMENS RECPN.CTR	1,345	970
374-KISSIMMEE C.R.C.	156	151
381-TTH OF BARTOW	79	73
382-TTH OF TARPON SPRING	84	82
401-EVERGLADES C.I.	1,788	1,463
402-S.F.R.C.	1,315	1,028
403-S.F.R.C SOUTH UNIT	889	636
404-OKEECHOBEE C.I.	1,632	1,603
407-OKEECHOBEE WORK CAMP	444	406
411-BROWARD BRIDGE	172	167
412-BRADENTON BRIDGE	120	118
419-HOMESTEAD C.I.	668	663
420-MARTIN WORK CAMP	264	258
426-BIG PINE KEY R.P.	64	57
430-MARTIN C.I.	1,509	1,474
431-LOXAHATCHEE R.P.	92	89
441-EVERGLADES RE-ENTRY	432	406

ATTACHMENT III- INSTITUTIONAL CAPACITIES

444-FORT PIERCE C.R.C.	84	81
446-HOLLYWOOD C.R.C.	156	153
452-ATLANTIC C.R.C.	45	43
457-MIAMI NORTH C.R.C.	186	179
463-DADE C.I.	1,521	1,500
464-SAGO PALM RE-ENTRY C	384	345
467-BRIDGES OF POMPANO	100	93
469-W.PALM BEACH C.R.C.	150	146
473-OPA LOCKA C.R.C.	150	145
501-HARDEE C.I.	1,541	1,535
503-AVON PARK C.I.	956	940
504-AVON PARK WORK CAMP	512	489
510-CHARLOTTE C.I.	1,291	1,281
525-ARCADIA ROAD PRISON	96	94
544-FT. MYERS WORK CAMP	117	115
552-LARGO R.P.	76	74
554-PINELLAS C.R.C.	45	43
560-DESOTO WORK CAMP	288	284
562-POLK WORK CAMP	292	288
563-HARDEE WORK CAMP	1,541	287
564-DESOTO ANNEX	1,453	1,410
573-ZEPHYRHILLS C.I.	758	688
580-POLK C.I.	12,083 1,208	1,096
583-ST. PETE C.R.C.	150	139