

**REQUEST FOR PROPOSAL (RFP)
ADDENDUM #1**

April 6, 2021

RFP Number: 10701

RFP Services: The State of Florida, Department of Juvenile Justice (Department), is seeking proposals to provide comprehensive health services to include medical, mental health, substance abuse and psychiatric services for youth in the Department's twenty-one (21) Regional Juvenile Detention Centers (RJDC).

UNSPSC Code: 85101500 – Healthcare centers
85101700 – Health administration services
85101706 – Traditional healthcare services
85121607 – Psychiatrist services
85121607 – Healthcare provider specialist services
92101701 – Jail or prison or penitentiary services
93131700 – Health programs
93131705 – Drug abuse prevention or control programs

Subject: This Addendum contains questions received from potential Respondents and the Department's answers to the questions.

Deletions are indicated by "strikethrough". Additions, updates or replacements are indicated by underscore. All changes are highlighted yellow for quick reference.

REFERENCE: **Page 31, Section II., A., 6., b) Respondent Staff Responsibilities**
UPDATE: Page 31, Section II., A., 6., b) Respondent Staff Responsibilities

b) For youth who are known to be Medical Grades 2, 3, 4, & 5, the facility Designated Health Authority shall ensure that youth who enter the physical custody of a secure detention center and who report or exhibit signs of, an acute or chronic condition, or are prescribed medications, or have a communicable disease (and who do not have a current CPA on file), receive a Comprehensive Physical Assessment performed by a licensed Physician or Advanced Practice Registered Nurse or Physician Assistant as soon as possible, preferably within seventy-two (72) hours, but no more than ~~ten (10)~~ **seven (7)** calendar days from the date of admission. However, those youth that have Medical Grades 2, 3, 4 & 5 that are on medication and/or are symptomatic they should be referred to the DHA or designee for sick call for medication review, renewal or symptomatic treatment.

REFERENCE: **Pages 59-61, Attachment B, Section IV., A., Calendar of Events (table)**

UPDATE:

DATE	TIME	ACTION	WHERE
Monday, April 5, 2024 Friday, April 16, 2021	5:00 PM EST	Deadline for Submission of Intent to Submit a Response (Attachment N)	Send to: Amber.Michell@djj.state.fl.us

DATE	TIME	ACTION	WHERE
Thursday, April 8, 2024 <u>Wednesday, April 21, 2021</u>	2:00 PM EDT	Proposals Due and Opened - Conference Call	Telephone 1-888-585-9008 and enter code 197-142-466# when directed.
Friday, April 23, 2024 <u>Friday, May 7, 2021</u>	10:00 AM EDT	Evaluation Team Briefing Conference Call (This meeting is open for public attendance via telephone)	Bureau of Procurement and Contract Administration Knight Building, DJJ Headquarters 2737 Centerview Drive Lobby (for directions) Tallahassee, FL 32399-3100 or telephone 1-888-585-9008 and enter code 197-142-466# A recording of the Conference Call will be available at: http://www.djj.state.fl.us/partners/contracting/conference-calls within forty-eight (48) hours of the Briefing being concluded, excluding weekends and holidays.
Thursday, May 20, 2024 <u>Friday, June 4, 2021</u>	10:00 AM EDT	Evaluation Team Debriefing Conference Call (This meeting is open for public attendance via telephone)	Bureau of Procurement and Contract Administration Knight Building, DJJ Headquarters 2737 Centerview Drive Lobby (for directions) Tallahassee, FL 32399-3100 or telephone 1-888-585-9008 and enter code 197-142-466# A recording of the Conference Call will be available at: http://www.djj.state.fl.us/partners/contracting/conference-calls within 48 hours of the Debriefing being concluded, excluding weekends and holidays.
Tuesday, July 6, 2021 <u>Tuesday, July 20, 2021</u>	5:00 PM EST	Notice of Intended Award	MyFlorida.com web site http://www.myflorida.com/apps/vbs/vbs_main_m enu
Thursday, March 17, 2022		Anticipated Contract Start Date	

Return of this Addendum is not mandatory; however, the Respondent is responsible for its contents and is requested to sign and submit this Addendum with its response to the RFP. Protests must be filed with the General Counsel's Office, Department of Juvenile Justice, 2737 Centerview Drive, Tallahassee, Florida 32399-3100, within the time prescribed in section 120.57(3), Florida Statutes (F.S.), and chapter 28-110, Florida Administrative Code (F.A.C.). Notices delivered by hand delivery or delivery service shall be to the Agency Clerk, Office of the General Counsel, Florida Department of Juvenile Justice, 2737 Centerview Drive, Tallahassee, Florida 32399-3100, with a copy to the Department's Procurement Manager responsible for this solicitation. Failure to file a protest within the time prescribed in section 120.57 (3), F.S., 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, F.S. Written notices, formal requests and proceedings must conform to the requirements set forth in chapter 28-110, F.A.C.

Any person who files an action protesting a decision or intended decision pertaining to contracts administered by the department or agency pursuant to section 120.57(3), F.S., shall post with the department or the agency at the time of filing the formal written protest a bond payable to the department or agency in an amount equal to 1 percent (1%) of the estimated contract amount. The estimated contract amount shall be based upon the contract price submitted by the protestor or, if no contract price was

submitted, the department or agency shall estimate the contract amount based on factors including, but not limited to, the price of previous or existing contracts for similar commodities or contractual services, the amount appropriated by the Legislature for the contract, or the fair market value of similar commodities or contractual services. The agency shall provide the estimated contract amount to the Respondent within seventy-two (72) hours, excluding Saturdays, Sundays, and state holidays, after the filing of the notice of protest by the Respondent. The estimated contract amount is not subject to protest pursuant to section 120.57(3), F.S. The bond shall be conditioned upon the payment of all costs and charges that are adjudged against the protestor in the administrative hearing in which the action is brought and in any subsequent appellate court proceeding. In lieu of a bond, the department or agency may, in either case, accept a cashier's check, official bank check, or money order in the amount of the bond. If, after completion of the administrative hearing process and any appellate court proceedings, the department or agency prevails, it shall recover all costs and charges which shall be included in the final order or judgment, excluding attorney's fees. This section shall not apply to protests filed by the Office of Supplier Diversity. Upon payment of such costs and charges by the protestor, the bond, cashier's check, official bank check, or money order shall be returned to the protestor. If, after the completion of the administrative hearing process and any appellate court proceedings, the protestor prevails, it shall recover all costs and charges which shall be included in the final order or judgment, excluding attorney's fees.

SIGNED BY: _____

NAME: _____

COMPANY: _____

TITLE: _____

DATE: _____

**Questions are presented in the exact manner they were received.
(Questions are presented in exact manner received.)**

Vital Core Health Strategies – Received 02/18/2021																																																	
Question #1	Please list all costs that the Respondent will be responsible for other than staffing costs.																																																
Answer #1	This is outlined in the RFP: page 19 Background screenings required; per Attachment A-1- page 28 Biomedical waste/PPE and permits; page 28 Cost related to program specific immunizations excluding actual medication/immunization; page 57 licensing fees; Telehealth provider application side and office supplies.																																																
Question #2	The RFP states that charts, photos, diagrams, etc. may be submitted. Can these documents be submitted in color? Can these documents be submitted in PDF format?																																																
Answer #2	Proposals shall be submitted in black and white only, as documents throughout the proposal may be used to draft the resulting Contract(s) which cannot contain color for scanning purposes. Only supporting documentation that may contain charts, photos, diagrams, etc. may be submitted in color. The signed transmittal letter, the financial viability documentation, and Attachment R and Attachment D, Part II signed are the only documents which can be saved in a PDF format.																																																
Question #3	Please provide the capacity of each of the 21 facilities and also the current average daily population for each of the facilities.																																																
Answer #3	<p>As of January 2021</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Facility</th> <th style="text-align: center;">Operation Capacity</th> <th style="text-align: center;">Actual Capacity</th> </tr> </thead> <tbody> <tr><td>Alachua</td><td style="text-align: center;">42</td><td style="text-align: center;">22</td></tr> <tr><td>Bay</td><td style="text-align: center;">30</td><td style="text-align: center;">17</td></tr> <tr><td>Brevard</td><td style="text-align: center;">40</td><td style="text-align: center;">17</td></tr> <tr><td>Broward</td><td style="text-align: center;">95</td><td style="text-align: center;">35</td></tr> <tr><td>Collier</td><td style="text-align: center;">40</td><td style="text-align: center;">24</td></tr> <tr><td>Duval</td><td style="text-align: center;">100</td><td style="text-align: center;">48</td></tr> <tr><td>Escambia</td><td style="text-align: center;">60</td><td style="text-align: center;">21</td></tr> <tr><td>Hillsborough</td><td style="text-align: center;">80</td><td style="text-align: center;">37</td></tr> <tr><td>Leon</td><td style="text-align: center;">40</td><td style="text-align: center;">29</td></tr> <tr><td>Manatee</td><td style="text-align: center;">60</td><td style="text-align: center;">31</td></tr> <tr><td>Marion</td><td style="text-align: center;">60</td><td style="text-align: center;">30</td></tr> <tr><td>Miami Dade</td><td style="text-align: center;">100</td><td style="text-align: center;">55</td></tr> <tr><td>*Monroe</td><td style="text-align: center;">10</td><td style="text-align: center;">0</td></tr> <tr><td>Okaloosa</td><td style="text-align: center;">30</td><td style="text-align: center;">13</td></tr> <tr><td>Orange</td><td style="text-align: center;">110</td><td style="text-align: center;">28</td></tr> </tbody> </table>	Facility	Operation Capacity	Actual Capacity	Alachua	42	22	Bay	30	17	Brevard	40	17	Broward	95	35	Collier	40	24	Duval	100	48	Escambia	60	21	Hillsborough	80	37	Leon	40	29	Manatee	60	31	Marion	60	30	Miami Dade	100	55	*Monroe	10	0	Okaloosa	30	13	Orange	110	28
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	Palm Beach	60	26	
	Pasco	36	23	
	Pinellas	100	49	
	St. Lucie	50	32	
	Southwest	50	18	
	Volusia	50	31	
	Statewide	1243	586	
Question #4	Please explain the use of “tabs” in an electronically submitted proposal.			
Answer #4	Proposals are required to be submitted electronically. A “Tab” is used as a document identifier, so that each evaluator can easily locate the different sections and documents during the evaluation process. Failure to have all copies properly “tabbed” makes it much more difficult for the Department to locate and evaluate the proposal.			
Question #5	Because it appears that most of the Respondent’s costs will be for staffing, will the Respondent be penalized if the Respondent cannot utilize many Certified Minority Business Enterprises in this contract? It appears that the State will be responsible for most non-staffing costs, other than biohazardous waste disposal, PPE, and office supplies which will limit our abilities to utilize CMBE suppliers.			
Answer #5	The Department encourages diversity and utilization of minority businesses in the performance of the services described in the RFP, but there is not a penalty if you do not use Certified Minority Business Enterprises (MBE). When this contract is executed, the provider is subject to a deficiency if the monthly MBE Utilization Report, which is required, is not submitted with the monthly invoice. Information regarding the MBE is located on pages 23., Attachment A, V., B., 5., Minority Business Enterprise (MBE) Utilization Report; and page 71, Attachment B Section XX., E., 2., CMBE Utilization Plan – Tab 2.			
Question #6	Please confirm that all 21 Regional Juvenile Detention Centers are operated by the State, not private contractors.			
Answer #6	All 21 Regional Detention Centers are operated by the State of Florida - Department of Juvenile Justice.			
Question #7	Please provide the current staffing plans for each facility, including the scheduled days, shifts, hours for each position.			
Answer #7	The one outlined in attachment A-1 with minimum hours on-site for nursing twelve (12) hours per day Monday-Friday and eight hours per day on weekends but can flex depending on needs of the youth. We cannot provide the current provider’s staffing pattern.			
Question #8	Are there any specific curricula for mental health and substance abuse treatment programs that are currently provided that the FDJJ would like to continue? Or any that are not being provided that the FDJJ would like to see implemented?			
Answer #8	There are no curricula that are used statewide. Rule 63N-1.0081 requires that services provided are Evidenced Based or Promising Practices. It is preferred that respondents have a variety of resources that can be used to meet the individualized treatment needs of the youth.			
Camelot Community Care – Received 02/22/2021				

Question #9	As part of the response evaluation, are points awarded based on the proposed amount of the budget submitted in our response. In other words, will a lower budget amount be scored higher than a budget of a higher respondent assuming both are within the budget amount of the contract.
Answer #9	Please refer to the Solicitation document, pg. 82., Attachment F., Section II., B. The budget will not be scored or awarded points.
Question #10	Will the department only negotiate with the highest scoring bid, or will the department negotiate with multiple bidders.
Answer #10	This is a Request for Proposal (RFP), and as a result, there will be no negotiations.
Question #11	<p>On page 10 item 10.a, the RFP states “The provider shall ensure a Florida Licensed practitioner will be available each day during and after nursing hours until 11:00pm for telehealth evaluations and triage of episodic or emergency or emergency healthcare needs for every detention center with the goal of decreasing or limiting the need for off site use of the emergency for such services.” Can you please address the following:</p> <ol style="list-style-type: none"> a. Please specifically identify what the Department is defining as a licensed practitioner. b. Is it the department’s intent to have that practitioner available by video conference both during the time nursing staff are on site during the day and afterword’s until 11pm. c. If the definition of Licensed Practitioner is the DHA, they are already on-call via telephone during nursing hours and coordinate with the nurses for emergency care. Would being available via video be necessary. d. If the intent is the DHA being available via video, the department is aware that this could potentially result in a significant turnover in DHA’s or perhaps restructuring how DHA’s are incorporated into the Medical Program.
Answer #11	<ol style="list-style-type: none"> a. The definition of a licensed practitioner is outlined in rule as a DHA: 12) Designated Health Authority (DHA): The DHA shall be a Physician (MD) who holds an active, unrestricted license under chapter 458, F.S., or an osteopathic Physician (DO) who holds an active, unrestricted license under Chapter 459, F.S., and meets all requirements for practice in the State of Florida. The Physician must be either Board Certified in Pediatrics, Family Practice or Internal Medicine (with experience in adolescent health) or Board-Eligible and have prior experience in treating the primary health care needs of adolescents but may delegate clinical duties as follows to: <ol style="list-style-type: none"> 1) Another physician (MD or DO); 2) An Advanced Practitioner Registered Nurse (APRN), with education, experience and certification in Family Health or Pediatrics, or 3) A Physician Assistant (PA). b. Yes, when a practitioner is not scheduled to be on-site an on-call practitioner available in those instances that may require an assessment for treatment but would not require emergency room visit off-site. The intent of the department is to work with the provider to decrease cost and decrease emergency room visits. c. Please see above answer to b. d. Not sure about what is the question or is this just a statement?
Question #12	Are Autonomous APRN’s required to have the supervisory protocol agreement referenced on page 29 c.2
Answer #12	Yes, currently until such time as the Rule is amended.
Question #13	The RFP calls more a minimum mental health staffing of 40 hours DMHCA and 40 hours licensed/unlicensed for Mental Health. This schedule will result in some overlap of MH staff. In

	smaller facilities such as Bay and Brevard, will The Department commit to build out the Mental Health Office to accommodate 2 staff at one time.
Answer #13	We cannot “buildout”, but we will do our best to have space to accommodate.
Question #14	Page 44 section 3.a.9, does this apply to all youth in the facility?
Answer #14	Yes, mental health staff will meet with each youth not engaged in treatment services by their 14 th day in the detention center, applies to all youth in a detention center.
Question #15	Page 31 states CPA’s for medical grade 2-5 need to be done within 10 days. Are we incorrect that all CPA’s need to be done within 7 days?
Answer #15	This is a typographical error. Per 63M-2 F.A.C. the CPA must be conducted within 7 days.
Vital Core Health Strategies – Received 03/08/2021	
Question #16	Page 6, III.A.1.e. – If the parent does not have insurance or we are unable to obtain the information, what will the process be for getting the DJJ’s permission to pay for the service
Answer #16	If a youth does not have medical insurance, in according to 985F.S. the department shall be responsible for the cost of care ad custody notwithstanding a fees and adjudications awarded by a judge. The Provider is merely to obtain information from a parent if insurance is available. If not, the department is responsible and there shall be no need for approval to pay for services. The Provider shall communicate and coordinate services necessary to meet the immediate needs of the youth within our custody with the superintendent/designee for the specific detention center.
Question #17	Page 8, 6. – What company currently provides pharmacy services for these facilities?
Answer #17	Diamond Drug Services
Question #18	Page 9, 16) – Does the current pharmacy vendor also coordinate for back-up pharmacy services for each facility?
Answer #18	Each detention center and the pharmacy contract identify the backup pharmacy to be used.
Question #19	Page 9, 7.c. – Please clarify that the only dental service that will be provided on site is dental screening/triage and that most dental services are provided off-site.
Answer #19	Correct. None of our detention centers have dental services on site.
Question #20	Page 16 d. – What type of training is required for DMHCAs to become Qualified Supervisors? Is this training provided by DJJ or an off-site source? What is the cost for this training per person?
Answer #20	The requirements, including training, is regulated by the Florida Department of Health and Chapter 491, Florida Statutes. Please see the link below to find out more information about the DOH requirements for licensed individuals to become approved Qualified Supervisors. The training cost can vary depending on CEU provider selection. The majority of current DMHCA staff are on track to becoming QS if not already qualified. https://floridasmentalhealthprofessions.gov/licensing/
Question #21	Page 18, d. – Will the Respondent be required to utilize the FDJJ’s Health Services Training through the Learning Management System (LMS) or can the respondent utilize its own training as long as our training meets DJJ’s requirements?
Answer #21	The Department does not require that all training be completed in SkillPro. However, the RFP states that some training is available in SkillPro, but there are mandatory topics that must be completed. a. <u>Facility Orientation Training</u>

	<ol style="list-style-type: none"> 1) The Respondent, in conjunction with the Regional Nurse Consultant, and Regional Senior Behavioral Analyst, shall ensure that all medical and nursing staff and mental health and substance abuse clinical staff are oriented to facility operational policy and procedures (to include safety, security facility key controls, confidentiality of healthcare information and youth information, medical policy and procedures and key administrative staff). 2) The Respondent and/or Regional Nurse Consultant and Regional Senior Behavioral Analyst shall provide documentation of completed orientation to the Facility Superintendent and the Department's Contract Manager within twenty-one (21) days of the staff's employment unless additional training is needed. At no time should it exceed thirty (30) days. <p>b. <u>Comprehensive Health Services Training</u></p> <ol style="list-style-type: none"> 1) Many of the courses are available and tracked through the Department's Learning Management System (LMS) which can be accessed from the following link: https://skillpro.djj.state.fl.us/Account/Login. Some are required prior to entry to the center and other training can be performed on-the-job during scheduled staffing hours when possible. 2) Upon request, the Regional Registered Nurse Consultants, shall assist the Respondent's Clinical Manager or Advanced Practice Registered Nurse to provide training for all of the facility staff, including Department nursing staff, at a minimum of twice per year (unless indicated otherwise), or upon request of the superintendent or his/her designee, on the following required topics, which include, but are not limited to: <ol style="list-style-type: none"> a) Infectious Diseases; b) Blood-borne Pathogen, OSHA Regulations and Exposure Control Plan; c) Quarterly First Aid & CPR drills for all shifts; d) Basic principles of safe and effective medication administration. If non-healthcare staff is to assist youth in the self-administration of medications, then these persons shall be trained to provide medications by a Respondent's Registered Nurse or Practitioner, prior to commencing this process, and pursuant to Florida Chapter 64B9-14, FAC (Delegation to Unlicensed Assistive Personnel); e) Revised and updated health issues and concerns for quality improvement and risk management; and f) Other topics as determined by the Facility Superintendent. <p>NOTE: This training can be performed on-the-job during scheduled staffing hours.</p> 3) The Respondent will provide the detention facility with an annual roster of training provided, date of training, and number of hours of training, topics covered, employee's name and employee's signature. 4) The above training shall be mandatorily attended by the facility staff, Respondent staff at a minimum of once per year.
Question #22	Page 19, 6.e. – Is the assessment that is required in this section one that is developed by the DJJ or can the Respondent utilize its own assessment process?
Answer #22	63M-2 F.A.C. & 63N-1 F.A.C. outlines all required documents that shall be utilized and is provided in the form of an electronic medical record.
Question #23	Please provide information about the DJJ's Medical Grade Classification System.
Answer #23	<p>Please refer to 63M-2.002 F.A.C. (Definitions) (28) Medical Grade: One of five (5) categories or grades that can be assigned to a youth as part of the medical classification system. The specific Medical Grades are defined as follows:</p> <ol style="list-style-type: none"> (a) Medical Grade 1: <ol style="list-style-type: none"> i. Youth has no identified health conditions; and ii. Youth has no serious, chronic infectious, communicable disease; and iii. Youth has no periodic monitoring requirements. (b) Medical Grade 2:

	<ul style="list-style-type: none"> i. Youth has only one chronic condition, which has not required medical/nursing intervention within the last 12 months (except for routine periodic evaluations at the intervals required in this rule); and, ii. Youth has no serious, chronic, infectious communicable disease (youth may or may not be prescribed oral medications); and, iii. Youth being treated with prescription medication greater than 30 days. <p>(c) Medical Grade 3:</p> <ul style="list-style-type: none"> i. Youth has been diagnosed with two or more chronic conditions (regardless of the actual or expected need for medical/nursing intervention), or ii. Youth has been diagnosed with a serious chronic, infectious communicable disease, or iii. Youth requires nursing/medical intervention and/or evaluation no more frequently than once every 30 days (youth may or may not be prescribed oral medications). <p>(d) Medical Grade 4:</p> <ul style="list-style-type: none"> i. Youth is physically disabled (visual, hearing, mobility), or ii. Youth is prescribed parenteral medications (medications which are administered by injection), or iii. Youth requires nursing/medical intervention and/or evaluation at a frequency greater than once every 30 days, or iv. Youth is pregnant or is within six weeks post-birth, or v. Youth is receiving anti-tuberculosis medications. <p>(e) Medical Grade 5: Youth is prescribed any medication for diagnosed mental and/or emotional disorders.</p>
Question #24	Please confirm that there are no Infirmiry Beds in any of the Regional Juvenile Detention Centers.
Answer #24	None of our detention centers currently have infirmaries. However, there may be occasions where youth with severe medical conditions which may require medical beds and durable medical equipment may occur. At which time the detention center will ensure adequate, safe, secure accommodations which may require additional nursing hours to meet the needs of the youth.
Question #25	Please provide information regarding the DJJ's policy regarding the youth's self-administration of medications. Can we assume that the non-licensed detention staff provide the medication from a central location in each facility and hand the medication to the youth for the youth to remove from the blister pack or other container to consume?
Answer #25	<p>(1) Pursuant to chapter 64B9-14, F.A.C. (Delegation to Unlicensed Assistive Personnel), a Registered Nurse may delegate non-licensed trained staff (the Unlicensed Assistive Personnel) to serve as assistant to the Registered Nurse or Licensed Practical Nurse with the youth's self-administration of medication(s).</p> <p>(2) Non-licensed staff shall provide medications to youth for self-administration only when there is no licensed health care professional staff onsite.</p> <p>(3) Each facility shall implement training of non-licensed staff members and validation of his or her ability to assist with the delivery, supervision, and oversight of the youth's self-administration of medication.</p> <p>(4) Training of non-licensed staff to assist youth with self-administration of oral medications shall only be conducted by a Registered Nurse or higher licensure level. A Registered Nurse or higher licensure level shall determine the trained non-licensed staff member's competency.</p>

	<p>(5) The Registered Nurse must supervise the trained staff member by periodically performing direct observation of skills, inspecting the Medication Administration Record(s) and the required documentation assigned to the staff member.</p> <p>(6) The non-licensed staff member assisting youth with self-administration of medications shall not perform any additional facility duties during medication delivery.</p> <p>(7) The non-licensed staff member shall assist youth with self-administration of medication within one hour of the scheduled time of the ordered medication.</p> <p>(8) Self-administration of medications by non-licensed staff shall include, at a minimum, the following:</p> <ul style="list-style-type: none"> (a) Assist no more than one youth at a time with medication; (b) Wash his or her hands prior to medication delivery; (c) Remove the prescription container from the storage area, holding the container; (d) Maintain control of the medication container at all times; (e) Direct the individual youth to approach the area for medication administration when called; (f) Compare the youth with the photograph attached to the MAR and confirm the youth's identity verbally; (g) The youth and staff member together identify and verify the medication the youth is to take by checking the label and comparing the label to the Medication Administration Record. The staff member shall not permit youth to take any medication that has a discrepancy between the medication prescription label and the MAR. (h) Confirm the allergy status of the youth and question the youth about any possible side effects or adverse reactions to the medication. (i) Remove the medication from the container while the youth observes and hand the youth the exact amount of ordered medication. When the medication is a liquid, the staff member shall pour the exact volume of liquid ordered into a measured container and hand it to the youth. (j) Shall directly observe that the youth actually swallows the medication. (k) Both the youth and the staff member shall initial that the dosage was given.
Question #26	Are the youth allowed to keep any medications with them (Keep on Person)?
Answer #26	No, the department does not allow KOP.
Question #27	Please confirm that the DJJ requires the keeping of youth medical records in both a paper format (Individual Health Care Record) and an electronic medical record format.
Answer #27	DJJ currently requires both versions and is moving toward having an Electronic Health Record (EHR) that would eliminate the need for paper filing of most documents.
Wexford Health Sources Inc. – Received 03/09/2021	
Question #28	Please provide copies of the current Department of Juvenile Justice (DJJ) health services contracts, including all exhibits, attachments, and amendments.

Answer #28	Yes, you may submit a Public Records Request for information on past bids. You may also visit the FACTS website at: https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=800000&ContractId=10110 to view past contracts.
Question #29	Please provide the names and participation levels (dollars spent) of all Certified Minority Business Enterprises (CMBEs) used under the current contracts.
Answer #29	The current Provider does not utilize any Certified Minority Business Enterprises.
Question #30	Please provide (by year) the amounts of any <u>staffing</u> financial consequences/penalties/paybacks/credits the DJJ has assessed against the incumbent vendors over the term of the current contract.
Answer #30	There have not been any under the current contract.
Question #31	Please provide (by year) the amounts and reasons for any <u>non-staffing</u> financial consequences/penalties/ liquidated damages the DJJ has assessed against the incumbent vendor under the current contract.
Answer #31	There have not been any under the current contract.
Question #32	Are any of the DJJ Regional Juvenile Detention Centers (RJDCs) currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.
Answer #32	The Department does not have any detention facilities under any court order or legal directives.
Question #33	With regard to lawsuits (frivolous or otherwise) pertaining to youths' health care at the RJDCs: a. How many have been filed against the DJJ and/or its health care providers in the last three years? b. How many have been settled in that timeframe?
Answer #33	The Department does not have any active or pending cases, claims or lawsuits.
Question #34	Please provide the following data regarding the size of the youth population. a. Three years' worth of RJDC-specific historical data b. Five-year population projections
Answer #34	The Department has no well-established method to do so. The pandemic has made projections even more difficult. We experienced a sharp drop in referrals as soon as the pandemic started in late March-early April 2020 and levels have remained low. Whether we return to more normal levels will depend in part on whether we reach herd immunity and whether the variants respond to vaccines.
Question #35	Please provide two years' worth of historical data on the number of youth intakes at the RJDCs.

Answer #35

Secure Detention Utilization (FY 2019-20)

Facility	Average	Total	Operating	Average	Daily Population		Admissions	Transfers In
	Daily	Service		Utilization	Minimum	Maximum		
	Population	Days	Capacity	Rate				
Alachua Regional Juvenile Detention Center	33	12,094	42	79%	15	47	629	287
Bay Regional Juvenile Detention Center	13	4,818	30	44%	0	28	298	41
Brevard Juvenile Detention Center	17	6,258	40	43%	0	27	462	97
Broward Juvenile Detention Center	48	17,394	95	50%	1	77	996	356
Collier Juvenile Detention Center	21	7,763	40	53%	10	39	404	140
Duval Regional Juvenile Detention Center	64	23,321	100	64%	43	82	1,111	153
Escambia Regional Juvenile Detention Center	46	16,903	50	93%	20	81	1,050	148
Hillsborough Juvenile Detention Center	52	18,945	80	65%	21	87	1,502	254
Leon Regional Juvenile Detention Center	34	12,361	45	75%	20	59	828	391
Manatee Regional Juvenile Detention Center	39	14,421	60	66%	18	63	700	269
Marion Regional Juvenile Detention Center	49	17,981	60	82%	30	111 ³	1,042	519
Miami-Dade Regional Juvenile Detention Center	70	25,548	100	70%	46	110	956	346
Monroe Juvenile Detention Center	1	328	10	9%	0	5	40	03
Okaloosa Regional Juvenile Detention Center	19	7,039	35	55%	5	33	393	377
Orange Regional Juvenile Detention Center	59	21,507	110	54%	15	98	1,870	292
Palm Beach Juvenile Detention Center	32	11,616	60	53%	0	49	1,055	233
Pasco Juvenile Detention Center	21	7,813	36	59%	4	45	510	140
Pinellas Juvenile Detention Center	65	23,632	100	65%	25	93	1,644	321
St. Lucie Regional Juvenile Detention Center	40	14,629	50	80%	0	59	951	156
SW Florida Regional Juvenile Detention Center	31	11,425	50	63%	17	52	764	152
Volusia Regional Juvenile Detention Center	39	14,358	50	79%	0	67	804	188
State-Operated Total	793	290,154	1,243	64%	533	951	18,009	4,863
Polk (County-Operated)	25	9,170	288	9%	12	44	782	41
Seminole (County-Operated)	18	6,536	56	32%	1	33	463	81
County-Operated Total²	43	15,706	344	13%	22	65	1,245	122
Statewide Total	836	305,860	1,587	53%	565	1,007	19,254	4,985

¹ Average length of stay is calculated for youth released from the facility during FY 2019-20.

² Marion County did not operate a juvenile detention center in FY 2019-20.

³ Marion Regional Juvenile Detention Center served as an evacuation point during Hurricane Dorian, putting the center over capacity for several days.

Secure Detention Utilization (FY 2018-19)

Facility	Average Daily Population	Total Service Days	Operating Capacity	Average Utilization Rate	Daily Population		Admissions	Transfers In	Average Length of Stay
					Minimum	Maximum			
Alachua Regional Juvenile Detention Center	40	14,632	42	95%	24	55	768	200	1
Bay Regional Juvenile Detention Center	7	2,546	30	23%	0	45	129	16	1
Brevard Juvenile Detention Center	21	7,609	40	52%	6	36	596	103	1
Broward Juvenile Detention Center	56	20,438	95	59%	41	78	1,519	655	9
Collier Juvenile Detention Center	23	8,488	40	58%	11	42	479	169	1
Duval Regional Juvenile Detention Center	62	22,550	100	62%	42	78	1,206	147	1
Escambia Regional Juvenile Detention Center	62	22,717	60	104%	43	83	1,286	162	1
Hillsborough Juvenile Detention Center	50	18,349	80	63%	30	78	1,686	294	1
Leon Regional Juvenile Detention Center	45	16,563	40	113%	30	66	1,024	482	1
Manatee Regional Juvenile Detention Center	44	16,232	60	74%	19	71	708	321	1
Marion Regional Juvenile Detention Center	56	20,461	60	93%	37	77	1,213	525	1
Miami-Dade Regional Juvenile Detention Center	70	25,651	100	70%	44	88	1,398	499	1
Monroe Juvenile Detention Center	1	303	10	8%	0	4	29	00	1
Okaloosa Regional Juvenile Detention Center	23	8,394	30	77%	11	37	590	454	8
Orange Regional Juvenile Detention Center	81	29,571	110	74%	47	108	2,414	584	1
Palm Beach Juvenile Detention Center	42	15,499	60	71%	27	62	1,416	382	9
Pasco Juvenile Detention Center	28	10,269	36	78%	17	44	597	157	1
Pinellas Juvenile Detention Center	80	29,036	100	80%	51	103	2,106	335	1
St. Lucie Regional Juvenile Detention Center	44	16,054	50	88%	28	60	1,047	139	1
Southwest Regional Juvenile Detention Center	40	14,746	50	81%	24	60	1,164	258	1
Volusia Regional Juvenile Detention Center	46	16,762	50	92%	23	67	1,087	192	1
State-Operated Total	923	336,870	1,243	74%	786	1,067	22,462	6,074	1
Marion (County-Operated) ²									
Polk (County-Operated)	31	11,423	288	11%	15	45	925	32	1
Seminole (County-Operated)	23	8,555	56	42%	11	37	618	107	1
County-Operated Total	55	19,978	344	16%	32	75	1,543	139	1
Statewide Total	978	356,848	1,587	62%	838	1,130	24,005	6,213	1

¹ Average length of stay is calculated for youth released from the facility during FY 2018-19.

² Marion County did not operate a juvenile detention center in FY 2018-19.

Profile of Secure Detention Utilization (FY 2017-18)

Facility	Average Daily Population	Total Service Days	Operating Capacity	Average Utilization Rate	Daily Population		Admissions	Transfers In	Average Length of Stay
					Minimum	Maximum			
Alachua	42	15,164	42	99%	27	63	750	176	
Bay	25	9,273	30	85%	12	38	576	76	
Brevard	29	10,536	40	72%	9	80	789	211	
Broward	61	22,333	95	64%	4	100	1,839	884	
Collier	22	8,157	40	56%	0	34	463	94	
Duval	86	31,414	100	86%	55	104	1,375	193	
Escambia	59	21,598	60	99%	27	88	1,141	194	
Hillsborough	67	24,310	80	83%	40	87	2,185	322	
Leon	44	16,117	40	110%	24	72	957	550	
Manatee	42	15,482	60	71%	24	63	684	235	
Marion	44	16,227	60	74%	26	66	838	585	
Miami-Dade	95	34,552	100	95%	4	117	1,617	672	
Monroe	1	541	10	15%	0	7	29	13	
Okaloosa	20	7,451	30	68%	10	62	447	474	
Orange	101	36,828	110	92%	64	140	2,887	584	
Palm Beach	47	17,127	60	78%	1	68	1,510	403	
Pasco	25	9,275	36	71%	15	38	527	167	
Pinellas	100	36,384	100	100%	1	138	2,541	495	
St. Lucie	48	17,647	50	97%	32	69	1,173	216	
Southwest Florida	46	16,835	50	92%	19	67	1,330	224	
Volusia	51	18,562	50	102%	0	72	1,041	222	
State-Operated Total	1,057	385,813	1,243	85%	682	1,202	24,699	6,990	
Marion (County-Operated)	21	7,791	256	8%	7	34	499	11	
Polk (County-Operated)	33	12,020	288	11%	19	51	1,051	32	
Seminole (County-Operated)	36	13,292	56	65%	18	59	727	189	
County-Operated Total	91	33,103	600	15%	59	131	2,277	232	
Statewide Total	1,148	418,916	1,843	62%	760	1,289	26,976	7,222	

¹ Average length of stay is calculated for youth released from the facility during FY 2017-18.

Source: Florida Department of Juvenile Justice, Office of Research & Data Integrity

Question #36	<p>Are any of the RJDCs currently accredited, e.g., by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), etc.? If “yes,” please provide the following information.</p> <p>a. Name of the entity that awarded the accreditation b. Most recent accreditation date for the facility c. Copy of most recent accreditation audit report for the facility</p>
Answer#36	<p>None of the detention centers are currently accredited. The DJJ F.A.C. and policies are based off the NCCHC standards. The current Provider is COA accredited in all centers except for one and has Chapter 397 licensure to provide “outpatient treatment” substance abuse services in all sites except for one (Bay RJDC). The Department does not maintain copies of Provider certification and audit reports.</p>
Question #37	<p>With regard to health care staffing at the RJDCs:</p> <p>a. Please provide the health care staffing mandated under the current contracts (by facility, shift, and day of the week). b. If it differs from what is in the contract, please also give us the <u>actual</u> staffing your current health care vendors are providing, for instance, any positions and/or hours being worked <u>over and above</u> what contract requirements.</p>
Answer #37	<p>DJJ pays on a set monthly fee and does not track the total hours of service, this is up to the Provider. The Provider must meet all staffing expectations specified in the RFP in Attachment A, Section III., D., 9., Key Personnel and Vacancies, and shall provide medical, mental health, substance abuse, and psychiatric services on-site, unless otherwise agreed upon with the Department’s OHS Administration.</p>
Question #38	<p>For each RJDC, please provide a listing of any current health service vacancies, by position.</p>
Answer #38	<p>The Department is informed about vacancies, but the current Provider keeps a track of those listings.</p>
Question #39	<p>Please confirm that if the awarded vendor retains existing health care staff who are already credentialed, those incumbent staff will <u>not</u> need to go through the credentialing all over again with the new vendor.</p>
Answer #39	<p>There is a required modified process for credentialing and background screening.</p>
Question #40	<p>Are any members of the current health service workforce unionized? If yes, please provide the following.</p> <p>a. A copy of each union contract b. Complete contact information for a designated contact person at each union c. The number of union grievances that resulted in arbitration cases over the last 12 months</p>
Answer #40	<p>The Department is not currently aware of any union associated with the current Provider.</p>
Question #41	<p>Please provide the salaries/wages your incumbent health service vendors are paying to their staff at the RJDCs.</p> <p>a. How recent is this data? b. What is the source of this data (e.g., State/County records, data from the incumbent vendors, etc.)?</p>
Answer #41	<p>The Department pays the Provider a fee for services. The Provider sets the salaries/wages paid to their staff.</p>
Question #42	<p>Please confirm that labor hours in the following categories will count toward any “hours provided” requirements of the contract.</p> <p>a. Time spent by health care staff in orientation, in-service training, and continuing education classes b. Overtime hours</p>

	c. Agency hours d. Approved paid-time-off
Answer #42	The Department pays the Provider a fee for services, we are not a part of deciding the time spent on orientation, in-service training, overtime, agency hours or approved paid time off of provider staff. The Provider sets this with their staff.
Question #43	Who is financially responsible for the background checks discussed in <u>Section III.D.7</u> of RFP Attachment A: (a) the Vendor? Or (b) the DJJ?
Answer #43	The Provider is financially responsible for background checks.
Question #44	<u>Section III.D.5</u> of RFP Attachment A states, “ <i>All Respondent staff, including the Designated Health Clinician Authority, Psychiatrist or Psychiatric APRN and Respondent management are required to sign-in and sign-out to include times in the Department’s Contracted Staff Logbook located at each facility.</i> ” Please confirm that the Vendor may also deploy its own timeclocks at the RJDCs for site-level personnel to utilize, for the purposes of timekeeping and payroll administration.
Answer #44	Yes, the Vendor may supply its own timeclocks.
Question #45	<u>Section III.A.2.b</u> of RFP Attachment A states, “ <i>The Department shall ... Provide Respondent’s staff the use of a computer, printer, copier and office supplies while at the facility.</i> ” Is there any charge for the DJJ’s provision of these items?
Answer #45	No, there is not a charge for the DJJ’s provision of these items.
Question #46	Who is responsible for the cost of long-distance phone services relating to the health care programs at the RJDCs?
Answer #46	The Department maintains landline telephones in each facility for Provider office use. The Department does not pay for cell phones for on-call staff.
Question #47	Please confirm that all medical equipment (e.g., blood pressure cuffs, scales, x-ray machines, etc.) necessary to provide the services required under the contract are already in place at the RJDCs and will remain in place for the new vendor to use.
Answer #47	All medical supplies are purchased by and is the responsibility of the Department.
Question #48	Does the DJJ maintain any full-time information technology (IT) staff at any of the RJDCs? If not, please describe any State IT resources that would be able to assist with hardware/software tasks that need to be performed hands-on, in person at a facility.
Answer #48	The Department has IT employees available for geographical areas. There is a work order process in place for any staff who work in DJJ facilities. The Department also has Data Integrity Officers (DIO) staff that handle JJIS accounts and other activities with a corresponding work order system in place.
Question #49	Please provide the name and version of the resident/youth management system software currently in use at the RJDCs. Does the DJJ have any plans to change to a different system within the next few years?
Answer #49	The Juvenile Justice Information System (JJIS) contains the Office of Health Services (OHS) Electronic Medical Record (EMR). There are no plans to change the system outside of regular upgrades.
Question #50	With regard to the health care vendor’s personnel having Internet access at the RJDCs: a. Do vendor staff access the Internet through (i) a DJJ network or (ii) the vendor’s network? b. Please describe how this currently happens, i.e., what type of hardware, wiring, and connectivity is in place. c. Who (DJJ or vendor) will be financially responsible for this hardware, wiring, and connectivity? d. Who (DJJ or vendor) will be financially responsible for any necessary upgrades or expansions for this hardware, wiring, and connectivity?

Answer #50	The Providers staff will be provided access to the DJJ network that is supported and managed by the Department. Each user will be assigned unique accounts that are password protected and includes email, internet, Microsoft Office suite and access to JJIS and other systems such as work orders. The Department covers all costs associated with IT systems.
Question #51	<p><u>Section III.A.2.c</u> of RFP Attachment A states, “<i>The Department shall ... Provide classification folders for the Individual Healthcare Records,</i>” which implies that the DJJ maintains paper medical records for youth patients. Yet <u>Section III.A.5</u> references a “Juvenile Justice Information System (JJIS)/ Electronic Medical Record (EMR).” Does the DJJ currently utilize an electronic health record (EHR) to manage, schedule, track, analyze, and report on the medical, mental health, and psychiatric services provided to youths at the RJDCs? If “yes,” please provide the following information:</p> <p>a. What is the name and version of the EHR that is in place? The Department developed their own EMR/EHR and is currently continuing to do enhance it with the electronic signature ability.</p> <p>b. Is the existing EHR agreement/licensure/ownership in (a) the DJJ’s name or (b) the incumbent health care vendors’ names?</p> <p>c. Can the incoming vendor take over the existing EHR agreement/licensure?</p> <p>d. Where and by what company/agency is the EHR currently hosted?</p> <p>e. Who is financially responsible for the cost of hosting the EHR?</p> <p>f. Will this arrangement continue under the new contract?</p> <p>g. What interfaces are currently in place with the existing EHR, for example, the Offender Management System, the current pharmacy subcontractor, the current lab services contractor, etc.?</p>
Answer #51	<p>a. The Electronic Medical Record (EMR) was created and is maintained by DJJ, and no agreement or license is necessary.</p> <p>b. Owned by the Department</p> <p>c. No</p> <p>d. The Department</p> <p>e. The Department developed and maintains the EMR.</p> <p>f. The Department’s staff will continue to maintain the EMR.</p> <p>g. The Electronic Medical Record (EMR) module is a part of the Enterprise Juvenile Justice Information System (JJIS). JJIS was designed and developed in-house and is maintained by DJJ. The EMR module is permission-based and the Office of Health Services (OHS) grant permissions to their staff. JJIS does not have an automatic process which communicates with pharmacy or lab services.</p>
Question #52	If the response to the preceding question is “no,” is the DJJ interested in implementing an EHR across the RJDCs?
Answer #52	There is already an EHR across all 21 detention centers.
Question #53	<p>Does the DJJ currently utilize telehealth at the RJDCs? If so, please provide the following information.</p> <p>a. Description of any equipment that will remain in place for the new vendor to use</p> <p>b. Description of the telehealth connectivity (network) that will remain in place for the new vendor to use:</p> <p>c. The type of telehealth clinic (e.g., telepsychiatry, telecardiology, etc.)</p> <p>d. How often each telehealth clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)</p> <p>e. The length of each telehealth clinic currently conducted (e.g., day, half-day, etc.)</p> <p>f. The average number of patients in each telehealth clinic.</p> <p>g. The name and contact information for the tele-provider who conducts each telehealth clinic.</p>
Answer #53	a. Equipment that is used on site include the internal department computers and access at each detention center.

	<ul style="list-style-type: none"> b. There is currently no connective medical equipment to the current computer software and the Department is open to recommendations from the c. There is currently no connective medical equipment to the current computer software and the department is open to recommendations from the chosen Provider to consider what is needed to meet the needs of the service. The telehealth intent is to allow the availability of a practitioner to determine if the health condition would warrant emergency care or could wait for the next available on-site contact with medical professionals. In instances where medical professions are on site the medical professional would be available to conduct and report vital signs. d. Some clinics use Telehealth for psychiatric evaluation and for minor complaints that do not require a full comprehensive physical examination of the youth where the clinical duties have been assigned to an APRN on site. Some centers do not use it at all, and others use it weekly. e. This depends on the needs of the facility and youth to be seen. The length of time can range from 1 hour to 4 hours routinely. They can range from 10-30 minutes for those that are not scheduled. f. This can range from one to 10 currently. g. This is provided by the current contracted psychiatrist or Designated Health Authority that is subcontracted with the current Provider and this would be protected under disclosure by the current Provider.
Question #54	Section III.A.6.a of RFP Attachment A states, "All costs associated with pharmaceuticals and over-the-counter medications will be the responsibility of the Department. The Respondent's nursing staff shall process all prescriptions and over-the-counter medications with the Department's contracted Provider." Who is the "Department's contracted [pharmacy] Provider?"
Answer #54	Diamond Drugs, Inc.
Question #55	Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the RJDCs.
Answer #55	Chronic Care clinics primarily are done by on-site providers in most cases. Some (OB/GYN, infectious disease specialists, endocrinologist etc.) are specialty referrals and are scheduled at the first available appointment without delay. There is currently not a backlog for appointments.
Question #56	Will the DJJ be requiring the Vendor to provide any medical specialty encounters or services (e.g., orthopedics, dermatology, etc.) onsite at the RJDCs? If so, please list which types of specialty providers the Vendor will need to employ.
Answer #56	If the practitioner feels they are qualified to provide the chronic care oversight (i.e. for asthma) then it is provided on-site. Other specialty practitioners are scheduled based on referral.
Question #57	<p>Please provide the following information about any medical, behavioral health, or other special needs units (infirmary, addiction recovery, sex offender, skilled nursing, etc.) at the RJDCs.</p> <ul style="list-style-type: none"> a. Type of each unit b. Location of each unit c. Capacity of each unit d. Average occupancy of each unit e. Staffing for each unit f. Type of services/Acuity able to be handled in each unit
Answer #57	<ul style="list-style-type: none"> a. None b. None c. None d. None e. N/A

	<p>f. There are NONE except for general substance abuse counseling. Counseling and other sub-population activities are not separated by unit in Florida DJJ detention centers; rather the youth are classified typically by size, gender and other factors. DJJ facilities are typically too small for these types of unit separations. The Provider is expected to provide substance abuse services as set forth in Rule 63N-1, F.A.C., Chapter 397, F.S. and 65D-30. The current Provider is licensed under Chapter 397 at each site for “outpatient treatment” substance abuse services, except for Bay RJDC that uses only Licensed Mental Health Professionals to provide that specialty care. Juvenile sexual offenders are considered “single room only” and juvenile sex offender therapy and corresponding qualifications are not required in this temporary setting.</p>
Question #58	<p>Section III.A.8.a of RFP Attachment A states, “The Respondent shall provide prescription and over-the-counter medication as directed by the DHA/APRN/Psychiatrist.” This is in direct conflict with Section III.A.6.a, which states, “All costs associated with pharmaceuticals and over-the-counter medications will be the responsibility of the Department. The Respondent’s nursing staff shall process all prescriptions and over-the-counter medications with the Department’s contracted Provider.” Please confirm that the Respondent/Vendor is NOT financially responsible for the cost of psychotropic and other mental health medications.</p>
Answer #58	<p>No, this cost is covered under the Department’s pharmaceutical contract.</p>
Question #59	<p>Conflicting language, data, and specs are often found among the various documents that make up a solicitation. For this RFP, please confirm the <u>latest dated document always holds precedence</u>, so bidders know which information to use in case we identify contradictory or inconsistent data among the original RFP files, addenda, and/or responses to questions.</p>
Answer #59	<p>The Solicitation Document holds precedence. If any changes are made to the Solicitation Document an Addendum will be posted to identify the section where the change is being made. Respondents are encouraged to visit the Vendor Bid System regularly for RFP updates.</p>
Question #60	<p>The General Instructions for Preparation of the Proposal direct bidders to “limit the use of Respondent logos and labels to the Transmittal Letter and first page of the Technical Response.” Please confirm that this is referring to graphics, and NOT prohibiting vendors from referring to themselves by name in the narratives.</p>
Answer #60	<p>Yes, Respondent logos and labels are referring to graphics. The Respondent may refer to themselves by name when drafting documents.</p>
Question #61	<p>Does the DJJ want Respondents to upload the three “volumes” described in the <u>General Instructions for Preparation of the Proposal</u> as three separate files?</p>
Answer #61	<p>Yes, please refer to the outline given in the Solicitation Document Attachment B, section XX.</p>
Question #62	<p>Does the DJJ want Respondents to upload each “tab” with a “volume” as a separate file?</p>
Answer #62	<p>Yes, please refer to the outline given in the Solicitation Document Attachment B, section XX.</p>
Question #63	<p>The instructions in the RFP indicate that <u>both</u> the Transmittal Letter <u>and</u> the Cross Reference Table are to be included in “Volume 1, Tab 1.” Is this correct? If not, please provide updated instructions, as changing this requirement will throw off the rest of the tab numbering in Volume 1.</p>
Answer #63	<p>Yes, please refer to the outline given in the Solicitation Document Attachment B, section XX.</p>
Question #64	<p>The <u>General Instructions for Preparation of the Proposal</u> mandate that, “Each Respondent shall limit the Technical Proposal’s narrative to no more than sixty (60) consecutive pages.” Given the amount of information vendors are required to supply—i.e., quality, detailed responses to each of the 27 items listed on RFP pages 70-71—this is unrealistic. We respectfully request that the DJJ remove this page limitation; or adjust it to a more viable, industry-standard number, such as 150-200 pages.</p>
Answer #64	<p>The Department will not review pages submitted in excess of the specified limit for the Technical Proposal’s narrative will be removed prior to evaluation and will not be evaluated. Any attachments,</p>

	charts, photos, maps, diagrams, or other resource materials that support the information provided in the Technical Proposal shall be referenced within the Technical Proposal's narrative, included as exhibits or attachments to the Technical Proposal, and presented at the end of the Technical Proposal. Such exhibits or attachments shall not be counted in the sixty (60) page limitation established for the Technical Proposal.
Question #65	In many state juvenile correctional systems, the State becomes the youth's legal guardian upon the youth's commitment to the system, enabling the Warden/Superintendent to make care decisions for the youth. Please describe how the State of Florida handles this situation.
Answer #65	The parent/legal guardian maintains legal guardianship. The parent/guardian signs an Authority for Evaluation and Treatment form (AET) prior to entering the detention center. There are processes in place to obtain limited consent when the guardian is unavailable. Youth provide consent for substance abuse services in Florida, and the Department has required forms for consent and release of substance abuse records for youth to sign.
Question #66	RFP Attachment F outlines the pass/fail criteria for a vendor's pricing. But it does not elaborate on either of the following topics. Please explain the scoring of submitted prices in more detail. a. What methodology will the DJJ use to place vendors' submitted prices in rank order? b. What methodology will the DJJ use to assign scoring points or categories to vendors' submitted prices? c. How does a vendor's submitted price impact the vendor's Technical score? As an example, if a vendor submits a high-scoring Technical Narrative, but the vendor's proposed price is the highest received, how will the DJJ reconcile these facts?
Answer #66	a. Respondents will only be scored based on the evaluation criteria outlined in Attachment F. b. Pricing is not a scored criterion of this RFP. c. Please see above answer to a.
Question #67	Please clarify which clinical protocols and therapeutic programming the vendor's onsite staff are to use: (a) resources provided by the DJJ and already in place at the facilities; or (b) resources created, provided, and maintained by the vendor.
Answer #67	Yes, provider would use our MH and medical policies along with protocols for medical staff. Mental Health and substance abuse services programming may be individualized to meet the unique needs of youth and tailored by the vendor as described in Rule 63N-1, F.A.C.
Question #68	<u>Section VI</u> of the RFP states, "Listed below are the key Performance Measures, with minimum standards of performance, deemed most crucial to the success of the overall desired service delivery." However, we see no actual performance measures in the RFP. Please provide a detailed description of all internal and external audit processes pertaining to the performance of the vendor and its health care staff, including who conducts the audits, the frequency of the audits, and a detailed listing of the clinical objectives and thresholds for health care staff members' performance.
Answer #68	Internal audit/monitoring: The Bureau of Monitoring and Quality Improvement, Office of Health Services and Bureau of Contract Management conduct an <u>annual</u> Administrative Compliance Review. Please see FDJJ policy 2000. OHS conducts routine monitoring quarterly; MQI conducts routine annual compliance reviews. Please see link to the Department's policies and procedures: http://www.djj.state.fl.us/partners/policies-resources/department-policies
Question #69	The most recent (2020) DJJ Comprehensive Accountability Report states that the Agency has 1,243 beds in operation at the 21 RJDCs. However, the pricing forms in RFP Attachment H Budget Worksheet instruct vendors to provide pricing for an ADP of only 356 youths. a. Please explain this quite large discrepancy.

b. Please indicate which number vendors are to use when calculating their pricing, as the staffing required to care for 1,000+ youths is greatly different from the staffing required to care for only 356.

Answer #69

- a. Due to the current COVID Pandemic census in the RDJC has been low. The average for all the centers is approximately 624. Note : This has been corrected on the Attachment H – Budget.
- b. It is hard task to predict the future census. This is why the Department has set a monthly fixed fee. Total spending for March 17, 2020 through January 31, 2021 is \$11,294,681.34. The Department tries to make the staffing process as flexible as possible for the Provider as long as staffing is covered and meets the needs of Rule 63M-2 and Rule 63N-1. Please see the hour reconciliation for January 2021 that is completed for deliverables each month:

CONTRACT #10676 January 2021 RECAP
Service Period: 1/1/2021 to 1/31/2021

Facility	Operation Capacity	Actual Capacity	Required Medical Staffing Hours	80% Required Medical Staffing Hours	Actual Medical Health Staffing Hours	Required Mental Health Staffing Hours	80% Required Mental Health Staffing Hours	Actual Mental Health Staffing Hours	Total Required Comprehensive Staffing Hours	80% Required Comprehensive Services Staffing Hours	Total Actual Comprehensive Staffing Hours
Alachua	42	22	368.00	294.40	403.00	320.00	256.00	304.27	688.00	550.40	707.27
Bay	30	17	368.00	294.40	483.50	208.00	166.40	375.25	576.00	460.80	858.75
Brevard	40	17	368.00	294.40	492.50	208.00	166.40	204.50	576.00	460.80	697.00
Broward	95	35	532.00	425.60	515.00	360.00	288.00	402.50	892.00	713.60	917.50
Collier	40	24	388.00	310.40	473.00	240.00	192.00	254.00	628.00	502.40	727.00
Duval	100	48	536.00	428.80	602.75	412.00	329.60	512.50	948.00	758.40	1115.25
Escambia	60	21	448.00	358.40	412.25	308.00	246.40	267.50	756.00	604.80	679.75
Hillsborough	80	37	416.00	332.80	578.50	368.00	294.40	358.50	784.00	627.20	937.00
Leon	40	29	286.00	228.80	365.25	228.00	182.40	263.50	514.00	411.20	628.75
Manatee	60	31	404.00	323.20	455.25	240.00	192.00	303.25	644.00	515.20	758.50
Marion	60	30	416.00	332.80	507.00	336.00	268.80	339.25	752.00	601.60	846.25
Miami Dade	100	55	688.00	550.40	656.75	568.00	454.40	640.75	1256.00	1004.80	1297.50
*Monroe	10	0	48.00	38.40	78.25	1.00	0.80	4.00	49.00	39.20	82.25
Okaloosa	30	13	358.00	286.40	380.25	248.00	198.40	220.75	606.00	484.80	601.00
Orange	110	28	516.00	412.80	489.75	428.00	342.40	438.00	944.00	755.20	927.75
Palm Beach	60	26	396.00	316.80	520.00	368.00	294.40	315.00	764.00	611.20	835.00
Pasco	36	23	358.00	286.40	457.00	248.00	198.40	286.00	606.00	484.80	743.00
Pinellas	100	49	496.00	396.80	491.00	568.00	454.40	464.00	1064.00	851.20	955.00
St. Lucie	50	32	336.00	268.80	439.25	328.00	262.40	402.25	664.00	531.20	841.50
Southwest	50	18	368.00	294.40	410.00	332.00	265.60	313.75	700.00	560.00	723.75
Volusia	50	31	365.00	292.00	523.50	328.00	262.40	271.25	693.00	554.40	794.75
Statewide	1243	586	8459.00	7190.15	9733.75	6645.00	5648.25	6940.77	15104.00	12083.20	16674.52

The Calculation is based on the following deliverable that is in Contract #10676
IV.DELIVERABLES PAGE 32 OF CONTRACT # 10676
Service Unit
The deliverables are a month of comprehensive Medical and Mental Health and Substance Abuse Services in accordance with section III, A., Service Tasks, of this Attachment, at each of the twenty-one (21) RIDCs, identified in section III, B., 1., contract Amount, of this contract. The minimum level of performance shall be to provide 70% of licensed staff coverage in each of the twenty-one (21) RIDCs through May 16, 2020 and 65% of the licensed staff coverage in each of the twenty-one (21) RIDCs beginning May 17, 2020 through September 30, 2020. The Provider will provide 80% of the licensed staff coverage in each of the twenty-one (21) RIDCs from October 1, 2020 to June 30, 2021. The Provider will then provide 85% of the licensed staff coverage in each of the twenty-one (21) RIDCs from July 1, 2021 until the end of this contract, as outlined in Attachment IA, section II, A., II, B., 7., Required Mental Health and Substance Abuse Positions. If the Provider fails to meet the minimum level of performance for any deliverable, the Department will not reimburse the monthly payment associated with that deliverable for the month the Provider failed to achieve the minimum level of performance outlined above, as the minimum level of performance was not met.
8. Monthly Deliverables Documentation
1. The Provider shall submit an invoice with sufficient documentation to fully justify payment for services delivered.
2. The Provider shall provide monthly supporting documentation. Supporting documentation includes a Provider's Timesheet Report identifying the individual, their job title and specific hours worked for each RIDC.

Calculation
80% of Required Staffing Hours compare to Actual Hours worked.

Note: Hours worked are provided by the providers Timesheet Report (See Tab 2 of this workbook)

* No youth but still has to be staffed.

Certification:
The Provider has performed the requirement of 70% of Staffing hours.

Certified by: _____ Date: _____
Dr. Tracy Shelby, Health Services Administrator

Additional MSHA Clinical Staff hours weekly	Facility Census
20 hours week	41 - 50
40 hours	51 - 60
60 hours	61 - 70
80 hours	71 - 80
100 hours	81 - 90
120 hours	91 - 100

Question #70	From our review of the RFP, it appears that the vendor will not be financially responsible for anything other than the staff necessary to operate the contract. a. Please confirm that this interpretation is correct. b. If this interpretation is <u>not</u> correct, please provide a list of the items/resources/services for which the vendor will be financially responsible.
Answer #70	Yes, Interpretation is correct We experienced a sharp drop in referrals as soon as the pandemic started (late March-early April 2020) and levels have remained low. Whether we return to more normal levels will depend in part on whether we reach herd immunity and whether the variants respond to vaccines.
Question #71	<u>Section XIV</u> of RFP Attachment B states that “each initial respondent will be required to submit an initial budget (not to exceed the current Total Contract Amount of \$39,300,000.00)” and that “Once we [the DJJ] know if the additional funding (\$4,500,000.00 per year) is appropriated, then each initial respondent to the solicitation will be required to submit a new budget (not to exceed the adjusted Total Contract Amount of \$52,800,000.00).” a. Does this mean that the DJJ will not award a contract resulting from RFP 10701 until the Florida legislature issues its decision on the DJJ’s request for additional funds? b. What is the expected timeframe for such a decision from the Florida legislature? c. For what specific programs and/or services did the DJJ request the additional \$4.5 million per year discussed in the RFP? d. If the DJJ believes it will cost \$52.8 million to operate the statewide RJDC health care program over the next three years (as implied by its request for the additional appropriation), please explain how it will be feasible for any vendor to operate the program for three years for less than \$39.3 million if the additional funding is denied.
Answer #71	a. Yes, the RFP process is anticipated to end after the Legislative Session. b. Although Legislative Session ends on April 30, 2021, the Governor has a period of time to sign or veto the budget or parts of the budget. We cannot predict when the budget will be signed but it is reasonable to believe that DJJ will know by June 1 what our budget parameters will be. c. The Department did not specify any specific programs and or services in our request for the additional \$4.5M funding. d. Appropriations are approved annually. The Department requested additional funding (\$4.5 million) in addition to our annual appropriation request of \$13.1 million, <u>which will be contingent upon legislative appropriation.</u>
Columbus Medical Services LLC – Received 03/09/2021	
Question #72	Who are the incumbent vendor(s) providing services if applicable & how long has each vendor been contracted?
Answer #72	Please see the above answer to 28.
Question #73	What is the annual spend associated with these services currently?
Answer #73	There is a set monthly fixed fee. Total spending for March 17, 2020 through January 31, 2021 is \$11,294,681.34.
Question #74	What are the current billing rates for vendor(s) providing services?
Answer #74	There is a set monthly fixed fee that is paid by the Department. Individual service rates are up to the Provider.
Question #75	Have your current vendor(s) met expectations around key deliverable's?
Answer #75	Yes, both medical and mental health services key deliverables have been met. Typically, deficiencies have been minor and corrected within expected timeframes.
Question #76	How many hours of service have been utilized by labor category during most recent fiscal year?

Answer #76	The Department pays on a set monthly fee and does not track the total hours of service. This is up to the Provider. The Provider must meet all staffing expectations specified in the RFP on Attachment A, Section III., D., 9., Key Personnel and Vacancies, and shall provide medical, mental health, substance abuse, and psychiatric services on-site, unless otherwise agreed upon with the Department's OHS Administration.
Question #77	What percent of staff utilization is considered full time versus part time?
Answer #77	The current Provider decides how to utilize staff. The Provider must meet all staffing expectations specified in the RFP on Attachment A, Section III., D., 9., Key Personnel and Vacancies, and shall provide medical, mental health, substance abuse, and psychiatric services on-site, unless otherwise agreed upon with the Department's OHS administration.
Question #78	What is the estimated number of hours per week/year?
Answer #78	Typically for mental health staff the addition or decrease in staffing hours is gradual. PRN staff for medical and mental health positions are imperative for the success of the contract and to cover hours for staff leave time and vacancies. The youth population statewide is lower than previous years due to pandemic. The current Provider decides within the parameters set forth in the current contract. The Respondent must meet all staffing expectations specified in the RFP on Attachment A, Section III., D., 9., Key Personnel and Vacancies, and shall provide medical, mental health, substance abuse, and psychiatric services on-site, unless otherwise agreed upon with the Department's OHS administration.
Question #79	What is the anticipated number of positions needed for this service? How many positions are filled?
Answer #79	The current Provider decides within the parameters set forth in the current contract. The Respondent must meet all staffing expectations specified in the RFP on Attachment A, Section III., D., 9., Key Personnel and Vacancies, and shall provide medical, mental health, substance abuse, and psychiatric services on-site, unless otherwise agreed upon with the Department's OHS administration.
Question #80	Can we submit sample resumes representative of the type of candidates we would present?
Answer #80	The Respondent is requested to provide evidence of existing documentation (plans, resumes, charts, etc.) as requested in the cross-reference table. If evidentiary documentation is not currently available, provide evidence of intent or plan to implement and identify as such. This will include proposed plans, schedules, proposed staff contracts, job description etc. Include all relevant information that will assist DJJ in evaluating your technical proposal.
Question #81	Can licenses and certificates be submitted upon approval of candidates and interview?
Answer #81	There is a process in place for the Provider to obtain clearance from the Contract Manager for Background Screening Unit (BSU) and Office of Health Services credential(s) review prior to an individual working in a facility or with youth.
Question #82	Are on call services needed? If so, when and how often (if applicable)?
Answer #82	Yes. DHA, DMHCA and psychiatric provider staff are always required to be on call for telephone consults. After hours telehealth is also required as described in the RFP.
Question #83	How many billable work hours in a full day for a FTE and how many billable days per year?
Answer #83	Hours are not billable to DJJ; this is up to the Provider. The Provider must meet all staffing expectations specified in the RFP on Attachment A, Section III., D., 9., Key Personnel and

	Vacancies, and shall provide medical, mental health, substance abuse, and psychiatric services on-site, unless otherwise agreed to with the Department's OHS Administration.
Camelot Community Care – Received 03/09/2021	
Question #84	Regarding having a DHA available via telehealth during nursing hours and to 11pm, on the solicitation call, the answer provided was not certain and seemed to indicate that the department is looking for a plan to reduce ER admissions which is understandable. Can you clarify if the department is only wanting a Licensed Provider available via telehealth during nursing hours and to 11pm, or will the Department work with the Provider the come up with an agreeable plan that may include a number of different options that meet the goal of reducing ER admissions.
Answer #84	It is correct that the Department is looking to reduce ER admissions when it is safe and possible to do so. The RFP requires a Licensed Practitioner to be available for telehealth and the Department is also open to additional means of accomplishing this goal.
Question #85	If a telehealth visit is necessary after nursing staff have left the facility, who will do the vitals on the youth.
Answer #85	The telehealth providers will not have vitals at the time of the after-hours encounter unless medical staff are present, or unless an automatic blood pressure cuff can be used under the direction of the Provider. When nurses are on site, they will initiate the telehealth. After nursing hours, with the permission of the Facility Superintendent, JDOS level staff may be trained by the Clinic Manager to measure vital signs as outlined in the Non-Healthcare Staff Protocols. Documentation of the training and verification that the JDOS staff can appropriately complete that task shall be maintained and would have to be communicated with the telehealth provider at the time of the telehealth session.
Question #86	If a telehealth visit is necessary after nursing staff have left the facility, who will have access to medical history to provide the information to the DHA.
Answer #86	The telehealth practitioner will be granted VPN access to review Electronic Health records.
Question #87	Will all DHA's providing telehealth be given VPN access to document telehealth visits in the EMR
Answer #87	Yes, if they are providing the telehealth services. The RFP only requires a practitioner level and not necessarily an MD.
Question #88	Would the department consider allowing the comprehensive health provider to contract with a telehealth provider such Teledoc assuming the provider will be responsible for the costs.
Answer #88	The departments EMR must be utilized to document the encounter with the youth. A subcontract of these services could be considered as long as other parts of the RFP are in compliance, which includes the documentation and review of the Heal
Question #89	ON attachment H-Budget, Tab Attachment H-6, field B14 is prefilled in by multiplying the subtotal expenses in field B13 by .005. The field has no label. Can you clarify what this field is and what label would be in field A-14.
Answer #89	Please see the revised Attachment H - Budget uploaded to VBS.