



**FULTON COUNTY**

August 3, 2016

**Re: 17RFP07012016B-BR Inmate Medical Services**

Dear Proposers:

Attached is one (1) copy of Addendum #2, hereby made a part of the above-referenced Request for Proposal (RFP).

Except as provided herein, all terms and conditions in the RFP referenced above remain unchanged and in full force and effect.

---

Sincerely,

Brian Richmond  
Assistant Purchasing Agent

---

This Addendum forms a part of the contract documents and **modifies** the original RFP documents as noted below:

**The RFP due date has been changed from Monday, August 8, 2016 to Wednesday August 10, 2016 11:00 AM.**

1. **Question:** Please provide a copy of the current health services contract for the Fulton County Jail (FCJ), including any exhibits, attachments, and amendments, including the contract extension resulting from last year's non-award.

**Answer:** That information can only be obtained via an open record request.

2. **Question:** Please provide the names and participation levels (dollars spent) of all small/minority/woman/veteran-owned subcontractors used under the current contract.

**Answer:** That information can only be obtained via an open record request.

3. **Question:** In **RFP § 3.3**, on pg. 3-2, you cite the *National Medical Correctional Accreditation*. Please confirm that you mean the NCCHC Accreditation. Otherwise, please provide more details on this Accreditation.

**Answer:** NCCHC is what is meant to be cited.

4. **Question:** With regard to lawsuits pertaining to inmate health care at the FCJ, frivolous or otherwise:
  - a. How many have been filed against Fulton County, Georgia ("County") and/or the incumbent health care provider in the last three years?
  - b. How many have been settled in that timeframe?

5. **Question:** What is the current status of the *Foster* federal consent order and the *Harper* federal consent order as referenced in **RFP § 3.3.B.1**, on pg. 3-3.

**Answer:** Both consent orders were complied with and all items have been met. They are closed.

6. **Question:** As per **RFP § 3.3.B.2**, pg. 3-3, we are unclear as to whether the FCJ is currently accredited by the National Commission on Correctional Health Care (NCCHC). If "yes," please provide the following information.

- a. Most recent accreditation date for the facility.
- b. Copy of most recent accreditation audit report for the facility.

**Answer:** FCJ is not currently accredited by NCCHC.

7. **Question:** What is the threshold level/compliance percentage for each of the performance measures listed in **RFP § 3.3.M.a through I**, on pg. 3-30.

**Answer:** Levels of compliance will be set between 95 and 100%

8. **Question:** How does the current staffing matrix provided in **RFP § 3.3.G.21.a**, on pg. 3-22, differ from the current staffing in place today at FCJ.

**Answer:** The number of RNs were increased and the number of LPNs were decreased.

9. **Question:** Please provide a listing of the current health service vacancies by position for the FCJ.

**Answer:** Not available. The current vacancy rate is 5%.

10. **Question:** With regard to background investigations mentioned in **RFP § 3.3.D.2**, on pg. 3-4, who is financially responsible for paying for this service: the County or the Service Provider?

**Answer:** The County.

11. **Question:** With regard to drug testing for potential employees, does the County have any requirements on the testing methodology, for example, saliva, urinalysis, or so forth?

**Answer:** No the County does not have any requirements.

12. **Question:** Will the County allow "grandfathered" credentialing for incumbent professional staff already employed or contracted by the current Service Provider?

**Answer:** Yes.

13. **Question:** Please provide the wage/pay rates your incumbent Service Provider is paying to its staff at the FCJ.

- a. How old is this data?
- b. Where did this data come from, for example, County records, data from the incumbent Service Provider, and so forth?

**Answer:** This information is not available.

14. **Question:** Please provide an inventory of office equipment (e.g., PCs, printers, fax machines, copiers) currently in use at the FCJ and identify which equipment will be available for use by the selected Service Provider.

**Answer:** All office equipment will be supplied by the selected vendor

15. **Question:** Please provide an inventory of medical equipment (e.g., blood pressure cuffs, ultrasound, x-ray machines) currently in use at the FCJ and identify which equipment will be available for use by the selected Service Provider.

**Answer:** General Digital X-Ray machine

Panarex X-ray Machine for Dental

General Dental X-ray Machine

Film Processor for Dental X-ray Film

16. **Question:** How does the health unit staff at the FCJ currently access the Internet: through a facility network or through connectivity provided by the incumbent Service Provider? Who is financially responsible for such Internet access?

**Answer:** The current service provider uses its own connectivity.

17. **Question:** Please identify with whom the incumbent Service Provider subcontracts to provide laboratory services.

**Answer:** Bio-Reference Laboratory.

18. **Question:** We understand that permanent x-ray equipment is housed at the main jail facility as per RFP § 3.3.G.13.a, on pg. 3-18. How are x-ray services currently provided to the Union City Annex inmates? Please provide name and contact information for the x-ray vendor.

**Answer:** Global Diagnostics

19. **Question:** Please provide annual spend amounts for the past two years for X-ray services.

**Answer:** This information is not available.

20. **Question:** Please provide annual spend amounts for the past two years for laboratory services.

**Answer:** This information is not available.

21. **Question:** How are optometry services currently provided: (a) onsite, with permanent County-owned equipment; (b) onsite, through mobile optometry (PLEASE IDENTIFY VENDOR); or (c) offsite?

**Answer:** Off-site at Grady Memorial Hospital

22. **Question:** We see that dialysis services are currently provided on-site per Addendum 1. Please confirm the following regarding dialysis:

a. How many total treatments have inmates received by year in the past 3 years?

**Answer:** The last year of statistics is has been provided.

b. Are the 228 dialysis units on the Urgent Care Report total onsite treatments in 2015?

**Answer:** Yes

23. **Question:** We acknowledge that per **RFP § 3.3.G.3**, the Service Provider must establish policies and procedures specific to health care of pregnant inmates. Does the FCJ currently provide OB/GYN services for inmates onsite at this time?

**Answer:** Yes.

24. **Question:** If OB/GYN is to be an onsite service, will FTEs be added to the staffing requirement in a revised staffing plan?

**Answer:** No.

25. **Question:** Per **RFP § 3.3.G.21.a**, we note that a podiatrist is listed as a required staffing position. Is podiatry performed onsite at this time?

**Answer:** No.

26. **Question:** Please identify the number, type, and timeframes of any backlogs (e.g., chronic care clinics, offsite referrals, dental encounters) that currently exist at the FCJ.

**Answer:** Refer to Dental Statistics for failed appointments by month.

27. **Question:** What is the average number of FCJ staff receiving each of the following services (referenced in **RFP § 3.3.G.9.f**, on pg. 3-15)?

- a. Annual tuberculin skin testing and referral
- b. Tetanus antitoxin post exposure as indicated
- c. Hepatitis B vaccine series
- d. Post-exposure testing and prophylaxis for staff

**Answer:** None at this time.

28. **Question:** We understand that the FCJ has a Medical Unit/Infirmary as referenced in **RFP § 1.3**, on pg. 1-2, and in **Addendum 1**. Please provide the following information about the unit.

- a. Number of beds? Answer: Rated for 44 beds.
- b. Staffing schedule for the unit's clinical personnel
- c. Are patients in the unit always within sight or hearing of a qualified health care professional?

**Answer:** No. The Infirmary is equipped with a patient paging system.

29. **Question:** We understand the FCJ has an Acute Psych Unit at the facility as referenced in the Mental Health Reports in Addendum 1. Please provide the number of beds in this unit.

**Answer:** There are 12 cells plus 2 padded cells.

30. **Question:** Please provide the following information about medication administration.
- Who administers medications, for example, RNs, LPNs, medical assistants? **Answer:** LPNs
  - Where does medication distribution take place, that is, do medication carts go to the housing units or do inmates come to the medical units? **Answer:** Medication Carts go to the housing units.
  - How long does it take to perform the average medication distribution process? **Answer:** Medication is distributed within a two hour window.

31. **Question:** How many medication carts will the FCJ make available for the use of the incoming vendor?

**Answer:** The vendor will provide their own medication carts.

32. **Question:** With regard to Mental Health, please provide the following:

- Number of completed suicides in the last 12 months. **Answer:** 3
- Number of attempted suicides in the last 12 months. **Answer:** Not collected.
- Number of incidents of self-injurious behaviors in the last 12 months. **Answer:** Not collected.

33. **Question:** Under Mental Health with regard to Restoration to Competency (RTC) Services:

- What role does the mental health vendor provide in the provision of services for Seriously Mentally Ill (SMI) inmates provided with RTC services? **Answer:** Vendor is responsible for medication and care of inmate patient when RTC staff is not present providing treatment.

- What is the number of SMI inmates provided with RTC services in the last 12 months' time?

**Answer:** There are 16 beds on the unit. The unit has an average occupancy rate of 99%.

34. **Question:** We understand there are three (3) SOS (signs of suicide) cells in the infirmary (2 for males, 1 for females). In the event of an excess of three inmates needing an SOS cell, what is the protocol/process for overflow? **Answer:** Not Correct. The cells being referred to are Padded cells used for actively agitated, violent or actively suicidal inmates. The Acute Psych beds are used for SOS inmates who are not actively presenting a danger to themselves or others.

35. **Question:** Please provide three years' worth of statistical data for the following:

Average number of inmates receiving pharmaceutical treatment for Hepatitis C each month.

**Answer:** So far, 2.

- a. Average number of inmates receiving pharmaceutical treatment for Hemophilia each month.  
**Answer:** There are two known inmates who frequent the jail.

36. **Question:** Please provide annual spend amounts for the past two years for total pharmaceutical expenditures.

**Answer:** Approximately 18 percent of the overall contract dollars.

37. **Question:** With regard to the treatment of Hepatitis C:

- a. Does the FCJ routinely screen inmates for Hepatitis C upon intake?

**Answer:** No. Only inmates who are HIV +.

- b. What is the FCJ's current treatment protocol?

**Answer:** Inmates are tested when they report being Hep C positive. All immune-compromised inmates are tested.

- c. In 2015, how many FCJ inmates were treated with the latest generation of anti-viral medications?

**Answer:** 2 inmates on Hep C meds when they arrived.

- d. Year-to-date 2016, how many FCJ inmates have been treated with the latest generation of anti-viral medications?

**Answer:** 1 inmate treated Hep C.

- e. How many inmates are currently in the FCJ Hepatitis C specialty care clinic?

**Answer:** None

- f. In 2015, how much was spent on drugs for the treatment of FCJ inmates with Hepatitis C?

**Answer:** \$0. Inmate brought in his own medicine.

- g. Year-to-date 2016, how much has been spent on drugs for the treatment of FCJ inmates with Hepatitis C? **Answer:** \$0. Inmate came with his own medicine.

38. **Question:** Will the County accept a **BASE PROPOSAL** (not an alternate) that carves out high-cost and infrequent medications, such as Hepatitis C and Hemophilia medications, as to not include a risk premium in the proposal price? These medications, when procured and administered, would be passed thru to the County with no mark up or additional fees.

**Answer:** Price should reflect cost of all medications, including Hep C and Hemophilia medications.

39. **Question:** With regard to **RFP § 3.3.J**, on pg. 3-29, please provide a detailed description of the current FCJ discharge planning/re-entry process.

**Answer:** See NCCHC Standard J-E-13 Discharge Planning. In addition, a 60 day follow up is documented on the status of inmates referred to community services.

40. **Question:** Do the Staffing Requirements in **RFP § 3.3.G.21.a**, include FTEs for the required discharge planning and re-entry scope or should we add FTEs for these programs?

**Answer:** FTEs are included in staffing plan.

41. **Question:** Please confirm that the County will pay for all ground and air ambulance services?

**Answer:** The County is responsible for all forms of ambulance service.

42. **Question:** Please confirm that under the new contract, the Service Provider will not be financially responsible for any of the following services.

- a. Neonatal or newborn care after actual delivery- Will NOT be responsible
- b. Elective or mandated abortion- Will NOT be responsible
- c. Cosmetic surgery, including breast reduction- Will NOT be responsible
- d. Sex change surgery (including treatment or related cosmetic procedures)- Will NOT be responsible
- e. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)- Will NOT be responsible -
- f. Extraordinary and/or experimental care- Will NOT be responsible
- g. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate's health to deteriorate or cause definite and/or irreparable harm to the inmate's physical status)- Will NOT be responsible
- h. Autopsies-Will NOT be responsible
- i. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant- Will NOT be responsible
- j. Medications for the treatment of bleeding disorders, including, but not limited to, Factor VIII and IX- WILL BE RESPONSIBLE

43. **Question:** With regard to telemedicine at the FCJ:

- a. Please list the (a) type, (b) frequency, (c) volume, and (d) location of all telemedicine clinics currently being conducted for the FCJ inmate population.

**Answer:** Currently, there are no clinics being conducted.

- b. Is there any telemedicine equipment currently in place that will remain and be available for the new Service Provider? Please list and describe this equipment.

**Answer:** Yes, there is equipment in place that will remain and be available for the new vendor.

- c. Please confirm the Service Provider will be permitted to utilize the County's network/infrastructure to supply connectivity for the telemedicine program.

**Answer:** The County will permit the vendor to utilize it's connectivity for the telemedicine program.

44. **Question:** RFP § 3.4 (under Section 3: Qualifications of Key Personnel) requires bidders to provide resumes for the bidder's proposed staff. This gives the incumbent Service Provider a distinct and unfair advantage. Other bidders will not hire specific individuals for a correctional health care project prior to being awarded the business. Therefore, in the interest of maintaining a fair and equitable solicitation process, and providing a level playing field for all bidders, will the County accept: job descriptions in lieu of actual names and resumes; or resumes of persons similar to the ones we will hire for Fulton County should we be awarded the contract?

**Answer:** Job descriptions will be acceptable in lieu of actual names.

45. **Question:** Under RFP § 3.4 (under Section 8—Cost, on pg. 3-35) the text states the "lowest total cost will receive the full 10 points." However, in the Evaluation Criteria, RFP § 4.1, on pg. 4-1, you state that the weight of the Cost Proposal is worth 15%. Please clarify the value of the Cost Proposal.

**Answer:** On Page 3-35 in Section 3, under Section 8- Cost, please change "The respondent with the lowest total cost will receive the full 10 points." To read "The respondent with the lowest total cost will receive the full 15 points.

46. **Question:** We acknowledge that you require five (5) copies of the Technical Proposal on CD or thumb drive as noted in RFP § 3.1.2, on pg. 3-2. Please confirm, though, that the County **does not** require electronic copies of the Contract Compliance Exhibits, Financial Information, or the Cost Proposal materials upon submission.

**Answer:** Only the five (5) copies of the Technical Proposal will be on CD or thumb drive. No copies of the Contract Compliance Exhibits, the financial information or the cost proposal will be on CD or thumb drive.

47. **Question:** Please clarify if the Umbrella Coverage Insurance listed as item #4 in RFP § 7: Insurance and Risk Management Provisions, in Addendum 1, refers to Professional Liability/Medical Malpractice; or whether it refers to the Workers Compensation /Employer's Liability Insurance, Commercial General Liability Insurance, and Business Automobile Liability Insurance sections that it follows.

**Answer:** Item #4 deals strictly with Umbrella Coverage above the W.C. / Employers Liability, CGL and Auto. A separate policy of insurance is required for Medical Malpractice (Professional) Liability

48. **Question:** We acknowledge that you require five (5) copies of the Technical Proposal on CD or thumb drive as noted in **RFP § 3.1.2**, on pg. 3-2. Please confirm, though, that the County **does not** require electronic copies of the Contract Compliance Exhibits, Financial Information, or the Cost Proposal materials upon submission.

**Answer:** Only the five (5) copies of the Technical Proposal will be on CD or thumb drive. The Contract Compliance Exhibits, the financial information and the cost proposal will not be on CD or thumb drive.

49. **Question:** Please clarify if the Umbrella Coverage Insurance listed as item #4 in **RFP § 7: Insurance and Risk Management Provisions**, in Addendum 1, refers to Professional Liability/Medical Malpractice; or whether it refers to the Workers Compensation /Employer's Liability Insurance, Commercial General Liability Insurance, and Business Automobile Liability Insurance sections that it follows.

**Answer:** Item #4 deals strictly with Umbrella Coverage above the W.C. / Employers Liability, CGL and Auto.

A separate policy of insurance is required for Medical Malpractice (Professional) Liability

50. **Question:** In **RFP § 7: Insurance and Risk Management Provisions**, in Addendum 1, in lieu of Umbrella Coverage of \$1,000,000, would the County accept an increase in \$1,000,000 in insurance coverage to the Workers Compensation /Employer's Liability Insurance, Commercial General Liability Insurance, and Business Automobile Liability Insurance coverages. For example, under Business Automobile Liability Insurance, the Bodily Injury & Property Damage coverage is currently set at \$1,000,000. We would be willing to increase that to \$2,000,000, in lieu of having to take out the Umbrella Insurance policy. All other coverage would be increased by \$1,000,000 as well. **Answer:** Yes

51. **Question:** What is the current HIV/AIDS population

**Answer:** 177 HIV inmates during the month of June 2016. 96 inmates on HIV medications in June 2016.

52. **Question:** Is the current formulary available for viewing

**Answer:** The current formulary is included in Addendum #1.

53. **Question:** Is there a transition plan in place.

**Answer:** The transition plan is to be provided by the selected vendor.

54. **Question:** Will the current inventory go/stay with the vendor or does the county own it.

**Answer:** The current inventory is owned by the current vendor, Corizon.

55. **Question:** Please verify the hours of operation posted and required.

**Answer:** M-F 7a-3:30p (1<sup>st</sup> shift)  
M-F 9a-5:30p (2<sup>nd</sup> shift)  
Sat & Sun 7a-3:30p

56. **Question:** Is there an emergency cart available

**Answer:** The emergency Cart is owned by the current vendor, Corizon.

57. **Question:** What is the prescription receipt/delivery turn-around time.

**Answer:** The facility shall maintain a stock of frequently prescribed medications for use on an urgent basis. This shall include, at a minimum, medications for pain and the treatment of infection and shall further include the commonly prescribed medications for hypertension, diabetes, asthma, epilepsy and HIV infection. These shall be available to all inmate patients within four hours of prescription, as medically appropriate.

Medications will be distributed by medication nurses from stock cards rather than patient specific medication cards, unless the medication is non-formulary.

58. **Question:** In section "G. Physical Health Service Requirements," the Scope of Work requires that "All inmates booked into the jail require a history and physical to be completed within three days." In the following subsection "2. Women's Health Care," it requires a "PAP smear within fourteen (14) days of inmate arrival into correctional system." Is the County not considering the PAP smear part of the history and physical for female inmates or do the female inmates have a different time requirement for their history and physical?

**Answer:** Correct. The men are held to a 72 hour history and physical and the women are to receive a physical and history examination to include the PAP smear within 14 days of arrival into the jail.

59. **Question:** The exhibits listed on the Proposal Checklist do not match the exhibits actually provided in the RFP. Please clarify.

**Answer:** EXHIBIT 1, The Request for Proposal Submittal Check List, disregard Exhibit F and Exhibit G listed in item# 10.

60. **Question:** Page 3-6 ,3 (b) Management Information Systems-Is telemedicine and/or telepsychiatry currently utilized anywhere in the facility? **Answer:** No
61. **Question:** Page 3-8 and 3-9 G – Physical Health Service Requirements-Items 1 and 4 both provide History & Physical requirements. Should response be provided in both places or combined in Item 1?  
**Answer:** Provide an answer in both places.
62. **Question:** Page 3-11, 7 – Referral System-Item (d) is skipped and there are two item (e)'s. Should we follow RFP exactly or use correct alphabetical order?  
**Answer:** Use the correct alphabetical order.
63. **Question:** Page 3-19 14 (d) Medical Records-Who is responsible for computer hardware purchases and maintenance related to medical and the EHR during the contract?  
**Answer:** The County is contracting for HER services separately.
64. **Question:** Page 3-19 14 (d) Medical RecordsWho is responsible for costs associated with interface development related to the EHR such as Pharmacy or lab?  
**Answer:** The County will contract with an HER provider.
65. **Question:** Page 3-19, 14 (d) Medical Records-Who will be financially responsible for scanning medical records into the EHR system- the County or the Contractor?  
**Answer:** The vendor.
66. **Question:** Page 3-19, 14 (d) Medical Records-Please provide an inventory of all existing computer related equipment currently used to provide medical services under the current contract?  
**Answer:** The County is contracting with an HER provider.
67. **Question:** Page 3-19, 14 (d) Medical RecordsIf additional or replacement hardware is required for use with EHR is county or vendor responsible for costs?  
**Answer:** The County is contracting with an HER provider.
68. **Question:** A significant amount of user equipment will be needed in the health unit to take full advantage of the EMR that the County is implementing, including PCs, laptops, scanners, barcode scanners, and electronic signature pads. Who will be financially responsible for identifying and purchasing the additional equipment needed in the health unit?  
**Answer:** The County is contracting with an EHR provider.
69. **Question:** Does the selected Service Provider have any financial responsibility with respect to the EMR rollout (e.g., user licenses)?  
**Answer:** The vendor will be responsible for training of new employees after the initial training has been completed.

70. **Question:** Please provide an inventory of office equipment (e.g., PCs, printers, copiers, fax machines) in use in the health unit and identify which pieces will be available for the selected Service Provider.

**Answer:** Vendor is responsible for providing all office furniture and equipment.

a) Will the County provide internet access for health unit staff?

**Answer:** Yes.

b) Will the County provide local and long distance telephone service for health unit staff?

**Answer:** Local service only.

71. **Question:** Please confirm the following items pertaining to telemedicine equipment:

a) The County owns the telemedicine equipment in place now.

**Answer:** Yes, the County owns the telemedicine equipment.

b) What is the condition of this equipment?

**Answer:** Equipment is in good working order.

c) An incoming vendor will be allowed to use this equipment.

**Answer:** The incoming vendor will be allowed to use the telemedicine equipment.

d) The vendor is only responsible for peripherals and connectivity.

**Answer:** The vendor is responsible for maintenance and repair of the telemedicine equipment.

**Additional Questions from vendors with answers will appear in Addendum #3**

RFP# 17RFP07012016B-BR Inmate Medical Services  
Addendum #2  
August 3, 2016

**ACKNOWLEDGEMENT OF ADDENDUM NO. 2,  
17RFP07012016B-BR Inmate Medical Services.**

The undersigned Proposer acknowledges receipt of this Addendum by returning one (1) copy of this form with the proposal submittal package to the Department of Purchasing & Contract Compliance, Fulton County Public Safety Building, 130 Peachtree Street, S.W., Suite 1168, Atlanta, Georgia 30303 by the RFP due date and time of Monday, August 8, 2016 11:00 AM.

This is to acknowledge receipt of Addendum No. 2, \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Legal Name of Bidder

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title