

REQUEST FOR PROPOSALS #220908-232 Healthcare Services for the Pender County Jail

Addendum 1 Extension of Deadline, Questions and Answers, Appendices A-D September 26, 2022



Issued by:
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Issued for:
Pender County Sheriff's Office, Jail Division
104 N. Walker St., Burgaw, NC 28425

The deadline for Proposals has been extended to October 3, 2022 at 9am. Electronic submissions will be accepted at purchasing@pendercountync.gov.

REVISED TIMELINE

RFP Issued	September 8, 2022
Optional Facility Tour – Sign up at https://www.signupgenius.com/go/508094EA8A72FA7F85-tour	September 14 & September 21, 2022
Questions due in writing to purchasing@pendercountync.gov	September 21, 2022 by 5pm
Answers published via Addendum	September 26, 2022
Proposals Due—Electronic Submissions accepted: purchasing@pendercountync.gov 805 S. Walker St. or PO Box 1578 Burgaw, NC 28425	October 3, 2022 by 9am
Contract Award Recommended to BOC	October 17, 2022
Transition Coordination	October 18 – November 30, 2022
Services Start Date	On or Before December 1, 2022

QUESTIONS AND ANSWERS

1. Please confirm the average daily population (ADP) number to which the proposal is to be based. **92**
2. If County doesn't have the above data, can best estimates be provided? **92 as provided in the original RFP and in question 1 above.**
3. Are there any current medical staff openings –**Yes** if so, which position and for how long? **Yes, RN since January**
4. What are the total costs associated with outside services or any items not covered under the current contract? **See Appendix C.**
5. What is the current Pool amount for Inmate Medical Services (This amount would be used for outside visits, medication exclusions, specialty services, dental, etc..)? **\$ 32,000.** Has the County exceeded this amount on an annual basis? **Yes, See Appendix C.**

6. Are there any outside contracts in place (local hospital, local mental health, local pharmacy) – if so, are there any discount arrangements in place? **No discount rates in place. Correctional Behavioral Services provides mental health services, Walgreens back up pharmacy, Pender County Health Department for Dental care.**
7. **The County has requested 3m/5m Insurance limits, would alternate limits be acceptable? The County will accept a minimum of \$1 million per occurrence and a \$3 million general aggregate.**
8. Does the county currently have Electronic Medical Records (EMR)? If so, is it available to a new vendor if selected? **Yes, current vendor uses EMR, vendor will leave it online for 30 days**
9. Does the county currently have a mental health provider through a separate agreement? **Yes**
10. Can we receive a list of county owned medical equipment that would be available for use by the awarded Vendor? **See Appendix A.**
11. Do you wish to retain any of the current medical staff? **Yes.**
12. Can you provide current staff's salary range and seniority with the current vendor? **LPN \$26.25, approximately 2 years seniority**
13. How many officers currently work at the facility? **20.**
14. Is the health services provider responsible for the cost of all drug screenings for employees at the facility? **No.**
15. Can we please get a copy of the current staffing matrix with the hours each licensure covers at the facility per day for 2 weeks? **Yes, See attached Appendix A.**
16. Who is/are your current physician(s)? **Dr. Rhodes with Wellpath.**
17. Would you like the vendor to work with this physician if possible? **Yes.**
18. Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician? **Yes.**
19. What are the current salaries for the nurses? **Unknown**
 - a. Is there a shift differential? **Unknown**
20. Is there a supervising nurse? **Yes.**

- a. If so, is he or she an RN or LPN? **RN.**
 - b. Is he or she administrative only? **No.**
21. Will the County or the Medical Service Provider be responsible for paying the bills of the current pharmacy company under the new contract? **No. The new provider will have to enter into a contract with a pharmacy.**
22. Please provide the following information about medication administration.
- a. Who administers medications, e.g., RNs, LPNs, medical assistants? **RN/LPN**
 - b. How many medication passes per day do you currently have and at what times? **2 med passes, 8am and 6pm.**
 - c. Are medications passed out in the housing unit and by whom? **Yes. RN/LPN.**
 - d. Are any medications sent with inmates/detainees upon discharge? **Sometimes.**
 - e. Are the medication carts owned by the county? **No.**
23. Are any medications allowed to be brought in from home? **Yes, once verified.**
24. Are any medications allowed to be “kept on person” within the jail? **Yes.**
- a. If so, which are allowed? **Nitroglycerin Pills.**
25. Are there over-the-counter medications on commissary? **Yes.**
If so, are the inmates/detainees allowed to keep commissary medications on person? **Yes, only select products.**
26. Please provide a listing of current medical commissary items. **Orajel, Tums, Hall Cough Drops**
27. Under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract? **The Provider. There is an ADAP Program in Wilmington, NC that provides the medications. This will remain the same under the new contract.**
28. What time(s) and location(s) are sick call currently conducted? **0830-1100, 1200-1600 and 1700-2100. Medical Room.**
29. Are there specific times that jail security does not want inmate/detainee movement for sick call? **Yes.**
- a. If so, when? **0600-0700, 1100-1200, 1600-1700, 2100-0600**
30. Is a security officer currently present for every sick call? **Yes.**
31. What on-site specialty clinics are conducted? **Mental Health, HIV and Hep testing.**
32. How many health assessments are performed each week? **6 to 8.**

33. Do you have a dental room and equipment? **No.**
34. Do you currently have a dentist who comes on-site? **No.**
- a. If so, how long is the dentist onsite? **N/A.**
 - b. How many days per week is the dentist on-site? **N/A.**
 - c. Does the dentist have an assistant? **N/A.**
35. If you do not have a dentist on-site, how many inmates/detainees do you take off-site to see the dentist in a month? **Varies. Averages approximately 3 per month.**
36. Please provide a list of medical equipment that is currently on-site for use by the vendor. **See Appendix A.**
37. Do you use a mobile x-ray service? **Yes.**
- a. If so, who? **Mobile X.**
38. Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform in 2020? How many done so far in 2021? **Yes we do TB screenings and then tests as needed. Yes, the data is not available. The new provider is expected to conduct TB screenings and follow provider's protocol.**
39. Are there any special business license fees or taxes that are to be paid to the city or county? **No.**
40. Do you currently have a financial limit (POOL) with the current contract? **Yes.**
- a. If so, what does it cover and how much is it? **\$ 32,000 See Appendix C to see what is covered.**
41. Have you gone over the financial limit (POOL)?
- a. If so, how many months into the contract was it before you went over the limit? **Yes, See Appendix C.**
 - b. If so, how much over the financial limit (POOL) did you go over every year? **See Appendix C.**
42. How much is the current co-pay? **\$20**
43. Who is your current medical services contractor? **Wellpath (Southeast Correctional Medical Group)**
44. Can you please provide a copy of the current medical services contract? **Yes. See Appendix D.**
45. Would you like the new contractor to re-price all medical claims? **Yes.**

46. What is your current process for re-pricing medical claims? **Handled by the Provider.**
47. Do you have a state statute that you reprice to? **Yes, NC Statutes regulate reimbursement.**
48. What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory? **See Appendix C. The last 3 fiscal years are provided.**
49. May we provide an alternate proposal? **Yes.**
50. Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)? **Yes.**
51. Is there a dedicated fax line to medical? **Yes.**
a. If not, is a fax line available? **N/A**
52. Do you have an existing EMR system? **Yes.** If yes, who is the current provider? **ERMA**
53. Is there internet connection already in the medical unit? **Yes.**
a. Is this provided by the county or the current contractor? **County.**
b. If the current contractor is providing, do you know the cost? **N/A**
c. What kind of network gear is needed or currently in place for internet at your facility if contractor must supply? **N/A**
54. How many simultaneous med passes occur? **1 at a time**
55. Who is your JMS provider? **CentralSquare**
56. How many desktop computers do the medical staff currently use? **1.**
a. How many are county owned vs. contractor owned? **The 1 is County owned**
57. How many laptops do the medical staff currently use? **1.**
a. How many are county owned vs. contractor owned? **The 1 is Provider owned**
58. Are there internet capabilities where the medical staff will be seeing patients? Exam rooms? Booking areas? Hardwire? Wireless? **Yes. Exam room, both. Booking area, wireless.**
59. How many scanners do the medical staff currently use? **1. They have an All-in-one device.**

- a. How many scanners do the medical staff currently use? **1.**
- b. a. How many are county owned vs. contractor owned? **The 1 is County owned**

60. How many printers do the medical staff currently use? **1.**

- a. Are they county owned or contractor owned? **The 1 is County owned.**

61. Can we please have a copy of all questions/answers received by other vendors? **Yes.**

62. When is the desired start date? **On or before December 1, 2022.**

63. Are any members of the jail's current health service workforce unionized? If yes, please provide the following: **No.**

- a. A copy of each union contract **N/A.**
- b. Complete contact information for a designated contact person at each union **N/A.**
- c. The number of union grievances that resulted in arbitration cases over the last 12 months. **N/A.**

64. Is the site accredited? **No.** If so, by who and when is the next accreditation date? **N/A.** Can we get a copy of the last audit? **N/A.**

65. Is the jail currently subject to any court orders or legal directives? **No.** If yes, please provide copies of the order/directive. **N/A.**

66. Of the total population, how many are:

County	67
ICE	
US Marshal	
Juveniles	
Native American	
Federal	
DOC	1
Work Release	
Indigent	4
Other	

67. Does your jail provide mental health services to inmates/detainees?

Yes No

68. Can inmates/detainees request mental health services?

Yes No

a. If yes, are inmates/detainees charged a fee for mental health services?

Yes No

69. Indicate who provides mental health services. (Check all that apply)

- County agency (Human or Social Services, etc.)
- Contracted provider
- Jail/sheriff's department hired staff.
- Other (please explain)

70. Is your mental health program accredited by any professional organization? (NCCHC, ACA)
 Yes No

71. What mental health services are available to inmates/detainees in your jail? (Check all that apply)

- Crisis intervention
- Medications and their management
- Psychiatric medications and their management
- Referral of inmates/detainees to mental health provider
- Individual counseling/therapy
- Group counseling/therapy
- Substance abuse treatment/services
- In-depth physical evaluation assessment (typically occurs after 14 days in custody - includes mental health issues)
- Case management
- Release planning
- Other (please explain)

72. Is crisis intervention available 24 hours per day/7 days per week?
 Yes No

73. Indicate the titles of the provider(s) of mental health services in your jail. Please check all that apply and indicate the average number of hours **per week** for each.

- Psychiatrist - 3 hours/bi-weekly
- Psychologist - 3 hours/week
- Masters Level Social Worker - _____ hours/week
- Registered Nurse (RN) - 40 hours/week
- Nurse Practitioner - 2 hours/week
- Licensed Practical Nurse (LPN) - 64 hours/week
- Jail Chaplain - 3 hours/week **plus on call as needed**
- Other (please explain) - _____ hours/week

74. Indicate the level of screening for inmates/detainees at your jail. (Check all that apply)

- Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.
- Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer.

Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.
 Other (please explain) _____

75. Is there a secondary review of screening reports for accuracy, completeness, legibility, and the referral process? (e.g., by first line supervisor, jail nurse, etc.)
 Yes, by whom? **the nurse** _____, No

76. Is staff required to use a prescribed form when making mental health referrals?
 Yes No

77. Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues? Yes No

78. Does your jail staff receive ongoing training on **mental health issues**?
 Yes, How often? (please explain) **Mandatory Inservice** _____
also provided by the mental health provider _____

How is training delivered? (please explain) **In person or virtual** _____

No

79. Does your jail staff receive ongoing training on **suicide prevention issues**?
 Yes, how often? (please explain) **Sometimes during Inservice, also provided by the mental health provider** _____

How is training delivered? (please explain) **In person or virtual** _____

No

80. Will the county want the vendor to do CPR and AED training with their staff at the Jail? **No.**

81. Will the County allow for the top 2 or 3 vendors to make oral presentations after the panel scores the responses? **Due to time constraints, it is highly unlikely. However, presentations may be requested.**

82. Please list the programs offered to inmates/detainees in your jail, such as education, religious, recreation, life skills, substance abuse, etc.
Religious Programs, Outside recreation provided _____

Supplies and Equipment:

83. Please provide a list of all current medical & office equipment and who is the owner of the items (contractor or County). Please indicate the condition of County owned equipment. **See Appendix A—All in working order. Provider owns 1 laptop.**

Information Technology:

84. Are there any existing networks available for the provider to use - either wired, wireless or both? **Both**

85. Will the provider’s computers be required to join the facility’s domain? **Yes.**

86. How many computers are currently used by the Medical Department (including those used by mental health and dental staff). Please breakdown by type: desktop, laptop and tablets and who is the owner of these items (Contractor or County). **1 Desktop, owned by County. 1 Laptop, owned by Provider.**

87. How many large multi-function printers are currently used by the current medical provider (including those used by mental health and dental staff) and who is the owner of this item (Contractor or County)? **1 MFP, County owned.**

88. How many smaller desk/personal printers are currently used by the current medical provider (including those used by mental health and dental staff)? Only the **1 All-in-one device, County owned.** Who owns these computers (Contractor or County)? **1 Desktop, owned by County. 1 Laptop, owned by Provider.**

OPERATIONS:

89. Please provide the specified data/total number of services during the past two years and year-to-date **for each** of the following:

Service	2020	2021	2022 to date	Number Patients
ADP	54	63	1/2022-8/2022	67.5
Intake Screenings Conducted			3/1/2022 to present	481
Deaths (that occurred in the facility)	0	0	0	0
Deaths (that occurred within 2 days of arriving at hospital)	0	0	0	0
On-Site Care				

Nurse Sick Calls			3/1/2022 to present	167
Healthcare Provider Encounters (Doctor and min-level providers)			3/1/2022 to present	148
In house X-rays				
Medical Housing Admissions				
Dental Care			3/1/2022 to present	5
Medications – number of patients receiving prescription medications (excluding psychotropic medications)				
Psychotropic Medications - number of patients receiving psychotropic medications				
Grievances – founded and unfounded				
Onsite specialty clinics				
Optometrist				
OB/GYN				
Nephrologist				
Other (please specify type)				
Dialysis treatments**				
HIV treatment				
Hepatitis C treatment				
Inpatient hospitalizations*	1	1	1	3
Days in Hospital				
Emergency room visits			3/1/2022 to present	4
Outpatient admissions (including surgeries)				
Specialist office visits				
Other off-site referrals				
Ambulance transportations			3/1/2022 to present	1
Number of Inmates placed on suicide watch				
Number of inmates placed on alcohol/drug withdrawal protocol			3/1/2022 to present	50

*For inpatient hospitalization, please include the average length of stays and the longest length of stay for each period.

**Please specify off-site or on-site.

Contract/Financial:

90. What costs are to be included in the monthly invoice to the county? Examples include pharmacy, offsite, hospitalization & Specialty visits, Medical & office supplies & equipment, labs, x-rays, medical waste, etc. Please denote which costs should be covered under the base price and which costs should be billable on a monthly basis. **Pharmacy, Medical Supplies, Office Supplies, Labs, X-Ray, Dental, Onsite Medical Services, Certified Languages, Nursing Call Back/Extended Hours and other costs.**
91. **Malpractice Limits requested are higher than typical policy and/or state regulatory limits, which are currently \$2.5M/\$8M. Additional limits will result in additional costs specifically for this contract. Are you open to negotiation of these limits or should we include the cost of these additional limits in our proposal? The County will accept the \$2.5M/\$8M limits.**
92. Please provide the total costs each month or an annual average/year for 2020, 2021, and 2022 to date for off-site expenses, including, but not limited to inpatient/outpatient hospitalizations, emergency visits, ambulance, etc. **See Appendix C.**
93. Please note the following: North Carolina Administrative Code, Title 21 (Occupational Licensing Boards and Commissions), Chapter 36 (Board of Nursing), Administrative Code Section 36 .0401 – Roles of Unlicensed Personnel; North Carolina General Statutes, Chapter 90., Medicine and Allied Occupations., Article 1., Practice of Medicine North Carolina § 90-171.43. License required; rules. (a) (4); NC Board of Nursing statutes, National Council of State Boards of Nursing and the American Nurses Association all prohibit the “delegation” of any medical/nursing judgment/responsibility to any unlicensed personnel.

Based on these statutes, a vendor cannot legally provide on-call services when licensed medical staff are not on site. Will you accept an exception to your on-call services requirement? **Providers are invited to submit any proposal and/or multiple proposals. The County will evaluate per the criteria in the RFP and contract with the provider that best suits the needs of the county.**

Staffing:

94. Please provide the staffing schedules. Please include the schedule for a 7-day week (Monday – Sunday); per shift, time covered by the shift, and the total FTEs for all position types. Be sure to distinguish Health Services Administrator (HSA), registered nurses (RN), licensed practical nurses (LPN), type of certified staff (MAT, EMT, or CMT), administrative assistant, medical records clerk, dentist, and dental assistant. **See Appendix A for the Staffing Matrix.**
95. Please provide how many current nursing staff vacancies, by position and shift you are currently experiencing including if the shifts are covered by agencies or travel nurses. **1 RN vacancy M-F 6-2:30 and 1 PRN weekend shift**

96. How long has each of these positions been vacant? **RN, approximately 5 months. PRN weekend, approximately 2 months.**

97. Please provide the salary ranges without benefits for the on-site medical staff to include all nursing staff by type and shift, all certified staff, and all support staff. **Pender County does not have this record.**

Mental Health Services:

98. This RFP states "It is preferred, but not required, that the Provider arrange for the provision of 26 Psychiatry clinics per year, conducted on a biweekly basis. (This can be telepsychiatry.) This contract will not include psychological services."

Does that mean the Psychiatrist should be on our matrix (and MEDIKO is providing the psychiatrist services) or do we arrange that offsite in conjunction with a local resource (i.e., CSB)? **Yes, it is preferred that the new provider provide psychiatry services or arrange for psychiatry services; therefore, including psychiatry services on their matrix.**

99. If the above response indicates that the contracted vendor is to provide the psychiatrist and telepsychiatry services, this needs to be provided with support of an onsite qualified mental health provider. Services such as monitoring of psychotropic medications needs to be done by mental health providers. How many hours per week does your current mental health vendor provide onsite services? **3 hours per week.**

Pharmaceuticals:

100. Who is your current pharmacy provider? **This is contracted by the health care provider. The County does not contract directly with a pharmacy provider. The current health care provider uses the local Walgreens as a backup.**

101. Please provide pharmaceutical data for the past two years and year to date to include:

- cost (total pharmaceutical costs each month or an annual average/year for 2020, 2021 and 2022 to date)
- number of inmates on HIV medications each month or an annual average/year (2020, 2021 and 2022 to date)
- number of inmates on Hep C medications each month or an annual average/year (2020, 2021 and 2022 to date)
- blood or plasma factoring medications each month or an annual average/year (2020, 2021 and 2022 to date).

See Appendix C.

102. Are you currently using an electronic medical record (EMR) system for your medical records? **Yes. The current provider will leave it online for 30 days.**

103. a. If the answer to the question is yes, what EMR system are you using?
Unknown.
- b. If the answer to question is no, would you want the medical provider to include option for an EMR system in the proposal? **Yes, the provider should include this in the proposal.**
104. Are there any monthly statistical reports and/or data that can be provided for year to date 2022 showing:
- a. Number of patients seen for mental health requests/concerns?
 - b. Number of patients seen by nursing staff for intake screening?
 - c. Number of patients seen by nursing staff for sick call services?
 - d. Average number of patients on medication per month?
 - e. Number of patients seen for dental services on-site?
 - f. Number of emergency room visits?
- See # 89 above.**
105. Are you able to provide any information concerning the departure of the current physician running the medical program? **No additional information available.** Would you allow contact with him? **The current provider requested all questions be submitted to the County and the County will facilitate the transfer of answers/information.**
106. Will the medical vendor be responsible for obtaining a pharmacy or lab contract or does the county have them in place already? **The provider must establish a pharmacy contract.**
107. From the RFP we see an RN manages the program. What are the credentials of the 16-hours per day and 12-hour weekend medical staff
Is a current staffing matrix available? **See Appendix A.**
108. Has the jail contemplated 24/7 coverage? **We are not considering 24/7 coverage at this time.**
109. Will the medical vendor process off-site care claims? **Yes.**